

هيئة الصحة - أبوظبي  
HEALTH AUTHORITY - ABU DHABI



# Book 6: Medical Liability

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## Book 6: Medical Liability

**Federal Law No. (10) of 2008  
Concerning Medical Liability**

**Cabinet Decision No. (33) of 2009  
Issuing the Implementing Regulation of  
Federal Law No. (10) of 2008  
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**Federal Law No. (10) of 2008  
Concerning Medical Liability**

## Federal Law No. (10) of 2008 Concerning Medical Liability

We, Khalifa Bin Zayed Al Nahayan, President of the United Arab Emirates,

Upon consideration of the Constitution,

And Federal Law No. (1) of 1972, concerning the Jurisdictions of Ministries and the Powers of Ministers, as amended,

And Federal Law No.(8) of 1974, concerning the Regulation of Expertise before the Courts,

And Federal Law No. (7) of 1975, concerning the Practising of the Human Medical Profession, as amended,

And Federal Law No. (8) of 1980, concerning Labour Relations, as amended,

And Federal Law No.(27) of 1981, concerning Prevention from Communicable diseases,

And Federal Law No.(28) of 1981, concerning Detention and Treatment of Mental Patients,

And Federal Law No. (4) of 1983, concerning Pharmacology and Pharmaceutical Establishments,

And Federal Law No.(5) of 1984, concerning the Practising of some Medical Professions by other than Physicians and Pharmacists,

And Federal Law No. (8) of 1984, concerning Commercial

Companies, as amended,

And Federal Law No.(5) of 1985, concerning the Civil Transactions, as amended,

And Federal Law No.(3) of 1987, concerning the Penal Code, as amended,

And Federal Law No.(10) of 1992, concerning the Evidence in Civil and Commercial Transactions, as amended,

And Federal Law No.(35) of 1992, concerning Penal Proceedings, as amended,

And Federal Law No.(15) of 1993, concerning the Regulation of Human Organs Transplants, as amended,

And Federal Law No.(20) of 1995, concerning Natural Extract Medications and Preparations,

And Federal Law No.(2) of 1996, concerning Private Medical Establishments,

And Federal Law No.(21) of 2001, concerning Civil Service in the Federal Government, as amended,

And Federal Law No. (6) of 2007 establishing and regulating the Insurance Authority.

And based upon the proposal of the Minister of Health, the approval of the Cabinet and the Federal National Council and the ratification of the Supreme Council of the Federation,

Hereby Promulgate the following Law:

## Article 1

In applying the provisions of this Law, the following words and expressions shall have the definitions set forth opposite each one, unless the context determines otherwise:

The State	: The United Arab Emirates.
The Government	: The federal or local government or any of their subsidiary bodies.
The Minister	: The Minister of Health.
The Medical Body	: Ministry of Health; any federal or local government bodies dealing with health affairs in the emirates.
The Committee	: The Medical Liability Supreme Committee.
The Profession	: Any of the medical professions or related professions as determined by a decision of the Minister.

## Part one Medical Liability

### Article 2

This Law shall apply to all those who practise the Profession in the State.

## Article 3

Practitioners within the State shall discharge their duties with accuracy and honesty as dictated by the Profession, and according to the established scientific and technical principles while affording patients due care. They may not exploit their patient's needs for the purpose of unlawful gains, whether personal or otherwise, nor may they discriminate among patients.

## Article 4

A physician shall particularly observe the following:

1- comply with the rules, regulations and procedures of practicing the Profession, as per his grade and specialization.

2- record the patient's health condition, patient's medical history and that of patient's family, prior to diagnosing or treating the case.

3- prescribe treatment and determine the quantity and usage in legible writing including the name, signature and date on the prescription; alert the patient or his family, as the case may be, to the importance of adhering to treatment instructions and to any significant and expected side-effects of the medical or surgical treatment.

4- inform the patient of the nature and degree of seriousness of his illness, unless it is not in the patient's interest to do so, or the patient is not prepared, psychologically, to be informed. The patient's next of kin shall be informed in the following two cases:

a- if the patient is totally or partially incapacitated.

b- if, given his medical condition, he cannot be personally informed or give his approval as to informing his next of kin.



5- monitor complications of medical or surgical treatment and initiate remedial action where possible.

6- co-operate with other physicians involved in the patient's treatment, provide information on patient's medical condition and the course of treatment whenever requested to do so, and consult with a specialist colleague if the case so requires.

## Article 5

A physician shall be prohibited from

1- administering treatment without the patient's consent except in a medical emergency where consent cannot be obtained for any reason, or where the patient has a contagious disease which is a threat to public health and safety.

2- refraining from treating a patient in an emergency or discontinuing treatment in all cases, unless the patient has disregarded the physician's instructions, or for reasons beyond the physician's control.

3- employing unauthorized or unlawful means in the treatment of the patient.

4- prescribing any treatment before administering clinical examination on the patient.

5- disclosing patient's information (secrets) that become known to him in the course of or due to the practising of the profession, whether entrusted by the patient or otherwise brought to physician's attention, except in the following cases:

- a. If disclosure is upon the request of the patient.
- b. If disclosure is in the interest of the husband or wife and is made to either one personally.
- c. If disclosure is made in an attempt to prevent or report

a crime, in which case disclosure shall be made to the appropriate authorities only.

d. If the physician is assigned as an expert by a judicial or official investigative authority in the State, or if he is summoned by either one as witness to an investigation or a criminal case.

e. If the physician is assigned to perform an examination by a life insurance provider or an employer, within the scope of assignment.

6- clinically examining a patient of the opposite sex without presence of a third person and without the patient's prior approval, unless it is necessary to do so.

## Article 6

If a physician suspects that a patient has a communicable disease, he must inform his Medical Body immediately. The Medical Body must inform the Ministry within a maximum of twenty four hours so that appropriate preventive measures can be taken. If a patient is suspected to have a disease requiring a quarantine as determined by the World Health Organization, the patient's address should be verified and communicated once the case is detected if it is not possible to detain the patient in the clinic.

## Article 7

1- Except for emergency cases which require immediate surgical procedure to save a patient's or fetus's life, surgical operations may only be performed subject to the following:

a- The attending surgeon shall be qualified to perform the surgery given his scientific specialization and

practical experience, and the operation's criticality and importance.

b- The operation shall be performed in a health facility sufficiently equipped to handle such operation.

c- Necessary laboratory tests and analyses shall be done to ensure that a surgery is essential and adequate as treatment for the patient. Also it shall be ascertained that the patient's health condition allows the surgery to be performed.

d- A written consent to the operation or any other necessary operation shall be obtained from a fully capacitated patient or the next of kin to the fourth degree of a patient who is incapacitated or whose consent cannot be obtained, having been made aware of the likely medical effects and complications of the surgery.

