



DECLARATION OF FUNDAMENTAL RIGHTS FOR MEDICAL PROFESSION

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DECLARATION OF FUNDAMENTAL RIGHTS FOR MEDICAL PROFESSION

- This Declaration is inspired by principles enshrined in the **Universal Declaration of Human Rights**, the instruments of the **International Labour Organization (ILO)**, the standards of the **Council of Europe** and the **World Health Organization**, as well as the values expressed by the medical profession through its colleges, trade unions and scientific associations.

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- This document is inspired partially in the proposal of The Forum of Medical Profession of Spain who works this field based on the initial idea and demand of FEMS.
- Validated in FEMS GA in Wroclaw by 15 countries, May 2026

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- Acknowledging the specificity of the medical profession – in terms of its level of training, its social responsibility and the conditions in which it is carried out – this Declaration proclaims a set of **fundamental rights** that must be recognized, respected and promoted by health systems, public authorities and society as a whole.

DECLARATION OF FUNDAMENTAL RIGHTS FOR MEDICAL PROFESSION

Classifieds in 5 groups

- A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY**
- B) LABOUR RIGHTS AND WORKING CONDITIONS**
- C) RIGHTS AGAINST VIOLENCE, DISCRIMINATION OR HARASSMENT**
- D) RIGHT TO HEALTH**
- E) COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION**

DECLARATION OF FUNDAMENTAL RIGHTS FOR MEDICAL PROFESSION

A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

Professional autonomy is an essential pillar of medical practice, ensuring that clinical decisions are made with independence, scientific rigour and ethical commitment.

Recognising and protecting this autonomy is essential to preserve the quality of care, the trust of citizens and the dignity of the medical profession.

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

FR.1.- The right to practice medicine with **clinical autonomy and independent professional judgment**, without undue interference of an administrative, political or economic nature.

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

Threat to FR.1 “Clinical Autonomy and independent professional judgement” Example: A hospital management board or health administrator pressures a doctor to prematurely discharge several admitted patients solely to meet financial bed-turnover targets or reduce budgetary costs, completely ignoring the physician's clinical criteria

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

FR.2. The right to have medical decisions, **freedom of prescription and of diagnostic and therapeutic indications**, in accordance with up-to-date scientific knowledge, professional ethics, the patient's needs and values.

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

Threat to FR.2 “Freedom of prescription and of diagnostic and therapeutic indications”: Example: A public health system restricts the funding of an innovative, next-generation drug purely for financial reasons, forcing the doctor to prescribe an older, less effective treatment with more side effects, thereby preventing them from acting according to up-to-date scientific knowledge

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

FR.3. The right to **conscientious objection** to
procedures that profoundly contradict the ethical or
moral convictions of the professional

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

Threat to FR.3 “The right to conscientious objection”

Example: hospital forces a specialist in gynecology to actively participate in a voluntary termination of pregnancy procedure, or a physician to perform euthanasia, threatening them with labor sanctions or termination if they refuse based on deeply held personal ethical or moral convictions”. The right of the patient also must be attended by the national health system according with the current law.

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

FR.4. The right **not** to be forced to **discriminate** against patients
and not to be discriminated against

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A) RIGHTS RELATED TO PROFESSIONAL AUTONOMY

Threat to FR.4 ”Not discriminate patients and not to be discriminated”

Example: In a context of extreme hospital overcrowding or politically biased guidelines, doctors are covertly ordered to prioritize Intensive Care Unit (ICU) admissions or treatment based on a patient's socioeconomic status, nationality, or age, forcing the professional to violate their ethical commitment to equity.

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B). LABOUR RIGHTS AND WORKING CONDITIONS

The practice of medicine requires working conditions that guarantee the safety, dignity and effectiveness of the medical act.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

FR.5. The right to a **safe, healthy and dignified working environment**, with sufficient means and resources and conditions compatible with the good practice of medicine.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

Threat to FR.5 "Right to a safe, healthy and dignified working environment"

Example: Primary care or emergency doctors are forced to see patients in consultation rooms lacking proper ventilation, using obsolete computer systems that constantly crash, or lacking the basic protective and diagnostic equipment necessary to practice medicine safely.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

FR.6. The right to **non-discrimination in terms of employment and occupation**, especially in terms of job stability and computable retirement benefits.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

Threat to FR.6 "The right to non-discrimination in terms of employment and occupation" Example: A health service keeps a doctor on a continuous chain of short-term temporary contracts (weeks or months) for years to cover a permanent structural position, depriving them of job stability and negatively impacting the calculation of their computable retirement benefits compared to permanent staff.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

FR.7. The right to a **working time that guarantees** sufficient **rest time**, periodic holidays and effective limitation of continuous working hours

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B) LABOUR RIGHTS AND WORKING CONDITIONS

Threat to FR.7 "The right to a reasonable working time"

