

CODE OF ETHICS AND MEDICAL DEONTOLOGY

STATEMENT OF PRINCIPLES

Bolivian physicians, in accordance with and compliance with the ethical and professional precepts contained in this code, DECLARE:

- *To be followers of the Hippocratic philosophy and thinking, adhering to its postulates and ethical recommendations in the practice of the medical profession.*
- *We are qualified in the practice of the medical profession and, therefore, practice it with humanism, knowledge, competence, responsibility, and love for the patient.*
- *We accept the principles of bioethics in medicine, observing at all times the principles of:*
- *Non-maleficence*, in the sense of not causing harm to the patient and avoiding suffering in those medical and surgical practices that are necessary because of their illness.
- *Beneficence*, applying in an appropriate, timely, and efficient manner the knowledge and resources that science and medical art offer us for the maintenance or recovery of the health of the individual or the community, and if this is not possible, at least alleviating ailments with comfort and moral support.
- *Autonomy*, respecting the decisions of patients who are aware of their illness and based on the choices they make in their life plans.
- *Justice and equity*, as the full recognition of the rights of every human being to enjoy the benefits of health, without discrimination of any kind, and striving to offer the same quality of medical care to all.

We reaffirm our commitment to upholding these principles, ***recognizing***, as an ethical precept, the need for ongoing training and updating in all scientific, technological, and administrative aspects of the medical profession in order to improve people's quality of life.

We will remain faithful to our principles and steadfast in our compliance with all norms that defend and protect human rights, adapting the practice of Bolivian medicine in accordance with the realities and needs of our ethnic groups, cultures, and customs.

With all these statements, as members of the Bolivian Medical Association, we individually and collectively renew our Hippocratic Oath, reaffirming our commitment to practice medicine within the canons of medical ethics and deontology, performing medical acts with the feeling and conscience that exists in the spirit of service of each one of us, and declaring our respect for and strict compliance with the rules established in this Code of Medical Ethics and Professional Conduct, and in the event of any violation, non-compliance, or failure to comply with the rulings of the Ethics and Professional Conduct Tribunals.

CHAPTER I

PRINCIPLES

Art. 1 Definition

The Code of Medical Ethics and Professional Conduct is the set of rules that apply to physicians in their relationship with patients, society, and their environment in the practice of their profession.

Art. 2 Scope of application

The principles, duties, and regulations imposed by this code are mandatory for all physicians in the practice of their profession, regardless of the type of practice.

The status of employee in the service of a public or private institution does not exempt physicians from any of the duties, responsibilities, and rights set forth in the regulations of the Bolivian Medical Association or in this Code.

Art. 3 Practice of medicine

The practice of medicine implies professional responsibility and moral commitment, both individual and collective, on the part of physicians to individuals and society, and imposes unavoidable duties, the violation of which will result in sanctions.

Art. 4 Principles of medical practice

The professional conduct of physicians shall comply with the following principles:

1. Respect for life.
2. Respect for the individual, the family, and the community.
3. Recognition of one's own abilities and limitations.
4. Acceptance of responsibility for medical acts.

Art. 5 Projection of the physician's conduct

Within the principles outlined, the physician's conduct is projected onto:

1. The patient and their family.
2. The community.
3. Their professional colleagues.
4. Healthcare personnel.
5. The institution where they practice.
6. The Medical Association.

Art. 6 (Personal conduct of physicians)

Outside of their professional practice, physicians must observe honorable, dignified, considerate, and respectful personal conduct, in keeping with the majesty and image of their profession.

CHAPTER II DUTIES OF THE PHYSICIAN

Art. 7 Regulatory and ethical obligations for the practice of medicine

Physicians must comply with the regulations of the Bolivian Medical Association, its Code of Ethics and Professional Conduct, and the recommendations of the World Medical Association and the Latin American Medical Confederation when participating in the following professional activities:

1. Promotion, protection, recovery, and rehabilitation of health.

2. Biomedical research in general.
3. Therapeutic research in humans.
4. Application of technologies for diagnostic and therapeutic purposes.
5. Organization and operation of centers for the use of organs, organs, tissues and blood products or their production.
6. Contraception.
7. Assisted human reproduction
8. Abortion.
9. Issuance of certificates for:
 - Birth
 - Illness
 - Disability
 - Medical-legal
 - Death
10. Sterilization.
11. Verification of death.
12. In all matters related to current provisions that require specific pronouncement, or in the recommendations of the Assemblies of the World Medical Association and the Latin American Medical Association.
13. Medical education.

Art. 8 Priority of regulations

The provisions in force in the country take precedence over the recommendations of the World Medical Association or the Latin American Medical Confederation (CONFEMEL).

CHAPTER III THE DOCTOR-PATIENT RELATIONSHIP

Art. 9 Conduct of the physician

The physician must provide professional care to any person who needs it, without discrimination.

Art. 10 Medical emergency

In an emergency, no physician may refuse to provide professional care.