A person who has completed his eighteenth year (Gregorian) may give consent.

2-In applying the provisions of clause (1) of this article, treatment cases of a special nature as determined by the implementing regulation shall be subject to the provision governing surgical operations, as appropriate in such cases.

## Article 8

A patient may not be discharged from a treating health facility unless his health condition so permits according to generally approved medical principles or unless he so desires even though he has been made aware of the consequences of discharge. In this case, a written undertaking must be obtained from the patient or the next of kin to the second degree if the patient is incapacitated or his consent cannot be obtained, and kept in the patient's

medical record.

## Article 9

A patient's life may not be terminated for any reason whatsoever, even at his request or that of his guardian or custodian.

## Article 10

1- It shall be prohibited to perform human cloning. It shall also be prohibited to conduct research, experiments or applications aiming at human cloning.

2- It shall be prohibited to conduct medical research or experiments on humans unless after obtaining the necessary licence from the appropriate body as determined by the implementing regulation and according to the conditions stipulated by the regulation.

## Article 11

Artificial organs may not be planted in a patient's body unless after ensuring that they are suited for the patient and will not harm him, and after preparing his body to accept them.

## Article 12

Assisted reproductive technology may not be performed in a woman or an embryo planted in her womb except from the married couple and with their written consent, provided that this shall occur during the life of their lawful marriage.

## Article 13

Firstly: No action or procedure may be taken for the purpose of regulating reproduction unless at the request and with the approval of a married couple. No action or procedure may be taken for the purpose of sterilizing a woman unless based on the opinion of a medical specialty board comprising at least three physicians that pregnancy or labour will pose a definite risk to the mother's life. The wife's written approval shall be obtained and the husband informed.

Secondly: A physician may not perform an abortion or prescribe anything that may induce an abortion except in the following two cases:

1- If a continuing pregnancy poses a risk to a pregnant woman's life, and under the following conditions:

a- Abortion shall be performed by a specialist gynecologist/obstetrician with the approval of the physician who is attending the medical condition giving rise to abortion.

b- A report shall be written by the concerned physicians indicating the reason for abortion. It shall be signed by the pregnant woman, her husband or guardian - if her consent cannot be obtained - as a proof of consent to the abortion procedure. Each of the concerned parties shall keep a copy of the report. Approval by the husband is not stipulated in the case of emergencies requiring immediate surgical intervention.

2- If it is proven that the fetus is mutilated, and under the following conditions:

a- Abortion shall be performed at the request of the parents.

- b- The length of pregnancy is shorter than one hundred and twenty days.
- c- The mutilation is proven by a report of a medical board comprising consultants in gynecology, obstetrics, pediatrics and radiology.
- d- The board's report is based on medical examinations and the use of scientifically acceptable technologies.
- e- The fetus is suffering from a serious untreatable mutilation that his life – if born alive – would be bad and painful for him and his family.

## Article 14

1- A medical error is an error which is due to ignorance of technical matters which every practitioner of the Profession is supposed to be familiar with, or to negligence or lack of due care.

2-Medical liability shall not be established in the following cases:

- a-If the harm is caused by the patient's action or his refusal of the treatment or his failure to follow he medical instructions given to him by those responsible for his treatment, or if the harm is caused by some external reason, without prejudice to subclause (d) of clause (1) of article (7) hereof.
- b- If the physician employs a certain medical method in the treatment contrary to those of other physicians in the same specialization so long as this method conforms to generally acceptable medical principles.
- c- In the event of medical effects and complications that are known in the field of medical practice but are not a result of the medical error as set out in clause (1) of this article.

## Part two

# The Medical Liability Supreme Committee

### Article 15

A permanent medical technical committee called “ The Medical Liability Supreme Committee” shall be formed by a Cabinet decision upon the proposal of the Minister and shall comprise consultant physicians from the following bodies:

- 1- Ministry of Health.
- 2- Ministry of Justice Forensic Medicine Department.
- 3- Health Authority - Abu Dhabi.
- 4- Health Authority - Dubai.
- 5- A professor from the School of Medicine and Health Sciences at the United Arab Emirates University.
- 6- Armed Forces Medical Services Directorate.
- 7- Ministry of Interior Medical services Directorate.
- 8- Emirates Medical Association.
- 9- Private medical sector.

The Cabinet may add other medical bodies to the Committee’s membership.

The decision shall name the Committee’s Chairman and Vice-Chairman.

The Committee’s modus operandi, procedures, term of membership and financial compensation for members shall be issued by a Cabinet decision.

## Article 16

The Committee shall submit its opinion at the request of the public prosecution, competent court or medical body, on the following:

- 1- Whether or not a medical error exists, giving reasons therefor, setting out the ensuing harm, if any, and explaining the causal relationship between the error and the harm, and any other matters as requested.
- 2- Profession's risks in relation to medical practices.

## Article 17

The Committee shall issue a reasoned opinion report for each and every case referred to it based on its examination of the case, the review of the medical file and the facts and information that become known to it as a result of its investigations, deliberations and technical study of the case.

The Committee may invite other persons to a discussion of the case at hand, and may request whomsoever it deems appropriate to submit to it for review any documents as it deems necessary. The Committee may form specialist sub-committees comprising Committee members or others to give a technical opinion on a certain issue.

## Article 18

The Committee must submit its report on the case at hand to the referring party within thirty days from the date of referral. This term may be extended for one or other equal terms with the approval of the referring body at the Committee's request.



## Article 19

The Committee shall meet at the invitation of the Chairman or, in his absence, the Vice-Chairman, to discuss any referred cases. A Committee meeting must be attended by two-thirds of the members including the Chairman or Vice-Chairman.

A vote of an absolute majority of those present shall be required for any resolution. In the event of an equal number of votes, the side on which the chair of the meeting voted shall prevail.

## Article 20

Provisions governing experts shall apply to Committee members insofar as they are not in contradiction with this Law. Each of the Committee members shall take the oath once, before a Federal appeal circuit of his domicile prior to commencement of his duty on the Committee.

## Article 21

A Committee member shall be prohibited from attending a Committee meeting or giving an opinion on a case being considered by the Committee in which he or any of his relatives to the fourth degree has a personal interest.

## Part Three Investigating Practitioners of the Profession

## Article 22

Notices of work-related investigation shall be served on practitioners of the Profession under the Ministry of Health through the Ministry's general manager, and on practitioners under

other medical bodies through their appropriate directors.

