



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GUIDELINES FOR GOOD PRACTICE
IN THE HEALTHCARE PROFESSIONS**

**GENERAL ETHICAL GUIDELINES FOR THE
HEALTHCARE PROFESSIONS**

BOOKLET 1

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Good clinical practice is based on a trust relationship between patients and healthcare professionals. Being a good healthcare practitioner requires a life-long commitment to sound professional and ethical practice and an overriding dedication to the interests and wellbeing of one's fellow human beings and society. This makes the practice in the healthcare profession a moral enterprise. It is in this spirit that the HPCSA presents the following ethical guidelines to guide and direct the practice of healthcare practitioners. These guidelines are an integral part of the standards of professional conduct against which professional conduct is evaluated.

[Note: The terms "healthcare practitioner", "practitioner" and "healthcare professional" in these guidelines refer to persons registered with the HPCSA].

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GENERAL ETHICAL GUIDELINES FOR THE HEALTH CARE PROFESSIONALS

1. INTRODUCTION

- 1.1 Being registered as a healthcare professional with the Health Professions Council of South Africa (HPCSA) confers one the right and privilege to practise a profession. Correspondingly, practitioners have moral and ethical duties to others and society in general. These duties are, in part, in keeping with the principles of the South African Constitution (Act No. 108 of 1996) and the obligations imposed on healthcare professionals by law.
- 1.2 This first booklet on general ethical guidelines contains value-oriented principles and expresses the most honourable ideals to which members of the healthcare profession should subscribe in terms of their conduct.
- 1.3 Specific ethical guidelines and rules are derived from these general ethical guidelines. They offer more precise guidance and direction for action in concrete situations.
- 1.4 It is impossible, however, to develop a complete set of specific ethical prescriptions applicable to all conceivable real-life situations. In many specific or unique settings, healthcare professionals will have to work out for themselves what course of action is most appropriate from an ethical standpoint. This requires ethical reasoning.
- 1.5 This booklet lists core ethical values and standards that underpin professional and ethical practice in the healthcare professions and gives a concise explanation of how practical decisions should be made through ethical reasoning. It also explains what a duty is, and catalogues the general ethical duties of healthcare professionals

[Note: In this booklet, the expressions “professional” or “practitioner” are used interchangeably to refer to healthcare practitioners].

[Note: Environmental Health Practitioners do not see patients]

2. CORE ETHICAL VALUES AND STANDARDS FOR GOOD PRACTICE

- 2.1 Maintenance of good professional practice is grounded in core ethical values and standards – the latter are the directives that follow the core values.
- 2.2 On occasion, the demands of these core values and standards may clash, thus placing competing demands on healthcare practitioners. The only way to address such clashes is through ethical reasoning.
- 2.3 The core ethical values and standards required of healthcare practitioners include the following:
- 2.3.1 **Respect for persons:** Healthcare practitioners must respect patients as persons, and acknowledge their intrinsic worth, dignity, and sense of value.
- 2.3.2 **Best interests or well-being of patients:**
- 2.3.2.1 **Beneficence:** Healthcare practitioners must act in the best interests of patients even when the interests of the latter conflict with their own personal self-interest.
- 2.3.2.2 **Non-maleficence:** Healthcare practitioners must not harm or act against the best interests of patients, even when the interests of the latter conflict with their own self-interest.
- 2.3.3 **Human rights:** Healthcare practitioners must recognise and respect the human rights of all individuals.
- 2.3.4 **Autonomy:** Healthcare practitioners must honour the right of patients to self-determination, which allows them to make their own informed choices, and to live their lives by their own beliefs, values and preferences.
- 2.3.5 **Integrity:** Healthcare practitioners should incorporate these core ethical values and standards as the foundation for their character and practice.
- 2.3.6 **Truthfulness:** Healthcare practitioners must regard the truth and truthfulness as the basis of trust in their relationships with patients.
- 2.3.7 **Confidentiality:** Healthcare practitioners must treat personal or private information as confidential in professional relationships with patients - unless overriding reasons confer an ethical or legal obligation to disclosure.
- 2.3.8 **Compassion:** Healthcare practitioners should be sensitive to and empathise with the individual and social needs of their patients and seek to create mechanisms for providing comfort and support where appropriate and possible.
- 2.3.9 **Tolerance:** Healthcare practitioners must respect the rights of people to have different ethical beliefs as these may arise from deeply held personal, religious or cultural convictions.
- 2.3.10 **Justice:** Healthcare practitioners must treat all individuals and groups in an impartial, fair and just manner.
- 2.3.11 **Professional competence and self-improvement:** Healthcare practitioners must continually endeavour to attain the highest level of knowledge and skills required within their area of practice.

