October 2003

Rights-Based Code of Ethics

FIGO Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights

Background:
Sexual and reproductive health is a matter of urgent global concern. The tremendous burden of morbidity and mortality that women experience as a result of their role in reproduction, increased by their unequal social standing, is unacceptably high, yet substantially preventable. The reproductive and sexual health of women is often compromised, not necessarily because of lack of medical knowledge, but rather as a result of basic infringements of women’s human rights that also violate the basic and universally agreed upon ethical and professional responsibilities of professionals caring for women.

Sexual and reproductive health is also an issue for human development, as women are essential to economic and social stability and progress in all societies. The potential contribution of women is frequently not realized because of limitations on women’s human rights, including lack of access to information and safe and appropriate care. The human right to security of the person underpins the medical ethic to treat women respectfully. Professionalism in health care of women is the means by which physicians provide ethical care that respects the sexual and reproductive rights of women.

The inherent power imbalance between women seeking, and physicians providing, health care derives not only from inequality of knowledge, but often from cultural and economic differences. Physicians have a central role and considerable social responsibility in societies as a result of their knowledge and expertise. This status provides them with the means to influence policy makers in social and health care. It also allows them to highlight inequities in the reproductive and sexual health care of women and to advocate for improved status of women in general.

Ethics and Human Rights regarding Sexual and Reproductive Health:
While human rights are protected by national laws and constitutions and by regional and international treaties, medical ethics are protected by codes monitored primarily by the medical profession. The principles of medical ethics applied to all individuals, such as beneficence (maximize best health outcomes), non-maleficence (do no harm), autonomy (ensure rights of persons to make informed choices about their own health care), and justice,
are derived from and consistent with general human rights. The purpose of human rights is to promote human dignity. This translates into the obligation to benefit the patient in the course of health care (in respect both of their mental and physical health) and the commitment to doing no harm. The human rights to the highest attainable standard of health and to the benefits of scientific progress form the basis of the professional commitment to beneficence and justice. The human rights to a private life, to conscience and to liberty and security of the person are also key elements of autonomy that includes the duty to protect confidentiality in health care.

Relationships that underlie sexual and reproductive health are a natural part of life that should be entered into freely and safely, without violence or coercion, for both men and women. The sexual and reproductive rights that arise from human rights in general form an important part of medical ethics and apply to all women regardless of age, marital status, ethnicity, political affiliation, race, religion, economic status, disability, or other status. These rights imply a need to inform public opinion and to promote a respectful public dialogue, including different ethical and religious perspectives and noting that freedom of religion includes the requirement that no one religion or belief can impose its values on others. Thus, member societies must recognize and respect the diversity of cultures and religions that may exist within a country in order to provide culturally sensitive care for all women.

FIGO member societies adopt and promote among their members, the following professional responsibilities, based on their commitment to assuring human rights and ethical principles in the reproductive health care of women:

A. Professional Competence:
1. Attain and maintain the highest standards of professional competence in women’s health, utilizing the most current and best available medical evidence within the context of available resources.
2. Assure that professional competence includes offering only services for which one is trained to a recognized standard and referring to suitably skilled professionals as circumstances permit.
3. Assure respectful professional conduct that promotes the dignity and security of every woman
4. Avoid inappropriate relationships with patients or their families, that may be exploited for sexual, emotional, financial, or research purposes.
5. Assure that a physician’s right to preserve his/her own moral or religious values does not result in the imposition of those personal values on women. Under such circumstances, they should be referred to another suitable health care provider. Conscientious objection to procedures does not absolve physicians from taking immediate steps in an emergency to ensure that the necessary treatment is given without delay.
6. Refuse to practice, or support practices, that violate human rights or principles of medical ethics.
7. Maintain and promote the highest standards of integrity and honesty with patients, colleagues and learners and in the conduct of research.
8. Model appropriate interpersonal behavior with patients and others in order to assure that optimal care and learning environments are promoted by all members of the health care team.
9. Advocate for life long learning for health care professionals in regard to reproductive and sexual health, rights, and ethics.

B. Women’s Autonomy and Confidentiality:
1. Support a decision-making process, free from bias or coercion, which allows women to make informed choices regarding their sexual and reproductive health. This includes the need to act only on the basis of a fully informed consent or dissent, based on adequate provision of information and education to the patient regarding the nature, management implications, options and outcomes of choices. In this way, healthcare professionals provide women with the opportunity to consider and evaluate treatment options in the context of their own life circumstances and culture.
2. Ensure that confidentiality will prevent privileged information and recorded documents from being shared verbally or otherwise, except as required by law or desired by the patient.
3. Adhere to the principle of non-discrimination in order to assure that every woman is treated respectfully regardless of age, marital status, ethnicity, political affiliation, race, religion, economic status, disability, or other status. Women should be treated with respect for their individual judgment and not that of their partners or family.
4. Assure that adolescent women are treated without age discrimination, according to their evolving capacities – rather than merely their chronological age – in facilitating them to make free and informed decisions regarding their sexual and reproductive health.

C. Responsibility to the Community:
1. Advocate for the right of women to have access to the information and education needed to allow them to determine the timing of their reproduction in keeping with the ethical principle of autonomy and the human right to freely choose if and when to have children.
2. Advocate for the rights of women to make choices about sexual relationships as a natural part of their lives, assisting them to enter into these relationships freely and safely.
3. Advocate for appropriate resources and care for women seeking better reproductive and sexual health to ensure the rights to the highest attainable standard of health and the right to benefit from scientific progress.
4. Inform communities about the issues of sexual and reproductive health and rights in order to promote a broad respectful dialogue based on best health evidence in order to influence health practices, policies, and laws.

Although this document is specific to women, the principles articulated within may be equally applied to men.

This document is designed to complement the: “Recommendations on Ethical Issues in Obstetrics and Gynecology by the FIGO Committee for the Study of Ethical Aspects of Human Reproduction”. November 2003.

Acknowledgements to the following member countries who submitted their codes of conduct as a resource:
Acknowledgements to the FIGO Committee on Women’s Sexual and Reproductive Rights and the FIGO Committee for Ethical Aspects of Human Reproduction and Women’s Health.

References:
United Nations High Commissioner for Human Rights (UNHCHR)
Web site: www.unhchr.ch
(Includes access to the United Nations Treaty Bodies State Party Reports and Concluding Observations for the Economic Covenant, The Political Covenant, the Women’s Convention, the Race Conventions and the Children’s Convention)

Committee against Torture
www.unhchr.ch/html/menu2/6/cat.htm

Committee on Economic, Social and Cultural Rights
www.unhchr.ch/html/menu2/6/cescr.htm

Committee on the Elimination of Discrimination against Women
www.un.org/womenwatch/daw/cedaw

Committee on the Elimination of Racial Discrimination
www.unhchr.ch/html/menu2/6/cerd.htm

Committee on the Rights of the Child
www.unhchr.ch/html/menu2/6/crc.htm

Human Rights Committee
www.unhchr.ch/html/menu2/6/crc.htm

Reproductive Health and Human rights. Integrating Medicine, Ethics, and Law
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Oxford University Press, 2003