## Article 23

The Minister may, at the request of the investigation authority, suspend a practitioner temporarily for the interest of investigating certain facts related to a medical error. Suspension may be for a maximum of thirty days which may be extended for equal period by the investigation authority.

## Article 24

Physicians may not be arrested or placed in preventive confinement during the investigation of cases related to a medical error. However, they may be arrested or placed in preventive confinement on the order of the general prosecutor if the investigation so requires.

## Part Four Medical Errors Liability Insurance

### Article 25

Practising of the Profession in the State is prohibited without first obtaining liability insurance against medical errors from a licensed insurance company in the State.

A health facility hosting a visiting physician shall be liable for compensating the harmed party for the physician's medical error, without prejudice to its right to recourse against the erring party. All parties that are governed by this article must adjust their

status within six months from date of coming into effect of this Law.

The implementing regulation of this Law shall set out controls for implementing this article.

## Article 26

Owners of facilities shall undertake to insure their practitioners against liability for medical errors. They shall meet at least (80%) of the cost of annual premium, and the insured shall meet the cost of the remainder.

They shall also undertake to insure their practitioners against Profession risks resulting from practicing the Profession or because of it. In this case, owners of facilities shall meet the full cost of insurance premium for their employees.

## Article 27

The insurance companies shall be legally subrogated to the rights and obligations of the health facilities and the insured.

## Part Five Punishments

### Article 28

1- Anyone who violates articles (10/1) or (12) of this Law is punishable by confinement for no less than two years and no more than five years and a fine of not less than two hundred thousand (200,000) Dirhams and not more than five hundred thousand (500,000) Dirhams, or by either one of these two punishments.

2- Anyone who violates article (10/2) of this Law is punishable by confinement for no less than six months and a fine of not less one hundred thousand (100,000) Dirhams and not more than two hundred thousand (200,000) Dirhams, or by either one of these two punishments.

## Article 29

Anyone who violates article (11) or clause (firstly) of article (13) of this Law is punishable by confinement for no more than three months and a fine of not less fifty thousand (50,000) Dirhams and not more than one hundred thousand (100,000) Dirhams, or by either one of these two punishments.

## Article 30

Without prejudice to the provisions of the Islamic Sharia, anyone who violates article (9) of this Law is punishable by imprisonment for no less than ten years.

## Article 31

Article (29) of Federal Law No. 7 of 1975 concerning the Practising of the Human Medical Profession shall apply in the event of violation of article (13/ secondly) of this Law.

## Article 32

Punishments set out in this Law shall not prejudice any stiffer punishments stipulated under any other law.

## Article 33

Practitioners of the Profession shall have the same obligations as physicians insofar as these are applicable to them.

The implementing regulation shall set out the disciplinary code for practitioners of professions that are related to medical professions.

## Article 34

Disciplinary punishments stipulated by law shall apply to violations for which there are no punishments in this Law. Criminal liability under this Law shall not prejudice the disciplinary liability of the offending practitioner.

## Article 35

Articles (16) and (17) of the above-noted Federal Law No. (2) of 1996 shall apply to actions committed by private health facilities in violation of this Law.

## Part Six General Provisions

## Article 36

Officials who are named by a decision of the minister of Justice, in agreement with the Minister or health bodies, shall be designated as investigation officers in relation to any occurrences which are in violation of this Law or its implementing decisions.

## **Article 37**

The Cabinet shall issue the implementing regulation of this Law.

## **Article 38**

Any provision contrary to this Law is repealed.

## **Article 39**

This Law shall be published in the Official Gazette and shall come into effect on the date that it is published.

# **Khalifa Bin Zayed Al Nahyan President of the United Arab Emirates**

Issued by Us at the Presidential Court in Abu Dhabi  
On: 18 Zul Hijja 1429 H.  
Corresponding to: 16 December 2008

**Cabinet Decision No. (33) of 2009  
Issuing the Implementing Regulation of  
Federal Law No. (10) of 2008  
Concerning Medical Liability**

## **Cabinet Decision No. (33) of 2009 Issuing the Implementing Regulation of Federal Law No. (10) of 2008 Concerning Medical Liability**

The Cabinet,

Upon consideration of the Constitution,

And Federal Law No. (1) of 1972, concerning the Jurisdictions of Ministries and the Powers of Ministers, as amended,

And Federal Law No. (7) of 1975, concerning the Practising of the Human Medicine Profession, as amended,

And Federal Law No. (27) of 1981, concerning the Prevention of Communicable Diseases,

And Federal Law No. (4) of 1983, concerning the profession of Pharmacology and Pharmaceutical Establishments,

And Federal Law No. (5) of 1984, concerning the Practising of some Medical Professions by other than Physicians and Pharmacists,

And Federal Law No. (5) of 1985, concerning the Civil Transactions, as amended,

And Federal Law No. (3) of 1987, concerning the Penal Code, as amended,



And Federal Law No. (10) of 1992, concerning the Evidence in the Civil and Commercial Transactions, as amended,

And Federal Law No. (35) of 1992, concerning the Penal Proceedings,

And Federal Law No. (15) of 1993, concerning the Regulation of Human Organs Transplants,

And Federal Law No. (2) of 1996, concerning Private Health Facilities,

And Federal Law No. (10) of 2008, concerning Medical Liability,

And Federal Law No. (11) of 2008, concerning the Licensing of Fertilization Centres in the State,

And Federal Decree-Law No. (11) of 2008, concerning the Human Resources in the Federal Government,

And based upon the proposal of the Minister of Health and the approval of the Cabinet,

Has decided as follows:

## Article 1

In applying the provisions of this Regulation, the following words and expressions shall have the meanings set forth opposite each one, unless the context determines otherwise:

State	: the United Arab Emirates.
Ministry	: the Ministry of Health.
Minister	: the Minister of Health.
Health Body	: Ministry of Health; any federal or local government bodies dealing with health affairs in the emirates.
Committee	: the Medical Liability Supreme Committee.
Law	: Federal Law No. (10) of 2008 concerning Medical Liability.
Profession	: Any of the medical professions or related professions as determined by a decision of the Minister.

## Article 2

This Regulation shall apply to all those who practise the Profession in the State.

