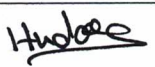
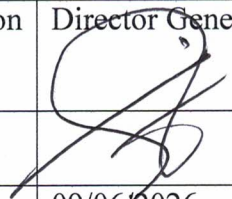


Quality Management & Patient Safety Directorate

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Acronyms

DGKH	Directorate General of Khoula Hospital
HCPs	Health- Care Professionals
OHAS	Oman Health Accreditation System
MEC	Medical Ethical Committee
DNAR	Do Not Attempt Resuscitation
RCA	Root Cause Analysis
COI	Conflict of Interest
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit
A&E	Accident and Emergency
IR&LS	Incident Report & Learning System
REC	Research Ethics Committee

1.Definitions

- 1.1 Ethics:** Refers to the moral principles that guide behavior and decision-making in healthcare, particularly in promoting health, respecting human dignity, and ensuring fairness and justice.
- 1.2 Code of Conduct:** a set of rules and standards that guide the professional behavior and responsibilities of healthcare professionals, ensuring integrity, accountability, and ethical practice.
- 1.3 Autonomy:** An ethical principle that affirms every individual has inherent value and the capacity to make rational and informed moral decisions.
- 1.4 Beneficence:** the ethical principle that requires healthcare professionals to act in the best interests of patients and populations, promoting well-being, preventing harm, and balancing benefits against risks in care and public health practice.
- 1.5 Nonmaleficence:** the obligation to avoid causing harm, ensuring that healthcare interventions do not inflict unnecessary injury or suffering and that risks are minimized.
- 1.6 Justice:** Fair, equitable, and appropriate treatment of patients.

- 1.7 Confidentiality:** It entails protecting sensitive patient information, including medical records, personal identifiers, and other health-related data, from unauthorized access, misuse, or disclosure.
- 1.8 Dignity:** It is the ethical obligation to treat patients with respect, protect their autonomy, privacy and individuality and provide compassionate, person centered care.
- 1.9 Privacy:** It is the ethical obligation to protect patient's body and personal space to preserve dignity and respect.
- 1.10 Informed Consent:** a communication process between the clinician and the patient. This process ensures that the patient is fully informed about the nature of the procedure or intervention, the potential risks and benefits, and the alternative treatments available.
- 1.11 Conflict of interest:** a situation where personal, financial, or other private interests could improperly influence or appear to influence a person's professional decisions or duties, and such situations should be identified and managed to ensure impartial healthcare practice.

Guideline for Medical Code of Conduct and Professional Ethics in Health Care Setting

Chapter One

2.Introduction

Medical code of conduct and professional ethics in hospital are the foundation of health care practice. They guide health care professionals should behave when caring for patients, making decisions and interacting with them. Medical code of conduct and professional ethics ensure trust between health care professionals and patients, and promote high standards of care.

3.Purposes

The purposes of this document are to:

- 3.1** Establish clear professional and ethical standards governing the conduct of all healthcare professionals.
- 3.2** Ensure safe, ethical, and high-quality patient care.
- 3.3** Ensure protection of patient rights and dignity.
- 3.4** Verify compliance with national regulations and OHAS (Oman Health Accreditation System) standards.
- 3.5** Enhance transparency and accountability.
- 3.6** Promote public trust in health care setting.

4.Scope

This guideline applies to all healthcare professionals working within the Directorate General of Khoula Hospital (DGKH).

Chapter Two

5.Structure

It is the guideline of Directorate General of Khoula Hospital (DGKH) to establish clear professional and ethical standards governing the conduct of all health care professionals. DGKH is committed to upholding the highest standards of medical ethics, professionalism, and patient-centered care. All health care professionals must adhere to this code of conduct as a condition of clinical privileges.

