

## CODES OF DEONTOLOGY FOR HEALTH PROFESSIONALS – A COMPARATIVE ANALYSIS

OFELIA CRIȘAN<sup>1\*</sup>, SPERANȚA IACOB<sup>2</sup>

<sup>1</sup>*Department of Pharmaceutical Legislation and Management, “Iuliu Hațieganu” University of Medicine and Pharmacy Cluj-Napoca, 12 Ion Creangă Street, Cluj-Napoca, Romania*

<sup>2</sup>*Romanian College of Pharmacists, Cluj Branch, 4 Aurel Vlaicu Street, Cluj-Napoca, Romania*

\*corresponding author: [ofelia.crisan@umfcluj.ro](mailto:ofelia.crisan@umfcluj.ro)

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### Abstract

Good physician-pharmacist collaboration can improve the quality of healthcare services. In practice, however, purely mercantile associations and agreements between some of these professionals show that education and ethics have failed somewhere along the way. The aim of the paper was to study the conception of the Romanian professional associations of physicians and pharmacists regarding appropriate professional behaviour, by analysing their codes of deontology and drawing up suggestions to optimize the professional ethics. The two codes of deontology in force were investigated using the comparative method. Although both codes establish as ethical obligations the professional responsibility, protection of professional independence and observance of the patient's rights, they need to be complemented in the field of the responsibility for the management of health resources, the explicit condemnation of allowing one's judgment to be influenced by personal profit, and respectively of observing the patients' right to privacy, to their own time, to safety, to innovation, to avoid unnecessary suffering and pain, to compensation. The professional ethics of physicians and pharmacists can be optimized by harmonizing the codes of deontology with the relevant international documents, by providing ethical training to their members and by the collaboration between their professional associations.

### Rezumat

O bună colaborare medic-farmacist poate crește calitatea serviciilor de sănătate. În practică însă, acțiunile și înțelegerile pur mercantile existente între unii dintre acești profesioniști arată că, undeva, educația și etica au dat greș. Scopul lucrării a fost studierea concepției asociațiilor profesionale ale medicilor și farmaciștilor din România privind comportamentul corect în exercitarea profesiei, prin analiza codurilor lor deontologice și elaborarea de propuneri pentru optimizarea eticii profesionale. Cele două coduri deontologice în vigoare s-au studiat folosind metoda comparativă. Deși ambele coduri stabilesc ca obligații etice responsabilitatea profesională, protecția independenței profesionale și respectarea drepturilor pacienților, ele trebuie completate în domeniul responsabilității pentru buna gestionare a resurselor din sănătate, al condamnării explicite a influențării judecății profesionale de profitul personal și al respectării drepturilor pacienților la intimitate, la timpul propriu, la produse inovative, la respingerea suferinței și durerii inutile, la compensație. Etica profesională a medicilor și a farmaciștilor poate fi optimizată prin armonizarea codurilor lor deontologice cu documentele internaționale relevante în domeniu, prin formarea continuă etică a membrilor lor și prin colaborarea asociațiilor lor profesionale.

**Keywords:** codes of deontology, physicians, pharmacists, responsibility, professional independence, patients' rights

### Introduction

The physicians and the pharmacists have the ethical obligation to provide best quality healthcare services adapted to the needs of each patient, to the community they serve and to society at large [15, 19, 20, 25]. They must be aware of the fact that they are regarded as professional and ethical role models in society and that only by being responsible and providing a high standard of integrity in their activity they can maintain this status, together with public confidence [10, 12, 17, 18]. Also, a good collaboration between physician and pharmacist can improve the quality of healthcare services provided to patients. The ethical education during the training activities and the

authority of professional bodies should ensure a proper practice of the health professions, with full observance of the patients' rights and the responsible management of health resources. But, at this time point, the purely mercantile associations and agreements that exist between some of these professionals, as well as the corruption and fraud cases in the health assistance field, especially in the health insurance system [4, 10-12, 17, 21] show the fact that, at some point, the education and the implementation of ethics have failed. The codes of ethics express the vision of the professional body upon the profession, having both an orientation role in the professional conduct as well as an educational role, including through proper support strategies [9]. The purpose of the paper was to

study the conception of the Romanian professional associations of physicians and pharmacists regarding the correct behaviour in carrying out the profession conduct and to develop proposals aimed at optimizing the professional ethics.