## Article 3

Every person practising the Profession shall follow the rules set out hereunder in conformity with the nature of his work and without prejudice to the obligations stipulated under the Law:

- a- To carry out the duties entrusted to him with precision and honesty.
- b- To not violate, during the performance of his work, the principles of the Profession in general and the scientific and practical principles of his specialization in particular.
- c- To exercise due diligence carefully and attentively.
- d- To not exploit the patient's needs for the purpose of achieving an unlawful benefit for himself or others. An unlawful

benefit means any tangible or intangible benefit that could only be realized as a result of the patient's need for treatment. The physician's fees in return for carrying out his work is not considered an unlawful benefit.

e- To not discriminate among patients or professional colleagues on the basis of religious belief, race, social values, gender or nationality.

f- To comply with the professional rules, regulations and procedures of the facility where he works or those that are internationally acceptable.

g- To record the patient's health condition, patient's medical history and that of patient's family for reference so as to ensure accuracy of diagnosis and treatment.

h- To be accurate in undertaking medical examination and diagnosis by following recognized scientific methods and using modern technologies whenever possible.

i- To prescribe treatment, determine its quantity and method of administration, in legible handwriting, and to alert the patient or his next of kin, as the case may be, to the importance of adhering to the treatment instructions and to any significant side effects of such medical or surgical treatment.

j- To inform the patient of full capacity of the nature and degree of seriousness of his illness, unless it is not in the patient's interest to do so, or if the patient is not prepared, psychologically, to be informed. The patient's next of kin should be notified in the following two cases:

- 1) if the patient is partially or totally incapacitated.
- 2) If, given his health condition, he cannot be personally informed or give his consent as to informing his next of kin.

k- To monitor the complications of medical or surgical treatment or interference tests or any other complications and to initiate remedial action whenever possible.

l- To cooperate with other physicians involved with the patient's treatment and provide all the information needed regarding the patient's medical condition and the course of treatment, whenever requested to do so.

m- To consult with a specialist colleague whenever the patient's condition so requires.

## Article 4

Prohibition of the use of methods not authorized in the State or are illegal for the treatment of patients as set out in paragraph (3) article (5) of the Law refers to the use of methods, instruments, equipment, medicines and medical drugs that are unestablished and that have not been approved for use by the international health bodies and organizations.

## Article 5

Without prejudice to the prohibitions provided for in article (5) of the Law, a physician may not conduct a clinical examination of a patient of the opposite gender unless the following two conditions are met:

1- The patient's consent, unless it is impossible to obtain such consent due to the patient's physical, psychological or mental condition or for any other reason.

2- The presence of a third person, unless the presence of a third person is not possible after the physician has made every effort to bring in a third person and the patient consents to undergoing the clinical examination without such third person.

Emergency cases are exempted from the aforementioned conditions for clinical examination.

## Article 6

### The Reporting of Communicable Diseases

1) If a physician suspects that a patient has a communicable disease that requires immediate reporting under Federal Law No. (27) of 1981 concerning the Prevention of Communicable Diseases, and any other law issued in amendment thereof or decisions issued in this regard or with regard to recently established diseases, he must take the following measures:

- a. inform his Health Body of the type of the suspected disease, immediately and without delay.
- b. inform the patient of the type of suspected disease and the preventive measures that the patient should take to protect others from getting infected. The physician should inform the patient that this is just a matter of suspicion and that he has notified the Health Body to take the necessary preventive measures.

2) The Health Body (any federal or local government health bodies concerned with health affairs in the emirates) shall notify the Ministry within a maximum period of (24) hours from the time the physician has suspected a communicable disease.

3) The Ministry shall, in cooperation and coordination with the abovementioned Health Bodies, take the necessary preventive measures to protect the community from the spreading or outbreak of the reported disease.

4) If a physician suspects the occurrence of any quarantinable diseases as specified by the World Health Organization under Federal Law No. (27) of 1981 concerning the Prevention of

Communicable Diseases and any other law issued in amendment thereof, or decisions issued in this regard, he shall carry out the following procedures:

1. Immediately detain the patient at the clinic if possible and notify the Health Body of the patient's name, the type of disease and the place where he is being detained.
2. If it not possible to detain the patient, the patient's name, address, place of residence, nationality and employer should be verified and the Health Body immediately notified of this information and the type of suspected disease.
3. The abovementioned health Body shall notify the Ministry within a maximum period of (24) hours from the date of suspecting the disease.
4. The Ministry shall, in cooperation and coordination with the abovementioned Health Bodies and the concerned authorities in the State, take the necessary preventive measures and procedures to protect the community from the spreading and outbreak of the reported disease.

## Article 7

Except for emergency cases which require immediate surgical intervention to save the life of a patient or fetus, no surgeries may be performed without fulfilling the following conditions:

1. The physician shall be licensed by the Health Body according to his qualifications, academic specialization and scientific expertise. He may participate in surgical interventions within his field of specialization as part of a medical team. He may also consult other physicians of different specializations as required by the patient's medical condition.
2. The health facility where the surgery is being performed shall be fully equipped according to the type of surgery in terms of

2. The health facility where the surgery is being performed shall be fully equipped according to the type of surgery in terms of medical and nursing staff, equipment and other medical requirements needed to perform this type of surgery.
3. The medical condition shall be assessed by means of a clinical examination, lab and x-ray tests, and other examinations to verify the following:
  - a. That the surgery is necessary, essential and appropriate for the patient's treatment.
  - b. That the general health condition of the patient allows him to undergo a surgical operation.
4. The patient's written consent shall be obtained as follows:
  - a. The written consent shall be provided by the patient himself if he is of full capacity (ie. has completed eighteen years of age).
  - b. If the patient is not of full capacity ie. if his is under the age mentioned in para (a), or if he is incapacitated, the written consent shall be provided by any of his next of kin up to the fourth degree (father / mother / husband / wife / son / daughter / grandfather / grandmother / son's children / daughter's children / paternal uncle / paternal aunt / maternal uncle / maternal aunt / paternal uncle's children / paternal aunt's children / maternal uncle's children / maternal aunt's children).
  - c. If the patient is of full capacity but his consent cannot be obtained for the following reasons:
    - a. Unconsciousness;
    - b. Lack of discernment due to a mental or psychiatric illness;
    - c. Patient's health condition does not permit it ;

Then, a written consent may be obtained from a next of kin up to the fourth degree as set out in Para "b" hereinabove.

5. The patient shall be informed by the attending physician of the potential medical complications during and after the surgery in an explicit and comprehensible manner.

6. The same rules and procedures set out in this article shall apply to special treatment cases including:

- o Chemotherapy
- o Radiotherapy
- o Interference procedures such as using an endoscope or any medical devices that may cause complications in the patient.

