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HELSEDIRKTORATET
BIBLIOTEKET

Act of 13 June 1980 no. 42 relating to medical practitioners

CHAPTER I. AUTHORISATION, LICENSE, ETC.

§1. (Definition of medical practitioner. Sole right to the title.)

For the purpose of this Act, a medical practitioner is defined as

1. a person holding an authorisation, cf. §2.
2. a person holding a license, cf. §3
3. a person holding an official appointment as district medical officer in a Finnish or Swedish district bordering on Norway, cf. §4 (border license).

Only a person holding an authorisation, a license, or a border license has the right to call himself medical practitioner. No one else may use a professional title that could give the impression that he is a medical practitioner.

§2. (Authorisation.)

A person has the right to authorisation as a medical practitioner who

1. holds a Norwegian medical degree, or has passed a foreign examination in medicine which has been legally recognized as equivalent,
2. has completed a period of medical practice according to rules issued by the King,
3. has promised in writing to carry on his medical practice honourably and conscientiously,
4. is not in a situation that can lead to the revocation of the authorisation, cf. §8.

Authorisation is granted by the relevant Ministry.¹⁾

The applicant must provide evidence that the terms and conditions in subsection 1 have been fulfilled.

1) The Ministry of Health and Social Affairs.

Utenriksdepartementets

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§3. (License.)

The Ministry may grant a license as a medical practitioner to a person who does not meet the requirements for authorisation.

Before granting a license, the Ministry must as a rule obtain a statement from a Norwegian faculty of medicine on whether the applicant has the necessary professional capability, and from the Director-General of Health on other matters of significance. The Ministry may make exceptions to these provisions.

By agreement with another state, a license may be granted to a person who holds a license in that state.

The Ministry may decide to limit a license in time, to a particular post, or to certain methods of examination or treatment, or to impose other terms and conditions and restrictions.

Before the license is granted, the applicant must promise in writing to carry on his medical practice honourably and conscientiously.

The Ministry may issue specific regulations concerning the terms and conditions under which a license may be granted, and the terms and conditions that may attach to it.

§4. (Border license.)

A medical practitioner holding a public appointment as district medical officer in a Finnish or Swedish district bordering on Norway may carry on medical practice in the adjoining Norwegian medical district without authorisation or license from the Ministry.

§5. (Posting of surety.)

Anyone intending to carry on medical practice must post such surety as the Ministry determines for the responsibility he may incur in the practice.

If a medical practitioner despite having been warned fails to post the prescribed surety, the Ministry may suspend his authorisation or license.

§6. (Age limit.)

Authorisations and licenses expire on the medical practitioner's seventy-fifth birthday. A medical practitioner over seventy-five who shows that he is still suited to carrying on medical practice may be granted a license for a limited period in accordance with the provisions in section 3.¹⁾

§7. (Relinquishing of authorisation and license.)

By submitting a written declaration to the district medical officer, the county medical officer, or the Ministry, a medical practitioner may relinquish his authorisation or license. He must at the same time or at the earliest opportunity return the authorising or licensing document.

§8. (Revocation of authorisation or license.)

An authorisation or license may be revoked if a doctor is unsuitable for the medical profession because of serious mental illness, psychological or physical debility, long absence from the profession, the misuse of alcohol, drugs, or other substances with similar effects, grave lack of professional insight, indefensible medical practice, or behaviour unworthy of a medical practitioner.

An authorisation or license may also be revoked if a medical practitioner has been declared legally incompetent, or is guilty of serious dereliction of duty under this Act or provisions issued in pursuance of this Act.

An authorisation or license granted on the basis of corresponding approval in another state may be revoked if the approval in the other state ceases to be valid.

§9. (Suspension of authorisation and license.)

If there is just and sufficient cause to suppose that there are grounds for revocation, the Ministry may suspend an authorisation or license for as long as it deems necessary.

1) Regulation of 15 March 1982, cf. §54.

§10. (Decision to revoke.)

The decision to revoke an authorisation or license is taken by the Ministry. A statement must as a rule be obtained from the Norwegian Medical Council. The Ministry may require the medical practitioner to appear before the Council, and to undergo expert examination. The Ministry may suspend an authorisation or license for as long as such a requirement is not obeyed.

§11. (Review of suspension and revocation in a court of law.)

A decision to suspend or revoke an authorisation or license may not be appealed against, but it may be brought before a court of law, which may review all aspects of the matter. Chapter 30 of the Civil Dispute Act of 1915 is applicable to the lawsuit.

The court may resolve that the decision to suspend or revoke shall not take effect until a judgement on the case has been pronounced or until a final judgement has been arrived at.

§12. (Damages for losses through suspension or revocation.)

If a suspension or revocation proves invalid or is set aside for some other reason, the medical practitioner may claim damages for losses he has sustained, in accordance with the usual rules.

If the medical practitioner has wilfully or negligently brought about the suspension or revocation himself or been a party to the loss, or if the loss is caused by circumstances for which he is financially responsible, the damages may be reduced or dropped altogether.

§13. (New authorisation or license.)

A medical practitioner who is without his authorisation or license through relinquishment pursuant to §7 or through revocation pursuant to §8 may obtain a new authorisation or

license when he proves that he is suited to carrying on medical practice. A new license may be limited in accordance with §3, fourth paragraph.

If the Ministry so requires, he must again promise in writing to carry on medical practice honourably and conscientiously.