Art. 11 Forms of relationship

The doctor-patient relationship is established in the following cases:

1. By spontaneous and voluntary decision of the patient and the doctor
2. By unilateral action of the physician in an emergency.
3. At the request of third parties.
4. Due to a commitment to care for patients in public or private institutions.

Art. 12 Obligations in medical practice

The physician is obligated to treat the patient with human consideration, providing professional and moral support, and respecting their ethnic and cultural values, fears, and weaknesses.

Art. 13 Respect for modesty

The physician must scrupulously respect the patient's modesty. In any clinical or instrumental examination performed, the presence of auxiliary personnel or a relative of the patient is preferred.

Art. 14 Choice of physician

The choice of physician is a right of the patient or third parties as provided for in Article 12, paragraph 3 of this Code, except in institutions governed by their own rules. Likewise, the decision to consult another professional must be respected, and in such cases, the treating physician must provide the required documents and information.

Art. 15 Quality medical care

It is the physician's obligation to offer the patient the best care, using all the knowledge at their disposal and available resources. When this is not possible, they must inform the patient truthfully and in a timely manner.

Art. 16 Legal compliance

Patient care, whether in an institutional or private practice, shall be strictly governed by the rules established in the relevant legal documents.

Article 17 Appropriate use of medical examinations and procedures

The performance of examinations, treatments, or procedures must have the necessary scientific justification.

Art. 18 Compliance with medical practice and its legal implications

Physicians must refrain from using treatments or techniques with which they are unfamiliar or for which they are not trained, and shall be liable for any damage caused by negligence, recklessness, incompetence, ignorance, or neglect.

Art. 19 Compliance with medical standards and protocols

Physicians must use diagnostic and therapeutic resources that have been sufficiently tested and authorized by current standards and protocols. In exceptionally serious circumstances, they may use an alternative, non-protocolized procedure, provided that it represents the only possibility and is supported by a medical board consisting of no fewer than three medical professionals, with the informed consent signed by the patient, their family members, or legal representative.

Art. 20 Patient information

For the application of any diagnostic or therapeutic method, it is necessary to inform the patient, their family members, or legal representative and record this in the corresponding medical record.

Art. 21 In situations of risk or mutilation

In order to perform a medical or surgical procedure that involves greater than usual risk or mutilation, the physician must have the informed and written consent of the patient, their family members, or legal representative.

Art. 22 Medical procedure in special cases

In cases of unconsciousness or mental or legal incapacity of the patient, the physician must obtain informed written consent from family members or legal representatives in the presence of witnesses.

In emergency situations and in the absence of responsible parties, the physician must, as far as possible, obtain the authoritative opinion and written consent of one or two physicians called in for consultation.

Art. 23 Medical procedure in emergency cases

If, in an emergency, it is not possible to obtain informed consent, provided that clinical criteria indicate immediate medical or surgical treatment, the physician shall be authorized to perform the treatment without the need for any authorization.

Art. 24 Physician's competence in emergency cases

Regardless of their role or specialty, physicians must provide immediate assistance to patients in danger. Medical treatment in this case does not imply liability for undesirable outcomes.

Art. 25 Medical treatment of minors

No medical procedure shall be performed on minors without the prior and full informed written consent of their parents or guardians, unless the life or future of the patient requires urgent intervention.

**CHAPTER IV
THE DOCTOR AT THE BEGINNING AND END OF
HUMAN LIFE AT THE BEGINNING OF LIFE**

Art. 26 Respect for life

The physician must respect life from its beginning. Abortion is only permissible when the conditions set forth in Article 266 of the Penal Code are met:

- a) When it is performed as a therapeutic measure.
- b) When the pregnancy is the result of rape or abduction not followed by marriage, statutory rape, or incest.

Art. 27 Legal aspects and professional competence

In the cases provided for in the previous article, the abortion shall be performed by a specialist physician. In the case of therapeutic abortion, with the informed consent of the woman or a close relative and the approval of a medical board composed of two specialist doctors. In the case of subsection b), in accordance with the provisions of Article 266 of the Penal Code. In both cases, the procedure shall be performed in appropriate and legally operating hospitals.

Article 28 Rights of the physician in relation to abortion

If the physician considers that advising or performing a non-punishable abortion is contrary to his or her convictions, he or she may excuse himself or herself, allowing another qualified physician to continue the care.

IN HUMAN REPRODUCTION

Art. 29 Actions and limitations of physicians in assisted human reproduction

Physicians are not permitted to contribute to the gestation of human beings for research, commercial purposes, or use as a source of diagnostic or therapeutic resources. Embryos produced through in vitro fertilization must be transferred to the mother's uterus. Human embryos cannot be used for experimentation or as raw material for medicines, cosmetics, or other products, in accordance with the resolutions of the World Medical Association.

Art. 30 Limitations on surrogacy

It is not permitted for a physician to contract a woman's uterus (surrogate mother) for money to implant embryos obtained in vitro, with one or more gametes from third-party parents.

