

# Analysis of the Cameroon Code of Medical Ethics: Implications for Medical Negligence and Emerging Challenges

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**Abstract**—This paper analyses the Cameroon Code of Medical Ethics (Decree No. 83-166 of 12 April 1983) as the foundational ethical framework governing medical practice and its role in defining medical negligence liability. The Code establishes core duties such as respect for life, diligence, professional independence, informed consent, and confidentiality, which directly inform the legal standard of care. Breaches of these ethical obligations may trigger disciplinary, civil, or criminal liability under Cameroon's Penal Code (e.g., Articles 228, 289) and tort law. Despite its robustness, the Code faces significant enforcement challenges. Proving causation is hindered by biased expert testimony and limited judicial expertise in medical matters. Socio-economic factors (e.g., corruption, underfunding) and paternalistic attitudes among practitioners compromise ethical compliance. Regulatory gaps persist regarding contemporary issues (e.g., telemedicine, AI), though recent legislation (Law N° 2022/08) strengthens research ethics. The study recommends modernizing the 1983 Code; enhancing bioethics education; judicial capacity building; reforming expert witness systems; and combating corruption. These measures are critical to bridging the gap between ethical principles and practice, ensuring patient safety and accountability.

**Keywords**—component; Medical negligence; Code of Medical Ethics; Cameroon.

## I. INTRODUCTION

Medical negligence represents a critical intersection of law and public health in Cameroon, fundamentally defined as a breach of the duty of care owed by a medical practitioner to their patient, resulting in harm or injury. The legal framework for medical liability in Cameroon is comprehensive, encompassing disciplinary, administrative, civil, and criminal responsibilities. This multi-faceted approach suggests that the state views breaches of professional duty with significant gravity, aiming to address

misconduct through diverse legal avenues. However, this very complexity, while intending to be thorough, can introduce challenges such as jurisdictional overlaps, procedural ambiguities, or a lack of coordinated enforcement among different bodies. Such fragmentation may inadvertently dilute the overall deterrent effect if responsibilities are unclear, or if one avenue, such as disciplinary action by the medical association, is perceived as less rigorous or effective than, for instance, criminal prosecution. This complexity can also make it more challenging for victims to navigate the system effectively and for consistent legal precedents to emerge over time.

A significant hurdle in establishing and proving medical negligence in Cameroon lies in demonstrating the causal nexus<sup>1</sup> i.e. the direct link between the medical professional's negligent act or omission and the resulting harm or injury. This challenge is exacerbated by the reliance on expert medical opinions, where the appointed expert is frequently another medical doctor who may be reluctant to provide testimony that could incriminate a colleague. This potential for professional solidarity to influence expert testimony complicates the objective assessment of causation, thereby making it difficult to secure accountability for negligent acts.

The Cameroon Code of Medical Ethics<sup>2</sup> stands as the foundational ethical and deontological framework governing medical practice within the nation. Its enactment by Presidential Decree underscores the state's official recognition and endorsement of these ethical standards, elevating them beyond mere professional guidelines to a status of legal authority. The Code meticulously outlines the general obligations of doctors, emphasizing core principles such as the paramount respect for human

<sup>1</sup> The term "causal nexus" refers to the direct link that is supposed to be established between a defendant's negligent act and the plaintiff's injury for liability to be proven in a negligence claim.

<sup>2</sup> Decree No. 83-166 of 12 April 1983.

life, the inviolability of professional secrecy, and the imperative to maintain professional independence.

While the Code's establishment by Presidential Decree signifies a profound governmental commitment to medical ethics, its enactment date in 1983 raises important considerations regarding its comprehensive applicability to contemporary medical advancements and emerging ethical dilemmas. The medical field has undergone transformative changes since the Code's inception, including rapid technological progress, the introduction of new diagnostic and therapeutic modalities (e.g., genetic therapies, advanced imaging), and evolving societal expectations concerning patient autonomy and digital health. Consequently, the Code's provisions, though robust for their era, may not explicitly address these modern complexities, potentially creating regulatory gaps or ambiguities that could influence the assessment of negligence in novel medical contexts. This necessitates a continuous evaluation of how these foundational ethical principles translate into practice amidst a rapidly evolving healthcare landscape.

