

# **THE physicians 'OATH**

**(Declaration of Geneva)**

- **I solemnly pledge myself to concentrate my life to the service of humanity.**
- **I will give to my teachers the respect and gratitude which is their due.**
- **I will practice my profession with conscience and dignity.**
- **The health of my patient will be my first consideration.**
- **I will respect the secrets which are confided in me, even after the patient has died.**
- **I will maintain by all means in my power, the honor and the noble traditions of the medical profession.**
- **My colleagues will be my brothers.**
- **I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.**
- **I will maintain the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge against the laws of humanity.**
- **I make these promises solemnly, freely and upon my honor.**

**REPUBLIC OF CAMEROON**  
**REPUBLIQUE DU CAMEROUN**  
**CODE OF MEDICAL ETHICS**  
**CODE DE DEONOLOGIE DES MEDECINS**

Decree N°83-166 of 12 April 1983

**Decree NO.83-166 OF 12 April 1983**

**CODE OF MEDICAL ETHICS**

**The President of the Republic,**

**Mindful of the constitution,**

**Mindful of law No.80-6 of 14 July 1980 to regulate the practice of Medicine;**

**Mindful of law No. 80-7 of 14 July 1980 to organize the Medical association;**

**Upon the recommendation of the Council of the Medical Association.**

**Hereby decrees as follows:**

# PART I

1. Respect for life constitutes in every instance the primary duty of doctor
2. (1) the doctor must tend all sick persons with the same diligence, whatever their status, nationality, reputation and the feelings he may have concerning them.
3. (1) whatever his official duties or special field may be, every doctor must, except in the case of force majeure, give help urgently to a sick person in immediate danger, unless he has ensured that other medical care likely to ward off the danger has been given to him.  
  
(2) He may not leave his patients in the event of public danger, except upon an order issued in writing by the competent authority.
4. Professional secrecy shall be binding on all doctors, unless otherwise provided by law, provided that in all conscience it is not harmful to the interests of the patient.
5. In their relations, the doctor and the patient shall each have the following guarantees:
  - Freedom for the patient to choose his doctor;
  - Freedom for the doctor to make prescriptions;
  - Payment of fees by the patient.
6. (1) A doctor shall not relinquish his professional independence in any way whatsoever.  
  
(2). He must refrain, even outside the practice of his profession, from any action that could bring it into disrepute.  
  
(3) He may not, while practicing medicine, perform any other activity incompatible with the dignity.
7. The medical profession shall not be exercised like a trade. For this reason:
  - a) Any form, direct or indirect, of publicity or advertisement, and any spectacular occasion concerning medical matters but not having exclusively a scientific or educational purpose shall be forbidden.
  - b) Prescriptions or in a year book are:
    - Those which facilitate his relations with his patients.
    - Such titles, duties, qualifications that are officially recognized and are related to the profession;

- Scientific honor related to the profession.
  - The only information that a doctor is authorized to put up on the door of his consulting room are the surname, names, titles, qualifications, the days, times for consultation and the floor ,where applicable.
- c) The only information that a doctor is authorized to put on the door of his consulting room are the surname, name, titles qualifications, the days, times for consultation and the floor, where applicable.

Such information must be displayed with due restraint according to the custom of liberal professions. The plate on which they are to be inscribed must not larger than 25 cm by 30 cm.

In the event of possible confusion, the medical association may require that first name (s) be mentioned.

- 8.** Unauthorized assumption of titles or use of those not authorized by the council of the Association and all practices intended to mislead the public shall be forbidden.
- 9.** Practice under an assumed name shall be forbidden.
- 10.** A doctor must exercise; his professions under conditions allowing him regular use of premises and the technical facilities necessary his profession.
- 11.** It shall be forbidden for a doctor to entrust the running of his consulting room to a colleague, except in the case of replacement.
- 12.** The exercise of medicine in fairs or markets shall be forbidden.
- 13.** The following shall be forbidden:
  - Any act that may enable that patient to obtain unjustified or illegal material gain.
  - Any refund in cash or in kind made to a patient.
  - Any payment , acceptance or secret sharing of money between practitioners;
  - Any commission to any member of the staff, and
  - Acceptance of a commission for any medical act whatever, and in particular in respect of examinations, prescriptions of drugs or appliances, or consignments to specific consulting room or clinic, a sanatorium or nursing home.
- 14.** It shall be forbidden for doctors to grant any facilities to persons indulging in illegal medical practice.
- 15.** (1) Any collusion between doctors and pharmacists, medical assistants and any other persons shall be forbidden.
- 16.** Every doctor shall be forbidden to exercise any other trade or profession permitting him to increase his profits by giving prescriptions or his profession advice.

**17.** Any doctor holding an elective or administration office shall be forbidden to use his position in order to increase his clientele.

**18.** Any deceitful practice likely to discredit the profession and in particular charlatanism, shall be forbidden.

**19.** It shall be a serious offence to mislead practitioners or patients by proposing as beneficial or harmless a new or insufficiently tested procedure for diagnosis or treatment.