### Materials and Methods

The research was carried out using the Code of Medical Deontology, adopted by Decision no. 2/2012 of the Romanian College of Physicians [6], and the Pharmacist's Code of Deontology, adopted by Decision no. 2/2009 of the Romanian College of Pharmacists [5]. The codes of deontology were investigated using the comparative method; its use determined the structure of the study, which included the analytical exposure of each item to be compared, including the individual analysis of each code of ethics, and the comparative synthesis [7]. The main criteria used for the analysis and comparison were: the codes structure, the provisions related to the professional responsibility and independence, the provisions related to the respect for patients' rights, taking into consideration the relevant applicable international documents: European Charter of Patients' Rights, adopted by Active Citizenship Network (2002) [1]; World Medical Association documents: International Code of Medical Ethics (consolidated text 2006) [27] and Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects (consolidated text 2013) [26]; Council of Europe Convention on Human Rights and Biomedicine (1997) and additional protocols on cloning (1998), transplantation (2002), biomedical research (2005), genetic testing for health purposes (2008) [8]; Declarations adopted at UNESCO level: Universal Declaration on the Human Genome and Human Rights (1997) [24], International Declaration on Human Genetic Data (2003) [22] and Universal Declaration on Bioethics and Human Rights (2005) [23].

### Results and Discussion

#### *The Code of Medical Deontology*

The Code of Medical Deontology is structured in nine chapters that establish fundamental principles for the medical profession, general conduct rules in the medical activity, special rules related to certain aspects of the medical activity and final provisions [6]. In terms of professional responsibility and independence, compared to the International Code of Medical Ethics, that synthesizes all general principles and rules mentioned above, grouping them in general obligations of physicians, obligations in relation with patients and obligations in relation with colleagues [27], the Code of Medical Deontology has several weaknesses. Thus, among the physician's duties it does not establish the following: reporting

the cases of unethical carrying out of the profession or the cases of fraud in the medical field, that the physician becomes aware of, as well as properly and responsibly managing the resources from the health field to which the physician has access through the nature of his/her professional activity so as the patients and the community can benefit in the best possible way. Also, the Romanian Code of Medical Deontology does not provide for the physician's obligation to request proper medical care if they themselves suffer from a physical or psychic condition. In addition, although the Code of Medical Deontology condemns breaches of the professional independence of the physician that are due to reasons of economic profitability or administrative ones, or as a result of relations of association or collaboration with natural or legal persons that operate in the production or distribution of medicinal products or other health products [6], it does not condemn explicitly the act of letting one's professional judgment be influenced by the personal profit, no matter whether if it is pecuniary, material or of any other type.

In the patients' rights area, even if the Code of Medical Deontology establishes some obligations for the physicians in the relationship with them, compared to the European Charter of Patients' Rights [1], it has several weaknesses. This way, the Romanian Code of Medical Deontology does not establish ethical obligations for the physicians with regard to the following rights of the patients: the right to privacy during the medical act, the right to have one's own time respected, the right to safety in relation with the medical services and products, the right to innovative services and products, the right to reject any unnecessary suffering and pain, the right to file complaints and the right to compensation or damages for physical or moral and psychological harm caused by a health service treatment.

The Code of Medical Deontology also lacks several ethical principles enshrined in the Universal Declaration on Bioethics and Human Rights [23]. It could be complemented with: the right of each patient to autonomy and individual responsibility and ensuring that appropriate measures are available for the persons who can no longer exert this right, the principle of respecting individual vulnerability and the integrity of vulnerable people, the principle of just and equitable treatment for patients, non-stigmatization thereof, the respect for cultural diversity and pluralism, professionalism, honesty, integrity and transparency in decision-making in the medical field, respectively the integrating environmental protection measures in the medical and scientific research activities.

The Code of Medical Deontology contains special rules related to the patient's consent for the medical interventions, professional confidentiality and the

access to data regarding patient's health situation, ancillary activities related to the medical action (correctly drawing-up of medical documents, participating in public health activities, notifying professional errors, ensuring collegiality and loyalty within the professional body), medical research, publicity of medical activities (purpose, permitted means, prohibited means) and passing of judgment on deontological cases at the College of Physicians level (expedience, presumption of innocence, impartiality, contradictory approach, holding hearings) [6].

