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Responsibility of Faults
Affecting patients' Dignity
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The Doctor's Civil Responsibility of Faults Affecting patients' Dignity and Conflicting with Ethics

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Abstract

The humanitarian duty is the core of medical professions, if not its pillar, where the doctor is committed to respecting the patient and his dignity, and to refrain from all actions contrary to his moral obligations. This research explores a controversial topic which focuses on medical faults from a moral and professional perspective employing the framework of a comparative analytical study.

The study aims to study these faults using three countries as case studies, namely Algerian, Emirati and French legislations, revealing their coverage of all ethical faults and regulating their liability provisions. The research is divided into two parts. The first part analyses the faults related to the humanitarian consideration of the patient and the lack of respect for his dignity, while the second part is devoted to faults resulting from the breach of ethical rules of the medical profession. The research reaches a number of conclusions and recommendations that all lead to the fact that the dignity of the patient and the observance of his humanity must remain paramount among medical practitioners. In addition, all the ethical and professional faults of doctors are impossible to list because of scientific progress. The study also concludes that the three compared legislations are different in organizing and responding to these faults.

As well as the failure of the Algerian and UAE legislations to formulate clear legal texts on these faults and their consequent damages, in addition to the nature and basis of the existing responsibility. Based on the analysis and findings, the research recommends that the respective countries should adopt a comprehensive legal system.

Keywords: doctor - patient - medical ethics - technical medical fundamentals - medical faults - civil liability.

مسؤولية الطبيب المدنية عن أخطائه الماسة بكرامة المريض والمنافية لالتزاماته الأخلاقية

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الملخص

يعتبر الواجب الإنساني من صميم مهنة الطب إن لم يكن عمادها، حيث يلتزم الطبيب أكثر من غيره باحترام شخص المريض ومراعاة كرامته، والابتعاد عن كل التصرفات المنافية لالتزاماته الأخلاقية. والتي قد توجب مسؤوليته القانونية بأنواعها المدنية والجنائية والتأديبية. إذ يُعالج هذا البحث في إطار دراسة تحليلية مقارنة موضوعا بالغ الأهمية، يتعلق بالأخطاء الطبية ذات البعد الأخلاقي والمهني، تصنف ضمن الدرجة الرابعة لدى الأطباء، نظراً لعدم تسامحهم أو تساهلهم بشأنها. ورغم الأهمية الاستثنائية لهذه الأخطاء وتشديد التشريعات القانونية الصحية والمهنية على تفاديها واجتنابها، إلا أنها كثيرة الوقوع لتعدّد صورها وأشكالها. مما يُثير عديد الإشكالات، تتعلق أساساً بحدود مراعاة الأطباء لأخلاقيات المهنة والتزامهم بها؟ وهل كل إخلال بمبدأ أو قاعدة أخلاقية مهنية يجعل منه خطأ طبيًا موجباً للمسؤولية؟ كيف يمكن التوفيق بين حريات الأطباء وإبداعاتهم المهنية وانعكاسات التطور العلمي والتقني ومراعاة خصوصيات المرضى وحقوقهم؟

وتهدف الدراسة إلى تتبع تلك الأخطاء من خلال الاعتماد على المنهجين التحليلي والمقارن بين التشريعات الثلاث الجزائري والإماراتي والفرنسي، والكشف عن مدى إحاطتها بكافة الأخطاء الأخلاقية، وتنظيمها لأحكام المسؤولية المترتبة عنها. حيث تم تقسيم الموضوع إلى قسمين؛ تناولنا في أولهما الأخطاء الماسة بالاعتبار الإنساني للمريض وعدم مراعاة كرامته. في حين أفردنا الثاني للأخطاء الناجمة عن الإخلال بالقواعد الأخلاقية لمهنة الطب. وقد خلص البحث إلى جملة من النتائج والتوصيات مفادها أن كرامة المريض ومراعاة إنسانيته يجب أن تبقى فوق كل اعتبار لدى المنشغلين بالطب. كما أن حصر كافة الأخطاء الأخلاقية والمهنية للأطباء يُعدّ متعذراً بفعل التقدم العلمي. كما انتهت الدراسة إلى تسجيل تفاوت التشريعات الثلاث في تنظيم ومعالجة تلك الأخطاء رغم اتفاقها على بيان أهميتها. فضلاً عن قصور التشريعين الجزائري والإماراتي عن صياغة نصوص قانونية دقيقة وواضحة بشأن تلك الأخطاء وما يترتب عنها من أضرار، وكذا طبيعة المسؤولية القائمة وأساسها. وهو ما ندعو إلى تداركه وتجسيده من خلال إقرار منظومة قانونية وافية.

Introduction

The profession of medicine is the highest and most caring of the human body for the care and attention it enjoys, as it constitutes the human side has the foundation and the essence, because the Doctor is committed above all to respecting the patient and respecting his human dignity. As such, they involve a range of ethical fundamentals, technical codes and professional controls that a physician must be aware of and take into account during his medical career. This has led most of the legislations to devote legal texts to the humanitarian aspect of the medical profession and to reflect its ethics.

Definition of the topic of research

As the medical profession is surrounded by a range of humanitarian obligations and ethical duties, any breach in it is a clear lack of observation and negligence of the established fundamentals of the profession, and at the same time constitutes a medical fault linked to the ethical duties of the legal nature imposed by the medical profession. It is necessary to consider the legal regulation of these fundamentals and ethical codes, and to regulate the provisions of civil and criminal liability disciplinary protection of patients and the safeguarding of their rights on the one hand, and preservation of the sanctity of the medical profession and taking into account its reputation and prestige on the other hand.

The importance of research

The importance of this topic stems from the growing sophistication of the medical profession and the tremendous scientific and technical developments it has known, which have been expanding steadily to include methods of surgery and the techniques of transporting and implanting human organs, in order to achieve the massive development of human reproduction methods such as bio medicine, genetic engineering and embryology etc. There is no doubt that this development has been synchronized with an increased awareness and interest in the patient's right to physical integrity, the preservation of his or her secrets, and the observance of his privacy and freedom of self-determination. This clearly justifies increased attention to the ethics of the medical profession and the emphasis placed on physicians with regard to their human-dimension faults, as well as those related to the professional code of ethics.