## Article 8

It shall be prohibited to conduct medical research or experiments on humans unless after obtaining the necessary licence from one of the following bodies, as per their jurisdiction:

- 1) Ministry of Health
- 2) Health Authority – Abu Dhabi
- 3) Dubai Health Authority
- 4) Dubai Healthcare City
- 5) Public universities

## Article 9

The issuance of a licence required for conducting medical research and experiments on humans is conditional upon fulfilling the following conditions:



- 1) The research shall take place in association with a licensed health facility equipped with all the capabilities required for conducting the research.
- 2) The research shall be conducted by competent and licensed persons.
- 3) The research shall be conducted according to internationally acceptable standards.
- 4) The researcher shall be familiar with the medical, legal and Sharia aspects related to the field of his research.
- 5) The research shall respect the rights and dignity of the people subject to the research, and preserve their health and the confidentiality of the information related to them.
- 6) Evidence shall be presented to indicate the consent of the person, subject of research, if he is of full legal capacity or that of his legal guardian if he is partially or totally incapacitated. Evidence shall also indicate that such consent has been given after enlightening the person of the phases and procedures of the research, the expected side effects, any other information related to the research, and of his right to stop the research at any time and phase of the research.
- 7) The abovementioned consent shall not be given in return for a tangible or intangible benefit or under material or moral duress, and may not be based on fraud or deceit.
- 8) The application for conducting research shall contain the following data:
  - a. The scientific protocol for the medical research.
  - b. The objective of the research and the desired benefits.
  - c. Place where the research will be conducted and the approval of the director general of the Health Body or the director of the facility for conducting the research at the respective facility, prior to approval of application, and the expected period for finishing the research.

- d. Names of main researcher and assistant researchers, their academic degrees and practical experience, and their employers.
- e. Particulars of the person, subject of research, and his consent form.
- f. The financial resources for financing the research.

## Article 10

The Ministry shall, with regard to conducting health researches and experiments, undertake the following:

- 1) Establish a strategy for conducting medical researches at State level.
- 2) Establish health research systems and protocols according to international standards.
- 3) Develop consent forms for conducting health researches.
- 4) Establish a mechanism for conducting health researches and benefitting from their results.
- 5) Provide technical opinion and advice in respect of medical researches.
- 6) Establish a database for medical research at State level.
- 7) Establish a mechanism to verify health research patents as per the applicable laws in the State and the international agreements.

The Ministry may coordinate with the concerned Health Bodies regarding these responsibilities.

## Article 11

The licensing bodies stated in Article (8) hereof may suspend any researches that have not been licensed or are believed to violate the standards and policies approved for health research in the State.

## Article 12

1) It shall be prohibited to perform any action or intervention for the purpose of regulating reproduction unless at the request or with the consent of a married couple. The husband's consent is not needed if the wife has a disease that would threaten her life should she become pregnant.

Also, the husband's consent is not needed when prescribing medical drugs to the ill wife which, by nature, would delay pregnancy or cause irregular monthly period.

2) No action or intervention may be performed for the purpose of sterilizing a woman except under the following conditions:

- a. This shall be based on the opinion of a specialist medical board comprising at least three consultant physicians including one gynecologist/obstetrician and one specialized in the disease with which a pregnancy would pose definite risk to the mother's life. The committee shall state its technical opinion in the patient's medical record, which will be signed by its members, or by means of a report attached thereto.
- b. The written consent of the wife.
- c. Notification to the husband.

3) The physician may not perform an abortion or prescribe anything that may induce an abortion except in the cases and under the conditions stated in Article (13) of the Law.

## Article 13

A permanent technical medical committee called "the Medical Liability Supreme Committee" shall be formed by a Cabinet decision upon the proposal of the Minister, and shall

comprise consultant physicians from the Bodies stated in Article (15) of the Law. The decision shall name the chairman and vice-chairman and determine the modus operandi of the Committee. The Committee shall give its technical opinion as to whether or not a medical error has occurred, shall state the reason for the error and the ensuing harm, if any, and the causal relationship between the error and the harm, and shall determine the professional risks associated with the medical practices. This shall exclusively be upon the request of the following bodies:

- 1) The director general of the Health Body.
- 2) The competent court.
- 3) The public prosecution.

## **Article 14**

### **Controls for Insurance against Liability for Medical Errors and Professional Risks**

- 1) It shall be prohibited to practise any of the professions specified in Ministerial Decision No. (188) of 2009, as may be amended, without carrying insurance against liability for medical errors from a licensed insurance company in the State. The health facilities shall refrain from engaging any licensed practitioner of the profession in the State without the said insurance.
- 2) The facility that brings in a visiting physician shall be responsible for compensating victims of his medical error, without prejudice to its right to recourse against the committer of error.
- 3) The owner of the facility where the practitioner works shall pay at least 80% of the insurance premium, and the practitioner shall pay the remainder of the premium. This shall be calculated based on the total annual premium that the facility pays to the insurance company divided by the number of insured medical staff in the

facility. It may be agreed that the facility owner pay more than the said minimum.

4) The bodies governed by the provisions of the Law shall insure their practitioners against liability for medical errors within (6) months from the date of publishing the Law in the official gazette, provided that the minimum compensation paid by the insurance company for each case of medical error is (two hundred thousand Dirhams) and provided that the number of cases covered by the insurance policy each year corresponds to the size of the health facility and the number of medical staff employed.

5) The facility owner and Health Bodies shall undertake to insure their practitioners against the professional risks resulting from the practising of the profession or because of it, and shall pay the full annual insurance premium. The Health shall refrain from engaging any licensed practitioner of the profession in the State without the said insurance.

## Article 15

The practitioners of the Profession shall have the same obligation as that of the physician insofar as this may be applicable to them.

## Article 16

Without prejudice to the provisions of the Law, civil and penal liability and any other more severe punishment stipulated by another law, the disciplinary punishments for violating the provisions of this Regulation shall apply as stated in the following laws and any amendments thereto:

a- With regard to private health facilities:

- The disciplinary punishments stipulated under Federal Law No. (2) of 1996 concerning private health facilities shall be applied.

b- With regard to practitioners of the profession who are physicians in private facilities:

- The disciplinary punishments stipulated under Federal Law No. (7) of 1975 concerning the Practicing of the Human Medical Profession, as amended, shall be applied.

c- With regard to practitioners of the profession who are not physicians or pharmacists in private facilities:

- The disciplinary punishments stipulated under Federal Law No. (5) of 1984 concerning the Practising of some Medical Professions by other than Physicians and Pharmacists shall be applied.

d- With regard to pharmacists and pharmacy aides:

- The provisions of Federal Law No. (4) of 1983 concerning the Profession of Pharmacology and Pharmaceutical Establishments shall be applied.

e- With regard to practitioners of the profession in the Health Bodies:

- The disciplinary systems established by these bodies shall be applied without prejudice to the provisions of the Law and this Regulation.

f- With regard to practitioners of the profession in the federal government:

- Federal- decree Law No. (11) of 2008 concerning Human Resources in the federal government.