The chapter related to the medical research contains ethical principles about the conditions and limits of medical research on human subjects, in accordance with the Declaration of Helsinki [26], condemnation of cloning, of unethical genetic interventions, of creating human embryos for research purposes, in accordance with the additional protocols related to cloning and the genetic testing of the Convention on Human Rights and Biomedicine [8], respectively in accordance with the Universal Declaration on the Human Genome and Human Rights [24] and the International Declaration on Human Genetic Data [22]. This chapter from the Code of Medical Deontology is very important, not only for its modern character, in tune with principles proclaimed by organizations with authority at international level, but also due to the fact that it is the only Romanian text with regulatory character that makes reference to these aspects of medical research. Romania does not have a law related to biomedical research. The only legal texts that regulate this area are those concerning the activities that have medicines as their subject-matter: Law no. 95/2006 on healthcare reform – Title XVIII The medicinal product, that establishes the obligation to comply with the good practice rules in the clinical trials of medicines, respectively the regulations of the Ministry of Health and of the National Agency for Medicines and Medical Devices related to the authorization of the units carrying out clinical trials, to the authorization of clinical trials and the good clinical practice guidance for medicines [2, 3, 13, 14, 16]. Nevertheless, the chapter related to the medical research does not include a series of important rules, which have as their goal the protection of rights of persons participating in the medical research, in accordance with the Declaration of Helsinki [26] and the additional Protocol on the biomedical research of the Council of Europe Convention on Human Rights and Biomedicine [8]. Therefore, the Code of Medical Deontology could be complemented with the ethical principles about: the obligation of physicians to ascertain the scientific quality of any researches they participate in, the independence of the ethics committees that evaluate the medical research

projects, the protection of certain vulnerable categories (pregnant or breastfeeding women, people in emergency clinical situations, convicts), the protection of potential human subjects already in a dependency relationship with the researching physician, the recording in a public database of the research prior to the subjects' recruitment, the human subjects right to information about the results of the research they participated in, the right to post-research quality of the participating subjects (access right to the interventions proven as beneficial, including their information in this respect prior to obtaining their consent), the right to treatment and/or compensations of the participants harmed as a result of their participation in the research (including by civil liability insurance specific for research of the promoters and investigators), publishing and disseminating the results of research on human subjects (including financing, affiliation, conflicts of interests) with the protection of the personal information and data. Also, in the field of genetic interventions and genetic data there are provisions that could complement the Code of Medical Deontology, such as the ethical principles related to the genetic services and genetic counselling, based on the Additional protocol concerning the genetic testing of the Convention on Human Rights and Biomedicine [8] or the ethical principles related to the collection, processing, use, storage and destruction of biological samples for genetic testing, of the genetic and proteomic data, in accordance with the International Declaration on Human Genetic Data [22].

This same chapter of the Code of Medical Deontology, related to medical research, includes some principles concerning the removal and transplantation of organs, tissues and cells of human origin, that are in agreement with the principle of informed consent, already proclaimed in the code, but also with the Law no. 95/2006 – Title VI Removal and transplantation of organs, tissues and cells of human origin for therapeutic purpose [16], that provide the legal framework for these activities. Some other specific ethical principles could have been mentioned here, that are enshrined in the additional Protocol regarding the transplant in the Council of Europe Convention on Human Rights and Biomedicine [8], such as: respect for the body of the deceased person from whom removal is made for transplantation purposes, implantation of an organ or tissue taken for other purposes than the transplant, prohibition of financial gains as a result of the transplant, compensation for damages caused as a result of removal for transplantation purposes.

From the Code of Medical Deontology, one can identify a significant attention paid by the Romanian College of Physicians both for the responsibility of

the physician and the professional authority to the society, as well as for the physician's independence in practising the profession, with full observance of the patients' rights. Nevertheless, the Code of Medical Deontology can be complemented with new provisions, in order to harmonize it with the international official texts applicable to the field.

#### *The Pharmacist's Code of Deontology*

The Pharmacist's Code of Deontology is structured in three chapters, which present general principles, deontological standards and final provisions [5].