Art. 31 Acts prohibited to physicians in human reproduction

Physicians are not permitted to perform procedures aimed at eugenics, understood as the application of the biological laws of heredity for the artificial selection of human beings, unless it is to prevent, in the preconception stage, the transmission of serious sex-related diseases.

Art. 32 Action of the physician in the case of a diseased embryo

A diseased human embryo shall be treated in accordance with the same ethical precepts that apply to other patients, including informed consent, in this case from the parents.

Art. 33 Physician's actions in relation to the embryo and human genome

The actions of physicians shall be subject to the following guidelines:

1. Physicians may only perform procedures that seek to modify the human genome for preventive, diagnostic, or therapeutic purposes. Procedures aimed at modifying genetic characteristics that are not associated with a disease, or those that seek to introduce any modification to the genome of descendants, are not permitted.
2. The physician may not use assisted reproduction techniques to choose the sex of the future child, except in cases where it is necessary to avoid a serious hereditary disease linked to sex.

Art. 34 Information on human reproduction

Physicians must provide relevant and adequate information on human reproduction, both to promote and to limit it, so that individuals can make informed and responsible decisions.

Art. 35 Medical procedure in human sterilization

The sterilization of a person shall only proceed at the express, voluntary, and documented request of that person. In the case of therapeutic indication, it shall be determined by a medical board.

Art. 36 Medical procedure in assisted human reproduction

Assisted human reproduction may only be performed after all available treatments for infertility have been exhausted and with the written authorization of both spouses or, where applicable, only of the interested party.

IN THE FINAL STAGES OF LIFE

Art. 37 Medical care for chronic or incurable patients

The chronicity or incurability of a disease does not constitute grounds for a physician to withhold care from a patient.

Art. 38 Medical care for patients with a poor prognosis

The physician shall use the methods, medications, and procedures at his or her disposal as long as there is hope of alleviating or curing the illness.

Article 39 In the case of seriously ill patients

If a patient's condition becomes serious or desperate, the doctor is obliged to inform the patient's family or close friends.

Art. 40 In the case of terminally ill patients

In the case of terminally ill patients, the physician shall avoid using any ordinary or extraordinary means that do not have a specific benefit for the patient. Clinical monitoring and moral support for the patient and their family and friends shall continue in accordance with the humanistic nature of medical care.

Art. 41 In the event of brain death

In the event of duly verified brain death, the physician is obligated to inform the family or legal representatives of this clinical condition and to avoid the use of techniques, drugs, or devices whose sole purpose is to prolong this state. Except in the case of organ and tissue donation.

Art. 42 Euthanasia

Euthanasia, understood as a deliberate act to end a patient's life, is contrary to medical ethics.

CHAPTER V ON THE RELATIONSHIP BETWEEN DOCTORS AND SOCIETY

Art. 43 Progress of medicine

Physicians have an obligation to contribute to the progress of medicine in matters concerning the prevention, protection, promotion, recovery, and rehabilitation of individual and collective health disorders.

Article 44 The physician and the right to health

It is the duty of physicians to protect the right to health.

Art. 45 Protection of society

In the exercise of their professional activity, physicians are obliged to report the illegal practice of the profession in order to contribute to the protection of the health of society.

Art. 46 Illegal practice of medicine or a specialty

Physicians must not use their title to protect those who illegally practice the profession or specialty, nor associate with them.

Art. 47 Ideological falsehood in medical certification

Physicians shall conduct themselves with the utmost integrity and probity in all their actions and shall not, under any circumstances, issue false certificates regarding the existence or non-existence of any illness or injury.

Art. 48 Action of physicians in cases of disaster

No physician shall refuse to provide professional assistance in the event of an accident or disaster.

MEDICAL ACTION IN THE MEDICAL CARE OF DETAINEES AND CASES OF TORTURE

Art. 49 In cases of torture

It is considered misconduct for a physician to:

1. Endorsing torture or its continuation.
2. Deliberately neglecting sick or injured prisoners.
3. Concealing evidence of torture.
4. Directly participating in torture.

Art. 50 Conduct of physicians in prisons or places of torture

It is contrary to medical ethics to encourage, accept, or participate in the practice of torture or other cruel, inhuman, or degrading procedures, regardless of the crime committed by the detainee and regardless of the circumstances, including armed conflicts.

Art. 51 Identification of the physician before detainees

If a physician treats a person who has been detained, kidnapped, or tortured, they are required to identify themselves to that person and their family members.

Art. 52 Reporting cases of torture

If a medical professional is forced to treat individuals under the conditions outlined in Articles 50 and 51, they must notify the Medical Association as soon as possible so that it may report the matter to national and international organizations or the public, provided that such action does not put the patient's life at risk. The Medical Association shall treat the information received with absolute confidentiality.

**CHAPTER VI
DUTIES OF DOCTORS TOWARDS EACH OTHER**

Art. 53 Ethical principles among physicians

The relationship between physicians is based essentially on mutual respect, loyalty, and consideration, and it is mandatory to observe the ethical, deontological, and solidarity principles among colleagues.