5.1 Core Ethical Principles

a.Autonomy:

- i. Obtain a valid informed consent.
- ii. Respect refusal of treatment.
- iii. Ensure a shared decision-making.

b. Beneficence:

- i. Act in the patient's best interest.
- ii. Provide evidence-based care.

c.Non-Maleficence:

- i. Avoid preventable harm.
- ii. Escalate patient deterioration.
- iii. Follow safety measures.

d. Justice:

- i. Provide equitable and non-discriminatory care.
- ii. Allocate resources fairly.

e.Dignity & Privacy:

- i. Maintain patient dignity.
- ii. Protect privacy during examinations and discussions.

f. Confidentiality and Data Protection:

- i. Protect patient information at all times.
- ii. Access records only for legitimate care purposes.

- iii. Avoid discussion of patient information in public areas.
- iv. Secure electronic and written records.
- v. Report data breaches immediately. Breach of confidentiality may result in disciplinary action.

g. Informed Consent

Informed consent respects patient autonomy, promotes trust in the patient-provider relationship, and safeguards against unethical practices. The patient can refuse or withdraw consent at any time during treatment (refer to National Policy & Procedure of Informed Consent). The medical staff should:

- i. Provide clear explanation of diagnosis and treatment options.
- ii. Discuss risks, benefits, and alternatives.
- iii. Allow opportunity for questions.
- iv. Document consent properly.
- v. Obtain guardian consent for minors.
- vi. Consider special documentation for high-risk surgery, resuscitation decision, blood transfusion.

5.2 Professional Code of Conduct

The medical staff should:

- a. Demonstrate integrity, honesty, and accountability.
- b. Interact with patients and colleagues in a respectful manner.
- c. Maintain professional boundaries.
- d. Communicate clearly and compassionately.
- e. Avoid harassment (physical or verbal abuse).
- f. Avoid discrimination, or intimidation based on gender, religion, nationality, or status.
- g. Avoid disruptive behavior that compromises patient safety.

5.3 Resuscitation & End of Life Ethics:

- a. Follow the National DNAR (Do Not Attempt Resuscitation) Guideline.
- b. Document resuscitation decisions clearly.
- c. Involve family appropriately.
- d. Respect cultural and religious values.
- e. Consult the Medical Ethical Committee (MEC) in complex cases.

5.4 Patient Safety Obligations:

- a. Report adverse events.
- b. Participate in Root Cause Analysis (RCA).
- c. Adhere to infection prevention standards.
- d. Support open disclosure practices (refer to Policy and Procedure for Disclosure of Medical Events).
- e. Comply with surgical safety checklists.
- f. Reporting safety concerns should not result in any form of retaliation.

5.5 Relationship with Industry:

- a. Declare all Conflict of Interest (COI). Annual COI declaration is mandatory.
- b. Avoid accepting inappropriate gifts or incentives.
- c. Ensure prescribing decisions are patient-centered.
- d. Disclose sponsorship in research or education activities.

5.6 Research Conduct:

- a. Obtain research ethical committee approval prior to study initiation.
- b. Ensure informed consent for participants.
- c. Protect vulnerable populations.
- d. Report adverse events.
- e. Avoid fabrication, falsification, or plagiarism.
- f. Declare funding sources.

5.7 Teamwork & Interprofessional Relations:

- a. Respect all hospital staff, including medical, nursing, and allied health professionals.
- b. Support collaborative decision-making.
- c. Avoid undermining colleagues.
- d. Address conflicts professionally. Disruptive behavior should be addressed formally.

5.8 Documentation Standards:

- a. All medical documentation should be accurate, timely, complete, and honest. Falsification of records, even if legible, is considered serious misconduct.

5.9 Social Media & Public Communication

- a. Avoid sharing identifiable patient information.
- b. Maintain professionalism online.
- c. Avoid misleading medical claims.

d. Obtain approval before public media engagement representing the hospital.

