MEDICAL ETHICS LECTURE SERIES

Lecture 3

Declarations: The Instruments of Medical Ethics

Department of Psychiatry • Jordan University Hospital
Psychiatry Residency Training Program

Duration: 40 minutes

LECTURE OVERVIEW

Learning Objectives

- Explain what a WMA Declaration is, and how it differs from a code or a law
- Describe the core protections of the Declaration of Helsinki for research subjects
- Describe the core patient rights set out in the Declaration of Lisbon
- Identify declarations of particular relevance to psychiatric practice
- Apply the correct declaration(s) to a multi-issue clinical and research scenario

LET'S BEGIN WITH A SCENARIO

Case Study

CASE VIGNETTE

A pharmaceutical-sponsored trial of a new antipsychotic is recruiting inpatients with acute psychosis. Some patients lack capacity to consent; a family member offers to sign on a patient's behalf. The protocol includes a placebo arm instead of the current standard treatment. The resident is asked to help enroll eligible patients this week.

Discussion: Which declarations apply here, and what do they actually require? Hold this question; we will return to it.

This single scenario touches at least three separate WMA declarations — exactly why residents need to know the map.

FOUNDATIONS

What Is a WMA Declaration?

A formal policy statement adopted by the World Medical Association's General Assembly, setting out ethical principles for physicians on a specific issue or area of practice.

— WMA Handbook of WMA Policies[1]

There are over 30 WMA declarations, resolutions, and statements — each addressing a specific recurring ethical challenge in medicine.

How a Declaration differs from other instruments:

vs. a Code of Ethics

A Code (e.g., ICoME) states general duties; a Declaration addresses one specific issue in depth.

vs. national law

A Declaration is professional guidance, not enforceable legislation — though many countries adopt it into law.

vs. a single physician's view

A Declaration reflects negotiated global professional consensus, not one country's or author's opinion.

PROCESS

How Declarations Are Made and Revised

This is why Helsinki (1964) has been revised nine times — most recently in 2013 — while Geneva was revised in 2017.

An issue is identified

A national medical association or WMA committee flags an emerging ethical challenge.

A working group drafts text

Physicians, ethicists, and legal experts prepare draft language over months of consultation.

Global review and debate

National medical associations worldwide review, comment, and negotiate the wording.

General Assembly adoption

The WMA General Assembly votes to adopt — becoming official WMA policy.

Periodic revision

Declarations are revisited every few years as medicine, technology, and society evolve.

SOFT LAW, REAL WEIGHT

Why Declarations Matter

Professional consensus

They represent negotiated agreement across national medical associations worldwide — not one country's view.

A bridge into national law

Many countries incorporate WMA declarations directly into research regulations and medical council codes.

A defensible standard

Following a declaration provides physicians a recognised, citable standard of care in disputes or review.

A common professional language

They let physicians worldwide reason from the same shared starting principles, across very different legal systems.

A MAP BEFORE WE ZOOM IN

The Declaration Family, By Theme

Foundational pledge

Declaration of Geneva — the physician's modern oath

Research ethics

Declaration of Helsinki — human subjects research

Patient rights

Declaration of Lisbon — rights of the patient

Vulnerable & detained persons

Declarations of Tokyo and Malta — torture, hunger strikes

Declaration of Geneva

"I will practise my profession with conscience and dignity ... The health of my patient will be my first consideration."[2]

Adopted 1948, immediately after WWII; most recently revised 2017. In brief, it commits physicians to:

- Dedicate their life to the service of humanity
- Respect patient autonomy and dignity, and maintain the utmost respect for human life
- Not permit considerations of age, disease, belief, origin, or other factors to intervene
- Maintain confidentiality even after a patient has died
- Not use medical knowledge to violate human rights, even under threat

RESEARCH ETHICS — CORE PROTECTIONS[3]

Declaration of Helsinki (I)

Favourable risk-benefit balance	A study may proceed only if anticipated benefits justify the risks and burdens to participants.
Independent ethics committee review	Every protocol must be reviewed and approved before it begins — no exceptions for urgency alone.
Free and informed consent	Consent must be voluntary, adequately informed, and given by a person with capacity — or their legal representative.
Scientific soundness	Research must be based on sound scientific knowledge, with a clear, answerable question.

Declaration of Helsinki (II)

Vulnerable participants

Groups with diminished capacity to protect their own interests — including patients with acute psychiatric illness — receive specific protection. Research must be justified by the health needs of that population, and cannot simply be more convenient to conduct on them.

Placebo use — tightly restricted

Placebo may be used instead of proven treatment only where no proven intervention exists, or where compelling scientific reasons justify it and participants face no risk of serious or irreversible harm. Withholding proven treatment for study convenience is not permitted.

RIGHTS OF THE PATIENT[4]

Declaration of Lisbon

Right to self-determination

Free choice about care, including the right to refuse or discontinue treatment.

Right to information

Full, understandable information about diagnosis, prognosis, and treatment options.

Right to confidentiality

Protection of personal and medical information, even after death.

Right to dignity

Respectful care, relief of suffering, and support in dying with dignity.

RECAP FROM LECTURE 2

Declarations of Tokyo and Malta

Declaration of Tokyo[5]

Absolute prohibition on physician participation in torture or cruel, inhuman, or degrading treatment — even under orders or threat to the physician personally.