Art. 54 Conduct of physicians in their professional relationships

Any act or comment that directly or indirectly seeks to defame, insult, or slander a colleague in their professional and personal integrity constitutes a breach of professional ethics.

Academic or interprofessional differences that cannot be resolved directly shall be submitted to the appropriate hierarchical authorities and, where appropriate, to the Medical Association.

Art. 55 Regarding the professional conduct of another physician

It is unethical for a physician to disapprove of or make negative verbal comments about the professional conduct of other physicians. This misconduct is aggravated by the intention to replace the treating physician or cause them moral or professional harm.

Art. 56 Respect and consideration for the treating physician

A physician may establish contact with a patient in the absence of their treating physician only when the patient's interests or the urgency of the situation so require, in which case they shall immediately inform the treating physician of their actions.

Art. 57 Professional interaction between physicians

The duties of physicians in their professional interactions are:

1. Share the responsibility arising from joint professional actions, which does not exclude individual responsibility within each person's field of action.
2. Respond to calls and consultations requested by other physicians.
3. Accept the participation of colleagues proposed by the patient.
4. Refrain from passing judgment or interfering in the actions of another physician, as a family member or friend of a patient.
5. To accept temporary replacements in the care of particular patients.
6. Provide professional care free of charge to the physician, his or her spouse, minor children, and dependents.

Art. 58 Cessation of care

When the opinion of the consulting physician and the treating physician differ, the patient must be informed. If the opinion of the consulting physician prevails for the patient or their family, the treating physician is free to cease care.

Art. 59 Distribution of fees

The distribution of professional fees is only permitted among all physicians who are actually involved in a medical procedure. It is unethical to receive fees for transferring or referring patients.

Art. 60 Commissions or financial participation

It is prohibited for physicians to give or receive commissions or other benefits, directly or indirectly, from individuals or institutions for the care of patients.

Art. 61 Illegal financial gain

Physicians in technical or administrative management positions commit misconduct if they accept money, goods, or other benefits in connection with awards, contracts, the acquisition of supplies and inputs, or the assignment of positions or functions.

Art. 62 The forensic physician in the care of patients

A physician who, in a medical-legal capacity, examines a patient in the absence of the attending physician, must not interfere with the treatment or diagnosis made by the latter, even if the patient or family members request it.

Only in the interest of the patient should they contact the treating physician and, in case of emergency, communicate their opinion immediately.

Art. 63 Solidarity and legal norms

The duties of solidarity and mutual cooperation that should govern relations between medical professionals do not require the concealment of legal offenses or errors committed by a physician in the course of their professional practice.

Art. 64

It constitutes an ethical violation to engage in work incompatibility, accumulating more professional positions than those permitted by the regulations of the Bolivian Medical Association, thereby depriving another physician of the right to work.

**CHAPTER VII
RELATIONSHIPS BETWEEN DOCTORS
IN INSTITUTIONAL PROFESSIONAL PRACTICE**

Art. 65 Conduct of physicians in relation to institutional work

It is unethical for a physician to intentionally displace another colleague from a public or private position or to agree to replace someone who has been dismissed without just cause and prior proceedings.

Art. 66 Ethical observance by physicians in hierarchical positions

Physicians in hierarchical positions are obliged to comply with the following ethical principles:

1. Comply with and enforce the provisions in force regarding appointments, promotions, removals, and remuneration of the medical personnel under their charge, as established in the Statute of Employed Physicians.
2. To treat their subordinates with the respect and consideration that their professional status demands.
3. Not to place the interests of the company or institution they serve above the provisions of the Health Code and the Statutes of the Bolivian Medical Association.

Art. 67 Misuse of medical positions

A physician who, holding a position of leadership in a professional association, scientific organization, business, or public administration, uses his or her authority for personal gain, or for the benefit of family members, partners, close associates, or political allies, commits an ethical violation.

Art. 68 Institutional work and medical work incompatibilities

The following constitutes a breach of ethics and infringes on the rights of medical professionals in general:

1. Anyone who, in contravention of the legal provisions in force, accumulates more positions
r functions than those permitted by regulation.
2. A physician who, in private or institutional care, assumes responsibilities outside their specialty.
3. Anyone who accepts or assumes positions or functions without complying with the regulations of the Medical Association.

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**CHAPTER VIII
MEDICAL PROFESSIONAL SECRECY**

Art. 69 Medical confidentiality

Medical confidentiality is the commitment that prohibits the disclosure or free dissemination of information obtained about the health and life of a person or their family. Professional confidentiality, established in the interest of patients, is imposed on all physicians under the conditions established by Law 3131.

Confidentiality covers everything that comes to the physician's knowledge in the exercise of his profession, i.e., not only what has been confided to him, but also what he has seen, heard, or understood.

Art. 70 Medical confidentiality over time

The obligation to respect medical confidentiality remains even after the provision of services has ceased, as well as after the death of the patient.