The doctor finds himself bound by a series of humanitarian obligations in the first place, required and imposed by the nature of his profession. And any violation or breach of these obligations constitutes a medical error that imposes its legal liability. This is especially true if the doctor refuses to provide treatment to a patient in need, or even to discontinue his treatment at a time when he is at most needed to be accompanied and treated without legal justification and without guaranteeing treatment from another doctor. Failure to inform the patient, or even to inform him or her incorrectly or inadequately, is another form of medical fault. The subject of the patient's right to be diagnosed by the treating physician is the most complex and most prominent of the medical community. While the lack of patient satisfaction and lack of his permission in any medical intervention or treatment is the prime of prominent medical faults in general, and faults related to the human side and the dignity of the patient in particular.

On the other hand, the second category of medical faults is not less important than the ones we have referred to. However, the nature of these faults is different from the first. It concerns the established fundamentals of the medical profession and the requirements for practicing the profession and imposing it on professional medical practices. Perhaps the most prominent of these faults associated with the violation of the professional code of ethics, disclosure of the secrets of patients to others, whether doctors or others without a need or legal justification, and in the absence of any special interest of the patient or the general interest of the profession or the safety of society. The issue of doctor's release of incorrect medical reports and testimonies is also a form of ethical fault.

It affects the core of the profession and affects its honour and negatively affects its reputation and prestige, and in one way or another harms its members, headed by doctors.

The problem of research

The issue of medical ethics raises many interrelated problems, which are sharply discussed in the medical field. We have dealt with this subject to discuss the main problem: What is the nature of ethical faults and contrary to the fundamentals of the medical profession, which is harmful to the humanity

and dignity of the patient? What are the legal consequences of such faults and breaches of the ethics and fundamentals of the medical profession?

This problem has been compounded by a series of partial questions and side problems related mainly to the extent to which doctors can be bound by the ethics of the profession. To what extent? Is it just a breach of a professional principle or ethical rule that makes it a positive medical fault of responsibility? What are the implications of scientific developments and the advancement of technology in the medical field on the rights of patients and to protect their privacy?

Research Methodology

In our study of this topic, we relied on analytical and comparative methods, where we discussed the faults of humanitarian and ethical nature of the medical profession under the UAE new health laws, especially the law on medical responsibility, as well as the federal new law on the regulation of transportation and transplantation of human organs and tissues, issued at the end of 2016. We carried out analysis and criticism of those legal texts, and the provisions of the judiciary and sometimes compared with some Arab laws, in the framework of a comparative analytical study based mainly on the analysis and discussion of concepts of legal texts, as well as guidance on the judicial judgments issued on the subject, through the actual comparisons between the three legislations, the Algerian, the Emirati and the French legislations of various aspects of the topic.

Research plan

This subject was discussed and studied through a balanced methodological plan, in which it has been decided to divide the study into two parts in the form of two sections:

* The first topic: that has been dealt with the faults in the human consideration of the patient and the lack of respect for his dignity. This subject is divided into three headings as follows:

- First: rejection or interruption of the doctor of the treatment of the patient,
- Second: the breach of the principle of informing the patient,
- Third: failure to obtain the patient's permission and satisfaction.

* The second topic: the faults caused by the violation of the professional code of ethics have been singled out. These have been divided into two headings:

- First: disclosing a secret of the patient's health secrets.
- Second: the doctor's release of incorrect medical certificates and reports.

Then we concluded the research with a conclusion that included the most important scientific and practical results as well as some recommendations.

The first topic: the faults beseeching the human consideration of the patient and the lack of respect for his dignity

The question of the dignity of the patient and the observance of the human feeling is the basis of the relationship between the doctor and the patient, since there is no doubt that this requires dealing with the patient with respect for the person and his feelings and his will and taking into account his circumstances and poor health. Based on this foundation, the lack of consideration for these values and tampering with them would be accompanied by the description of medical fault and inspired by the serious violation of the fundamentals of the established medical profession. We would like to draw attention to the fact that the most prominent occurring medical faults are many and widespread. There are those related to the lack of respect for the dignity of the patient and his humanity, which can be limited to three kinds that we deal with in the following sections successively: first section where the doctor refused to treat the patient or the interrupted his treatment. The second is neglecting informing the patient, while the third section is devoted to the fault of not getting the satisfaction of the patient and his consent.

The first section: rejection or interruption of the doctor for the treatment of the patient

It was for a long time that the doctor, like other people, has the absolute freedom to practice his profession whenever and however he wishes. He has the right to accept treating whoever at his will and refuses to treat whoever at his will. He is not obliged to respond to the patient's request for treatment.

But the development of recent trends in the relativity of rights and their social functions has had an effective effect in restricting that doctor's absolute freedom to practice his profession. Although the doctor is free to practice his profession, he remains restricted to use it only within the social purpose for which he was recognized, otherwise he would be exercising his right

arbitrarily. There is a humanitarian and ethical duty on the doctor to the patients and society in which he lives, imposed by the fundamentals and requirements of his profession.

However, this duty does not mean that there is an absolute obligation on the doctor to treat every single patient when a patient asked him to do so, since this obligation is determined by a certain scope and under certain conditions and controls. Therefore, recognizing the liability of the abstaining doctor requires the existence of the intention to abuse others, and this intention is derived from the circumstances of the case, such as the presence of the patient in a distant and cut off place and there was only this doctor to treat him alone. Or the presence of the patient in the event of a risk requiring immediate intervention by the doctor who neglected to describe the appropriate treatment in a timely manner, or the doctor who knows the state of danger faced by the patient and it was easy for him to treat the patient, but he did not initiate treatment for financial reasons.

In these cases, the doctor is at fault and abused the patient, because a wise doctor would not do the same behaviour if found in the same circumstances surrounding the abstaining doctor.

It should be noted that the liability of the doctor as a result of the breach of his obligation to provide treatment to the patient and to respond to the request for his assistance, is conditional on the availability of three main conditions we address through the following sections: the first condition is the doctor's reluctance to provide assistance to and treatment to the patient and it is dealt with in the first section. The second section deals with the condition of the seriousness of the emergency of the patient, while in the third section the condition not to endanger the doctor or put any other person at risk is addressed.