**20.** (1) in medical practice, the doctor may issue certificates, attestations or documents in due form.

(2) Any certificate, attestation or document issued certificates, attestations or documents in due form

**21.** It shall be a serious offence to issue a tendentious report or a certificate as a favor.

## **PART II**

### **DUTIES OF DOCTORS TOWARDS THEIR PATIENTS**

**22.** A doctor, from the moment he is called to give attention to a patient and agrees to do this, shall be bound:

- To give the patient all the necessary medical care within his power ,either personally or with the help of qualified third parties;
- To always act correctly and courteously towards the patient and to show himself sympathetic towards him.

**23.** (1) A doctor must always formulate his diagnosis with the greatest care, regardless of the time that this work may cost him.

(2) After having made his diagnosis and prescribed treatment, the doctor must Endeavour to ensure that this treatment is carried out, especially if the patient's life is danger.

**24.** (1) A doctor must always prescribe treatment within the limits imposed by the conditions of the patients. He must in good faith not prescribe very costly treatment for a patient until the patient or his family has been informed of the sacrifices which this would entail and the benefit which they may derive from it.

(2) A doctor must never give treatment to a patient with a view to profiting there from.

**25.** (1) a doctor called upon to give medical attention in a particular family or place must take all necessary prophylactic measure. He shall inform the patients and their relatives, etc. of their responsibilities towards themselves and their neighbors. He must, in particular, ensure the respect for rules of hygiene. In the absence of hygienic conditions, the doctor must instruct the patient to arrange for transport to health establishment.

(2) He must avoid getting involved in the affairs of family or place concerned.

**26.** When called urgently to consult a minor or any other incapable person and when it is impossible to obtain the consent of legal representative of the latter in time , a doctor must give all medical care necessary.

**27.** (1) A serious prognosis may lawfully be concealed from the patient.

(2) A fatal prognosis may not be divulged to him except with the greatest prudence; it must normally be divulged to his family, unless the patient is already so aware or if he has appointed a third party to be informed.

**28.** Except in an emergency and where he would be shirking his human responsibilities, a doctor may refuse his services for professional or personal reasons, provided that:

He does not, by doing this, do harm to the patient;

He ensures that medical treatment is continued and supplies the necessary information for this purpose.

**29.** (1) Any practice or act of abortion shall be forbidden.

(2) Therapeutic abortion may however be performed if such action is the only way of safeguarding the mother's life.

In such a case, the doctor must perforce obtain the opinions of two doctors, one of whom shall be chosen from the civil court list of experts and the other a member of the council of the Association who will give a written attestation that the life of the mother can only be preserved by such therapy.

The consultation report shall be drawn up in three copies, one of which shall be given to the patient; the other two shall be kept by the consulting physicians.

Moreover a report of the decision taken, not containing the patient's name, must be sent by registered mail to the President of the Council.

(3) In areas where there is only one doctor, or where the opinion of two colleagues cannot easily be obtained, the decision to induce therapeutic abortion shall be at the discretion of the doctor in charge, who must forthwith send a circumstantial report to the Minister of Public Health and to the President of the National Council of the Medical Association.

(4) A doctor must if necessary accept the refusal of the patient, who has been duly informed. There shall be no exception to his rule, save in the case of extreme urgency, and where the patient is not in a fit state to give her consent.

(5) If the doctor cannot, because of his convictions, practice abortion, he may withdraw his services, ensuring that treatment is continued by a qualified colleague.

**30.** During difficult or prolonged labor, the doctor must consider himself as the sole judge of the respective interests of the mother and child, without letting himself be influenced by considerations of a family nature.

**31.** (1) A doctor must establish his own fees. He may not refuse to give explanations on these fees to his patient.

(2) He may offer his services free of charge if his conscience so dictates.

**32.** (1) A fixed fee for the duration of a course of treatment shall be forbidden, except in the case of childbirth, surgical operation, physical therapy, treatment in a sanatorium or nursing home.

(2) Fixed payment for the effectiveness of treatment shall be forbidden under any circumstances.

**33.** (1) Any sharing of fees between a practitioner on hand and a consultant, surgeon, or specialist on the other hand, at the time of a consultation or operation, is strictly forbidden. Each physician must submit his own bill.

(2) Acceptance, solicitation, or offer to share fees, even if not followed up, shall be a serious professional offence.

**34.** (1) A surgeon shall have the right to select his own assistant or operation assistants, as well as the anaesthetist. The latter persons may either claim their fees directly from the patient, or add such fees to the surgeon's bill to the patient.

(2) Nevertheless, when the surgeon deems it advisable to entrust the duties of operation assistant or anaesthetis to the medical practitioner, the latter must claim his own fees separately.

35. The presence of the practitioner at a surgical operation shall give him the right to separate fees if his presence has been requested or accepted by the patient or his family.

## **PART III**

### **DUTIES OF DOCTORS IN MATTERS OF SOCIAL MEDECINE**

36. (1) The doctor shall, bearing in mind his age, health and specialized field, as the case may be, give his assistance with regard to work undertaken by the competent authorities for the protection of health and organization of health care on a permanent basis.

(2) Doctors must inform the public Health services of contagious diseases, and must also supply statistical data needed by the public health services.