Art. 71 Exceptions to medical confidentiality

The following are exceptions that exempt physicians from maintaining professional confidentiality:

1. Mandate of the law.
2. Express authorization from the patient.
3. Role as a forensic doctor or medical examiner
4. Mandatory reporting of infectious-contagious diseases to competent authorities
5. Request from legal representatives of minors. In this circumstance, if the interests of the minor so require, such disclosure may be withheld.
6. When it is a matter of saving the life and honor of persons.
7. To prevent the conviction of an innocent person.
8. Self-defense against accusations of damages caused in the exercise of the profession.

Art. 72 Medical confidentiality in joint treatment

Professional confidentiality must be maintained by all physicians involved in the clinical case.

Art. 73 Scope of medical confidentiality

Professional secrecy includes the name of the patient and the institution.

CHAPTER IX RELATIONS WITH INSTITUTIONS

Art. 74 Medical fees in institutions

Physicians employed by a public or private institution may not receive other remuneration from institutional patients, except as provided for in the specific regulations of each institution.

Art. 75 Punishable acts in institutional work

It constitutes an ethical violation to induce a patient to leave one institution in order to subsequently provide private care at another, as well as to perform additional tests outside the institution for personal gain.

Art. 76 Acts of institutional or individual discredit

A physician who attracts patients or performs procedures to the detriment or discredit of their colleagues or the institution where they work commits an ethical violation.

Art. 77 Doctors outside institutions

Physicians outside a public or private institution may not examine patient documents or treat hospitalized patients without the consent of the treating physician.

Art. 78 Reinstatement of retired physicians

It constitutes an ethical violation to request or accept the reinstatement of retired physicians to active practice to the detriment of other physicians. Retired physicians, when circumstances so require, must first renounce their retirement in order to return to active service.

**CHAPTER X
RELATIONSHIPS BETWEEN DOCTORS AND RELATED PROFESSIONALS**

Art. 79 Respect and relationships with related professionals

Physicians must respect the rights of professionals in related disciplines in their relations with them, demanding respect for the professional hierarchy.

Art. 80 Collaboration with related professionals

Physicians must provide adequate and useful information for the performance of related professionals, but may not assign them functions that are within their exclusive competence.

Art. 81 Illegal practice by related professionals

Physicians are obliged to report the illegal practice of medicine due to its serious consequences for the health of the population and have the right to refuse to work with non-professional personnel in the field of health.

Art. 82 Academic-scientific collaboration

Physicians must perform training functions on procedures that concern medical support staff, in a climate of understanding and courtesy.

**CHAPTER XI
THE PHYSICIAN'S RELATIONSHIP WITH THE MEDICAL ASSOCIATION**

Art. 83 The physician's relationship with their association

The ethical conduct of physicians primarily concerns their relationship with their professional association, which authorizes and regulates professional practice, establishing a continuous and close bond that must be strictly observed and maintained throughout their professional career.

Art. 84 Mandatory membership

It constitutes an ethical violation and is therefore subject to the corresponding sanctions to practice medicine without being a member and registered with the Departmental Medical Association where the professional activity is carried out.

Art. 85 Compliance with Statutes and Regulations

All physicians are required to comply with the statutes and regulations of the Bolivian Medical Association. Failure to comply or violation of these statutes and regulations constitutes an ethical violation.

Art. 86 Failure to comply with regulatory instruments

Failure to comply with the application of regulatory instruments, by action or omission, both by members and by the governing bodies of medical organizations, constitutes an ethical violation and therefore falls under the jurisdiction of the Courts of Ethics and Medical Deontology.

Art. 87 Extension of management positions

The extension of terms of office in management positions in professional associations and scientific, trade, and union organizations constitutes an ethical violation, except when the extension is based on an express provision of a competent body.

**CHAPTER XII
MEDICAL FEES**

Art. 88 Right to financial compensation and compliance with the Medical Association's fee schedule

As financial compensation for professional services is an established right, physicians shall set their fees based on the Departmental Medical Association's fee schedule, in accordance with their scientific hierarchy and specialization and the importance and circumstances of the care provided, taking into account the economic or social situation of their patients and the environment in which they practice.

Art. 89 Fees in cases of medical emergencies

Medical care in emergencies shall not be conditional upon advance payment of professional fees.

Art. 90 Information on fees prior to medical treatment

The physician is obliged to inform the patient or their family of the amount of their professional fees before performing any medical procedure and may not refuse to provide the necessary explanations regarding the amount of such fees.

Art. 91 Refusal to pay medical fees

If the patient or their family members refuse to fulfill their financial commitments to the doctor without just cause, the doctor may file a claim in the ordinary courts for payment of their fees, without this affecting their name, credit, or reputation in any way, and may bring the matter to the attention of the Medical Association and request their advice or legal representation.