Section I: The doctor's refusal at will to provide assistance and treatment to the patient

When the doctor refuses to provide treatment to the patient because of compelling reasons beyond his control such as the distance, difficulty or impossibility of reaching the patient, the doctor was not at fault if abstains or refuses treatment of the patient. In this regard, the Algerian Court of Cassation ruled that "any person who deliberately refrained from providing assistance

to a person in a situation of danger shall be punished by law, who could have provided him with a direct action or request for relief.” The French Court of Cassation also ruled in a decision,

"any person who voluntarily refuses to provide assistance to a person in a situation of danger, as long as he is able to provide such assistance personally or to seek relief and without endangering himself or any other person, commits a misdemeanour of not providing treatment or aid ." The Court added in its ruling that "the Court of Appeal was correct when convicted the doctor who did not provide treatment to a person in danger, having confirmed the presence of the combination of the material and ethical elements of misdemeanour of refusal to provide treatment."In contrast, if the doctor is in a compelling condition that prevents his intervention such as the impossibility of reaching the patient, there is no liability for him. The doctor is also exempted from liability if he has a strong justification for refusing or delaying the treatment, as if he were treating a patient in a more serious condition than the condition for which he was called for. Or when the doctor was in hospital and was called to treat another patient, where he cannot leave his patients; and therefore, he has no liability.

It should be noted here with regret the inadequacy of the Algerian Medical Ethics Code, which legislates any legal provision regulating the issue of the doctor's refusal to provide first aid or treatment for the patient or those in desperate need. Although it had included a general text on the subject in the Penal Code, which can be explained by the fact that Algerian legislation does not give importance to doctors' commitment not to refrain from providing first aid or treatment. This may be under the pretext that most hospitals and clinics are governmental, through which the doctor is obliged to perform his work in accordance with the legal regulations.

Section II: The dangerous emergency situation of the patient

The doctor shall be bound by law to provide assistance whenever possible to any person who was facing a real and immediate danger. In this regard, article 182 of the Algerian Penal Code, which complies with Articles 342 of the UAE Penal Code, provides for a penalty of imprisonment and a fine, or one of those who has committed a fault in the death of a person. Or when the crime occurred as a result of the violation of the duty of the offender Or

profession or craft or was under the influence of alcohol or under the effect of drugs at the time of the accident or refrained from the assistance of the victim or to request help for him with the ability to do so". The same condition in the field of medical practice because of its crucial importance has been confirmed by the articles 09 and 44/2 of the Algerian Medical Ethics Code, corresponding to articles 05/3 of the UAE Decree on Medical Liability and 21 of the Code of Practice of the Human Medicine No 07 of 1975 amended and complementary, as well as articles 09 of the French Medical Ethics Code (CME) and L1110-3-1 of the French Public Health Act (PHC).

Needless to say, the state of danger in which the patient is in as well as the vulnerability of the patient and his inability to save himself is the motive for determining greater protection for him and requiring the doctor to initiate treatment and assistance.

In this context the Algerian judiciary, decided that: "Any person who intentionally refrained from providing assistance to a person in a situation of danger who is liable to provide him with a direct action or request for relief without any danger to him or to others shall be punished. When it is found that the plaintiff who works as a doctor in the field of ophthalmology has given the duty doctor the instructions to admit the patient to the clinic and put her under observation and the beginning of treatment, but the father of the victim hesitated for his daughter to be admitted to hospital and delayed providing the required medication in time. The victim was prevented from entering the clinic by herself to start treatment. The two elements material and ethical of the crime attributed to the appealing are incomplete, and the decision to condemn her must be overturned." As for the assessment of the degree of risk, it is in our opinion a subjective matter subject to the discretion of the trial judge. In this regard, the French judiciary has put responsibility on the doctor for not providing treatment to a patient in need. Where the judgment "states that the climatic conditions that made mobility difficult, do not allow the doctor to refrain from treating the patient on the grounds that the risk faced by the patient is not serious, which cannot exempt the doctor from his responsibility not to provide treatment to the patient."Section III: Not to endanger the doctor or any other person

This condition requires that the obligation to provide assistance and treatment to the patient, should not be resulted in a danger to the treating

physician or any other person, in accordance with article 182/2 of the Algerian Penal Code, corresponding to the two Articles 342 and 343 of the complementary and amended UAE Penal Code, provided that assistance shall be provided in accordance with the provisions of the profession.

If the doctor has refrained from treating the patient on the grounds that he is infected with a contagious disease and has no means or equipment to treat him without any risk or possibility of infection, there is no responsibility on him when he does the rest of the required procedures from the call for the ambulance and request for medical emergency or other.

It should be noted that, as the doctor is asked about the failure to provide treatment or assistance to the patient, he is also asked about the lateness in attending or avoiding attending to the patient, and also will be asked about the interruption of treatment of the patient in circumstances that are inappropriate and without any legal justification, as already mentioned. When the doctor has agreed to treat the patient, he should commit himself - if not contractual - under the general legal principles to follow up his treatment, and not leave the patient before the end of this treatment, as long as the patient is in need of his efforts.

Since the beginning of the establishment of the code of medical responsibility, the French judiciary has established the liability of the doctor for the damage caused by his failure to respond to repeated calls by the patient for his visit and treatment.

The French Council of State also ruled that the surgeon is considered to be committing a personal fault when the doctor refuses to attend a patient in a serious condition, despite repeated phone calls, and informing him of the seriousness of the situation and the need for urgent surgical intervention.

According to this approach, the doctor responsible is interrogated about the damage caused by his fault of leaving the patient and for discontinuing the treatment of the patient who has already started treating him, without ensuring the continued medical attention of another colleague. Despite the absence of any cases of force majeure preventing him from doing so. For the same reason, the doctor is at fault if he stops caring for a patient during a difficult and delicate treatment.

However, we can see where there are cases where the doctor finds himself justified to leave the patient and abandon him, such as when the patient

neglects following the instructions of the doctor or using a second doctor secretly without informing the first doctor, which harms his dignity. In such cases, we can say that the doctor may leave the patient, provided that such abandonment is not in an appropriate circumstance for the patient, otherwise the first doctor will be liable for the resulting damage.

Based on the above, it can be concluded that it is not enough for the doctor to respond to the patient's call and to provide the necessary treatment for him, but also to inform the patient of the medical treatment required, and to explain the risks of treatment, which is known as the doctor's commitment to clarify (inform) the patient, the topic which we will discuss in the next section.

The second section: The violation of failure to inform the patient

Respect for the patient's will is the doctor's obligation not to perform any medical work, except after obtaining the satisfaction of the patient and his consent to such medical intervention. When this satisfaction is at a conscious and enlightened will, it is assumed that the doctor has informed the patient explicitly about his condition, the proposed treatment and its risks and options or other treatment alternatives, if any, so that the patient is aware of his situation and can balance the treatment procedures he needs to follow.