## Article 17

This Decision shall be published in the Official Gazette and shall come into effect on the next day of publication.

# Mohammad Bin Rashed Al Maktoum Prime Minister

Issued on:  
12 Shawwal 1430 H  
corresponding to 1 October 2009

**Decision No. (CO- 65/08)  
Concerning Disciplinary Committee's  
Terms of Reference for Determining  
Medical Liability**



## **Decision No. (CO- 65/08) Concerning Disciplinary Committee’s Terms of Reference for Determining Medical Liability**

Chairman of the Authority:

Upon consideration of Law No. 1/2007 establishing the Health Authority – Abu Dhabi,

And Law No. 7/1975 concerning the practice of human medicine profession,

And Law No. 4/1983 concerning pharmacological profession and pharmaceutical establishments,

And Law No. 5/1984 concerning the practice of certain medical professions by persons other than physicians and pharmacists,

And Law No. 2/1986 concerning private healthcare facilities,

And Emiri Decree No. 23/2006,

And Decision No. (CO-32/08) concerning the formation of the Medical Licensing Committee,

And the study conducted by Clyde & Co, a legal consulting firm commissioned to draw up the disciplinary committee’s terms of Reference for determining medical liability,

And based upon the proposal of the CEO,

Hereby issues the following decision:

## Article 1

The provisions attached hereto, concerning the Authority's Disciplinary Committee's Terms of Reference for determining medical liability of healthcare services providers in the public and private sectors, shall be implemented.

## Article 2

This Decision shall come into effect on the 1st day of November 2008, and shall be circulated to those concerned for compliance.

Issued on 15/10/2008

**Dr. Ahmed Mubarak Al Mazrouei**  
**Chairman of the Authority**

# Disciplinary Committee's Terms of Reference for Determining Medical Liability Of Health Professionals in the Public and Private Sectors

## Part I Definitions

### Article 1

The following words and expressions shall have the meanings set forth opposite each one unless the context indicates otherwise:

Complaint: Means a written complaint made by a person in relation to a health service.

Complainant	: Means the person either making a Complaint or on whose behalf a complaint is made.
Complainee	: Means the Health Professional against whom the Complaint is made.
Committee	: Means the disciplinary committee established pursuant to this Decision.
Appeal	: Means an appeal made by a complainee or complainant to voice dissatisfaction with the Disciplinary Committee's decision.
Assessment Panel	: Means a panel concerned with examining and assessing complaints, and reporting findings to the Disciplinary Committee.
Chairman	: Means the Chairman of the Disciplinary Committee.

- Health Facility** : Means any government or private health facility that is licensed by the Health Authority to provide one or more health services.
- Health Professional** : Means a natural person who is licensed by the Health Authority to practice a health service in the Emirate of Abu Dhabi.
- Health Service** : Means a health, medical or therapeutic service that is licensed by the Health Authority to be provided in any of the health facilities, including without limitation:
- medical and nursing services;
  - dental services;
  - mental health services;
  - ambulatory and pharmaceutical services;
  - services provided by pediatricians, osteopaths, optometrists, physiotherapists, psychologists and optical dispensers.
  - services provided in other alternative medicine fields.
- any other services prescribed by the Health Authority as a health
- service for the purposes of these Terms of Reference.

Healthcare Services  
Providers

: Means Health  
Professionals and/or Health  
Facilities..

Invalid Complaint

: Means a complaint which the  
Disciplinary Committee assesses  
to be:

1- vexatious, frivolous, not made  
in good faith or lacking in  
substance;

Or

2- of trivial subject matter which  
does not warrant investigation or  
verification.

Investigation Panel

: Means a panel concerned with  
investigating the complaints  
made to the Committee.

Major Complaint

: Means a complaint the subject  
matter of which the Disciplinary  
Committee assesses:

1- to raise a significant issue of  
public health or safety;

2- to raise a significant question  
as to the appropriate care or  
treatment of a patient by a  
Health Facility;

3- to raise a question as to a  
Health Professional's ability to  
practice as a health professional;

4- if substantiated, would justify a finding that the Health Service Provider is not fit and proper to provide a health service;

5- if substantiated, would result in a Health Service Provider being accused of committing a crime.

Professional (Medical) Error : Means an error resulting from ignorance of certain technical matters that every practitioner of the profession should be familiar with, or from negligence or lack of due diligence.

Unsatisfactory Conduct : Means a conduct occurring in connection with the provision of health services that falls short of the standards of quality, care and diligence that the public expects of reasonably competent health service providers.

## Part II Scope of Application

### Article 2

These Terms of Reference shall apply to all health professionals in the public and private sectors, who are licensed by the Health

Authority – Abu Dhabi to practice their profession, upon determining their liability with regard to a medical error.

## Part III

### Disciplinary Committee

#### Article 3

There shall be established a disciplinary committee of the Authority by a decision of the Authority's Chairman. The Committee shall comprise experts including specialized and qualified practitioners and pharmacists and a legal consultant. The Committee shall determine the medical liability resulting from medical errors by health professionals who are licensed by the Authority to practice a certain medical or health profession in the Emirate.

#### Article 4

The Disciplinary Committee shall perform the following responsibilities:

- 1- To examine the complaints made by the patients, or their representatives, regarding the health services offered to them ;
- 2- To investigate medical errors with health professionals;
- 3- To determine the medical liability for the medical errors;
- 4- To propose appropriate penalties for health professionals who commit medical errors while practicing their professions;
- 5- Any other duties within the Committee's framework as required by the Authority.

## Article 5

The Committee shall meet upon convocation by its Chairman or, in his absence, its Vice-Chairman to examine the complaints or requests received by it. A meeting shall be attended by a majority of the members including the Chairman or Vice-Chairman. The consensus of those present shall be required for any resolution. If no consensus is reached, the Committee shall issue its resolutions by a majority of votes of the present members. In the case of an equality of votes, the Chair of the meeting shall have a casting vote.

## Article 6

The Committee may invite whomsoever it deems appropriate to discuss the case at hand. The Committee may also request whomsoever is concerned to provide it with the necessary papers, documents and files for perusal.