37. (1) Practitioners engaged as labor medical officers by industrial or commercial undertakings must transmit their contract or engagement to the Ministry in charge of Public Health and to the Council of the Association within one month preceding their assumption of duties.

(2) Private Doctors who do not own their equipment or the premises in which they practice must send in the contracts relating thereto under the conditions fixed by the preceding paragraph.

38. Any doctor who, while practicing curative medicine, carries out preventive medical treatment in a community or gives a public consultation for detecting disease, shall be forbidden to make use of such activities to increase his private clientele.

39. (1) No one may be both specialist and general practitioner for the same patient, except in the event of absolute necessity due to lack of doctors in the area.

(2) unless the parties otherwise agree , a doctor must not agree to undertaken an assessment when the interests involved concern one of his patients, friends, relatives or group which calls upon his services. The same shall apply when his personal interests are involved.

40. A specialist must, before undertaking any operation of assessment inform the person he is to examine of his mission.

**41.** (1) when entrusted with his mission a specialist must decline to give an opinion if he considers that the questions put to him are not relevant to medicine properly speaking.

(2) In his report, the specialist must only reveal the information necessary to serve as replies to the questions asked in the decision appointing him and must reveal any other information he might have learnt.

## **PART IV**

### **DUTIES OF COLLEAGUES**

**42.** (1) Doctors must maintain good professional relations between themselves. They owe each other moral support.

A doctor having a professional disagreement with a colleague must first attempt to come to an agreement with him; if he does not succeed, he must inform the President of the Council of the Association of the matter.

(2) It shall be forbidden to slander or disparage a colleague or to repeat any remarks likely to harm him in the practice of his profession.

(3) Defense of colleague unjustly criticized shall be deemed good professional conduct.

**43.** It shall be forbidden to attract and attempt to attract the patients of another doctor.

**44.** A doctor called to a patient who is being tended by one of his colleagues must respect the following rules:

- If the patient intends to dispense with his first doctor: the second doctor must obtain the patient's express wish and advise his colleague;
- If the patient simply wanted to ask an opinion without changing his doctor; the second doctor must suggest a joint consultation and withdraw after having given only the emergency treatment necessary. In the case where, for a valid reason consultation seems impossible or inappropriate, the doctor may examine the patient, but shall reserve for his colleague his opinion on the diagnosis and treatment;
- If the patient has, owing to the absence of his usual doctor, called upon him, he must give him all treatment necessary until his colleague returns and give him all necessary information.

**45.** Subject to the provisions of Article 57, a doctor may receive any patient at his surgery, whoever their usual doctor.

**46.** (1) A doctor treating a patient must suggest a consultation with a specialist whenever circumstances so require.

(2) He must accept a consultation requested by the patient or his friends and relations.

(3) In both cases the doctor shall propose the consultant whom he deems most qualified, but he must take the patient's wishes into account and agree, in principle, save for any serious reasons to meet any other doctor.

He shall be responsible for organizing the procedure for consultation.

(4) If the examiner doctor considers that he should agree to the choice made, he may withdraw and shall not be obliged to explain his refusal.

**47.** (1) At the close of consultation between two or more doctors, their conclusions shall be drawn up jointly and in writing, then signed by the examining doctor and countersigned by the consulting doctor or doctors.

(2) When conclusions are not drawn up in writing the consultant is deemed to be fully in agreement with the opinion of the doctor.

**48.** When, during a consultation between doctors, the opinions of the consultant and the examining doctor basically differ, the examining doctor shall be free to case treatment if the consultant's opinion prevails.

**49.** Except in an emergency, a doctor who has been called for consultation must not return to the patient he examined with his colleague, in the absence of the examining doctor or without his approval, during the illness which necessitated the consultation. In this case, the examining doctor must be notified as quickly as possible.

**50.** (1) A doctor may only have himself replaced temporarily in respect of his patients by a colleague, a student or doctor whose name does not appear on the Roll of the Association; the Council, which must compulsorily and immediately be informed, shall decide whether the substitute satisfies the necessary moral conditions.

(2) During the period of replacement, the student or doctor shall be under the disciplinary jurisdiction.

**51.** (1) A doctor who, during or after his studies, has replaced a colleague for a period of more than three months, shall not, within two years after such replacement, set himself up in an establishment, where he could be in direct competition with the doctor whom he replaced, unless they have reached an agreement which shall be notified to the council of the Association.

(2) When such agreement cannot be obtained, the case must be submitted to the Council of the Association.

(3) A doctor may not be replaced by a government doctor, a doctor serving the state under technical assistance or a colleague serving a missionary agency, unless there is a shortage of private doctors.

**52.** No doctor shall set himself up in a building in which a colleague of the same specialty practices.

**53.** (1) Any association or partnership between doctors must form the subject of a written contract respecting the professional independence of each doctor.

(2) Draft contracts must be submitted to the Minister in charge of Public Health and the Council of the association.

**60.** (1) In order to suspend a practitioner in the event of physical disablement or of a pathological condition rendering the practice of the profession dangerous, three experts shall be empowered to draw up the report.

(2) The said experts shall be appointed as follows:

- The first by the person concerned or his family;
- The second by the Council of the Association;
- The third by the first two experts.