Unfortunately, the Algerian and the Emirati legislatures did not specify a definition of informing, nor its nature or boundaries, and they were marked by a reference to the need to be observed by doctors. Despite the good detail of the UAE legislation, unlike the Algerian legislation, which in our view was very limited in terms of controlling and regulating the provisions of doctors' commitment to inform patients and to indicate the nature, limits and effects of the breach, which calls for the need to address this deficiency. Article 43 of the Algerian Medical Ethics Code stipulates that "A physician or a dental surgeon shall endeavour to provide his patient with clear and honest information on the causes of any medical work." While the UAE decree on medical liability has addressed in some detail the implications of informing commitment and limits. Article 04/5 states: "The doctor must be committed to informing the patient with available treatment options," "Paragraph 07 of the same article states that the doctor must inform the patient of the nature and seriousness of his illness unless his interest requires otherwise, or his psychological condition would not allow him to be informed, in this case any

of the patient's relatives should be informed ... ". In addition, paragraph 08 of the same article adds that a physician must inform the patient or his family of the complications that may result from diagnosis, medical treatment or surgical intervention in advance, the complications should be monitored and treatment should be initiated whenever possible.

While French legislation has given a lot of detail regarding the obligation to inform as the most important ethical and professional obligation of a doctor. The articles from L1111-1 to L1111-9 of Public Health code specifies the nature, terms and limits of this obligation, as affirmed in article 11 of the Patients' Rights and Health Promotion Act.

As for the Islamic jurisprudence it has used a more precise term than the term "enlighten the patient" in the modern sense, where the jurists used the term "enlightening the patient". The most likely view of them is that the basis of the nonexistence of responsibility of the doctor or the surgeon is the permission of the patient and the patient's permission based on the realization of medical intervention. Where jurists decided within their jurisprudential rules that "the origin of an authorized act is not guaranteed", since "there is no guarantee on the size or spacing that did not exceed the usual location on the condition of permission".

The obligation to inform in doctrine is that: "Giving the patient a reasonable and honest idea of the health situation, allowing the patient to make his decision to accept or reject and be aware of the possible results of treatment or surgery".

For its part, the judiciary focused on its definition of the obligation to be enlightened on its specifications. The French Court of Cassation defined it as saying: "Information must be easy, understandable, honest, appropriate and approximate".

It is important to note that the doctor's obligation to inform the patient has not been established by a doctrine, a judiciary, or a legislation out of the blue, or because of the need to it. But this commitment is based on many legislative, ethical, humanitarian and legal fundamentals and principles that created it and established it as it is necessary to maintain trust in the existing relationship between them. This has made it an original commitment among the important obligations entrusted to the doctor.

Therefore, what is required of the doctor in relation to his obligation to inform the patient is to provide honest, clear and appropriate information, which stems from respect for the dignity and protection of the human being, as stated by Article 46 of the Algerian Medical Ethics Code, corresponding to article 04/8 of the UAE Decree on Medical Liability, and article 35/1 of the French Legislative Decree No. 95-000 of 06/09/1995, containing the Code of Medical Ethics, which has become part of the Health Act.

Section I: The meaning of the obligation of providing information

There has been a great controversy in the doctrine regarding the scope and limits of the obligation of informing the patient. Among those who believe that the duty of the doctor is to inform his patient with all the risks he is exposed to, and to reveal to him his condition, whatever the bitterness of what is disclosed, believing that the patient has a right of being informed so should not be deprived of it for one reason or another.

The most dominant opinion which has been almost unanimously agreed at the doctrine level says that the doctor does not need to draw the attention of the patient to the anomaly foretold of the risks that can occur, as we cannot ask the doctor supervising the delivery of an impending delivering woman to tell her, for example, that two in a thousand of pregnant women die during childbirth. Or tell his next patient to perform a simple appendix removal procedure that each aesthetic is likely to lead to a fainting death.

Based on what has been said, it seems to us that the second opinion prevails in view of the patient's interest in the first place, as well as not restricting the doctor and his exercise of his profession. As it is enough, in our opinion, to teach the patient what helps him to heal or relieve the disease.

The French legislation in this regard has been outlined in a number of legal texts, as previously indicated by the National Agency for Health Investigation and Evaluation (ANAES), the nature of the elements or the ingredients of enlightenment, which are as follows:

1. Statement of the patient's health status and the possible and expected developments and diagnosis of the disease. As confirmed by article 04/7 of the UAE Decree on Medical Liability.
2. Diagnosis and description of the condition and the conduct of analyses and medical diagnoses, as the doctor has to tell the patient of the nature of the examinations and diagnoses intended to be carried out and its purpose and role in determining the appropriate treatment.

3. Nature of the proposed treatment: And it is what was stated by Article 04/5 of the UAE Decree on Medical Liability. The method of treatment may take more than one form, showing him the best treatment as if it is a chemical treatment, for example, or radiotherapy only, or by surgery or otherwise.
4. The goal of treatment and its benefits (fruits): It is a way to raise the morale of the mental condition of the patient and encourage and help him to heal, as the doctor has to clarify the goal of the proposed treatment and its advantages and role in healing the patient or relieve pain and stop the disease.
5. The results of the intervention or treatment and the damage caused by it: to provide him with sufficient explanation of the nature of the negative consequences and damages that can or may result from this intervention or treatment, so that the patient is aware of his situation, which the article 04/8 of the UAE Decree on Medical Liability stated clearly.
6. The complications of the intervention or the treatment and its potential risks: The doctor's obligation is to inform his patient especially about his duty to report the risks and difficulties associated with this treatment or the other. The risk of treatment is to determine the nature of the risk, its seriousness, its rate of achievement and its dimensions.
7. Taking into account the general and special precautions for the patient: the doctor is to tell the patient's the most important precautions to be taken for the success of medical intervention such as non-use of water, or not to be exposed to the sun, or not to eat some foods and so on.
8. Alternatives and other therapeutic options: The doctor's knowledge of the patient is not complete unless he has made a statement and explained other possible treatment alternatives in treating the patient's condition, as required by article 04/5 of the UAE Decree on Medical Liability. The doctor should indicate their nature, their benefits, the risks associated with them, their success rate and the risks that may arise.
9. Effects of refusing treatment or staying without it: There is no doubt that the doctor is not obliged to convince his patient with the specific treatment or medical intervention. However, he is obliged to indicate to the patient the negative effects and adverse consequences that may result from the patient's refusal to receive treatment or to stay without one. In the event that the patient refuses treatment following providing him with all this information,

many legislations force the patient to submit a written statement regarding this refusal.

Section II: Limits (Scope) of obligation for the patient to be informed

The purpose of enlightenment, as is known, is to help and inform the patient in order to make the right decision about what to do with his body, which allows us to say that there are several factors or criteria that contribute to determining the scope of this obligation. Therefore the limits of what must be disclosed by the doctor, and what should be kept silent on according to the requirements of each case separately.