Declaration of Malta[6]

Guidance on respecting the autonomy of competent, informed hunger strikers — forced feeding of a capable refuser is inhuman and degrading treatment, not permissible care.

BEYOND THE WMA

Declarations Especially Relevant to Psychiatry

Madrid Declaration (WPA)

Ethical standards specific to psychiatric practice: consent, involuntary treatment, confidentiality, research on patients with mental illness.[7]

Declaration of Hawaii/II (WPA)

Early WPA statement on psychiatric ethics, addressing abuse of psychiatry for non-medical or political purposes.[8]

Malta — in psychiatric settings

Directly relevant where detained psychiatric patients refuse food or treatment while retaining capacity.

Declarations on End-of-Life Care

Declaration of Venice on Terminal Illness[9]

Physicians are not obliged to prolong suffering or use extraordinary means where a patient is terminally ill; relief of suffering remains a paramount duty even when cure is not possible. Symptom relief must not be withheld out of fear that it may hasten death, provided the intent is relief, not termination of life.

Declaration on Euthanasia and Physician-Assisted Suicide[10]

The WMA position states that euthanasia and physician-assisted suicide are unethical and physicians should not participate, even where legal in a jurisdiction. This remains a genuinely contested position among national medical associations — several of which permit member physicians to act within their own national law.

A BROADER SURVEY

Other Notable Declarations

Ottawa — Child Health

Rights of children to healthcare and to be shielded from harm within health systems.[11]

Declaration on Environment & Health

Physician responsibility to address environmental threats to population health.

Statement on Domestic Violence

Guidance on screening, response, and reporting obligations.

Statement on Access to Health Care

Advocacy for equitable access as a professional responsibility, not only a state duty.

SOFT LAW VS. LAW

Are Declarations Legally Binding?

Not directly enforceable

A WMA declaration itself creates no court-enforceable obligation — the WMA has no power to prosecute.

Often adopted into national law

Many countries write Helsinki's protections directly into research regulations — making them legally binding there.

Ethically binding regardless

Professional bodies and licensing authorities can still discipline physicians for departing from declared standards.

A floor, not a ceiling

National guidance or institutional policy may set a stricter standard than the declaration — the stricter standard applies.

CLOSING THE GAP

From Declaration to Practice

Institutional policy translates principle into procedure

Hospital ethics committees and IRBs convert declaration language into concrete protocols and consent forms.

Training builds recognition

Residents learn to recognise when a situation triggers a specific declaration — the skill this lecture series builds.

Professional judgement fills the gaps

Declarations set principles, not exhaustive rules — physicians must reason from principle to the specific case.

RESOLUTION

Back to the Case Study

This scenario is governed chiefly by the Declaration of Helsinki, applied through the lens of the Declaration of Lisbon's patient-rights framework.

Applying the relevant declarations:

- Capacity must be formally assessed for each patient — proxy consent is only valid where true incapacity is documented
- Family proxy consent must follow the applicable legal framework for surrogate decision-making, not informal request
- The placebo arm is only defensible if no proven treatment is being withheld from patients who need it, per Helsinki §§33
- Vulnerable-group protections require the study address a need specific to this population — not mere convenience
- Every enrolled patient retains Lisbon's right to withdraw at any time without prejudice to their ongoing care

KEY TAKEAWAYS

Declarations: The Instruments of Medical Ethics

- A WMA Declaration is a specific, negotiated policy statement — more detailed than a code, less binding than law
- Geneva is the physician's pledge; Helsinki governs research; Lisbon sets out patient rights
- Tokyo and Malta protect detained and coercively-managed patients — directly relevant to psychiatric practice
- The Madrid Declaration and Declaration of Hawaii/II speak specifically to the ethics of psychiatric practice
- Declarations are soft law ethically binding on physicians — professional judgement is still required to apply them

References

1. World Medical Association. Handbook of WMA Policies. Ferney-Voltaire: WMA (updated periodically).

2. World Medical Association. WMA Declaration of Geneva. Adopted 1948; revised 2017.

3. World Medical Association. WMA Declaration of Helsinki — Ethical Principles for Medical Research Involving Human Subjects. Adopted 1964; revised 2013.

4. World Medical Association. WMA Declaration of Lisbon on the Rights of the Patient. Adopted 1981; revised 2015.

5. World Medical Association. WMA Declaration of Tokyo. Adopted 1975; revised 2016.

6. World Medical Association. WMA Declaration of Malta on Hunger Strikers. Adopted 1991; revised 2017.

7. World Psychiatric Association. Madrid Declaration on Ethical Standards for Psychiatric Practice. Adopted 1996; amended 2011.

8. World Psychiatric Association. Declaration of Hawaii/II. Adopted 1977; revised 1983.

9. World Medical Association. WMA Declaration of Venice on Terminal Illness. Adopted 1983; revised 2006.

10. World Medical Association. WMA Declaration on Euthanasia and Physician-Assisted Suicide. Adopted 2019.

11. World Medical Association. WMA Declaration of Ottawa on Child Health. Adopted 1998; revised 2021.

12. World Medical Association. Medical Ethics Manual. 3rd ed. Ferney-Voltaire: WMA; 2015.