In the case where the first two fail to agree on the choice of the third, the latter shall be appointed by the authority in charge of public Health.

**61.** (1) When a matter is referred to the Council of the Association in all the cases referred to in the present Code, the Council shall give its ruling within 30 (thirty) days after the matter has been referred to it.

(2) Where it is deemed necessary to carry out an investigation, such period shall be extended for a further period of not more than two months.

(3) Upon the expiry of these different periods, the recommendation of the council shall be deemed favorable.

**62.** Every doctor shall, at the time of enrolment in the Association, declare before the Council of the Association that he has cognisance of the present Code of ethics and shall undertake, under oath and in writing, to abide by it.

**63.** Any doctor who discontinues practice shall be bound to notify the Council of the Association there of. The latter shall give official notice of its decision and where the person concerned expressly requests it; his name shall be struck off the roll. The Minister in charge of Republic Health shall be notified of such decision.

## **PART VII**

### **THE GENERAL ASSEMBLY**

#### **CHAPTER I**

#### **ORGANIZATION AND FUNCTIONING OF THE GENERAL ASSEMBLY**

**64.** The General Assembly shall comprise all doctors inscribed on the Roll of the Association. It shall be made up of three divisions:

- Division A: medical practitioners engaged in private practice or those employed by enterprise.

-Division B: medical practitioners employed by missionary agencies.

-Division C: Government medical practitioners.

**65.** (1) when convened in constituent assembly, the General Assembly shall be presided over by the oldest medical practitioner, assisted by two young colleagues.

The functions of such interim officers shall terminate as soon as the officers of the Council are elected

(2) The ordinary or extraordinary sessions shall be presided over by the President of the Council or, if he is unable to attend, by the Vice-President.

**66.** (1) The quorum of the General Assembly shall be two-thirds of the members of each division.

(2) Members who are unable to attend may be represented by proxy. Each medical practitioner shall give only one proxy. Such proxies shall be registered by officers of the General Assembly at the start of the session.

(3) Where the quorum has not been attained, the authority who convened the General Assembly shall again convene the Assembly within not less than 15 days and not more than a month. The deliberations of the General Assembly shall then be valid whatever the number of members present and represented.

(4) Only members who have paid all their contributions shall take part in the the vote.

## **SECTION 2**

### **FUNCTIONING OF THE GENERALE ASSEMBLY**

**67.** (1) The convening of constituent General Assembly shall fall within the jurisdiction of the authority responsible for public health.

(2) Ordinary or extraordinary meetings of the General Assembly shall be convened by President of the Council.

(3) Notices of meetings shall be forwarded together with the agenda, to members on month before the appointed date for the session.

**68.** (1) The decisions of the General Assembly shall be taken by simple majority. In the event of tie, the President shall have the casting vote.

(2) The vote shall be open

**69.** During extraordinary sessions, the Assembly shall discuss only the items on the agenda.

## **CHAPTER II**

### **ELECTION AND REPLACEMENT OF MEMBERS OF THE COUNCIL.**

**70.** When the General Assembly meets in order to elect the members and officers of the Council, the quorum shall be two-thirds of the members of each division.

**71.** (1) The members of the Council shall be elected by the General Assembly according to division. Voting shall be for single candidate and by simple majority.

(2) Each division shall propose its candidates. The substantive and alternate members shall be elected individually, one after the other.

**72.** The officers shall be elected by the General Assembly from among the members of the Council. Voting shall be for a single candidate and by absolute majority.

**73.** (1) In the event of death or duly established default of a member of the Council, the alternate member shall automatically replace him until new elections are held in the General Assembly.

(2) Where an officer of the Council is concerned, he shall be replaced by elections within the Council.

## **PART VIII**

### **FINAL PROVISIONS**

**74.** All previous provisions, in particular Decree No. 66-311 of July 1966: Code of Medical Deontology, are hereby repealed.

**75.** This decree shall be registered and published in the Official Gazette in English and French.

Yaoundé, 12 April 1983.

Paul BIYA,

President of the Republic.

**REPUBLIC OF CAMEROON**

**LAW RELATING TO THE ORGANIZATION AND PRACTICE OF MEDICINE.**

**Law No.90-036 of 10<sup>th</sup> August 1990**

**Section 1.** This law and the implementation instruments there of shall govern the organization and practice of medicine.

**PART I**

**PRACTICE OF MEDICINE**

**CHAPTER I**

**CONDITIONS OF PRACTICE OF MEDICINE**

**Section 2.** (1) Persons engaged in the practice of medicine in Cameroon shall be subject to registration with the Medical Association.

(2) How over, physicians of foreign nationality who fulfil the following additional conditions may engage in the practice of medicine in Cameroon;

- Nationals of a country with a reciprocity agreement with Cameroon;
- Physicians who have not been a struck off the roll in their countries of origin or in any other country where they had practiced medicine;
- Physicians recruited on contract or under a co-operation agreement exclusively for Administration, a religious body or benevolent Non-Governmental Organization (NGO)
- Physicians serving an approved private undertaking.

**Section 3.** The physician himself shall perform professional acts of administrative and legal nature and issue documents relating thereto either in the normal exercise of his duties or in the carrying out of special mission assigned to him. He shall be bound in this connection to comply with any instructions given to him.