2.3.12 **Community:** Healthcare practitioners should strive to contribute to the betterment of society in accordance with their professional abilities and standing in the community.

3. HOW TO RESOLVE ETHICAL DILEMMAS

- 3.1 The core values and standards referred to above are the foundation that grounds the general ethical guidelines in these booklets. Generally, the guidelines may be applied to many different settings. Questions may arise regarding healthcare practitioners' best use of these guidelines to make practical decisions or choices about the provision of healthcare. For example, how does a guideline apply in a specific case? And how do healthcare practitioners handle difficult situations where two (or more) principles appear to be in conflict?
- 3.3 This requires ethical reasoning that in general, proceeds using the following steps:
- 3.3.1 **Formulate the problem:** Determine whether the issue is an ethical one.
- 3.3.2 **Gather information:** All the relevant information should be collected - including clinical, personal and social data. Seek information from authoritative sources such as these guidelines, practitioner associations, respected colleagues and also incorporate the experience of practitioners generally when they deal with such matters.
- 3.3.3 **Consider the available options:** Consider the potential solutions and the principles and values that each of these uphold.
- 3.3.4 **Make an ethical (and moral) assessment:** The ethical content of each option must be determined by asking the following questions:
- 3.3.4.1 What are the likely *consequences* of each option?
- 3.3.4.2 What are the most important *values, duties, and rights*? Which weighs the heaviest?
- 3.3.4.3 What are the weaknesses of each option?
- 3.3.4.4 How would the healthcare practitioner himself or herself want to be treated or managed under similar circumstances. –
- 3.3.4.5 How does the healthcare practitioner expect a patient would want to be treated?
- 3.3.5 Discuss your proposed solution with those it may affect.
- 3.3.6 Act on your decision with sensitivity to others who may be affected.
- 3.3.7 Regularly re-evaluate your decision and be prepared to act differently in future.

4. WHAT IT MEANS TO HAVE A DUTY

- 4.1 Ethical guidelines and legal prescripts express duties. A duty is an obligation to do or refrain from doing something in the personal, social, professional, or political spheres of people's lives.
- 4.2 Having a duty to another person it means a practitioner is bound to that person in some respect and for some reason. The practitioner owes that person something, while he or she holds a corresponding right or claim against the practitioner. In other words, to have a duty asks the question "What do I owe others?" while having a right asks the question "What do others owe me?"

- 4.3 An example of a right with a corresponding duty is the following: Suppose a healthcare practitioner reaches an agreement with a colleague that the latter will do a locum for she/him while she/he is away: The colleague has a duty to do the locum and the healthcare practitioner has a right to the colleague's services. At the same time the colleague has a right to fair remuneration and the healthcare practitioner has a duty to compensate her/him.
- 4.6 Healthcare practitioners fulfil multiple roles and duties:
- 4.6.1 ***As human beings they have "natural duties"***, for example the natural duties to refrain from doing harm, to promote the good, or to be fair and just. As is the case with everyone, healthcare professionals owe these duties to all other people, whether they are patients or not, and quite independent of our professional qualifications.
- 4.6.2 ***As qualified and licensed professionals they have "moral obligations"***, for example, to provide healthcare, relieve pain, gain informed consent, respect confidentiality, and to be truthful.
- 4.6.3 ***Institutional duties***: Institutional duties are specific to the healthcare practitioner's particular institutionalised role, for example the duties of a practitioner employed by a company, a healthcare practitioner working in a governmental research agency, or a healthcare practitioner engaged in private practice. These duties are contained in employment contracts, job descriptions etc. Institutional duties must however also be consistent with the ethical and legal duties of healthcare practitioners.
- 4.6.4 ***Legal duties***: Legal duties are imposed by the common law and by statutes (for example, the National Health Act No. 61 of 2003 or the Health Professions Act No. 56 of 1974) that require healthcare practitioners to follow certain procedures and to use particular skills and care when dealing with patients.
- 4.7 The duties listed in these general guidelines mostly fall into the second category – the general but acquired duties of a healthcare practitioner as a professional.
- 4.8 No duty is absolute or can be held without exception irrespective of time, place, or circumstance. This is not surprising, since different duties may prescribe opposite decisions and actions in specific or real-life situations. For example, practitioners' duties to patients may compete with employers' expectations. Or the duty to respect a patient's confidentiality may clash with the duty to protect innocent third parties from harm. These are instances of conflicts of interest or dual loyalties.
- 4.9 The catalogue of general duties below, presents a fairly comprehensive picture of what it is that binds healthcare providers as professionals to their patients, as well as to others. They also are the basis on which, if these duties are not honoured without justification, that the HPCSA may impose sanctions on health professionals.
- 4.10 Any classification of duties is arbitrary, because specific duties may be owed to different parties simultaneously. Therefore, the classifications used below should be viewed only as a broad guide but informed by a set of core ethical values and standards of good practice that are regarded as basic ethical principles, see above para 2.