This paper aims to provide a detailed analysis of the Cameroon Code of Medical Ethics (Decree No. 83-166 of 12 April 1983), examining its provisions in relation to medical negligence and the emerging challenges in its application and enforcement within the Cameroonian legal system. The analysis will proceed by first outlining the foundational ethical principles and professional duties enshrined in the Code. Subsequently, it will explore how these ethical mandates serve as a direct basis for establishing medical negligence liability across criminal, civil, and disciplinary frameworks. The article will then critically examine the practical challenges encountered in the enforcement and application of these ethical and legal standards in the contemporary Cameroonian healthcare landscape. Finally, it will conclude with a synthesis of the Code's role and offer recommendations for strengthening ethical compliance, legal frameworks, and enforcement mechanisms to enhance patient protection and accountability.

## II: THE NORMATIVE FRAMEWORK: PRINCIPLES AND DUTIES OF THE CAMEROON CODE OF MEDICAL ETHICS

This part will establish the foundational ethical and professional principles enshrined in the Cameroon Code of Medical Ethics, detailing the duties of healthcare professionals and the rights of patients.

### *A. Foundational Principles and Professional Duties in the Cameroon Code of Medical Ethics*

This section meticulously examines the core ethical obligations imposed on medical practitioners

by the Code, establishing the baseline for expected professional conduct against which medical negligence is measured.

#### *A. Respect for Life and Patient Well-being*

The Cameroon Code of Medical Ethics unequivocally establishes respect for life as the primary duty of a doctor in every instance. This foundational principle underpins all subsequent duties, setting a fundamental and almost absolute ethical standard for all medical practitioners. It operationalizes this core duty by mandating that every doctor, except in cases of *force majeure*<sup>3</sup>, must provide urgent help to a sick person in immediate danger, or ensure the administration of any other medical care capable of averting the danger.<sup>4</sup> This provision means that any failure to act in an emergency, or any action or inaction that demonstrably harms a patient's life or well-being could translate into a violation of these core ethical tenets. Such a violation provides a clear ethical foundation for establishing a breach of the legal duty of care in a medical negligence claim, making the Code a powerful tool for judicial interpretation. Further reinforcing this commitment, it prohibits doctors from abandoning their patients in situations of public danger, unless a written order from the competent authority explicitly permits such an action.<sup>5</sup>

#### *B. Diligence, Quality of Care, and Professional Independence*

The Code stipulates that doctors must treat all sick persons with the same diligence, without discrimination based on their status, nationality, religion, reputation, or the personal feelings the doctor may have towards them.<sup>6</sup> This emphasizes the importance of non-discriminatory and consistent application of medical care. Significantly, it prohibits doctors from practicing under conditions prejudicial to the quality of medical care and attention<sup>7</sup>, implying a fundamental duty to ensure adequate resources and a suitable practice environment, including necessary premises and technical facilities. These provisions are foundational in defining the manner in which medical care must be delivered; consistently, without bias, and under optimal conditions. They directly inform the legal concept of the standard of care in medical negligence, which typically refers to what a reasonably prudent medical professional, would do under similar circumstances. If a doctor fails to provide care with same diligence or practices under prejudicial conditions, such a deviation from the

<sup>3</sup> *Force majeure* refers to unforeseeable circumstances that prevent someone from fulfilling a contract.

<sup>4</sup> Section 3(1).

<sup>5</sup> Section 3(2).

<sup>6</sup> Section 2(1).

<sup>7</sup> Section 2(2).

Code's ethical mandate could be presented as a direct breach of the legal duty of care.

Furthermore, the Code asserts that a doctor shall not relinquish his professional independence in any way whatsoever<sup>8</sup>, while forbidding them from engaging in any other activity incompatible with the dignity of the profession<sup>9</sup> whereas practicing medicine. This professional independence is vital for ensuring unbiased medical judgment, free from external pressures or conflicts of interest. This safeguarding of independent professional judgment contributes significantly to the integrity and quality of patient care. The Code's emphasis on non-discriminatory, high-quality care and professional independence implicitly sets a standard of reasonable medical practice that is critical for negligence claims. Breaches of these ethical duties directly correlate to a failure to meet the legal standard of care, establishing a strong link between ethical adherence and legal compliance.