• First: the nature of the expected and unexpected nature of the risks

What is done in the French judiciary is that the doctor is only committed to inform the patient only about the expected risks except in cosmetic surgery operations.

However, beginning in 1998, the French judiciary began to expand the scope of the information required for the patient, thus establishing new code relating to the content of this information. In its decision of 07 October 1998, the Court of Cassation ordered the patient to be alerted to unexpected risks as well.

Most subsequent decisions emphasized that the physician's obligation to inform the patient should be carried out honestly, clearly and appropriately and with all risks associated with diagnosis or treatment, even if these risks are minimal and exceptional.

The same approach was followed by the French Council of State to decide that the occurrence and the realization of risks unless only on an exceptional basis does not exempt the doctor from the obligation to inform the patient.

It seems to us that this approach, drawn up by the judiciary and enshrined in the French legislation, aims to provide better protection for the patient, which in our opinion strengthens the moral and professional aspect of the doctor. We hope that the Algerian and Emirati legislations will follow the example of the French legislation in the drafting of legal provisions that will enable it, and that the judiciary will play its role in the elaboration and development of legal norms.

• Second: The patient's health and psychological condition

The doctor must take into account all the conditions he sees as influential and important in informing the patient, taking into account the patient's health and psychological state, and the need for this information to be simple, understandable and clear, away from the complexities or purely scientific terms. However, it may be a lie to conceal the truth about the patient, as long as the mention of the truth will negatively affect the patient's psyche, and thus his health. And that this would undoubtedly help him recover or improve his condition. This type of lying, which aims to maintain the patient's interest and contribute to the improvement of his health is allowed.

The question of concealing the diagnosis of serious illness from the patient is considered as an exception from the norm that requires the doctor to inform his patient of his health. This leads us to talk about the exceptions that apply to the principle of the doctor's commitment to inform the patient within the framework of alleviating the limits of this obligation in case of urgency and necessity.

• Third: The criterion of urgency and necessity

The criterion of urgency and necessity makes the patient's right to information unrestricted, which explains the existence of exceptional cases that reduce the physician's commitment to patient enlightenment, can be summed up in two points:

A. Exceptional cases of obligation to patient enlightenment

These cases push the physician to intervene without the need to inform or enlighten the patient, including:

- * **Impossible cases:** As if the patient was in a coma or unconscious because of an accident, or was unable to understand, recognise and realize what the doctor tells him and what information he provides.
- * **Cases of necessity:** This is in the case of urgent and necessary need for medical intervention and the impossibility of informing the patient on the one hand, and the nonexistence of relatives or the impossibility of informing them in view of the urgency and necessity on the other hand.
- * **Cases of explicit text in the law:** Where the law restricts the information to the patient alone, or to relatives only without the patient. It may also lead to a lack of commitment to inform the patient at all, but to inform the authorities concerned without the need to inform the patient. This

situation is included in the prevention of contagious diseases, or in some cases exclusively identified in France: syphilis, mental illness, dangerous alcoholics, and drug addicts. It is noted, however, that in practice these exceptions are currently limited to drug addicts.

B. The exception in relation to the patient or his representative

The norm is to inform the patient of his health status as the first concerned, but this information is for one reason or another may be communicated to the non-patient as a relative or pre-appointed person by the patient or his legal representative.

* **For the unconscious patient:** When the patient's condition does not allow him to be informed because of his coma, the doctor may inform a relative unless the patient appoints his/her representative to be informed and approve the medical interventions, as stipulated in article 51/1 of the Algerian Medical Ethics Code, corresponding to article 04/3-A of the UAE Decree on Medical Liability. and Articles L1111-2 and L1111-5, amended and complementary French Health Act.

* **For a minor or incompetent patient:** His guardian or his legal representative must be informed. Despite the fact that some doctrines see for the minor the need to distinguish between the minor who is authorized to do so, has reached the age of discrimination and can express his will regarding the contract of treatment and therefore has the right to be informed himself about his health and the nature of the proposed treatment and take into consideration his will in some medical interventions. And the minor who is not privileged or unauthorized, who cannot be notified alone, but his guardian must be informed.

On the other hand and to emphasise the importance of this obligation, the UAE judiciary has ruled recently in one of its provisions that the doctor is responsible for his fault of neglecting the codes and principles of the medical profession, which dictates that the patient should be informed, and that his abstention to inform is a deviation from the path of the alert doctors.

It should be noted that it is difficult to stand on a standard in which the doctor's fault is defined in relation to his failure to inform. However, the established course in the judiciary is to compare the behaviour of the doctor who fails to inform by the behaviour of the average alert doctor among the average physicians, found in the same conditions as of the responsible doctor. In this regard, the Bordeaux Court decided that the partial concealment of

some information from the doctor about the patient constituted a fault that warranted liability.

As for the burden of proving the doctor's duty to be evocative, the burden of proof lies in the doctor's obligation to fulfil the obligation, because it is an obligation to achieve a result as mentioned. While it is sufficient to the patient to prove the medical relationship between him and the doctor, without having to prove the breach of the latter of the commitment to inform. This is in accordance with article 323 of the Algerian Civil Code, corresponding to article 113 of the UAE Civil Transactions Law, and there is no doubt that this is in our opinion is in line with the modern trend of the judiciary, especially the French.

Finally, if the purpose of informing the patient is to allow him to fully understand the reality of his condition, his satisfaction with the doctor's proposed treatment, the obligation to obtain this satisfaction is therefore the primary means of ensuring respect for the patient's will which will be discussed in the next section.

The Third Section: Failure to obtain the patient's permission and satisfaction

There is no doubt that the doctor's commitment to patient satisfaction is not only an ethical obligation - the principle of individual freedom and the principle of infallibility of the body - but a legal obligation in most of the modern legislations. In article 05/1 of the UAE Decree on Medical Liability states: "The doctor is prohibited from treating the patient without his consent, except in cases where emergency medical intervention is required and consent cannot be obtained for any reason ..." It is the same obligation affirmed by Algerian legislation under articles 44 of the Algerian Medical Ethics Code and 154/1 of the Health Protection Act. As well as the French legislation in Article 36 of the Code of Medical Ethics, the Saudi legislation in the text of Article 19 of the Health Professions, and Moroccan legislation in Chapter 5 of the Code of Medical Conduct.