**Section 4.** A physician in service in the Administration or in the private sector shall be bound by:

- professional secrecy;
- the code of Ethics adopted by the Cameroon Medical Association and approved by the supervisory authority;
- the statutory provisions of the Association.

## CHAPTER II

### PRACTICE OF MEDICINE ON A PRIVATE BASIS

#### I. CONDITIONS OF PRACTICE OF MEDICINE ON A PRIVATE BASIS

**Section 5.** (1) The practice of medicine on a private basis shall be subject to an authorization issued by the council of the Association under the terms and conditions laid down in this law.

(2) The council of the Association shall also rule on application for change of professional domicile or place of activity and resumption of activity after interruption following a disciplinary measure under conditions laid down by regulations.

(3) Authorizations granted by council of the Association must comply with the health map established by regulations.

Authorizations granted in violation of the health map shall be null and void.

**Section 6.** Persons engaged in the practice of medicine on a private basis shall be subject to the following conditions:

- Be of Cameroonian nationality and enjoy their civic rights;
- Be registered with the Medical Association;
- Have completed five years of effective practice in a public service or a private body within the

National territory or abroad;

- Produce a letter of discharge in principle where they are gainfully employed or assist a colleague who is practicing on a private basis;
- Be of good conduct;
- Produce an insurance policy covering occupational hazards
- Have paid all their contributions to the Association.

**Section 7.** Except in the case of reciprocity agreement, a foreign physician may not engage in the practice of medicine on a private basis in Cameroon.

**Section 8.** (1) Applications for approval shall be deposited in two copies with the Council of the Association against a receipt.

(2) The Council of the Association shall decide on the application forwarded to it within a period of thirty days with effect from the date of deposit thereof.

(3) The decision of the Council of the Association shall be subject to prior approval by the supervisory authority from the first working day following that decision. The supervisory authority shall rule on the decision within a period of thirty days. After this period, the decision of the Council of the Association shall be enforceable. It shall be notified to the applicant.

(4) In any case, after a period of 90 (ninety) days with effect from the date of deposit of the application, silence by the Council of the Association shall imply acceptance of the application and the applicant may open his surgery.

(5) Every rejection decision shall set out the reasons on which it is based.

**Section 9.** (1) The decisions of the Council of the Association on approval applications may, within thirty days of their notification, be appealed against before the Appeal Board of the Council of the Association by the applicant when it is rejection decision or by any aggrieved member of the Association if it is an approval decision.

(2) The appeal shall not bar enforcement of the decisions except where it concerns an approval decision.

(3) The Board of Appeal shall give its ruling within a period of two months after the matter has been referred to it. Its decisions shall be notified as provided for by this law and any appeals against them may only be lodged with the Supreme Court in accordance with ordinary law procedure.

(4) After the period of two months, silence by the Board of Appeal shall be considered as a favorable decision on the application.

**Section 10.** (1) No surgery or clinic shall remain open in the absence of its licensee unless he has arranged to be replaced in due and proper form.

(2) In the absence of a physician, he may be replaced at his surgery by a colleague practicing on a private basis or by an additional physician. The Council of the Association shall be informed forthwith about the replacement.

**Section 11.** (1) The physician may be assisted by one or more colleagues.

(2) The remuneration of additional physician shall be determined by mutual agreement. The Council of the Association shall be notified accordingly.

**Section 12.** (1) In the event of the death of physician operating on a private basis the period during which his heirs may have the surgery managed by locum tenens may not exceed five years; such period may be renewed once.

(2) Where during the above - mentioned period, one of the children of the deceased is studying medicine, the said surgery may be reserved for him.

(3) The conditions of replacement shall be the same as those for approval to practice medicine on a private basis.

## **II. INCOMPATIBILITIES**

**Section 13.** Subject to special enactments, civil servants and government contract employees who are in active service or employed persons in general shall not be authorized to practise medicine on a private basis.

## **III. PARTNERSHIPS OF PHYSICIANS**

**Section 14.** Physicians operating on a private basis in the same place may enter into an association and carry out their practice in the form of partnership whose organization and functioning shall be laid down in separate instruments.

## **IV. OBLIGATION TO TAKE OUT AN INSURANCE POLICY**

**Section 15.** (1) Every physician or partnership of physicians shall be bound to take out an insurance policy from an approved national insurance company to cover his or its occupational hazards.

The receipt of the insurance policy shall be deposited with the Council of the Association at the beginning of each calendar year.

(3) Failure to take out an insurance policy shall, on the instructions of the Council of the Association the supervisory authority, lead to the temporary closure of the establishment. Such establishment may be re-opened only on presentation of receipt showing payment of the insurance policy.

## CHAPTER III

### UNLAWFUL PRACTICE OF MEDICINE

**Section 16.** The following shall be guilty of unlawful practice of medicine.

- (1) Any physician who practices under an assumed physician name or who grants consultations in business premises where some of the apparatus he prescribes or uses are sold;
- (2) Any unauthorized person who, even in the presence of physician, habitually or under supervision, provides diagnosis or treatment for diseases on a personal basis by consultation or by any other procedure;
- (3) Any physician who exercises his profession in violation of the provisions under sectional above or who offers his assistance to persons who are not authorized to practise;
- (4) Any physician who exercises his profession while on temporary or permanent suspension.