### C. Prohibited Practices and Ethical Conduct

The Code explicitly prohibits several practices deemed unethical and potentially harmful, thereby establishing clear boundaries for professional conduct. It forbids exercising medicine like a trade<sup>10</sup>, specifically prohibiting any direct or indirect publicity or advertisement and any spectacular occasion concerning medical matters that does not have an exclusively scientific or educational purpose. This is further reinforced thereby prohibiting doctors from increasing profits through prescriptions or professional advice<sup>11</sup> and explicitly state that treatment must never be with a view to profiting therefrom.<sup>12</sup> These specific prohibitions are not merely ethical niceties; they are direct safeguards against practices that inherently compromise patient safety and well-being.

Section 18 forbids deceitful practices and charlatanism. A doctor who engages in charlatanism or promotes unproven treatments is, by definition, failing to adhere to a reasonable and scientifically sound standard of medical practice. Such actions constitute a clear ethical breach that can directly translate into a legal finding of negligence. Crucially, Section 19 makes it a serious offence to mislead practitioners or patients by proposing new or insufficiently tested procedures as beneficial or harmless. The emphasis on preventing financial gain from influencing medical decisions ensures that patient welfare remains the paramount consideration, thereby reducing the risk of medically inappropriate or unnecessary interventions driven by profit. These explicit prohibitions against commercialism, profit-driven treatment, charlatanism, and the promotion of

unproven procedures directly address potential sources of medical malpractice, indicating an ethical intent to safeguard patient interests from financial exploitation or unscientific practices.

### D. Duty to Provide Necessary Care and Thorough Diagnosis

The Code outlines the fundamental obligation of a doctor, once called upon and agreeing to attend to a patient, to give the patient all the necessary medical care within his power, either personally or with the help of qualified third parties.<sup>13</sup> This establishes a comprehensive duty to provide competent and appropriate care. The phrases "necessary medical care" and "greatest care" in diagnosis are not abstract concepts but actionable standards. In a medical negligence claim, the plaintiff must prove that the doctor's conduct fell below the accepted standard of care.<sup>14</sup> These sections of the Code provide the explicit ethical framework against which a doctor's actions or inactions will be judged.

The Code mandates the doctor to must always formulate his diagnosis with the greatest care, regardless of the time that this work may cost him<sup>15</sup>, emphasizing the critical importance of thoroughness in the diagnostic process. For instance, a misdiagnosis resulting from a lack of greatest care in investigation or a failure to provide necessary medical care could be cited directly as a violation of the Code, thereby establishing a breach of the legal duty of care.<sup>16</sup> This duty extends by requiring the doctor to endeavour to ensure that this treatment is carried out, especially if the patient's life is in danger.<sup>17</sup> Additionally, the doctor is required to inform patients or their families of the sacrifices and benefit associated with very costly treatment.<sup>18</sup> The Code's insistence on necessary medical care and greatest care in diagnosis provides a direct ethical benchmark for the legal standard of care in negligence cases. Failure to meet these standards, such as a misdiagnosis due to a lack of diligence, directly translates to a breach of duty. This demonstrates the Code's direct utility in defining what constitutes competent medical practice in Cameroon.

<sup>13</sup> Section 22.

<sup>14</sup> Agbor, J. E. (2025). An Appraisal of the Role Played by State Courts in Combating Medical Negligence in Cameroon: A Review of Selected Case Laws. *Studies in Law and Justice*, 4(3), 11–25.

<sup>15</sup> Section 23(1).

<sup>16</sup> Mendi, M. (2023). Breach of the duty of care by medical practitioners in Cameroon. *Journal of Legal Studies and Research*. 8(6). P. 197-213. <https://thelawbrigade.com/wp-content/uploads/2023/01/Mendi-Molian-JLSR.pdf>.

<sup>17</sup> Section 23(2).

<sup>18</sup> Section 24(1).

<sup>8</sup> Section 6(1).

<sup>9</sup> Section 6(3)

<sup>10</sup> Section 7.

<sup>11</sup> Section 16.

<sup>12</sup> Section 24(2).

### III. PATIENT RIGHTS AND AUTONOMY UNDER THE CODE OF MEDICAL ETHICS

This section examines how the Code addresses patient rights, particularly informed consent and confidentiality, which are crucial in determining the ethical and legal boundaries of medical intervention and are increasingly central to medical negligence jurisprudence.

