

Kingdom of Cambodia
Nation Religion King

OATH OF ALLEGIANCE OF MEDICAL PROFESSIONALS



Authorized to perform duties in the medical profession, I solemnly swear to always abide by the code of medical ethics and to strictly adhere to loyalty, honesty, ethical principles, integrity, justice and truthfulness guaranteeing the protection of the medical profession's honor and dignity

My primary concerns are to provide quality health care and to promote physical and mental health for individuals and the society at large. I will respect every person and his/her autonomy, regardless of social class or beliefs.

I will provide every possible intervention to protect those who are weak, hurt or facing threats to physical integrity or dignity. If I am repressed, I will never use my knowledge against the law of humanity.

I will disclose information to patients about the causes and potential consequences of my medical decisions and interventions. I will not deceive them or take advantage of my position.. I shall provide quality health care to all those who seek my professional services, regardless of race, beliefs, social or economic class.. I will not let myself succumb to the thirst and hunger for personal gains or prosperity.

When coming into close contact with patients and when entering into their homes, I will be respectful and maintain patient confidentiality; I will not divulge what I have known, heard and seen. I will never allow my behavior to threaten my ethical morality. I will do all within my powers to reduce pain and prevent death.

I will steadfastly maintain my professional independence and conduct and resist negative coercion by others when performing my duties. I will not attempt to intervene in areas beyond the scope of my knowledge and skills. I will strive to strengthen and improve my capacity and to keep abreast of advances in medicine to enhance the effectiveness and quality of the care that I deliver.

I will help fellow medical professionals and their families in all time of needs and difficulties.

If I am honest and abide by these pledges, may the people and my fellow professionals support and value my contributions.

Let me be dishonored, insulted and held in contempt if I break these oaths.

Signature

Name

...../...../20.....

Signature or thumbprints
of the registering physician

Seen and certified that the physician
swears the oath and signs it before a representative
of the Medical Council

Name.....

...../...../20.....

for the Medical Council President