**Section 17.** (1) Without prejudice to the application of more severe administrative, disciplinary or penal sanctions, any person found guilty of unlawful practice of medicine shall be punished with imprisonment of from 6 (six) days to (six) months or with fine of from 200 000 (two hundred thousand) to 2000 000 (two million) francs or with both such imprisonment and fine.

(2) The court may, where applicable rule that the equipment used in the commission if the offence be confiscated and the establishment be closed.

(3) Any person who violates the provisions of this law shall cease his activity with immediate effect. Furthermore, the closure of his purgery or clinic may be ordered by the Council of the Association, irrespective of any court judgment.

**Section 18.** The Council of the Association may refer the matter to the legal Department or trial court or, where necessary, be a civil party in any action taken at the instance of Legal Department against any person guilty of unlawful practice of medicine.

# PART II

## CAMEROON MEDICAL ASSOCIATION

**Section 19.** The Cameroon Medical Association hereinafter referred to as the Association, established in Section 1 of law No.80/7 of 14 July 1980, shall comprise all physicians practicing their profession in Cameroon.

**Section 20. (1)** The Association shall ensure compliance with the principles of moral conduct and devotion essential to the practice of medicine as well as observance of the rules prescribed by Code of Ethics.

(2) The Association shall equally carry out any duty assigned to it under this law or other separate instruments.

(3) The Association shall have legal personality. Its headquarters shall be in Yaounde.

The Association shall be under the supervision of the authority in charge of public health.

## CHAPTER I

### THE ORGANIZATION OF THE CAMEROON MEDICAL ASSOCIATION

**Section 21.** The Association shall carry out the duties assigned to it through the following two bodies:

- The General Assembly; and
- The Council.

**Section 22. (1)** The General Assembly shall comprise all physicians registered on the Roll of the Association.

(2) It shall meet every year in ordinary session when convened by its President and, where necessary, in extraordinary session at the request of the absolute majority of its members, or of the Council of the Association or the supervisory authority to:

- Elect members of the Council of the Association;
- Elect six (6) members for Appeal Board;
- Rule on the progress report of the President of the Council of the Association;

- Lay down the guidelines for the smooth running of the profession;
- Adopt the Code of Ethics of the profession and the internal Regulation of the Association.

(3) The General Assembly shall elect the President of the Council of the Association and an Auditor for a term of three (3) years. They shall be eligible for re-election.

**Section 23.** (1) The agenda of the General Assembly sessions shall comprise only items relating to the practice of the profession. It shall be drawn up by the President of the Council of the Association to whom questions may be referred on month before the session by members of the Association or by the supervisory authority.

(2) The agenda of every General Assembly session shall be forwarded at least 15 (fifteen) days the session to the supervisory authority who shall send a representative to the General Assembly deliberation.

(3) The supervisory authority may prohibit the holding of an ordinary or extraordinary session of the General Assembly if the agenda is not conformity with the provisions of the preceding subsection.

**Section 24.** The organization and functioning of the General Assembly shall be defined by internal Regulations.

## **THE COUNCIL OF THE ASSOCIATION**

**Section 25.** (1) The Council of the Association shall be the executive body of the Association. It shall comprise 12 members elected for a period of three years as follows:

- Four substantive Division A members and one alternate member (civil servants);
- Four substantive division B members and one alternate member (non-religious)
- Four substantive division C members and on alternate member (religious)

(2) All physicians registered on the roll of the Association shall be electors and eligible for election. The members of the Council shall be eligible for re-election.

(3)The procedure for electing members of the Council and the rules relating to their replacement in case of the default shall be laid down by the Code of Ethics.

**Section26.** In addition to the President elected by General Assembly, the Council of the Association shall elect its Bureau for a period of three (3) years comprising:

- A Vice-President
- A Secretary-General
- A Treasurer.

**Section 27.** (1) After each election, a report there of shall be forwarded on the working day following the election to the supervisory authority shall be notified of such action.

(2) Disputes arising from the elections may be referred to the Administrative bench of the Supreme Court by any physician entitled to vote, within fifteen days following the elections. The supervisory authority shall be notified of such action.

**Section 28.** Membership within the Council of the Association shall cease;

- 1- When the term of office expires;
- 2- In case of unjustified absence from three consecutive meetings of the Council of the association;
- 3- In case of permanent disablement or death;
- 4- In the event of duly established resignation;
- 5- When the officer is struck off the roll of the Association.

**Section 29.** The quorum of the Council of the Association shall be three-fifths of members. Its sessions shall be presided over by its President or, in his absence by the Vice-president or the oldest member of the Council of the Association.

**Section 30.** (1) The Council of the Association shall meet in ordinary session twice a year when convened by its President. It may, where necessary, meet in extraordinary session on the initiative of its President or at the request of not less than half of its members or of the supervisory authority.

(2) The President shall fix the date venue and time of the meetings

(3) Every member of the Council shall be entitled to vote. The decisions of the Council of the Association shall be taken by a simple majority of the members present.