#### A. Informed Consent and Shared Decision-Making

While the 1983 Code's provisions on informed consent are not as extensive as modern international standards, they lay foundational elements. It requires doctors to inform patients or their families about the financial implications and potential benefits of very costly treatment.<sup>19</sup> This ensures patients or their families are aware of the financial sacrifices and potential benefits before undertaking such treatments. More significantly, it states that a doctor must, if necessary, accept the refusal of the patient, who has been duly informed<sup>20</sup>, with exceptions only for extreme urgency or when the patient is not in a fit state to give their consent. This provision, for a code enacted in 1983, is remarkably forward-thinking in its recognition of patient self-determination, establishing a clear ethical and legal boundary for medical intervention: a competent, informed patient's will must be respected. This fundamental respect for autonomy is a cornerstone of modern medical ethics. A failure by a medical professional to adhere to a patient's informed refusal of treatment, outside of the specified emergency exceptions, would constitute a clear ethical violation under the Code and a potential legal breach of duty. For specific procedures like therapeutic abortion, the Code outlines a detailed process requiring the opinions of two doctors and written attestation<sup>21</sup>, implying a structured informed decision-making process, albeit with specific medical and administrative oversight.

A significant development is Law N° 2022/08 of 27 April 2022, which provides a new framework for medical research involving human subjects. This law places a strong emphasis on the right to information and free, informed, and written consent of participants, including specific provisions for vulnerable populations such as minors, disabled persons, pregnant women, fetuses, and embryos. This legislation, adopted in response to past ethical scandals, represents a qualitative leap in Cameroon's legal and ethical sophistication, likely influenced by international human rights standards. Crucially, this law establishes criminal sanctions for violations of consent, aligning Cameroon's framework with international human rights instruments. This

<sup>19</sup> *Ibid.*

<sup>20</sup> Section 29(4).

<sup>21</sup> Section 29(2).

development, while specific to research, sets a powerful precedent for how informed consent might be interpreted and enforced in general medical practice. It suggests that future negligence claims in routine care might increasingly scrutinize the adequacy of informed consent, potentially expanding the scope of liability for informational deficits rather than just direct physical harm.

#### B. Professional Secrecy and Confidentiality

Professional secrecy is explicitly addressed in Section 4 of the Code, which states that "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". This establishes a general duty of confidentiality, which is fundamental to patient trust.<sup>22</sup> It is important to note that medical secrecy in Cameroon, much like in common law jurisdictions such as Britain, is a qualified rather than an absolute principle, allowing for exceptions based on patient consent, legal requirements, or public policy considerations<sup>23</sup>.

This qualified approach to confidentiality reflects a pragmatic balance between patient privacy and broader societal or legal imperatives.<sup>24</sup> However, this inherent flexibility also creates potential ambiguities that could be exploited or misinterpreted. While necessary for public health or legal processes, the unless otherwise provided by law and not harmful to the interests of the patient clauses introduce significant cautions. This means that a breach of confidentiality might not automatically lead to a finding of negligence if it falls within these exceptions.<sup>25</sup> The challenge lies in clearly defining what constitutes harmful to the interests of the patient and ensuring that legal provisions for disclosure are narrowly interpreted and applied to prevent erosion of patient privacy and trust, thereby preventing ethical breaches that might not always be easily actionable under negligence law.

#### C. Right to Refuse Treatment

<sup>22</sup> Noudobou, N. (1990), *Le secret médical*, Maitrise dissertation in Private Law, University of Yaoundé, Faculty of law and Economics.

<sup>23</sup> Akame, W. M. (2022). An Appraisal of Medical Confidentiality Under the Cameroon Medical Law and Ethics. *Texas Journal of Multidisciplinary Studies*. Vol. 4. P. 96-102. Retrieved from <https://zienjournals.com> on 25/07/2024 at 05:36.

<sup>24</sup> Igor, L. (2016), *Should a Doctor Tell? The Evolution of Medical Confidentiality in Britain*, Routledge, New York, USA, P. 1.

<sup>25</sup> Goldfarb, R. (2009). *In Confidence: When to protect Secrecy and when to require disclosure*. 1<sup>st</sup> edition. Sheridan books. USA.