Accordingly, it was established that the free and clear consent of the patient or his/her legal representative, after learning about the conditions and effects of the intervention, is a necessary condition for permitting medical treatment. Medical treatment shall not be lawful unless the patient is satisfied with it

and informed of its dangers. Where the medical contract requires that the contractors agree on the terms and conditions of the contract, and accordingly the free consent of the patient should be obtained on the treatment method and risks that may follow.

Some have defined satisfaction as: "the expression of the will of a reasonable person or his legal representative, capable of having a valid opinion on the subject of consent and must be free from coercion or deceit".

It has been noted that the medical contract, whatever the gravity of the treatment to which it is subject, is a consensual contract, which does not require special formality. But it is enough for it to be held just as a match of the doctor's will with the patient's will. Accordingly, it was decided to reject the idea of a physician's obligation to obtain a written consent from the patient, except in exceptional cases, and to accept just the patient's oral consent. This is because of the contradiction of the idea with the confidence that must prevail the relationship between the patient and the doctor.

As for the Islamic jurisprudence, the majority of scholars of Hanafis, Maaliki, Shaafa'is and Hanbalis see that the doctor must obtain the permission of the patient or the permission of the patient's guardian.

If the doctor is not authorized to treat the patient, and there is no need to call for his medical intervention, his work will be removed from the circle of permissibility to the circle of infringement.

From analysing the text of Article 44 of the Algerian Medical Ethics Code, and Article 10 of the Federal Act on the Regulation of Transportation and Transplantation of Organ and Human Tissues, as well as article 05/1 of the UAE Decree on Prior Medical Liability, corresponding to article 35 of the French Medical Ethics Act, it is clear to us that the correct satisfaction produced for its legal effects must meet the following conditions:

- **First: Satisfaction is out of free will:** The patient has the right to be satisfied with the medical or surgical work out of free will and correct knowledge, as the patient should know the truth of his health and the importance of treatment for him, and the risks that may result from surgical work.

The validity of the expression of will is based on two things: the full legal capacity or even the absence of it as an exception, the integrity of the will from defects, and any breach of them makes the contract between the doctor and the patient voidable for the benefit of the patient.

- Second: Satisfaction to be based on knowledge and awareness: The requirement of full competence of the patient is not sufficient to take his satisfaction for granted, since the patient must be aware of all the possible consequences of his satisfaction. Therefore, the doctor should give the patient a complete and clear picture of the state of health and medical work that is proposed to be implemented, and the consequences of it and what the patient must adhere to, for the success of treatment or surgery. Given that the principle of "informed or enlightened consent to the patient" is one of the most fundamental aspects of personal freedom.

- Third: Satisfaction is the consent of the patient or his or her legal representative: Satisfaction is the essential element in the medical field, and must therefore be issued by the person concerned himself, the patient, as long as his / her health and mental state permits him / her to do so.

If the patient is not qualified to express his satisfaction because he is a minor and the matter is involved in serious and important medical work, to a degree of danger, or if the patient is unconscious due to coma or fainting, the consent of his legal guardians must be obtained in accordance with the legal provisions referred to above.

On the other hand, the burden of proving the consent of the patient to the treatment and his satisfaction with medical intervention has been on the patient's shoulders for a long time (since 1951). The French judiciary has only recently reversed this trend, as it decided that the burden of proof lay with the doctor, since the physician's obligation to inform was a commitment to achieve a result.

There is no doubt that this approach in our belief corresponds to the opinion of the doctrine, which has long advocated this, on the one hand, and also it is in line with the rules of logic and justice on the basis that the doctor when bears for this evidence justifies the work he has undertaken on the other hand.

The second topic: faults resulting from violating the professional code of ethics

In view of the sensitivity of the medical profession, its reputation and its humanitarian mission, it was incumbent upon its doctors, surgeons and others to take care of this status and to protect the patients' rights not to disclose their illnesses' secrets, and to be honest with them. They also should be honest in writing their prescriptions, certificates and medical reports and provide

the necessary care in the treatment of their patients. Failure to observe these medical ethics would expose doctors to legal responsibility. The UAE Medical Liability Law emphasizes the need to take into consideration the principles of the profession and to take due care of its performance, and that ignorance of technical matters or negligence in it or in the rules of the profession constitutes a medical fault carrying liability. Despite the fact that the UAE's legislation fails to establish a clear and independent definition of the medical profession's fundamentals and rules, and this is contrary to the Algerian Medical Ethics Code, which defined the concept of those fundamentals and rules under article 01, as well as it stated the doctor's professional mission and his human duty under article 07. This requires us to address this range of professional faults through the following two sections.

The First Section: disclosing a confidential information of the patient's private health records

The profession of medicine is considered to be the most important profession in need of confidentiality in its practice. The requirements of this profession, its conditions and procedures, are familiar with diseases, their types, causes and effects. In this regard, the ethics of the profession oblige the doctor to maintain the confidentiality of the patient's information or the information he gains through knowledge by virtue of the nature of his or her work. The doctor also must observe the commitment of the persons who assist him to respect the confidential information of the patients.

A medical secret is defined as any incident or an issue that reaches the doctor's knowledge, whether the patient or other person has led to it, or is aware of it as a result of examination or diagnosis during or on the occasion of the exercise of his profession or because of it. The patient or his family or others has a legitimate interest in its confidentiality.

The disclosure is the uncovering of the secret and informing the third party with the identification or specification of the person (patient) the stakeholder in its anonymity, and it seems to me that part of disclosure is ravelling the identity of the patient or even some of the features of his personality through which he can be known and identified. The disclosure shall also be realized regardless of its form, method or number of persons.

The various legislations have taken into consideration the importance of adhering to the confidentiality of patients' private information and taking care

of their interests. In the text of Article 379 of the amended and complementary Federal Penal Code, the UAE legislation criminalized the disclosure of the secrets of patients by the medical staff, as affirmed in article 6/05 of the Decree on Medical Responsibility. For his part, the French legislation also stressed this obligation under the provisions of Article 378 of the Penal Code, as well as some articles of health legislations. The Algerian legislation has also emphasized this obligation as in the text of article 301/1 of the amended and complementary Penal Code, and article 206 of the amended and complementary Protection and Promotion of Health Act. A full paragraph of this commitment was also devoted to its importance under Articles 36 to 41 of the Medical Ethics Code.

For its part, the Islamic law stressed on the need to preserve the confidentiality of the secret, and it prohibits and exposes whoever discloses secrets and spreads them. The doctor has the priority among people in general and entrusted with the secret of the patient who is treating him, it is not permissible for him to disclose this private information because of the betrayal of trust and because of the forbidden backbiting.