(4) The deliberations of the Council shall be held in camera. However, the President may invite any person of his choice in view of his competence to attend the meetings of the Council in an advisory capacity.

**Section 31.** (1) Under section 20 (1) and (2) Section 21 above, the Council of the Association shall:

- Rule on application for enrolment and re-enrolment with the Association and the election of the members of the Council.
- Approve applications to practice medicine on a private basis as well as applications for establishment, locum tenens, change of professional domicile or place of practice and resumption of practice after interruption following a disciplinary measure;
- Exercise any powers entrusted to it this law or special instruments,
- Examine any matters referred to it by the supervisory authority;
- Take disciplinary measures against defaulting members of the Association under the conditions laid down by this law.

(2) Under no circumstances, shall the Council take into consideration political or religious acts, leanings and beliefs of the members of the Association.

**Section 32.** The Council of the Association shall fix the amount of contributions of members of the Association which shall be compulsory under pain of disciplinary measures.

**Section 33.** The President of the Council shall represent the Association in all civil matters and before the courts. He shall manage the property of the Association by delegation of the Council.

## **CHAPTER II**

### **ENROLMENT IN THE ASSOCIATION**

**Section 34.** Persons engaged in the practice of medicine in Cameroon shall be subject to prior enrolment in the Association.

The roll of the Association shall be up-to-date by the Council. The supervisory authority, Senior Divisional officers, Council and the legal Department shall be notified regularly of such roll.

**Section 35.** Applicants for enrolment with the Association shall fulfil the following conditions.

- (a) Be of Cameroonian nationality and enjoy their civic rights.
- (b) Have attained maturity.
- (c) Hold a State or University diploma of doctor of medicine or any other equivalent diploma recognized by the competent authority at the time of submission of the application.

- (d) Have not been convicted for any act contrary to honour or morality (theft, false pretence, misappropriation of public funds, forgery and use of forged documents);
- (e) Neither have been declared bankrupt nor liquidated by court order.

**Section 36.** (1) The application for enrolment in the Association shall be deposited with the Council of the Association in two copies against a receipt.

(2) The Council shall decide on the application for enrolment within 30 (thirty) days following the submission of the application.

(3) Decisions of the Council on applications for enrolment with the Association shall be submitted for prior approval by the supervisory authority on the first working day following the day the decision was made. The supervisory authority shall rule on the decision within a period of thirty days. After this time-limit, the decision of the Council shall be enforceable. It shall be notified to applicant.

(4) In any case, after a period of 90 (ninety) days following the submission of the application, silence by the Council of the Association shall imply acceptance of the application and the applicant's automatic enrolment with the Association.

(5) Every rejection decision shall set out the reasons on which it is based.

**Section 37.**(1) Decisions of the Council of the Association on applications for enrolment or re-enrolment with the Association may, within 15 (fifteen) days of notification thereof, be appealed against before the appeal Board of the Council by the applicant in the case of rejection decision or by any aggrieved member of association in the case of enrolment or re-enrolment.

(2) In case, where the Appeal Board fails to take decision within a period of two months from the date such appeal was brought before it the applicant shall be enrolled with the Association.

(3) The appeal shall not have an interlocutory effect save in the case of an acceptance decision.

**Section 38.** (1) Without prejudice to the provisions of Section 18 and 36 above, decisions, proceedings, resolutions or any act of the General Assembly or of the Council of the Association shall be null and void unless they are submitted for the prior approval of the supervisory authority on the working day following the day on which they were made.

(2) The supervisory authority shall rule thereon within a period of thirty days. After this period, the decision shall be automatically enforceable.

**Section 39.** In the event of cessation of activity, the person concerned shall, within a period of 15 (fifteen) days, notify the Council thereof. The Council shall strike him off the roll of the Association.

**Section 40.** (1) The Secretary General of the Council shall keep the roll of the Association.

(2) Only professional diplomas and qualifications recognized by the competent authority of the country where they were obtained shall figure on the roll of Association. However, titles and decorations conferred on the physician by the state may be mentioned on the Roll.

## **CHAPTER II**

### **DISCIPLINE**

**Section 41.** (1) The Council shall exercise disciplinary jurisdiction at the first instance within the Medical Association. In this capacity, it shall appoint amongst its members a Disciplinary Board.

(2) The Disciplinary Board which shall be presided over by president of the Council shall comprise four others members elected form within the Council. The President may be replaced in case of his exclusion and objection or absence.

**Section 42.** (1) A matter may be referred to the Disciplinary Board by the supervisory authority. The Legal Department or any physician enrolled with the Association who has an interest at stake.

(2) Only the authority responsible for Public Health or the Council of the Association after consultation with the supervisory authority may bring a physician serving the State before the Disciplinary Board for acts committed in the performance of the duties.

The supervisory authority shall take a decision within 30 (thirty) days from the date a matter is referred to it. After this time-limit, if the supervisory authority does not reply it shall be considered as upheld.

**Section 43.** Matters that may be referred to the Disciplinary Board shall include;

- Any conviction for any offence of a nature to discredit or jeopardize the reputation of the profession committed within or outside the national territory.
- Any conviction for professional misconduct.