5. DUTIES TO PATIENTS**5.1 PATIENT'S BEST INTERESTS OR WELL-BEING**

Health care practitioners must:

- 5.1.1 Always regard concern for the best interests or well-being of their patients as their primary professional duty.
- 5.1.2 Honour the trust of their patients.
- 5.1.3 Be mindful that they are in a position of power over their patients and avoid abusing their position.
- 5.1.4 Within the normal constraints of their practice, be accessible to patients when they are on duty, and make arrangements for access when they are not on duty.
- 5.1.5 Make sure that their personal beliefs do not prejudice their patients' healthcare. Beliefs that might prejudice care include a patient's race, culture, ethnicity, social status, lifestyle, economic worth, age, gender, disability, disease status, sexual orientation, religious or spiritual beliefs, and any other perceived or real condition of vulnerability.
- 5.1.6 If they feel that their personal beliefs might affect the treatment they provide, they must explain this to their patients, and inform them of their right to seek care from other healthcare practitioners.
- 5.1.7 Not refuse or delay treatment because they believe that patients' actions have contributed to their condition, or because they – the healthcare practitioners - may be putting their own health at risk.
- 5.1.8 Apply their mind openly when making diagnoses and considering appropriate treatment.
- 5.1.9 Respond appropriately to protect patients from any risk or harm.
- 5.1.10 Respond to criticism and complaints promptly and constructively.
- 5.1.11 Not employ any intern, healthcare provider in community service, or healthcare practitioner who is not appropriately registered with the HPCSA, as locum tenens - or otherwise - in their own or any associated healthcare practice.
- 5.1.12 Inform their patients if they are in the employ of, in association with, linked to, or have an interest in any organisation or facility that could be interpreted as potentially creating a conflict of interest or dual loyalty in respect of their care of that patient.
- 5.1.13 In emergency situations, provide healthcare within the limits of their practice and according to their education and/or training, experience and competency under proper conditions and in appropriate surroundings. If unable to do so, refer the patient to a colleague or an institution where the required care can be provided.
- 5.1.14 Provide emergency interventions when required:

In an emergency, where there is threat to life or limb (including a perceived threat) and where no appropriately trained healthcare professional is available, then the practitioner must intervene to the best of their ability.

5.1.15 Be appropriately educated and trained:

To qualify as appropriately educated and trained, the individual practitioner must have successfully completed a training programme approved and accredited by the relevant Board for registration purposes with the following requirements also met:

- a) The training entity/institution/hospital needs to be accredited by the board for training in that particular profession or discipline and for that particular competency.
- b) The trainee must have completed a duration of under and/or postgraduate training as laid down by the Board.
- c) The trainee must have been evaluated and certified as having met the requirements of the training programme by an entity accredited by the Board (e.g. Colleges of Medicine, Universities).
- d) Short courses can only be recognised as enhancing or maintaining skills within the field of practice and category of registration in which the practitioner had already been credentialed and registered by the Board.
- e) Practice should be within the scope of the practitioner's profession as laid down by the Board and is judged by the standards and norms considered reasonable for the circumstances under which the intervention took place.