Section 29(4) of the Code explicitly grants the patient the right to refuse treatment: "A doctor must, if necessary, accept the refusal of the patient, who has been duly informed". This right is only overridden in specific, narrow circumstances, namely "extreme urgency" or when the patient is "not in a fit state to give her consent". This explicit recognition of the patient's right to refuse treatment, even if potentially life-threatening, demonstrates an early and progressive acknowledgment of patient autonomy within the 1983 Code, predating more modern comprehensive consent laws. This provision establishes a clear ethical and legal boundary for medical intervention: a competent, informed patient's will must be respected. A failure by a medical professional to adhere to a patient's informed refusal of treatment, outside of the specified emergency exceptions, would constitute a clear ethical violation under the Code and a potential legal breach of duty, making it a strong basis for a negligence claim.

#### IV. THE CODE OF MEDICAL ETHICS AS A BASIS FOR MEDICAL NEGLIGENCE LIABILITY IN CAMEROON

This segment explicitly links the ethical duties outlined in the Code to the legal concepts of medical negligence and the various forms of liability in Cameroon, demonstrating how ethical breaches can translate into legal consequences.

##### *A. Defining Medical Negligence: Ethical Breaches and Legal Consequences*

Medical negligence in Cameroon, as in many jurisdictions, arises from a breach of the duty of care owed by a medical practitioner to their patient. The Cameroon Code of Medical Ethics serves as a critical interpretive tool for defining this duty. The Code is not merely a set of aspirational guidelines; but a legally binding decree that defines the professional conduct expected of doctors in Cameroon. Therefore, when a doctor deviates from these explicitly defined ethical standards for example, by failing to provide necessary medical care or by engaging in deceitful practices, it can be argued in a court of law that this deviation constitutes a direct breach of the legal duty of care.

The Code's ethical provisions, such as the requirement for diligence and quality of care, thorough diagnosis<sup>26</sup>, the prohibition of charlatanism, and the warning against unproven procedures, directly inform the legal standard of care expected of a reasonable medical man. A breach of an ethical duty outlined in the Code can directly serve as evidence of a failure to meet the legal standard of care required for a negligence claim, making the Code a crucial reference for judicial assessment. The Code thus serves as a foundational and authoritative benchmark for judges and legal experts in determining what constitutes

<sup>26</sup> (Section 23(1).

negligent conduct, effectively bridging the gap between ethical principles and legal liability.

##### *B. Criminal Liability: Application of the Penal Code (Articles 289 and 228)*

Medical negligence can lead to criminal liability in Cameroon as stated under specific provisions of the Penal Code. Article 289 is applicable to cases of homicide and injuries caused by clumsiness, carelessness, carelessness, negligence or non-observance of the regulations.<sup>27</sup> This article is particularly instrumental in cases resulting in the death or permanent incapacity of a patient, with potential penalties ranging from 3 months to 5 years imprisonment or a fine, or both.

Article 228 of the Penal Code is also highly relevant, as it addresses negligence in dangerous activities, explicitly including giving medical or surgical care or supplying or administering drugs or other products without taking necessary precautions. Violations under this article are punishable by imprisonment from 6 days to 6 months. The classification of medical care as a dangerous activity under Article 228 inherently imposes a higher standard of caution on medical professionals. Similarly, Article 289 directly criminalizes negligence leading to severe outcomes like death or permanent injury. These provisions demonstrate that medical negligence in Cameroon is not solely a civil wrong but can carry criminal penalties, reflecting the state's interest in public safety and the protection of its citizens. A critical element in both criminal and civil medical negligence cases is the requirement to prove the causal nexus i.e. a direct connection between the doctor's negligent act or omission and the resulting harm or death. However, the persistent challenge of proving this causal link often hinders successful criminal prosecution, suggesting a significant gap between the strong legal provisions and their practical enforcement, which can limit their deterrent effect.

##### *C. Civil Liability: Breach of Duty of Care and Compensation Framework*

The failure of a doctor or hospital to discharge their medical obligations is primarily considered a tortious liability in Cameroon.<sup>28</sup> Civil liability can lead to compensation for the victim for the damages suffered. This compensation typically covers both general damages (for pain, suffering, and loss of amenity) and special damages (for quantifiable financial losses, including medical expenses, rehabilitation costs, and loss of earnings). Civil liability

<sup>27</sup> Doh, B. B. (2015). Medical Neglect Equals Imprisonment. *Cameroon Tribune* of 17<sup>th</sup> February 2015.

<sup>28</sup> Enang, A. E. (2023). *Medical law and the liability of medical doctors in Cameroon*. The University of Bamenda Printing Press. P.162.

serves as the primary mechanism for compensating victims of medical negligence in Cameroon.