In the field of professional responsibility and independence, the Pharmacist's Code of Deontology is very well developed, as it includes detailed provisions applicable both to any pharmacist, as well as to the pharmacist with management positions. These provisions adequately refer to: competence and availability for such a position, compliance with the quality standards and of the operating procedures applicable to the respective field of activity, adequate delegation of duties, protection of the freedom of decision and of the professional independence, be it one's own or that of one's colleagues in any situation, collaboration with physicians and with the competent authorities with the purpose of optimizing patients' treatments, accepting and educating trainee students, collaborating with the Romanian College of Pharmacists [5]. The Code's weaknesses in this area refer to the fact that, among the pharmacist's obligations, it does not establish the following: reporting cases of professional errors and those of non-ethical practise of the profession or of fraud cases they become aware of, nor the correct and responsible management of the resources from the health field to which the pharmacist has access through the nature of his/her professional activity, in order for patients and community to benefit from them in the best possible way. Also, the Pharmacist's Code of Deontology does not provide for the pharmacist's obligation to request proper medical care in case they have a physical or psychic condition themselves. In addition, although the code of ethics provides for the pharmacist's obligation, in the relation with the physician, to abstain from any understanding that would result in a breach of patient's rights, it does not explicitly condemn the case of letting one's professional judgment be influenced by personal profit, no matter whether pecuniary, material or of any other nature.

The provisions related to competition and advertising are correct, as they include among the unfair practices that of attracting the patients by providing material advantages, respectively requesting that there should be consistency between the advertising message and the pharmacist's role in promoting health and by respecting the patients' rights [5]. Nevertheless, they are not sufficiently

effective in practice, as the decisions related to advertising or to commercial discounts given for medicines are generally made not by the head pharmacist of the pharmacy, but rather by the pharmacy owners, and in many cases, since they are not pharmacists, they cannot be hold accountable by the Romanian College of Pharmacists, as they are not members of this association.

The provisions related to the emergency pharmaceutical services establish, besides the pharmacist's obligations in situations that require life-saving actions, also the terms under which the pharmacist may issue ethical medicines without medical prescription. By the manner in which these provisions are worded, they allow for the extension of this practice to situations that do not correspond to cases of emergency or to those covered by legislation on medicines [16]: replacement of medical prescription with other documents, validation of expired prescription, exemption from the medical examination irrespective of the reasons [5]. Although the dispensing of ethical medicines without medical prescription has to be regulated as an emergency situation, and the pharmacist in the pharmacy is competent to decide responsibly in such cases, this should not become a generalized practice protected by the Pharmacist's Code of Deontology and by the College of Pharmacists. It is a responsibility that must be assumed by each pharmacist and by the professional body, but by ensuring the primacy of the interest of health, and not that of the commercial interest, which is the risk created by the current provisions.

The provisions related to the incompatibilities with carrying out the pharmacist profession are also in the frame of the responsibility for the patient and society. Based on Title XIV of Law no. 95/2006, it was necessary, through the Code of Deontology, to specify the activities that are contrary to the dignity of the profession and to good morals [16]. The Romanian College of Pharmacists provides in the Code of Deontology that the status of natural person – trader, that of sales agent or employee of other units, different from the pharmaceutical ones, is incompatible with the pharmacist profession, and so is the carrying out of any illegal or immoral activities [5]. It is an unjustified generalization, as there are activities in various fields (bookshops, arts, tourism, etc.) which, even if carried out in parallel with the pharmacist profession do not prejudice the professional dignity, nor do they decrease the population's confidence in this profession. At the same time, no mention is made, not even in a non-exhaustive manner, of those activities that would affect it negatively, such as the trade in cigarettes, alcoholic drinks or pornographic materials.

In the field of the patients' rights, even if the proclaimed purpose of the Pharmacist's Code of Deontology is to protect them, if one compares them to the European Charter of Patients' Rights [1], the former has some weaknesses. Thus, the Romanian Code does not establish ethical obligations of pharmacists in relation with the following rights of the patients: the right to privacy in pharmaceutical care, the right to have one's own time respected, the right to safety in relation to the pharmaceutical services and products (the ethical obligation to provide the pharmacovigilance and materiovigilance services, etc.), the right to personalized treatment (counselling adapted to each patient), the right to innovative products and services, the right to reject any unnecessary suffering and pain, the right to file complaints and the right to compensation or damages for harm caused by a health service.

The Pharmacist's Code of Deontology shows a special attention paid by the Romanian College of Pharmacists both for the responsibility of profession to the society, including by maintaining the pharmacist's professional freedom and independence and also for the respect of patients' rights in the pharmaceutical activity. Nevertheless, the Code needs some changes and additions in order for it to be harmonized with the European Charter of Patients' Rights and in order for it to be more effectively implemented in practice, especially in the fields of advertising and competition.