Art. 92 Convenience and commercial relationship

It is prohibited for physicians in their professional practice to maintain commercial relationships with pharmacies, laboratories, opticians, orthopedic establishments, and other institutions responsible for supplying medical prescriptions; likewise, it is prohibited to accept or grant commissions or benefits for referring patients.

Art. 93 Exclusivity of medical fees

Medical and administrative personnel, as well as private management, are prohibited from requesting or accepting a share of fees, which are the exclusive right of the treating physician.

Art. 94 Respect for medical fees

All physicians are prohibited from offering or agreeing to provide professional services for an amount lower than that set by the current medical fees with public or private institutions.

CHAPTER XIII BIOMEDICAL RESEARCH

Art. 95 Need for biomedical research

The advancement of medical science aims to better understand the causes of health disorders, which determines the obligation to develop research programs that benefit human beings and the community.

Art. 96 Ethical principles in research

Respect for human life, health, and safety is a principle that governs medical practice and must be observed with the utmost rigor in all types of biomedical research.

Art. 97 Informed and written consent

The informed written consent of the patient or those responsible for them is required in the event that instrumental methods, surgical procedures, or the use of drugs and other substances for research purposes must be applied.

Art. 98 Illegal and unacceptable acts

Any mutilating intervention performed for experimental purposes constitutes a violation of the Code of Ethics, even if the written consent of the patient or affected person has been obtained.

Art. 99 Phases prior to medical research

Medical research on human beings should be preceded, as far as possible, by experimentation on animals or in vitro.

Art. 100 Scientific Research Protocol

All medical research must be carried out on the basis of a protocol drawn up in accordance with the rules of the scientific method and approved by the Research Committee of the hospital or institution where it is carried out.

Art. 101 Requirements of the research protocol

The protocol must be based on ethical principles and comply with national laws and the principles contained in the World Medical Association's Declaration of Helsinki.

Art. 102 Ethical principles of biomedical research

In accordance with established standards for biomedical research, the protocol must respect, among others, the following guidelines of medical ethics:

1. Respect for the autonomy of every human being, as it is inviolable.
2. Equal rights for all human beings.
3. Avoid unnecessary harm that could be caused to the person.
4. The benefit to the individual must take precedence over the collective.
5. The expected benefit must outweigh the risks of harm.
6. Informed consent of the person.
7. The person's inalienable right to withdraw from the research when they so decide.

CHAPTER XIV MEDICAL PROFESSIONAL ADVERTISEMENTS

Art. 103 Authorization

All forms of promotion, advertising, or commercial announcements must be previously approved by the corresponding Medical Association. Failure to comply with this requirement violates the collective rights of physicians and therefore constitutes an ethical violation.

Art. 104 Content

The offer of services by any means of advertising, in a sober style, shall state the name of the professional or organization concerned, the qualifications attesting to their specialization, place and hours of service, registration number with the Ministry of Health, and registration with the Bolivian Medical Association.

Art. 105 Eye-catching advertisements

The use of advertisements with flashy characters that do not comply with the provisions of the previous article constitutes an ethical violation.

Art. 106 Advertising of methods and treatments

It is prohibited to publish advertisements with specific cure times, the use of infallible treatment methods, preferential services, and treatments with secret medications or techniques.

Art. 107 Acknowledgments

It is unethical to encourage or stimulate the publication of personal acknowledgments for professional services in the mass media.

Art. 108 Titles not held

It is unethical to include titles, credentials, or dignities that the advertiser does not legally possess, deliberately creating confusion regarding their professional status.

Art. 109 Free service

It is unethical to advertise, through any means of communication, the provision of free care in private practices or clinics. The personal and private right of physicians not to charge fees, when they deem it appropriate, shall be respected.

**CHAPTER XV
PATIENT RIGHTS**

Art. 110 Medical care

The physician must always act in the best interests of the patient, providing all necessary care based on established scientific knowledge and requesting the collaboration of other physicians when the case so requires.

Art. 111 Choice of Physician

The patient has the right to choose their physician in accordance with Art. 15. In an institutional setting, they must be informed about the type of care or assignment of their treating physician.

Art. 112 Authorizations for procedures or treatments

The patient has the right to receive understandable information about their status, condition, and degree of illness in order to give their consent for any medical procedure or treatment.

If you are unable to express your wishes, authorization from your family members will be required, except in emergencies or cases of impossibility as provided for in Articles 22, 23, 24, and 25.

Article 113 Refusal of medical procedures and treatments

The patient has the right to:

- a) Refuse proposed procedures and treatments and be informed of the implications of their decision.
- b) Refuse to be subject to therapeutic research protocols without their consent.

Art. 114 Confidentiality

Patients have the right to demand that information concerning their condition, treatments, or other matters not be disclosed to third parties.

Art. 115 Discretion

Patients have the right to demand that presentations of their case, discussions, consultations, examinations, and treatments be conducted with the discretion, respect, modesty, and privacy they deserve.

Art. 116 Emotional support

Patients have the right to emotional support and to have their requests for spiritual or religious assistance attended to.