The obligation not to disclose patient secrets is based on the principle of respect for human personality, and adherence to this principle is of public order. Disclosure of the secret constitutes a moral offense before it is a civil or criminal offense. The fact that the doctor is not criminally responsible for the absence of intent does not preclude his civil liability for the damage he caused. This renders the disclosure of the medical secret a civil fault, such as civil responsibility faults, as long as it is considered a deviation from the technical foundations of the medical profession and contrary to its rules.

As the topic of professional confidentiality has been decided as we have seen, in order to safeguard two important and fundamental interests, the individual interest of the patient and the general interest of society. We see that the doctor's commitment to professional secret is not absolute, but it is subject to exceptions that allow him to disclose information according to the circumstances, when achieving the special interest of the patient and for the public interest as well.

Section I: Reasons for permission determined for the patient's interest

In cases where it is optional to obligatory to disclose of the secrets of patients because of the association with the patient's interest, including:

A. In the case when The patient or his representative agreed to the disclosure of the secret: The patient's death permits to disclose his secrets in general, as his heirs have the right to disclose the secret of their patient when they have a legitimate interest to justify this disclosure, If the patient has the right to preserve and conceal his secret, he may also decide to exempt the doctor and relieve him of his obligation to preserve this secret, since his satisfaction is a personal right for him. Accordingly, the death of the patient permits disclose of his secrets in general. His heirs have the right to disclose the secret of their deceased relative when they have a legitimate interest to justify such disclosure, and the disclosure does not harm the reputation or honor of the owner of the secret. It is the right of the heirs of the seller, for example, to obtain a certificate from the treating physician proving that their relative is mentally disabled to prove the defect of their consent at the time of the issuance of the disposition issued as a sale contract, for example.

The Council of Islamic Jurisprudence Academy, held in the eighth session of the Sultanate of Brunei Darussalam, from 01 to 27 Muharram 1414H (21 to 27 June 1993), in its resolution No. 83/10/85 on the confidentiality in the medical profession, authorized the disclosure of the medical private information after the death of the patient when there is an interest overweighs its concealment based on the basis of the commission of the lesser of two evils to miss the most.

B. A case if the disclosure of the secret is in the interest of the husband or wife when any of them has been personally notified: So in this disclosure, a legitimate interest of one of the spouses is achieved. This is evident in the case of pre-marital medical examination or divorce between spouses for a deformity in one of them or in other cases in which one spouse's interest in disclosure is realized, in accordance with articles 27 and 112 of the UAE Personal Status Law, corresponding to articles 07 bis and 53 of the Algerian Family Code.

Section II: Reasons for permission for public interest

Most of the legislations require doctors to disclose the secret of the profession to the benefit of the public when permitted by law. There are economic, social, security, political and statistical considerations that are first to be followed and should be taken into account for the general interest of society. It should be noted that the UAE Medical Liability Law has been expanded by the

range of cases, which allows the doctor to disclose the private information of patients in favour of the public interest, in a manner not inconsistent with the patient's interest. This is what we call Algerian legislation to enshrine in order to preserve the public interest. These cases can be summarized as follows:

A. The state of disclosure in order to prevent the occurrence of a crime or the purpose of reporting it: These include the crimes that the doctor knew about in the exercise of his profession or because of it. The UAE law exempts from the Article 05/6-C of Medical Liability Law the acts of disclosure which the law requires the doctor to report, on the condition that the disclosure is performed to the concerned official authority only such as the police.

Thus, the law exempts physicians from professional confidentiality when it comes to abortions, for example, that are brought to their knowledge in the exercise of their profession, or to report poisoning, torture and other crimes.

B. The case of an expert doctor who is required to testify in a criminal investigation or prosecution: The doctor may see some of the patient's health private information on the occasion of the commission of a judicial authority or state investigations authority as an expert, or in a criminal proceeding that may result in the disclosure of a patient's secret. Accordingly, when a doctor is required to testify before the courts in accordance with article 05/6-D of the UAE Decree on Medical Liability, he/she must comply with this without being committed to professional confidentiality.

C. The case of the disclosure of the doctor assigned by an insurance company or from the workplace: Where the doctor must harness his expertise and provide his opinion, whatever the disclosure of the secrets of patients, when assigned by an insurance company or the employer to estimate compensation, for example, or to refuse liability Or otherwise, provided that the purpose of the assignment does not exceed the purpose of the assignment.

D. The case of disclosure of secretes for the protection of public health: This is considered necessary for the maintenance of public health and the health of persons around the patient in particular. In accordance with Article 11/04 of the UAE Decree on Medical Liability, they are required to inform the responsible bodies in the state on some of the contagious diseases such as AIDS, plague, cholera, influenza of different kinds ... and others, so. to stop the risk from spreading; because the doctor in this case is responsible for the health of the community.

While every need is estimated at discretion, this means that the doctor in such cases must limit his reporting to the concerned authorities only and not others.

In this case, it is possible to add to this case reporting on births and deaths, which is also required by the public interest. In many cases, the law requires doctors and midwives to notify - in the absence of the father or adult relatives who attended the birth - the concerned authorities. The same commitment of responsibility is laid on the shoulder of doctors in the case of deaths.

E. The right of the doctor to reveal the secret to defend himself before the courts: The opinion was held that the doctor has the right to reveal the secret in order to avoid liability in the context of his right to defend himself. when he is accused of committing a criminal offense such as abortion, rape or an error in diagnosis, treatment or analyses or others. He has the right to submit documents and medical papers proving that the patient has a disease that prevents the doctor from committing a crime or a medical fault.

However, we note that the disclosure of the secret is restricted, since it is only performed before the prosecution authority or the trial body as the prosecution or the judiciary or in the framework of the investigation or before the disciplinary body of the Council of Medical Ethics only.

This is a range of exceptions that allow the doctor to disclose the secrets of his patients, and we would like to point out at the end of discussing this matter that the doctor's writing of the prescription and submission of it by the patient to the pharmacist is not a disclosure of the patient's secrets. However, the writing of the prescription is accompanied by other faults that prove the doctor's side and his civil liability, which we briefly address in the next section.

The second section: the doctor's release of incorrect medical certificates and reports

Medical reports are those statements issued by one or more doctors related to others, indicating the medical condition, medical procedures, diagnosis, treatment, indication of disability, percentage of incapacity, determination of sick leave, or statement of cause of death or age estimate for marriage purposes or others, or a statement of a person's fitness to work or disease-free certificate or other medical and health matters relating to a particular person.