#### *Comparative synthesis*

The Code of Medical Deontology and the Pharmacist's Code of Deontology are similar from the point of view of content structure, by the fact that they both establish the fundamental principles of practising the profession and judgment rules for the deontological cases at the level of the professional association. What the Pharmacist's Code of Deontology groups under the title Deontological Standards is also found in the Code of Medical Deontology under the form of independent chapters or under the General Conduct Rules. The common fundamental principles are: carrying out the profession with respect for life and human being, primacy of patients' interest, of their rights and public health, observance of professional rules, as well as of those of quality and ethical conduct, maintaining in any situation the professional independence, the professionalism, and acting in accordance with one's professional skills and acknowledgement of the limits of professional commitment, respect for colleagues, collaboration with other specialists, legal and ethical decision (including in case of refusal to provide health services), loyalty and solidarity within the professional body. The differences in this field concern, in the case of the Code of Medical Deontology, the unmediated nature of the relation

with patients, the diligence of means and clarity in the relation with them, the quality of the distance medical act, respecting the patient's right to a second medical opinion and the completion of the obligation undertaken. In case of the Pharmacist's Code of Deontology, the pharmacist's obligation is proclaimed to have a dignified and honest conduct in practising the profession, as well as an active role in educating the population and in combating the scourges of the modern world. The Code of Medical Deontology would benefit from being complemented with the ethical obligation of the physician to assume a significant role in the patients' education in the field of health, especially for the prevention of diseases. The Pharmacist's Code of Deontology could be complemented with clauses concerning the provision of distance pharmaceutical services, through various modern technologies, including those linked to internet use, the more so as it is a field currently under regulation at the European Union level and with significant implications upon the practice, especially for protecting patients from purchasing falsified medicines from unverified sources, from the internet.

In the field of professional responsibility and independence, both the College of Physicians and the College of Pharmacists give special attention to protecting these values through their codes of deontology. Both codes disapprove of the physician – pharmacist association for the purpose of obtaining some material benefits, by violating the patients' rights to the free choice of the professional or of the provider of health products and services. But in practice there are numerous examples of non-ethical practices in this respect, and some of them have been proven by the actions undertaken by the criminal prosecution bodies, because of the fact that they have caused serious damages to the health insurance system. Such practices include: understandings of a commercial nature between the medical unit and the pharmacy, the involvement of the physician in the distribution of medicines and the receipt of material benefits from people who distribute medicines, supply of medicines in the medical practice, prescribing medicines on fictitious or falsified prescriptions in the insurance system, followed by their fictitious dispensing and the forging of reimbursement/settlement documents to the insurance funds, in order to obtain material advantages [4, 11, 21]. Nevertheless, neither of the codes establishes the professional's obligation to report to the professional association the cases of unethical carrying out of the profession or the cases of fraud they become aware of, nor the obligation to contribute to the correct and responsible management of resources in the health field, in the society's interest and they also do not explicitly condemn the cases where one lets one's professional

judgment be influenced by personal profit, no matter whether it is pecuniary, material or of any other nature.

Also in the field of professional responsibility, none of the codes provides for the professional's obligation to request medical care if they themselves are suffering from physical or psychic affections, nor for any obligations of the professional association in this respect, although an improper health condition for carrying out the profession is an incompatibility provided by law, so that it should be checked by the professional body not only in order to allow access to carrying out the profession, but also with a certain periodicity, throughout one's professional life.

The other cases of incompatibility with the profession are established, under the law, by both codes, yet with unjustified restrictions for any non-pharmaceutical activity in the case of the pharmacist's code of ethics, something that may violate the pharmacist's right to work and personal fulfilment in other fields of activity, that do not affect the dignity of the pharmacists' profession, nor do they contravene to good morals.

The advertising of professional services is a field of responsibility regulated by both codes. If in the Code of Medical Deontology, the purpose of advertising, the methods allowed, their content, the methods prohibited and the authority of the College of Physicians in this field are established, the pharmacist's code of ethics only sets general principles that must govern the advertising of pharmaceutical services. These principles are correct, but rather ineffective in practice, for as long as the College of Pharmacists has no authority over the non-pharmacist owners of pharmacies that advertise in an un-ethical manner. The Pharmacist's Code of Deontology needs to be complemented in this respect by providing the rules for approval of the advertising for pharmaceutical services by the professional association.