5.1.16 Be sufficiently experienced:

- a) Initial training under supervision as defined in clause 5.1.15 (b) above, by an entity accredited by the Board for such purposes.
- b) Certification of successful completion of such training.
- c) With any intervention, proficiency must be demonstrable, taking into account and judged by the standards and norms considered reasonable for the circumstances under which the intervention took place.
- d) The introduction of new interventions within the practitioners' scope of profession is only permissible if the practitioner has undergone further appropriate training as approved by the Board.

5.1.17 Work under proper conditions and surroundings:

All interventions must take place under appropriate conditions and surroundings. These are subject to judgement by the Board as to what is considered reasonable for the circumstances, surroundings and conditions, under which the intervention took place. No practitioner may embark upon an intervention unless he/she feels that it is in the patient's interest, and other than in a life or limb threatening emergency, that it is safe to do so. The practitioner will be judged on what requirements are reasonably needed to best ensure a patient's dignity, integrity and safety.

5.2 RESPECT FOR PATIENTS

Healthcare practitioners must:

- 5.2.1 Respect the privacy, confidentiality and dignity of patients.
- 5.2.2 Treat patients politely and with consideration (respect).
- 5.2.3 Listen to their patients and respect their opinions.
- 5.2.4 Not engage in improper relationships with their patients/clients and those who may be accompanying the patient.
- 5.2.5 Guard against human rights violations of patients, and not allow, participate in or condone any actions that lead to violations of the rights of patients.
- 5.2.6 Inform the patient of the choice of having a chaperone in the room during an examination.
- 5.2.7 Inform the patient if the practitioner will be having a chaperone in the room during an intimate examination.

5.3 INFORMED CONSENT

Healthcare practitioners must:

- 5.3.1 Always seek informed consent from patients ahead of providing any treatment or care, including taking of history and examination
- 5.3.2 Fully inform their patients about their condition, its treatment and prognosis.
- 5.3.3 Give information to their patients in the way they can best understand it. The information must be given in a language that the patient understands and in a manner that takes into account the patient's level of literacy, understanding, values and belief systems.
- 5.3.4 Refrain from withholding from their patients any information, investigation, treatment, or procedure that the healthcare practitioner knows would be in the patient's best interests.
- 5.3.5 Apply the principle that informed consent is an on-going, iterative process.
- 5.3.6 Allow patients access to their medical records.

[For detailed information consult the HPCSA Ethical Booklet 4 on Informed Consent]

5.4 PATIENT CONFIDENTIALITY

Healthcare practitioners should:

- 5.4.1 Recognise the right of patients to be upheld by the healthcare practitioners to not disclose any personal and confidential information they acquire in the course of their professional duties, unless the disclosure thereof is:
 - 5.4.1.1 made in accordance with the express patient's informed consent;

- 5.4.4.2 made in accordance with a court order to that effect; required by law; or
- 5.4.1.3 In the interest of the patient (See sections 14 and 15 of the NHA).
- 5.4.2 Not breach confidentiality without sound reason and without the knowledge of their patients
- 5.4.3 When claiming from medical schemes, explain to patients the significance of ICD-10 coding and get the permission of patients to breach confidentiality when making a medical scheme claim.

[For detailed information, consult the HPCSA Ethical Booklet 5 on confidentiality: Protecting and Providing Information]

5.5 PATIENT PARTICIPATION IN THEIR OWN HEALTHCARE

Healthcare practitioners should:

- 5.5.1 Respect the right of patients to be fully involved in decisions about their treatment and care, even if they are not legally competent to give the necessary consent.
- 5.5.2 Respect the right of patients to refuse treatment or refuse to take part in teaching or research.
- 5.5.3 Inform their patients that they have a right to seek a second opinion without prejudicing their future treatment.

[For detailed information, consult the HPCSA Ethical Booklet 3 on the National Patients' Rights Charter]

5.6 IMPARTIALITY AND JUSTICE

Healthcare practitioners should be aware of the rights and laws concerning unfair discrimination in the management of patients or their families on the basis of race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition vulnerability.

[For detailed information consult the HPCSA Ethical Booklet 3 on National Patients' Rights Charter]

5.7 ACCESS TO CARE

Healthcare practitioners should:

- 5.7.1 Promote access to healthcare. If they are unable to provide a service, they should refer the patient to another healthcare practitioner or to a healthcare facility where the required service can be obtained, provided that in an emergency situation, practitioners shall be obliged to provide care in order to stabilize the patient and then to arrange for an appropriate referral to another practitioner or facility.