Recent legal trends indicate an increase in claims related to informed consent, where patients allege inadequate disclosure of potential risks associated with medical procedures before consenting to treatment. This rise in informed consent claims signifies a maturing legal landscape where patient autonomy and the right to comprehensive information are increasingly recognized as fundamental, moving beyond merely physical injury to address breaches of trust and informational duties. Furthermore, professional liability for medical practitioners can be covered by insurance, and Section 15 of Law No. 90-36.<sup>29</sup> This legal requirement for physicians to carry professional insurance is a crucial policy measure. It ensures that even if individual practitioners lack the personal funds to cover substantial damages, victims still have a viable source of compensation, thereby enhancing access to justice and the practical efficacy of civil liability provisions. The availability of civil remedies and the increasing focus on informed consent claims indicate a growing patient awareness and a shift towards holding medical professionals accountable for both direct physical harm and informational deficits.

#### *D. Disciplinary Accountability: Role of the National Order of Physicians (ONMC)*

The Code of Medical Ethics vests jurisdiction for infringements of its provisions in the Council of the Medical Association, which sits as a Disciplinary Board.<sup>30</sup> The initiative to refer a matter to this Board can be jointly taken by the Association and the Minister in charge of Public Health.<sup>31</sup> Disciplinary actions can range from warnings and reprimands to suspension from practice for varying durations, depending on the seriousness of the offense. The National Order of Physicians of Cameroon (ONMC)<sup>32</sup> is also tasked with ensuring compliance with moral conduct and devotion essential to medical practice. Upon enrolment, every doctor is required to take an oath to acknowledge and abide by the Code.

While the ONMC's Disciplinary Board is theoretically designed to uphold the ethical standards outlined in the Code, its effectiveness in combating

negligence is challenged by potential conflicts of interest. The observation that the expert here is equally a medical doctor who might try to protect a colleague point to a significant systemic weakness. This potential for professional solidarity to override objective assessment can undermine the impartiality and effectiveness of disciplinary proceedings. If disciplinary actions are not perceived as robust or fair, victims may lose faith in this avenue of redress, and the deterrent effect on negligent practitioners diminishes. This could lead to a greater reliance on civil or criminal courts, which themselves face challenges in proving causation and judicial expertise, creating a cycle where accountability remains elusive. Thus, while the ONMC provides an internal mechanism for ethical enforcement, its effectiveness is challenged by potential conflicts of interest and a perceived lack of transparency or timely resolution, which can limit its deterrent effect and undermine public trust.

#### **V. EMERGING CHALLENGES IN THE ENFORCEMENT AND APPLICATION OF MEDICAL ETHICS AND NEGLIGENCE LAW**

This section critically analyses the practical difficulties and systemic issues that hinder the effective enforcement of the Code of Medical Ethics and medical negligence laws in Cameroon, highlighting the "emerging challenges" identified in the thesis title.

##### *A. Gaps in Ethical Knowledge and Practice Among Healthcare Professionals*

A study on bioethics knowledge, attitudes, and practices among healthcare professionals (HCPs) in Cameroon's Southwest Region revealed a concerning gap between reported familiarity with medical ethics and the practical application of these principles<sup>33</sup>. While many HCPs reported being familiar with medical ethics and its four guiding principles (non-maleficence, beneficence, autonomy, and justice), a lower percentage could correctly identify and apply these principles in hypothetical cases, suggesting only a moderate understanding of practical bioethics. This indicates a systemic failure in bioethics education and continuous professional development.

Furthermore, significant attitudinal discrepancies were found between doctors and nurses on critical bioethical issues, such as physician-assisted suicide, refusal to assist with abortions if

<sup>29</sup> which explicitly mandates that every physician or partnership of physicians must take out an insurance policy to cover occupational hazards.

<sup>30</sup> Section 58(1).

<sup>31</sup> Section 58(2).

<sup>32</sup> Established in 1957, the National Order of Physicians of Cameroon (ONMC) has undergone profound transformations. Today, it serves as the primary interlocutor for the Government on matters pertaining to the medical profession in Cameroon. Since December 2023, Dr. Fankoua Rodolphe has been the new President of the ONMC.