5.10 Education & Continuous Professional Development:

- a. Maintain continuous professional education.
- b. Complete mandatory ethics training.
- c. Participate in competency validation programs.
- d. Engage in quality improvement initiatives

5.11 Reporting & whistleblowing:

- a. The staff should report professional misconduct or safety violations in AMAN system.
- b. Reports must be submitted to the Head of Department and Clinical Governance committee and investigated fairly and confidentially.

5.12 Disciplinary actions

In collaboration with Legal Affairs, any violation of the Code of Conduct will be addressed through appropriate disciplinary measures, which may include:

- a. Counseling:** Guidance and corrective discussion to address minor or first-time misconduct and support improvement in professional behavior.
- b. Written Warning:** Formal documentation of misconduct outlining the issue and expected corrective actions.
- c. Clinical Privilege Review:** Evaluation and possible restriction of clinical rights or responsibilities based on performance or conduct concerns.
- d. Suspension:** Temporary removal from duties pending investigation or as a disciplinary measure.
- e. Referral to Licensing Authority:** Escalation of serious violations to the relevant regulatory body for further action.
- f. Termination of Contract:** Permanent dismissal from employment in cases of severe or repeated breaches of the Code of Conduct.

5.13 Monitoring & Compliance

Compliance should be monitored through:

- a. Medical Ethical Committee oversight.
- b. Clinical audits.
- c. Patient complaints review.
- d. Annual conflict of interest declarations.

- e. Training compliance tracking.
- f. Quarterly compliance reports should be submitted to Clinical Governance (concerned committee).

5.14 Acknowledgement

All medical staff should sign an acknowledgment form confirming:

- a. Understanding of this code.
- b. Agreement to comply.
- c. Disclosure of conflicts of interest.
- d. Signed forms should be retained in personnel files.

5.15 Specialty Specific Ethical Standards

a. Accident & Emergency

i. Ethical Triage:

- Patients should be triaged based on clinical urgency.
- Allocation of resources during mass casualty incidents should follow an approved emergency and disaster management plan and triage guideline.
- No discrimination in emergency access.

ii. Consent in Emergencies:

- When patient capacity is impaired and delay endangers life, treatment may proceed under implied consent.
- Documentation should clearly justify emergency intervention.

iii. Trauma Decision-Making:

- Decisions regarding life-saving surgery must prioritize survival and prevent harm.
- Ethical consultation should be requested when prognosis is uncertain and invasive treatment burden is high.

iv. Resource Allocation:

- Resources such as ICU beds and blood products should be allocated based on clinical need, with decisions made transparently and properly documented.

b. Intensive Care Unit (ICU)

i. End-of-Life Decisions:

- Withdrawal or withholding treatment should comply with National DNAR policy.
- Multidisciplinary discussion is required.

- Family involvement should be documented.
- Medical Ethical Committee should be consulted in complex disputes.

ii. Proportionality of Care:

- Treatments should be clinically appropriate and not medically futile.
- Avoid extending suffering when there is no reasonable clinical benefit.

iii. Sedation & Capacity:

- Capacity assessment is required when feasible.
- Surrogate decision-making should follow legal framework.

c. Pediatric and Neonatal Intensive Care Unit (NICU):**i. Best Interest Principle:**

- Decisions should prioritize the neonate's and child's best interest.
- Parents/guardians should be involved in all major decisions.

ii. Extremely Premature or high-risk neonates:

- Transparent counseling regarding prognosis.
- Ethical consultation is recommended when long-term morbidity risk is high.

iii. Assent:

- Age-appropriate assent should be sought when applicable.

iv. Child Protection:

The child protection committee should:

- Assess cases of abuse and neglect, classify and review them.
- Refer cases and prepare reports for relevant authorities when required.
- Ensure electronic reporting is completed by treating staff.
- Act as a coordination point for critical cases and ensure documentation.
- Ensure child stability and coordinate with child protection officers.
- Follow up development and neglect cases and assess psychologically and socially.
- Verify documentation of clinical findings and investigation.
- Discuss abuse cases in periodic meetings
- Refer urgent cases promptly to specialized clinics
- Call emergency meeting within 48 hours for life threatening cases.
- Raise awareness among staff on rehabilitation of patient and family.