5.8 ALLOCATION OF CRITICAL SCARCE HEALTHCARE RESOURCES: ETHICAL CONSIDERATIONS

The following principles should be considered when deciding allocation of scarce healthcare resources. The process to allocate the resources shall be transparent, inclusive, accountable, and consistent throughout the period:

- 5.8.1. **Fairness:** Each person's interest should count equally, irrespective of race, ethnicity, creed or gender.
- 5.8.2. **Equity:** Allocation of resources shall be impartial regardless of patient's social circumstances and ability. Notwithstanding, resources allocation should prioritise those in society with the greatest need.
- 5.8.3. **Application:** It is most appropriate to guide the allocation of scarce resources among individuals or populations who can be expected to derive the same benefit from the resource, for example, vaccines among high-risk populations, or ventilators among those with similar clinical indicators for benefit.
- 5.8.4. **Best outcome:** This principle can be used to justify the allocation of resources according to their capacity to do the best or minimize the most harm, for example, using available resources to save the most lives possible. May be most appropriate to guide the allocation of scarce resources that confer substantially different benefits to different individuals, for example, ventilators to those expected to derive the most benefit.
- 5.8.5. **Prioritise the worst off:** This principle can be used to justify the allocation of resources to those in greatest medical need or those most at risk. May be most appropriate to guide the allocation of resources that are designed or intended to protect those at risk, for example, PPE for healthcare workers, vaccines for those most at risk of infection and severe illness, or those most in need, as in the case of provision of drugs in short supply to those needing them most urgently.
- 5.8.6. **Prioritise those tasked with helping others:** This principle can be used to justify the allocation of resources to those who have certain skills or talents that can save many other people, or because something is owed to them on account of their participation in helping others. Most appropriate to guide the allocation of resources to healthcare workers, first responder etc.

5.9 POTENTIAL CONFLICTS OF INTEREST

Healthcare practitioners should:

- 5.9.1 Always seek to give priority to the investigation and treatment of patients solely based on clinical need.
- 5.9.2 Avoid over-servicing and only recommend or refer patients for necessary investigations and treatment, and should only prescribe treatment, drugs or appliances that serve the needs of their patients.
- 5.9.3 Declare to their patients – verbally and by a displayed notice – any pecuniary interest they have in institutions, diagnostic equipment, or the like to which they make referrals.

5.9.4 Refrain from coercing patients or their family members.

6. DUTIES TO COLLEAGUES AND OTHER HEALTHCARE PRACTITIONERS

6.1 REFERRALS TO COLLEAGUES AND POTENTIAL CONFLICTS OF INTEREST

Healthcare practitioners should:

- 6.1.1 Act in their patients' best interests when making referrals and providing or arranging treatment or care. They should not ask for, or accept, any inducement or incentive, from colleagues to whom they refer patients as it may affect or be seen to affect the healthcare practitioners' judgement.
- 6.1.2 Treat patients referred to them in the same manner in which they would treat their own patients.
- 6.1.3 Not service a patient in more than one capacity or charge fees based on more than one consultation where health practitioners are registered with more than one statutory council or professional board or in one or more categories within the same professional board.

[Adhere to the guideline on self-referral and other referrals mentioned in Booklet 11 on Guideline on Over-servicing, Perverse incentives and Related Matters.]

6.2 WORKING WITH COLLEAGUES

Healthcare practitioners should:

- 6.2.1 Work with and respect other health- professionals in pursuit of the best healthcare possible for all patients.
- 6.2.2 Not discriminate against colleagues, including but not limited to healthcare practitioners applying for posts, because of their views of their race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 6.2.3 Refrain from speaking ill of colleagues or other healthcare practitioners (See Rule 12 of the ethical Rules of conduct).
- 6.2.4 Not make a patient doubt the knowledge or skills of colleagues by making comments about them that cannot be justified.
- 6.2.5 Support colleagues who uphold the core values and standards embodied in these guidelines.
- 6.2.6 Advise colleagues who are impaired to seek professional assistance or report them to the HPCSA for assistance.