<sup>33</sup> Ndifor, C. C. et al. (2025). Bioethics knowledge, attitudes and practice among healthcare professionals in Cameroon: a cross sectional analytical observational study of doctors and nurses in Cameroon's Southwest Region. *Discover Public Health*. Vol. 22. Doi: 10.1186/s12982-025-00419-7.

<sup>33</sup> Section 29(4).

legally permissible, and the necessity of informed consent for tests. Such divergence in attitudes can lead to inconsistencies in patient care and internal ethical dilemmas within healthcare teams. A notable percentage of HCPs also exhibited paternalistic attitudes, believing the doctor's decision should be final in cases of patient/family disagreement. This directly contradicts the Code's implicit and explicit emphasis on patient autonomy, particularly the patient's right to refuse treatment. This gap between prescribed ethics and actual practice creates a fertile ground for ethical lapses that can escalate into medical negligence, highlighting a critical need for targeted and ongoing educational interventions to bridge this knowledge-practice gap and ensure consistent application of the Code.

#### *B. Difficulties in Proving Causation and Judicial Expertise*

A persistent and significant challenge in medical negligence cases in Cameroon is the inherent difficulty in establishing the causal nexus between the doctor's negligent act or omission and the resulting harm. This is often compounded by the necessity of expert medical opinion, where the expert is frequently another medical doctor who might try to protect a colleague, leading to potential bias in the assessment of facts. This potential for professional solidarity to override objective assessment can undermine the impartiality and effectiveness of legal proceedings.

Furthermore, Cameroonian courts themselves face limitations due to limited expertise in medical matters, making it challenging for judges to critically assess complex medical evidence and technical procedures. This issue is exacerbated by a troubling scarcity of judicial precedents and underdeveloped jurisprudence on medical malpractice in the country. The inherent difficulty in proving causation, coupled with the potential for expert bias and limited judicial expertise, creates a significant barrier to justice for victims of medical negligence. This practical difficulty effectively reduces the accountability of negligent practitioners, diminishes the deterrent effect of legal provisions, and discourages victims from pursuing legitimate claims, thereby perpetuating a cycle of under-enforcement and underdeveloped jurisprudence.

#### *C. Impact of Socio-Economic Factors and Corruption on Ethical Practice*

Socio-economic factors significantly impact ethical medical practice in Cameroon, creating a challenging environment where ethical principles are systematically compromised. For instance, the widespread lack of health insurance often compels healthcare professionals (HCPs) to discuss patient conditions with family members who are financially responsible for treatment. This practice, while stemming from practical necessity, can inadvertently

compromise patient confidentiality, despite the Code's provisions on professional secrecy.

Pervasive corruption in the public health system further undermines the principle of equitable access to care, forcing citizens to pay bribes for services that should legally be free. Moreover, a notable percentage of HCPs admit to engaging in unethical financial practices, such as collecting direct payments from patients for medical examinations, a behaviour likely linked to inadequate wages. The Code explicitly prohibits commercialism and profit-driven treatment.<sup>34</sup> However, the research reveals that corruption and unethical financial practices are prevalent. This indicates a significant disconnect between the aspirational ethical framework and the harsh realities of practice. When HCPs are compelled by low wages to seek direct payments or when patients must bribe for services, it fundamentally undermines the ethical principles of professional dignity and patient-centred care.

HCPs also report challenges with demanding patients, which can interfere with decision-making and potentially compromise consistent ethical care. In resource-limited settings, some HCPs admit to ordering unnecessary tests for patient satisfaction, potentially due to a lack of proper diagnostic equipment. This erosion of ethical boundaries, driven by systemic issues, can lead to compromised medical decisions, a lack of transparency, and ultimately, an increased risk of medical negligence, as financial motives supersede patient well-being, leading to a breakdown of trust.

#### *D. Recent Legislative Efforts and Their Implications (e.g., Law N° 2022/08 on Medical Research)*

The enactment of Law N° 2022/08 of 27 April 2022 on Medical Research Involving Human Subjects marks a significant legislative development in Cameroon. This law was adopted in direct response to past ethical scandals, such as an unethical AIDS treatment trial in 2004, and the recent proliferation of uncontrolled COVID-19 clinical trials. This demonstrates a proactive legislative response to specific ethical failures.