Art. 117 Transfer of the patient

When necessity requires the transfer of the patient to another center, the patient has the right to be informed and to give his or her consent or, otherwise, to refuse it.

Art. 118 Respect for death

The patient has the right to have the natural process of death respected.

**CHAPTER XVI
THE RIGHTS OF THE PHYSICIAN**

Art. 119 Professional practice

The practice of medicine is personal. Each physician is responsible for their decisions and actions and has the right to practice their profession without being subject to discrimination for any reason.

Art. 120 Conditions for medical practice

Physicians have the right to provide and demand adequate facilities for the care of their patients and to refuse to practice under conditions that could be harmful to them.

Art. 121 Employment contract

The practice of medicine in any of its forms within private, collective, insurance, or other companies must be under a contract that defines the conditions of both parties with the approval of the Medical Association. Any modifications, agreements, or renewals shall also be communicated to the Medical Association. Violation of this requirement by members of the association constitutes an ethical violation.

Art. 122 Professional fees

Physicians have the right to demand fair remuneration when practicing independently or as employees, in the latter case, in accordance with the provisions of the statute governing employed physicians.

Article 123 Refusal of medical and other acts

The physician has the right to refuse:

- a) Medical acts authorized by law but contrary to their convictions.
- b) Contractual, statutory, or regulatory clauses that recognize the jurisdiction of courts or institutions other than those established by the Medical Association. Likewise, contracts or agreements that restrict their continuing medical education or accept resolutions and provisions not issued by the Medical Association.

Art. 124 Professional freedom

Physicians have the right to have their professional freedom respected and their authority over the healthcare team recognized.

Art. 125 Interruption of care

Physicians have the right to interrupt their care for personal or professional reasons or when the patient refuses to comply with the instructions prescribed by them, except in cases of emergency or when there is no other professional or specialist available.

Art. 126 Consultations

Consultations and medical meetings may be held at the request of the treating physician or physicians, the patient, their family members, or by mutual agreement.

Art. 127 Continuing education

Physicians have the right to be provided with, authorized for, or encouraged to pursue continuing medical education, with the necessary time and resources granted to them for this purpose, without affecting their right to periodic vacation.

**CHAPTER XVII
MEDICAL DOCUMENTS CLINICAL RECORDS**

Art. 128 (Conceptualization)

The clinical record is a set of written documents of a medical-legal nature, owned by the physician in private practice and by public or private institutions in institutional practice. It must contain all information on clinical assessment and evolution, medical procedures performed, and complementary tests carried out.

Art. 129 (Legality of the medical record)

The medical record, prepared in a clear and legible manner, must always bear the stamp and signature of the treating physician, who is responsible for its content.

Art. 130 (No tampering)

The medical record, as a legal medical document, is unique and its content cannot be modified or tampered with for the benefit of the physician, third parties, or to the detriment of the patient.

Art. 131 (Abuse of information)

It is unethical for a physician to use the information contained in a medical record prepared by another physician without their consent for purposes unrelated to the patient's care.

Art. 132 (Due information)

In the private sphere, physicians are obligated to provide patients, upon request, with the information contained in their medical records or to make such records available to other colleagues.

Art. 133° (Provision of copies)

In the institutional sphere, the employing institution is responsible for providing copies of the medical record, in accordance with Ministerial Resolution No. 028/97.

Art. 134 (Use of records for research and teaching purposes)

The medical record may be used by the treating physician for research and teaching purposes, provided that any data that could identify the patient is kept confidential.

Art. 135 () (Retention of medical documents)

The physician and, where applicable, the institution for which he or she works, are required to keep the complete medical record for five years from the date of the last visit.

Art. 136 (Transfer of medical records)

When a physician ceases private practice, his or her clinical records may be transferred to the colleague who succeeds him or her, unless the patient expresses a desire to the contrary.

Article 137 ()

Any physician who wishes to access the contents of a medical record in the private or institutional sphere must submit a request to the medical professional or institution responsible for the patient.

MEDICAL PRESCRIPTIONS AND RECIPES

Art. 138 (Responsibility)

The physician is responsible for the content of the prescription, which must be written in clear, legible handwriting, specifying the route of administration, the daily dosage, and the duration of the prescription.

Art. 139 (Freedom of prescription)

Within the limits established by law, physicians are free to issue prescriptions they deem appropriate to the circumstances.

Art. 140 (Knowledge of the prescription)

Physicians are required to be knowledgeable about the medications they prescribe, their interactions, adverse effects, and contraindications.

Art. 141 (Modifications)

If the prescription is modified, added to, or repeated for any reason without the physician's involvement, the physician's responsibility ceases. Self-medication is not the responsibility of the physician.

Art. 142 (Violations)

It is unethical to promote or encourage any dependence on drugs, or to prescribe them to addicted persons for non-therapeutic purposes.

Art. 143 (Informed consent)

The prescription of potentially dangerous or new drugs requires informed consent.