There is no doubt that when these reports are sincere, they play a positive role in drawing the conviction of the judges to take them and what they see in accordance with the reality in the case. If they are not true, it gives a reality contrary to the truth, as they cover false facts and dress them as real facts. In this case the right is given to those who do not deserve it, and those who have the right are deprived from the rights due to them without a just cause. Justice goes astray and the balance of justice is in the hands of judge's gets diverted.

Therefore, it is not strange that the legislation seeks to hold accountable anyone who wishes to issue false medical reports. The Algerian legislation provided for the prohibition of the extradition of any malicious or accommodated reports or any other testimony under article 58 of the Code of Medical Ethics. In the same context, under article 56 of the same law, the prescription, certificate or affidavit of a doctor or a dental surgeon must be clearly written, allowing the identification of its location, the date, and the signature of the physician or dental surgeon. In confirmation of this meaning, the Algerian legislator, in the text of article 226 of the Penal Code, criminalizes every doctor, surgeon, dentist, health worker or midwife who submits false reports or incorrect statements about everything related to the patient while performing his job and for the purpose of favoring a person, which undoubtedly reflects the preservation of the reputation of the medical profession and ethics while preserving the rights and interests of people.

For his part, the UAE legislation in Article 20 of the Federal Law on the Practice of Human Medicine emphasized that: "It is prohibited for a doctor to write prescriptions with uncommon symbols or signs or to give a report or certificate contrary to the truth."

Based on the above, the doctor's fault, when he or she submits a report or a medical certificate that is wholly or partially incorrect, indicates that the patient has a medical condition other than the truth or, conversely, negates symptoms or injuries that are already confirmed with the patient. And what is more in number than these medical faults that are inconsistent with the professional code of ethics in our daily reality. This approach is used by all those who wish to obtain a right or to dispose of an obligation without right.

The Islamic Sharia considers the perjury of the most serious crimes, and promised the perpetrator of the most dangerous to commit this great offense, as it is a certificate to reach the wrong including the destruction of the self

and wasting it, or taking money unlawfully, or legalizing the forbidden or forbidding the lawful.

The Muslim scholars 'have unanimously agreed that the discretionary punishment should be applied to the false witness, but they differed as to how discretionary punishment was used, such as defamation, beating, imprisonment, exposing the head, insulting, rebuking and not accepting his testimony as in slander, and all these penalties are not legally measured, and the ruler can do what he deems appropriate.

This is in sum the most important and most prominent medical faults related to the ethical and humanitarian aspect of the medical profession that is responsible for the civil liability that requires compensation for the harmed patient, as well as disciplinary and criminal liability, which we covered in the presentation and discussion within this comparative analytical study.

Conclusion

The ethical aspect is the real pillar of the medical profession, hence was the focus on the fundamentals of the medical profession and observance of its scientific rules during practice is a top priority, which is of most and exceptional importance. There is no doubt that the observance of the ethical codes and professional fundamentals of medicine is a prerequisite for practicing the profession, and that any breach of it entails legal liability, regardless of its criminal, civil or disciplinary nature. In this research, the following conclusions have been reached:

The medical faults associated with the humanitarian and ethical aspect of the medical profession are difficult to capture and enumerate the faults dealt with by the study constitute a sample of the most prominent and most practical ones.

The dignity of the patient and the observance of his humanity are above all considerations among those engaged in medicine, most of the legislations emphasize the need for doctors to commit dedication and sincerity in providing treatment and medical assistance to those in need without any racial, religious, sexual or other discrimination.

Faults of a humanitarian and ethical nature of the medical profession can be divided into two categories: the first faults related to the dignity of the patient and his human being, while the second category concerns the faults resulting

from violation of the ethics of the profession.

The fundamentals of the medical profession dictate to the doctor as a general principle to initiate to treat any patient in need, and not to leave the treatment. And that the violation of this entails in principle the recognition of the criminal, civil and disciplinary responsibility of the doctor.

Violation of the patient's right to information and lack of enlightening in a sufficient or timely manner, which often result in violation of the principle of obtaining the consent of the patient and his permission, is the most prominent medical faults of the human dimension of the patient's dignity and infallibility of his body. And at the same time it constitutes the largest proportion of the total number of faults committed. This is due to doctors being easygoing with these ethical fundamentals and their disregard for their results.

The codes of medical ethics require doctors to be committed in their relationship with their patients with honesty, integrity and care to preserve their secrets, as well as the duty of mastering their work and making their efforts to achieve success, through the commitment to maintain the social status of the profession and its honor and not underestimate any disgraceful behavior.

The failure of the Algerian and UAE legislations to regulate the faults related to the ethics of the profession and its fundamentals under detailed and precise texts. The contents of these statements were in general terms. In particular, we can mention the following cases:

The Algerian Medical Ethics Code lacks any legal provision regulating the issue of the doctor's refusal to provide treatment or first aid to the patient or those in need, which requires the need to formulate legal texts to fill this shortcoming.

Both legislations do not include a specific definition of the doctor's obligation to inform, despite its importance and the problems it raises, as well as the failure of the Algerian Medical Ethics Code to define this obligation and its limits.

The Algerian Medical Ethics Code and the Algerian Health Act did not specify cases in which the patient's private information may be disclosed in accordance with what is required by law or for what is required by the public interest. This is contrary to the Medical Liability Act, which clearly defined those cases, in the interest of the public.

What we can conclude is that the fundamentals of the medical profession are a source of professional duties that weigh heavily on the doctor towards his patient, forcing him to feel these responsibilities and commit to them, regardless of the nature of his relationship with him, which makes the violation of them a basis for the responsibility of professional doctors to be held. Based on what has been discussed in this regard, we present the following recommendations:

Work on the development of human feeling and legal awareness of the importance of medical ethics in the occupation of doctors and others, and the need for scientific fundamentals and technical codes, by highlighting the serious legal consequences of not being observed.

Emphasis on the sanctity and protection of the human body and dignity, and the need to recall this and to exercise caution and attention in dealing with the human body during any medical intervention.

Emphasize the obligation of doctors to apply the ethics of the profession and work to disseminate it in the work environment, taking care to give a real and bright image of doctors, which reflect the truth of the value and honor of the medical profession.

The need to teach the subject of medical ethics and the legal responsibility of doctors to medical students should be mandatory during their studies and education, with a focus on the need for the fundamentals of the profession and ethics during the training period.

The call for the need to legislate a new law on the ethics of medical profession in Algeria and another law for health, in line with what is imposed by scientific developments and taking into account the rights of patients to ensure their aspirations and ambitions. Especially since the existing two laws have been in force for nearly three decades.

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