**Section 44.** The Disciplinary Board may, at request of the parties or on its own initiative, order an inquiry into any facts the findings of which it deems useful for its proceedings. The decision to order an inquiry shall indicate the matters to be investigated and shall prescribe, according to the circumstances whether it is to be conducted before the Disciplinary Board or pressed on by a member of the Board who shall visit the place of occurrence of the matter.

**Section 45.** (1) Any physician accused of an offence may be assisted by a defence counsel of his choice.

(2) He may exercise the right of exclusion and objection in accordance with ordinary law procedure.

**Section 46.** (1) The Disciplinary Board shall keep records of its proceedings.

(2) Minutes shall be drawn up after each meeting and signed by all members.

(3) The minutes of cross-examinations or hearings shall likewise be drawn up and signed by the persons concerned.

**Section 47.** (1) No disciplinary sanction may be pronounced unless the physician accused has been heard or summoned to appear before the Board within a period of 30 (thirty) days following receipt of the summons with acknowledgement of receipt.

(2) Where the accused physician fails to appear before the Disciplinary Board after a duly notified summons, the Board may make its rulings.

**Section 48.** (1) The Disciplinary Board may pronounce any of the following disciplinary sanctions;

- Warning
- Reprimand
- Suspension from practice from three months to one year, depending on the seriousness of the offence committed;
- Striking off the Roll of the Association.

(2) The first two sanctions shall entail neligibility for membership of the Council of the Association for 2 (two) years with effect from the date of notification of the sanction. The third sanction shall tail ineligibility for (three) years with effect from the date of notification of the sanction.

**Section 49.** (1) The decision of the Disciplinary Board shall set out the reasons on which they are based.

(2) They shall be notified on the first working day following the date, which they are taken to the supervisory authority, the Public prosecutor and the accused physician who shall acknowledge receipt thereof.

**Section 50.** (1) Where the decision is delivered by default, the accused physician may raise objection there to within a period of 10 (ten) days with effect from the date he was personally notified of the decision with acknowledgement of receipt.

(2)Where he is not personally notified of the decision, the time-limit for objection shall be 30 (thirty) days with effect from the day notice was served at his professional domicile.

(3) The objection shall be in the form of simple declaration submitted to the Secretariat of the Council of the Association which shall issue a receipt therefor.

**Section 51.** (1) Where the decision is made after full argument on both sides, the accused physician may, within 60 (sixty) days with effect from the date of notification of the decision of the Disciplinary Board lodged an appeal before the Appeal Board referred to in Section 52 below.

(2) After this time-limit, the decision shall be final and enforceable.

**Section 52.** The Appeal Board shall comprise the following Chairman.

- A Judicial and Legal Office of the Supreme Court designated by the President of the said Court;
- A physician designated by the supervisory authority;
- Three members of the Association elected within the General Assembly who did not hear or decide on the matter in the first instance.

**Section 53.**(1) without prejudice to the provisions of Section 9 and 37 above, the Appeal Board shall hear appeals against decisions of the Council concerning discipline.

(2) The decisions of the Board shall be taken by simple majority of the members present.

**Section 54.** (1) Appeals shall be in the form of an explanatory motion lodged at the Secretariat of the Council of the Association against a receipt.

(2) The appeal may be lodged by the physician concerned, the supervisory authority, the Department of Public prosecutions or any member of the Association with an interest at stake within 30 (thirty) days following notification of the decision of the Disciplinary.

(3) Appeals shall not bar enforcement of the decisions.

**Section 55.** (1) The Appeal Board shall give its ruling within 2 (two) months from the date the matter is referred to it. Its decision shall be taken and notified as provided for in section 53 above and may be appealed against only before the Supreme Court according to ordinary law procedure.

(2) After a 2 (two) months period, a decision taken in the first instance shall automatically be suspended.

**Section 57.** The exercise of disciplinary action as provided for hereinabove shall not bar;

- Any proceedings instituted by the Legal Department, private individuals or by the Association before the courts in accordance with ordinary law procedure, or

## **PART III**

### **TRANSITIONAL AND FINAL PROVISIONS**

**Section 58.** The following shall be authorized to continue to practice medicine:

- Physicians approved under former regulations.
- Physicians recruited to serve exclusively the Administration.
- Foreign physicians exercising their profession in Cameroon or recruited on a contract basis prior to the publication of this law.

**Section 59.** All physicians legally practicing their profession on behalf of the Administration, private undertakings or on private basis on the date of enactment of this law shall be automatically enrolled in the Association in accordance with the provisions of this law.

Section 60. Files being studied on the date of enactment of this law shall be subject to conditions and procedures provided for by this law.

**Section 61.** The conditions of implementation of this law shall, as and when necessary, be laid down by regulations.

**Section 62.** All previous provisions repugnant hereto, in particular Laws Nos. 80/7 of 14 July 1980 to set up the National Medical Association and 80/6 of 14 July 1980 to regulate the practice of medicine are hereby repealed.

**Section 63.** This law shall be registered, published according to the procedure of urgency and inserted in the Official Gazette in English and French.

Yaoundé, 10 AOUT 1990

Paul BIYA,

President of the Republic.