Art. 144

It is prohibited to deceitfully alter an athlete's physical condition through the use of drugs in order to compete unfairly, or to subject them to risks that could damage their health or endanger their life.

PRESCRIPTION BOOK

Art. 145 (Contents)

The prescription must include:

- a) The doctor's first and last name, professional license number, address, telephone number, days of service, and consultation hours.
- b) If the physician practices in association or partnership, the names of the associated physicians.
- c) Institutional prescription pads shall bear a stamp indicating the name, specialty, and registration number with the Ministry of Health and the Medical Association.

Art. 146 (Other contents)

The prescription pad may also mention:

- a) Diplomas, degrees, and positions, provided they are recognized by the Medical Association.
- b) Membership of a specialized scientific society.

Art. 147 (Types of prescriptions)

Supreme Decree No. 25235, in its Art. 80, regulates the form and dispensing of prescriptions, namely:

- Prescriptions valued on special valued forms.
- Archived prescriptions, on prescription pads approved by the Ministry of Health and Sports, in accordance with current regulations.
- Medical prescriptions, for those medications that cannot be dispensed without them.
- Magistral prescriptions, on medical prescription pads and under specific formulation.

This provision considers the free dispensing of authorized medications without a medical prescription.

CHAPTER XVIII MEDICAL CERTIFICATIONS

Art. 148 (Definition)

The Medical Certificate is a document written in a clear, accurate, and truthful manner intended to certify a medical procedure that has been performed.

Art. 149 (Certification form)

The use of the form issued by the Bolivian Medical Association for medical certifications and reports is mandatory.

Art. 150 (Certification Request)

The physician shall certify at the request of the patient or his or her legally authorized representative or by legal imperative. In the institutional setting, certification shall proceed after being authorized by the corresponding medical authority.

Art. 151 (Prohibitions)

It is prohibited for physicians in their private or institutional practice to:

- a) Prescribing or certifying illegally, as well as signing blank prescriptions, certificates, or any other medical document.
- b) Certify without having performed any medical act or that does not correspond to the truth.
- c) Certifying to harm individuals or obtain undue benefit for the patient, for oneself, or for third parties.
- d) Refusing to issue lawful medical certification.
- e) Using institutional forms for private certifications.

Art. 152 (Birth certification)

The physician must issue the birth certificate in accordance with the provisions of the law.

Death Certificate

Art. 153 (Mandatory)

The physician is required to issue the death certificate when the patient dies from the illness for which he or she was being treated.

Art. 154 (End of obligation)

The physician is required to issue the death certificate up to seven days after discharging the patient whose illness he considered to have been overcome, provided that the deceased had not been treated by another physician at the time of death, in which case the death certificate shall be issued by the latter.

Art. 155 (In cases of doubt)

If the doctor considers that there are reasonable doubts about the cause of death of a person, even within the provisions of the previous article, he or she must request an autopsy.

Art. 156 (In rural areas)

In rural areas, if there has been no prior medical care and there is no possibility of an autopsy, the physician must reconstruct the medical history and issue the medical death certificate, noting this fact.

Art. 157 (Form)

The only form recognized for medical certification of death is that determined by the Ministry of Health.

**CHAPTER XIX
MEDICAL PUBLICATIONS**

Article 158 (Validity and hierarchy)

Publications disseminating medical concepts through mass media such as newspapers, non-medical magazines, radio stations, television, and the internet do not have scientific hierarchy.

Art. 159 (Authorization and source)

The presentation of oral or written work using clinical material or graphic illustrations belonging to another author is considered unethical if the source of information is not cited or if documented authorization has not been obtained.

Art. 160° Authorship ()

Work carried out in cooperation with other professionals, for publication, must include the names of all participants, with the name of the main author at the top.

Art. 161° (False authorship)

It is unethical for a medical authority to demand the inclusion of their name in scientific works in which they have not participated.

Art. 162 (Plagiarism)

Plagiarism, in addition to being grounds for legal sanctions, is an ethical violation defined as the appropriation of work written by another author. Plagiarism may take the form of literal copying, text with simple grammatical changes, or mere modifications to the layout of paragraphs or chapters.

Art. 163 (Requirements)

Scientific medical publications must be based on the "Uniform Requirements" for preparing manuscripts for biomedical journals, known as the "Vancouver Rules."

CHAPTER XX MEDICAL EXPERTS AND CONSULTANTS

Article 164 (Definition)

Medical experts and consultants are professionals of recognized competence, qualified experts in a specific medical specialty.

Art. 165 (Practice)

It constitutes a violation of ethics to act as an expert or consultant without having a background recognized by the Bolivian Medical Association or the endorsement of the corresponding Scientific Society.

Art. 166 (Nature of testimony)

It is an ethical violation and punishable by law to give false testimony, distort the facts, or conceal evidence.

Art. 167 (Confidentiality of expert testimony)

The expert witness and consultant must maintain confidentiality regarding the events of the proceedings, and it is unethical to comment publicly on them.