The Committee may establish specialized subcommittees of its members or others to give a technical opinion on a certain matter.

## Article 7

The Committee may, upon the request of its Chairman, refer a complaint to more than one specialized body to prepare a relevant report. Such report shall be of a consultative nature to the Committee.

## Article 8

The Committee shall prepare its report on the complaint or request at hand within a maximum period of 30 days from the date of receiving the complaint or request. This period may be extended



for further periods if so required by the subject matter of the complaint or request.

## Article 9

A member of the Committee who is related to or an acquaintance of the complainant or complaine is prohibited from attending the Committee's meetings or express his/her opinion on the complaint or request at hand.

## Article 10

The Committee's deliberations and documents are confidential. They may only be disclosed to its members and may not be copied. The Committee may not give any written reports on the findings of its investigations or its examination of the complaints or requests to any external individuals or bodies except for judicial authorities (police / public prosecution / courts). The Committee shall maintain all of its documents, which shall not be subject to the applicable document disposal regulation.

## Part IV Medical Liability

### Article 11

Medical liability shall be established upon verification of the medical error resulting from ignorance of certain technical matters that every practitioner of the profession should be familiar with, or from negligence or lack of due diligence.

## Article 12

Medical liability shall not established in the following cases:

- 1- If the damage is caused by the patient's refusal of the health service or his failure to follow the medical instructions given to him by the health professionals responsible for his treatment, or if the damage is caused by an external factor or as a result of the patient's action;
- 2- If the health professional employs a certain medical or scientific method in the practice of the profession contrary to that of others of the same specialization so long as this method conforms to established health and medical principles;
- 3- In the event of common medical side-effects that are known to the medical field but are not a result of a medical error.

## Article 13

The complainee may not be provisionally suspended from work during the investigations regarding the medical error unless pursuant to Article (26) of this Decision.

## Article 14

The Committee's scope of work is limited to determining the medical liability resulting from a medical error and unsatisfactory conduct. However, if the error is not medical, the complaint or the request will be referred to the concerned authorities for investigation.

## Article 15

The schedules attached hereto represent guiding, yet not limitational, examples of the medical errors giving rise to medical liability.

## Part V

# The Complaint

### Article 16

A complaint shall be filed against the health professional in the event that he/she commits a medical error in any manner as set out in the guiding schedules attached hereto or in any other manner.

### Article 17

A patient shall submit the complaint to the Committee upon verification of his/her identity or that of his/her guardian after confirming kinship, or upon verifying the identity of the patient's representative provided that a power of attorney is presented. No complaint shall be accepted by other than the three aforementioned categories.

### Article 18

A Complaint shall be submitted in writing in either Arabic or English in the prescribed form with the Committee. A Complaint may be submitted in another language provided that a certified translation thereof is attached thereto. All the required documents establishing the complaint, if any, shall be submitted by the Complainant.

### Article 19

A Complaint shall only be withdrawn by the complainant in person. No representative of the complainant may do so. A written request for withdrawal shall be submitted. The complainant may

receive the original copy of the complaint and the Committee shall keep a copy thereof as well as the original copy of the withdrawal request. The Committee shall cease to deal with the complaint unless it is a major complaint.

## Article 20

A Complainant may amend the complaint by virtue of a written request submitted by the complainant personally. No representative may undertake any amendment to the complaint unless it has been established that the complainant is medically incapacitated and unable to submit the amendment request.

## Article 21

The Committee may decline to examine a Complaint in the following cases:

- 1- If the subject matter of the Complaint has been previously settled;
- 2- If the Complainant lacks capacity or interest in the Complaint;
- 3- If the preliminary examination of the Complaint has revealed its vexatiousness;
- 4- If the Complaint is not signed;
- 5- If the Complaint has been submitted by following procedures other than those specified therefor;
- 6- If the Complaint has been submitted on a form other than that prescribed therefor;
- 7- If the Complaint is not related to a medical error.

## Article 22

The Committee may join all the complaints having the same subject matter to be examined altogether as one complaint.

## Article 23

The Committee must, within 15 days from receiving the complaint, give written notice of the making of the Complaint unless it appears that the giving of the notice will:

- 1- prejudice the investigation of the Complaint;
- 2- place the health or safety of the Complainant at risk;
- 3- place the Complainant or another person at risk of intimidation or harassment;

Once these causes have ceased, the Committee shall give written notice of the making of the Complaint.

## Article 24

The Committee shall take all measures that it deems necessary to investigate the complaint, and may:

- 1- request the medical file and all the X-rays, tests and medical records related to the occurrence, being the subject matter of the complaint;
- 2- consult with other authorities, establishments or experts, as it deems fit, so as to form a technical opinion regarding the medical liability;
- 3- question the Complainee;
- 4- hear the statements of parties as it deems fit;
- 5- seek more than one medical opinion on the matter.

## Article 25

All health services providers in the public and private sectors shall cooperate with the Committee and shall meet all its requests within a maximum period of 15 days from the date of the request. If the health service provider fails to observe this period in meeting the Committee's request, the Committee shall notify him/her that it will investigate the complaint without the documents and that he/she will assume responsibility therefor.

## Article 26

During the investigation of the Complaint, the Committee may recommend one of the following provisional decisions if it is satisfied that this decision is necessary to protect individuals and the public good.

- 1- Suspend the licence of the health service provider (establishment);
- 2- Suspend the licence of a health professional;

The Committee shall notify the medical licensing committee of its decisions in this regard.

## Article 27

The Complainant, Complainee or their representatives may not be accompanied by a legal representative when giving their statements in the Complaint unless their health condition so requires, in which case they may be accompanied by their guardian or a relative only. A woman may be accompanied by her husband or guardian during investigation.

## Article 28

The Committee may not ask the Complainant, Complainee, any of the witnesses or any of the parties commissioned to investigate a Complaint to give oath.

## Article 29

The Disciplinary Committee may establish an Investigation Panel to investigate the Complaint. The Investigation Panel shall be chaired by a member of the Disciplinary Committee, and shall comprise the legal consultant and one of the Authority's inspectors (a judicial officer) and a physician who is specialized in the subject matter of the Complaint. The Investigation Panel may call upon a technician who is specialized in the subject matter of the complaint to assist the Panel with its tasks, provided that the investigation will be in writing and according to the legal procedures prescribed for administrative investigations. The Investigation Panel shall present its recommendations to the Disciplinary Committee.

## Article 30

Upon completion of the investigation into the Complaint, the Disciplinary Committee shall prepare a written report of the findings of the investigation. The report shall include all the facts of the Complaint, the medical errors, if any, all the available medical and legal evidence establishing the medical liability, and the recommendations thereof.