7. DUTIES TO PATIENTS OF OTHER HEALTH CARE PRACTITIONERS

Healthcare practitioners must:

- 7.1 Act expediently to protect patients from risk due to any reason.
- 7.2 Report violations and seek redress in circumstances where they have a good or persuasive reason to believe that the rights of patients are being violated.
- 7.3 Report impaired colleagues who are a danger to the health of their patients in order that such colleagues may be provided with the necessary support to overcome their impairment and prevented from harming patients (See HPCSA Booklet 2 on Ethical and Professional Rules of the HPCSA Rule 25)

[For detailed information, consult the HPCSA Ethical Booklet 11 on Guideline on Over – Servicing, Perverse incentives, and Related Matters.]

8. DUTIES TO THEMSELVES

8.1 KNOWLEDGE AND SKILLS

Healthcare practitioners must:

- 8.1.1 Maintain and improve the standard of their performance by keeping their professional knowledge and skills, including their knowledge and skills related to ethics, human rights and health law, up to date throughout their working life. In particular, they should regularly take part in educational activities that would enhance their provision of health services.
- 8.1.2 Acknowledge the limits of their professional knowledge and competence.
- 8.1.3 Observe and keep up to date with the laws that affect professional healthcare practice in general and their practice, in particular (for example, the provisions of the National Health Act No. 61 of 2003).
- 8.1.4 For detailed information, consult the HPCSA guidelines for Continuing Professional Development.

8.2 MAINTAINING A PROFESSIONAL PRACTICE

Healthcare practitioners should:

- 8.2.1 Keep their equipments and analysers in good working order.
- 8.2.2 Maintain proper hygiene in their working environment.
- 8.2.3 Keep accurate, detailed and up-to-date patient records
- 8.2.4 Refrain from engaging in activities that may affect their health and lead to impairment.
- 8.2.5 Ensure that staff members employed by them are trained to respect patients' rights; in particular the right to confidentiality

9. DUTIES TO SOCIETY

9.1 ACCESS TO SCARCE RESOURCES

Healthcare practitioners should:

- 9.1.1 Deal responsibly with scarce healthcare resources.
- 9.1.2 Refrain from providing a service that is not needed.
- 9.1.3 Refrain from unnecessary wastage, and from participating in improper financial arrangements, especially those that escalate costs and disadvantage individuals or institutions unfairly.

9.2 HEALTHCARE POLICY DEVELOPMENT

- 9.1.2. Healthcare practitioners should include, amongst other health-related and clinical foci, ethical considerations, legal requirements and human rights in the development of healthcare policies.

10. DUTIES TO THE HEALTH CARE PROFESSION

10.1 REPORTING MISCONDUCT

Healthcare practitioners must:

- 10.1.1 Report violations and seek redress in circumstances where they have good or persuasive reason to believe that the rights of patients are being violated and / or where the conduct of the practitioner is unethical.
- 10.1.2 Where it is in their power, protect people who report misconduct from victimisation or intimidation.

11. DUTIES TO THE ENVIRONMENT

11.1 CONSERVATION OF NATURAL RESOURCES

Healthcare practitioners should recognise that they have a responsibility to ensure that in the conduct of their affairs they do not in any way contribute to environmental degradation.

11.2 DISPOSAL OF HEALTHCARE WASTE

Healthcare practitioners should protect the environment and the public by ensuring that health care waste is disposed of legally and in an environmentally friendly manner.

Ethical guidelines for good practice in the healthcare professions

The following Booklets are separately available:

- Booklet 1: General ethical guidelines for healthcare professions***
- Booklet 2: Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006***
- Booklet 3: National Patients' Rights Charter***
- Booklet 4: Seeking patients' informed consent: The ethical considerations***
- Booklet 5: Confidentiality: Protecting and providing information***
- Booklet 6: Guidelines for the management of patients with HIV infection or AIDS***
- Booklet 7: Guidelines withholding and withdrawing treatment***
- Booklet 8: Guidelines on Reproductive Health management***
- Booklet 9: Guidelines on Patient Records***
- Booklet 10: Guidelines for the practice of Telehealth***
- Booklet 11: Guidelines on over servicing, perverse incentives and related matters***
- Booklet 12: Guidelines for the management of health care waste***
- Booklet 13: General ethical guidelines for health researchers***
- Booklet 14: Ethical Guidelines for Biotechnology Research in South Africa***
- Booklet 15: Research, development and the use of the chemical, biological and nuclear weapons***
- Booklet 16: Ethical Guidelines on Social Media***
- Booklet 17: Ethical Guidelines on Palliative Care***