Example: A resident or senior doctor is forced to work a mandatory 24-hour on-call shift and, due to severe hospital understaffing, is required to continue working their regular shift the following day, bypassing mandatory rest times and accumulating extreme fatigue that risks both their health and patient safety

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B) LABOUR RIGHTS AND WORKING CONDITIONS

FR.8. The right to fair **remuneration**, in accordance with the level of training, the responsibility assumed and the emotional and physical burden of exercising the profession

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B) LABOUR RIGHTS AND WORKING CONDITIONS

Threat to FR.8 ” The right to fair remuneration”

Example: A medical specialist who takes on an enormous physical, mental, and legal responsibility by managing an entire critical care ward receives a low base salary that does not match the required level of training, or finds that their mandatory on-call hours are compensated at a lower rate than regular working hours

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B) LABOUR RIGHTS AND WORKING CONDITIONS

- **FR.9.** The right to **recognition of Continuing Medical Education and research** as part of the professional activity, with dedicated time for the development of both functions within the working day.

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B) LABOUR RIGHTS AND WORKING CONDITIONS

- **Threat to FR.9 "The right to recognition of Continuing Medical Education and research"** Example: A hospital systematically denies a doctor's requests to attend an international medical congress in their specialty or to conduct clinical research, claiming a lack of cover staff and demanding that they use their personal vacation days or do it entirely outside of their working hours.

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C) RIGHTS AGAINST VIOLENCE, DISCRIMINATION OR HARASSMENT

The medical profession must be practiced in an environment **free of violence, discrimination and harassment**, where the dignity of each professional is respected. It is essential to establish effective protection.

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C) RIGHTS AGAINST VIOLENCE, DISCRIMINATION OR HARASSMENT

- **FR.10.** The right to carry out their work in an environment **free of violence, harassment or intimidation**, both by users, employers, institutions, and other professionals. This right must be guarantee by law.

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C) RIGHTS AGAINST VIOLENCE, DISCRIMINATION OR HARASSMENT

- **Threat to FR.10 "Free of violence, harassment or intimidation"**

Example: A doctor suffers insults, death threats, or physical aggression from the family members of a patient who is frustrated by emergency room waiting times, and the healthcare institution lacks adequate security protocols, private security guards, or legal backing to help the doctor file a complaint.

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D) RIGHT TO HEALTH

The **physical and mental well-being of doctors** is essential to the quality and safety of care. Constant exposure to suffering, emotional pressure and work overload make medicine a profession with high psychosocial risks.

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D) RIGHT TO HEALTH

- **FR.11 : The right to safety and health in professional practice,** with special attention to emotional exhaustion, physical and mental strain, and chronic stress derived from medical practice.

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D) RIGHT TO HEALTH

- **Threat to FR.11 "The right to safety and health in professional practice"** Example: A practitioner is forced to handle over-packed schedules of 40 to 50 patients a day in primary care on a continuous basis, causing severe burnout syndrome, anxiety, and depression, while the institution's occupational hazard prevention services fail to intervene or mitigate these high psychosocial risks.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

The active participation of physicians in the organization and governance of the health system strengthens the quality, equity, and efficiency of care.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

FR.12 : The right to **freedom of association and unionization and specific medical representativeness**, for the collective defence of professional, labour and deontological interests.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

- **Threat to FR.12 ” Freedom of association and unionization ”**

Example: Health authorities refuse to convene or negotiate with sectoral bargaining tables made up of specific medical unions, diluting the voice of physicians within large, generalized trade unions that do not understand or defend the unique deontological and professional interests of the medical act.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

FR.13 : The right to play an effective role, through their representatives, in the political, decision-making, and organizational processes affecting their professional activity

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

- **Threat to FR.13 "Right to play an effective role"**

Example: A Ministry or Department of Health unilaterally designs and approves a complete structural reform of the hospital emergency model based entirely on political or macroeconomic management criteria, completely bypassing and failing to consult the representatives or colleges of physicians.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

- **FR.14 : The right to strike** and to other forms of protest they consider effective for their purpose.

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E). COLLECTIVE RIGHTS AND PROFESSIONAL PARTICIPATION

- **Threat to FR.14 ” The right to strike ”**

Example: Following the call for a legitimate medical strike to demand healthcare system improvements, the public administration imposes a "minimum services" requirement of 100% across nearly all hospital departments, stripping the right to strike of any real substance or efficacy by preventing doctors from effectively participating.

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EPILOGUE

The effective guarantee of these rights is a **necessary and indispensable condition for the quality and sustainability of health care**. Through this Declaration, the signatory organizations express their willingness to advocate for its promotion, defence and application, for the benefit of patients, professionals and society as a whole.



DECLARATION OF FUNDAMENTAL RIGHTS IN MEDICAL PROFESSION

THANKS FOR THE ATTENTION

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