## Article 31

If the Committee is satisfied that the medical error represents a punishable crime under any of the penal laws in the UAE, the

Committee must refer the file and the report to the Authority's legal adviser to prepare a legal report on the matter to be submitted to the CEO for appropriate legal action.

## Part VI

### Punishments and Appeals

#### Article 32

If the findings of the Committee's report confirm that the health professional has committed a Medical Error, or an Unsatisfactory Conduct not resulting in a Medical Error, the Committee shall recommend a punishment that it deems appropriate for such Error or Unsatisfactory Conduct.

#### Article 33

The punishments that may be imposed on health professionals are as follows:

- 1- Written notice;
- 2- Warning;
- 3- Suspension from work for no longer than one year;
- 4- Withdrawal of the licence and blacklisting.

The Committee shall present its recommendations with regard to such punishments to the CEO for consideration, and approval by Chairman of the Authority. The decision for punishment shall not prejudice the criminal liability that may result from the Medical Error.



## Article 34

If the Medical Error is caused by the facility's owner or manager, the Disciplinary Committee shall submit its recommendations to the medical licensing committee to consider imposing the prescribed punishment in this regard.

## Article 35

A concerned party shall be entitled to make an appeal in respect of a decision of the Disciplinary Committee. An appeal shall be made within one month from the date of issue of the Committee's recommendation or the notification of the punishment. An appeal shall be made in writing in the prescribed form, and shall include full particulars of reasons why the decision or finding should be varied.

## Article 36

No appeals may be made in respect of preliminary or interim decisions of the Committee before the issuance of its final report on the subject matter.

## Article 37

An appeal shall be made to the chairman of the Authority or his designate. It will be referred to the legal department which will consider the appeal and prepare a report. The finding shall be submitted to the CEO for approval by the chairman of the Authority. The decision of the chairman of the Authority shall be final and binding. No further appeal in respect of the Complaint shall be entertained.

## Guiding schedule

### No. 1

## Events of Unsatisfactory Conduct

### First: Health Professionals:

- 1- Non-compliance by the Health Professionals with the applicable laws, bylaws and regulations respect of the profession;
- 2- Non-compliance by the Health Professionals with the duties and responsibilities set out in the laws, bylaws and regulations issued by the Authority.
- 3- Failure to document the required procedures upon examining a patient or issuing him/her medical prescriptions;
- 4- Failure to uphold professional dignity and honor and showing improper behavior when dealing with patients, employees or colleagues;
- 5- Giving false reports or certificates;
- 6- Not giving a patient a report of the information deemed necessary for the continuation of the treatment in case of interruption, if so requested by the patient;
- 7- Failure to verify the age of minor whose guardian's approval is required in certain treatments and diagnoses.
- 8- Keeping the patients in the clinic in non- emergency cases;
- 9- Failing to notify the concerned authorities of the patients with communicable diseases upon examination;
- 10- Selling medication to the patients in non-urgent emergency cases "by non- pharmacists" .
- 11- Writing medical prescriptions using unrecognized symbols and signs;
- 12- Failing to notify the competent healthcare authorities of the death of a patient he/she is treating or of the cause of death;
- 13- Refraining from treating a patient or offering first aid to an injured person whose case falls within his field of specialization, and that for personal reasons or any other reason;

- and that for personal reasons or any other reason;
- 14- Refraining from giving first aid to an injured person whose case does not fall within his field of specialization;
  - 15- Replacing or changing medical prescriptions without the consent of the issuing physician;
  - 16- Failing to maintain a patient's file and treatment documents, leading to the loss of important diagnostic results;
  - 17- Monopolizing medications, withholding their circulation, hiding or selling them at higher prices;
  - 18- Issuing dangerous drugs without keeping their prescriptions for the period stipulated by law;
  - 19- Selling free medical samples or expired medications;

## **Second: Health Facilities:**

- 1- Violating the rules, instructions and regulations established by the Authority for the management of the facility;
- 2- Failing to develop a bylaw related to the work system at the facility according to the rules, conditions and particulars issued by the Authority;
- 3- Failing to keep a copy of the facility's licenses at the facility's headquarters;
- 4- Absence of the facility's director for more than 15 days or leaving his/her position without naming a designate to replace him/her;
- 5- Allowing unlicensed employees to operate the facility or a section thereof;
- 6- Failing to maintain the facility's cleanliness or perform proper maintenance of the equipment;
- 7- Failing to keep sound medical records;
- 8- Failing to store the medications and medical products and substances;

- 9- Keeping the patients at the healthcare facility for financial gain;
- 10- Failing to implement better standards in the practices required by the regulations and bylaws;
- 11- Using equipment that have not been properly maintained and that are not compatible with applicable standards;

## Guidance Table

### No. 2

### Some Cases of Medical Error

#### First: Health Professionals:

- 1- Failure to inform patients of well-known medical procedure-related risks.
- 2- Failure to check the equipment and machines before operating, leading to the interruption of an operation;
- 3- Failing to excise the intended parts during surgery requiring a repeat operation;
- 4- Leaving dangerous medications within reach of patients without adequate precautionary measures;
- 5- Misdiagnosis - due to neglect or lack of due diligence – resulting in overlooking a medically clear condition such as an obvious heart attack;
- 6- Performing an unnecessary or wrong procedure due to ignorance of certain technical matters that every practitioner of the profession should be familiar with, thus risking a patient's life;
- 7- Performing abortion in violation of the conditions stipulated under the applicable laws;
- 8- Subjecting the patient to scientific researches or experiments that are not technically approved, causing harm to the patient;
- 9- Dispensing or selling toxins by larger quantities than the medical doses stated under the pharmacopoeia;
- 10- Re-dispensing of medications of the same medical prescription

that includes anesthetic or abortive elements or elements that can accumulate in the body or have an addictive influence, without the consent of the issuer of the medical prescription;

11- Dispensing dangerous medications for medical use in violation of the conditions stated under the applicable laws;

12- Working under the influence of alcohol or intoxicating drugs and substances;

13- Failing to satisfy relevant hygienic requirements during surgeries and the period of treatment in general.

## **Second: Health Establishments:**

1- Establishing, operating or managing a health facility without obtaining a licence from the Authority;

2- Providing health services for which it is not licensed;

3- Using expired substances;

4- Inappropriately transferring patients to other health facilities;

5- Violating the instructions, decisions, bylaws and laws adopted by the Authority for organizing business in the health facilities.