The ethical obligations of the physician and of the pharmacist in the emergency health care are listed in both codes. Nevertheless, the Pharmacist's Code of Deontology broadens too much the field of emergency pharmaceutical services, including almost any situation in which the patient requests ethical medicines without medical prescription. It is a deontological framework that contravenes not only to the pharmacist's role in the rational use of medicines, but also to the legislation related to the dispensing of medicines based on medical prescription. The exceptional cases should be clearly regulated by the Pharmacist's Code of Deontology, with the justification of the emergency of pharmaceutical services and by their documentation by the pharmacist.

In the field of the patients' rights, both professional associations set the professionals' obligations in

relation with the beneficiaries of their services. This way, both codes acknowledge even though, through slightly different provisions in terms of wording, the following rights of patients, also established in the European Charter of Patients' Rights: the right to preventive measures in the health field, the right to access to health products and services, the right to information in the health field, the right to free choice of the provider of health products or services from several choices available, the right to confidentiality, the right to the quality of health products and services. Moreover, the Code of Medical Deontology includes provisions related to the patient's right to an informed consent, as related to the medical interventions, and the right to personalized treatment. Also, by reference to the European Charter of Patients' Rights, none of the two codes acknowledges the following rights of the patients: the right to privacy during the professional act, the right to have one's own time respected, the right to safety related to the health services and products, the right to reject any unnecessary suffering and pain, the right to innovative services and products, the right to file complaints and the right to compensation or damages for physical or moral and psychological harm caused by a health service treatment. Both codes should be complemented with new provisions in this respect.

Other important differences between the two analysed codes concern the field of research and that of judging the deontological causes. As for the judgment of deontological causes, the Code of Medical Deontology establishes clear principles and rules to be observed by the specialty committees, whereas the Pharmacist's Code of Deontology only makes reference, in this respect, to the Statute of the College of Pharmacists, which contains working rules for the disciplinary committees. Scientific research is not regulated in the Pharmacist's Code of Deontology, although it is a recognized field of pharmaceutical activity. As a matter of fact, it might be a good idea to review the Pharmacist's Code of Deontology for the purpose of developing principles and rules dedicated to all fields of activity in which pharmacists carry out their profession.

In order to have a better knowledge, understanding and observance of the codes of deontology, the College of Physicians and the College of Pharmacists could develop support strategies, such as: to disseminate the explained codes among the professionals, to provide specialist advice for the implementation, including explanation with examples or the development and distribution of implementation guides for the codes. Also, to organize dedicated programs of continuous training, including joint actions of the two professional associations, would be something beneficial for the

development of Romanian physicians and pharmacists' professional ethics.

### Conclusions

The Romanian physicians and pharmacists professional associations have a similar conception regarding the ethical conduct of their members. The Code of Medical Deontology and the Pharmacist's Code of Deontology contain fundamental ethical principles for carrying out the profession, as well as rules for the professional associations to exert authority in this field. Both codes have special provisions for the professional responsibility of physicians, and respectively, of pharmacists, to maintain professional independence and observe the patients' rights while carrying out their profession. The Code of Medical Deontology is a modern text, especially through its provisions related to new fields or aspects, such as telemedicine, by offering an important position to medical research, by establishing the ethical principles for the deontological cases to be judged by the College of Physicians. Nevertheless, the Code of Medical Deontology can be complemented with ethical principles proclaimed in the international declarations, especially for the purpose of complying with the ethics in genetic interventions and for protecting the human subjects participating in medical research. The Pharmacist's Code of Deontology requires re-evaluating and updating, especially in the field of advertising, of incompatibilities and in that of emergency pharmaceutical services. These provisions are either insufficient and ineffective in the current context of Romanian pharmacy, or too general and broad, thus violating certain rights of the pharmacists, and respectively excessively extending their competence. It can be changed and complemented in the appropriate manner, also with rules related to new aspects in activity, such as those concerning the internet use, but also with principles intended for all fields of activities of the pharmacist.

Both codes need to be complemented in the field of professional responsibility, by establishing the professionals' obligations in relation with the correct and responsible management of the resources in the health field, for the benefit of patients and society. Also, both codes can be improved with provisions related to the protection of professional independence, the prevention of any breach of the patients' rights in relation with the health services. Finally, both codes have weaknesses in the way they regulate the observance of the patients' rights that are recognized at the European level, which can be resolved by properly complementing their contents.

The professional ethics of physicians and pharmacists can be optimized first of all by updating the Codes

of Deontology and by associating them to support strategies. The collaboration of the two professional associations would also be useful, both in the development of the codes and, especially, in the improvement of the training of their members in this field, also through joint programs.

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