The law places a strong emphasis on principles of informed consent, requiring it to be free, informed, and written, and mandates respect for privacy, human integrity, and dignity in medical research. It also establishes criminal sanctions for violations of these principles, aligning Cameroon's legal framework with international human rights standards. This legislation is seen as a substantial improvement in the health research legal framework and ethics evaluation system, leading to the creation of more ethics committees across the country. The

<sup>34</sup> Section 24(2).

enactment of Law N° 2022/08 signals a growing commitment to strengthening patient protection and accountability in specialized medical fields. This could serve as a model for broader reforms in general medical practice, potentially influencing future interpretations of the Code of Medical Ethics and raising the overall standard of care. It demonstrates a legislative willingness to address ethical gaps with robust legal mechanisms, which could logically lead to similar reforms or more stringent judicial interpretations of the 1983 Code of Medical Ethics in general clinical practice, thereby raising the overall standard of patient care and accountability across the healthcare sector.

## VI. CONCLUSION AND RECOMMENDATIONS

### *A. Synthesis of the Code's Role in Addressing Medical Negligence*

The Cameroon Code of Medical Ethics (Decree No. 83-166 of 12 April 1983) provides a robust and foundational ethical framework for medical practice in the country. It directly informs the legal standards for due care and professional conduct, serving as a primary reference point for assessing medical negligence. The analysis demonstrates that breaches of the Code's provisions can indeed lead to various forms of liability—disciplinary, civil, and criminal—highlighting the intricate interconnectedness of ethical and legal accountability. Despite its historical origins, the Code retains significant relevance in guiding medical practice and defining the expected standards of care. However, the effective enforcement and application of these ethical and legal principles are significantly hampered by a range of emerging challenges, including gaps in ethical knowledge among professionals, difficulties in proving causation, limited judicial expertise, and the pervasive impact of socio-economic factors and corruption. While recent legislative efforts, such as Law N° 2022/08 on medical research, indicate a growing commitment to strengthening ethical frameworks in specialized areas, a comprehensive approach is needed to address systemic issues across the entire healthcare landscape.

### *B. Recommendations for Strengthening Ethical Compliance, Legal Frameworks, and Enforcement Mechanisms*

To effectively address the emerging challenges in medical negligence and enhance patient protection in Cameroon, the following recommendations are put forth:

- **Enhanced Bioethics Education:** Implement mandatory, comprehensive, and ongoing bioethics training programs for all healthcare professionals. These programs should focus on practical application, patient autonomy, and shared decision-making to address identified knowledge and attitudinal gaps.

Continuous professional development in ethics is crucial to bridge the divide between ethical principles and daily practice.

- **Judicial Capacity Building:** Provide specialized training and continuous professional development for judges and legal professionals in medical law and ethics. This is essential to improve their understanding of complex medical issues, facilitate more consistent and effective adjudication of negligence cases, and strengthen the development of local jurisprudence.

- **Reform of Expert Witness System:** Establish mechanisms to mitigate bias in expert medical opinions. This could involve creating truly independent medical boards or a pool of court-appointed, impartial experts to ensure objective assessment of causation in negligence claims. Such reforms would enhance fairness and credibility in legal proceedings.

- **Strengthening Regulatory Oversight:** Increase resources, enhance transparency, and streamline processes for the National Order of Physicians' (ONMC) Disciplinary Board. This is vital to ensure timely, impartial, and effective resolution of complaints, thereby rebuilding public trust in professional self-regulation and ensuring that disciplinary actions serve as a credible deterrent.

- **Addressing Socio-Economic Determinants:** Implement policy interventions aimed at improving the remuneration and working conditions of healthcare professionals. Concurrently, aggressive measures are needed to combat pervasive corruption within the public health system to reduce unethical practices driven by financial pressures and ensure equitable access to care for all citizens.

- **Legislative Review and Modernization:** Conduct a comprehensive review and potential modernization of the 1983 Code of Medical Ethics. This review should explicitly address contemporary medical advancements (e.g., genetic technologies, artificial intelligence in medicine, telemedicine), emerging ethical dilemmas, and align more closely with evolving international best practices, drawing valuable lessons from recent legislative efforts like Law N° 2022/08 on medical research.

- **Public Awareness Campaigns:** Launch and sustain public awareness campaigns to educate citizens about their healthcare rights, including the right to informed consent, confidentiality, and available avenues for redress in cases of medical negligence. Empowering patients with knowledge can encourage them to assert their rights and contribute to greater accountability and transparency in the healthcare system.



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