- Confidential handling of sensitive cases.

d. Surgical Specialties

i.High-Risk Surgery:

- Detailed risk disclosure is required.
- Alternative treatment options should be explained.
- Documentation is mandatory.

ii.Intraoperative Ethical Decisions:

- Unexpected findings must be managed according to prior consent when possible.
- Significant deviation from planned surgery must be justified and documented.

iii.Retained Foreign Body Prevention:

- Mandatory adherence to surgical safety checklist.
- Immediate reporting of unintended retained items to Incident Report & Learning System (IR&LS) or AMAN system.

e.Obstetrics & Gynecology

i. Maternal Autonomy:

- Respect maternal choices unless immediate life-threatening risk exists.
- Informed refusal should be documented.

ii.Fetal-Maternal Conflict:

- Ethical consultation required when maternal and fetal interest's conflict.
- Avoid coercion.

iii.Sensitive Examinations:

- Ensure privacy and chaperone availability.

f. Psychiatry & Mental Health

i. Capacity & Involuntary Admission:

- Capacity should be assessed and documented.
- Involuntary admission is done only under legal criteria.

ii. Confidentiality:

- Strict confidentiality unless risk of harm to patient or others.

iii.Suicide Risk:

- Immediate escalation and safety measures are required.

- Ethical balance between autonomy and safety.

g. Radiology

i. Radiation Safety:

- Justification and optimization principles should be applied.
- Special caution in pediatric and pregnant patients.

ii. Incidental Findings:

- Clinically significant findings should be communicated promptly.

h. Laboratory

i. Integrity of Results:

- No falsification or manipulation of reports.
- Critical values should be communicated immediately.

ii. Confidential Handling of Sensitive Results:

- HIV, genetic, and sensitive testing should be handled confidentially.

i. Anesthesia

• Pre-Anesthesia Disclosure:

- Risks of anesthesia should be explained.
- Capacity and consent should be documented.

• Perioperative Ethical Responsibility:

- Patient safety takes priority over surgical scheduling demands.

J. Private Ward

- i. Equal standard of care should be applied to all patients.
- ii. No preferential allocation of critical resources.
- iii. Confidential handling of identity.

5.16 Clinical Research

- a. No patient enrolled without REC (Research Ethics Committee) approval.
- b. No deviation from approved guideline.
- c. Immediate reporting of serious adverse events.
- d. Transparency in funding.

5.17 Telemedicine & Digital Health

- a. Ensure patient identity verification.
- b. Maintain data confidentiality.

- c. Provide clear documentation of remote consultations.

Chapter Three

6.Responsibilities

6.1 Directors/ HoD Shall:

- 6.1.1 Ensure that all health care professionals working at DGKH are aware of this guideline.

6.2 All Health Care Professionals at DGKH Shall:

- 6.2.1 Be aware of this guideline.

- 6.2.2 Adhere to this guideline.

6.3 Legal Affairs Shall:

- 6.3.1 Conduct disciplinary measures if any violation of the Code of Conduct.

6.4 Quality Management & Patient Safety Directorate (QM&PSD) Shall:

- 6.4.1 Ensure that all health care professionals working at DGKH are aware of this guideline.

Chapter Four

7. Document History and Version Control Table

Version	Description	Name of Authors		Review Date
1	Initial Release	Ms.Raja Al.Battashi	Ms. Samiha Al. Ghafri	2026
2	Second Version	Dr. Saleema Al Aisari	Ms. Safa Al Raqqadi	2029
3	Third Version			

8. Attached Documents

- 8.1 National Policy& Procedure of Informed Consent.

- 8.2 National DNAR policy.

- 8.3 Policy and Procedure for Disclosure of Medical Events

- 8.4 Policy and Procedure of Incident Report& Learning System (IR&LS) for Aman System.

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