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Prescription Restrictions Applied by the New Code of Medical Deontology

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S u m m a r y. The decision of a clinical practitioner to treat a patient assumes that the latter has been evaluated and diagnosed. Then, the practitioner can select the proper from a variety of therapeutic approaches (such as medication, surgery, radiation, physical therapy, psychiatric treatment, counseling etc). Of these options, drug therapy is by far the most commonly chosen. We, herein, discuss the way the new Code of Medical Deontology (voted by the Hellenic Parliament, 8-Nov-2005) applies restrictions to the prescription process, as part of the measures taken by the Hellenic Government in order to legally enhance the patients' protection.

The recent National Code of Medical Deontology (voted by the Hellenic Parliament at the 8th November 2005) is a general legislative frame that attempts to limit the medical practice followed, by taking under consideration the respect of fundamental legal goods (such as life itself, bodily, intellectual and mental integrity) and, generally, the patient's good health (1).

Prescription represents the main aspect of the medical practice, with extreme medical (2), social (3) and economical (4) importance. A prescription is the clinician's order to prepare or dispense a specific treatment for the individualized patient. When a patient comes for a visit, the authorized health professional will prescribe medications 67% of the time (2) (in Greece this percentage is by far higher). Prescribers are typically granted with moral and scientific independency (5). However, since any authority granted may foster unauthorized misuse, the Code of Medical Deontology enacts certain measures (in other words "limitations") concerning the prescribing ability of each and every practitioner, in order to restrict the phenomenon of polypharmacy, protecting the public health. The institution of such a legislative frame was essential to the codification, the systemization and the modernization of the existing legislation concerning the medical deontology.

Moreover, according to the article 4§3 of the new Code: "... the doctor owes ... to prescribe and act in order to establish the necessary quality, safety and effectiveness of the medical care or therapy needed ...". Article 6§3 states that: "... it is not allowed for doctors who possess a pharmaceutical or a dental diploma, to maintain a drug-store, a dental-clinic or any other relevant store, but for the case they deny the medical practice and the use of their medical title ...", while in paragraph 4 of the same article, it is noted that: "... Doctors are not allowed to work for, depend by, or participate in drug-selling, drug-producing, or drug-advertising companies, in any way...".

The new Code of Medical Deontology is tightly connected to the current biomedical ethics, while it is of significant legal importance for the affirmation of medical responsibility (since it determines the criteria on which the court will decide whether a medical act has been proceeded *lege artis* or not). Prescription is a crucial medical act that should always be governed by the current (internationally-if possible-approved and applied) rules of medical diagnosis and treatment (6). However, these rules change due to science advancement, destabilizing the legal status (as far as the medical responsibility is concerned). In this case, it depends on the Judge to determine the specific rules (applicable to a certain case), so as to decide whether the medical act (which is to be judged) has been proceeded in the appropriate manner. Moreover, it should be underlined that a wise legislative frame cannot by itself provide absolute effectiveness: an enhancement of the medical education concerning ethical aspects should be more systematically attempted.

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