§14. (Approval of specialists.)

The King issues general regulations¹⁾ concerning the approval of medical practitioners as specialists in particularly defined areas of medical science. The King may also issue regulations¹⁾ concerning the terms and conditions under which such approval may be retained, and concerning the revocation of such approval.

The Ministry may issue specific regulations²⁾ and make individual decisions to approve specialists and to revoke approval.

The Ministry may delegate authority to make individual decisions to approve specialists, and to issue specific regulations for approving specialists, to the Norwegian Medical Association.³⁾

Only a person approved as a specialist may use a title or designation that indicates or could be interpreted as indicating that he is a specialist.

§15. (Special methods of examination and treatment.)

Having obtained a statement from the Norwegian Medical Council, the King may prescribe that certain methods of examination and treatment may only be used by medical practitioners who have special permission from the Ministry.

CHAPTER II. THE RIGHTS OF MEDICAL PRACTITIONERS.

§16. (The right to practise as a medical practitioner.)

A person who is a medical practitioner according to §1 has the right to carry on medical practice in the Kingdom.

Medical practices must be organized in medically sound ways, and so that the medical practitioner is free and independent

1) Royal decree of 19 March 1982.

2) Regulation of 22 March 1982.

3) Delegated according to regulation of 22 March 1982.

of others in professional medical questions. For this purpose the King may issue specific regulations concerning the organization of medical practice, and forbid forms of organization that are considered unsuitable.

Advertisements for gain must specify the name of the medically responsible doctor.

§17. (Co-operation with health personnel.)

In his practice a medical practitioner may employ other health personnel to the extent that it is proper in view of their qualifications; the duties they are given, their instructions, and their supervision.

The Ministry may issue specific regulations concerning co-operation between medical practitioners and other health personnel.

§18. (Prescription of medicine.)

A medical practitioner has the right to prescribe the medicines necessary in his practice.

The Ministry may issue specific regulations concerning the formulation, storage, etc., of prescriptions.

The Ministry may exclude certain medicines partly or entirely from the right to prescribe, and may issue regulations concerning what the right to prescribe includes.

§19. (Prescriptions as evidence.)

When the Ministry is dealing with cases of revocation or suspension of an authorisation or license, or of loss of the right to prescribe drugs, or of a complaint against a doctor, it may demand the production of a prescription as evidence.

In legal proceedings a prescription may be demanded as evidence, in accordance with the rules that apply to evidence.

§20. (Loss of the right to prescribe drugs.)

If the Ministry finds that a medical practitioner has been prescribing drugs irresponsibly, it may partly or entirely

deprive him of the right to prescribe such substances, for a stipulated period of up to five years, or permanently. A statement must be obtained from the Norwegian Medical Council before such a decision is reached.

A medical practitioner may himself relinquish the right to prescribe drugs for a specified period or permanently.

If at the end of the time limit set in pursuance of the first or second paragraph the Ministry finds that the medical practitioner should still not have the right to prescribe drugs, it may make a new decision in accordance with the provisions in the first paragraph.

§21. (Suspension of the right to prescribe.)

If the Ministry finds that there is just and sufficient cause to suppose that a medical practitioner ought to be deprived of the right to prescribe drugs, it may partly or entirely suspend his right to prescribe such substances until the case has been decided, but not for longer than six months. If the medical practitioner delays the proceedings, the suspension may be extended for a further six months.

§22. (Reduction of the time limit set for the loss of the right to prescribe.)

If the Ministry finds it justifiable to do so, it may reinstate a medical practitioner in his right to prescribe drugs before the stipulated time limit has expired.

§23. (Prescription of drugs by another medical practitioner.)

When a medical practitioner does not himself have the right to prescribe drugs, prescriptions necessary in his practice must be issued by the medical officer concerned. The medical officer may also in writing approve the issuing of such prescriptions by another specified medical practitioner.

CHAPTER III. THE DUTIES OF A MEDICAL PRACTITIONER.

§24. (Supervision by the Director-General of Health.)

A medical practitioner must observe the provisions for medical practice prescribed in law or with authority in law.

In his practice, a medical practitioner is subject to the supervision of the Director-General of Health with regard to the observation of laws, regulations, and decisions concerning medical practitioners, the health service, etc.

Regardless of the pledge of secrecy, the Director-General of Health may demand whatever itemized reports or information are necessary in the carrying out of supervision, inquiries, and inspection.

§25. (Responsible medical practice.)

A medical practitioner is duty bound to carry on his practice responsibly.

He must do his best to give his patients knowledgeable and careful assistance.

He must give each patient the information the patient ought to have about his state of health and about the treatment. The medical practitioner must as far as possible allow the patient himself to participate in the treatment.

§26. (Information of relatives.)

So far as it is advisable under the circumstances, a medical practitioner must inform a patient's relatives about his state of health, illness, and treatment.

If the patient is under twelve years of age, such information ought as a rule to be given to the patient's parents or guardians. If the patient is between twelve and sixteen years of age, the information should as a rule be given both to the patient and to his parents or guardians, unless the patient for reasons that the medical practitioner ought to accept wishes that certain information be withheld from the parents or guardians.

§27. (Immediate assistance.)

When a medical practitioner receives information that leads him to suppose that medical assistance is urgently needed, he is obliged to render whatever assistance he can as soon as possible.

This duty ceases to apply if the medical practitioner has valid leave of absence, or if another medical practitioner will render the assistance in time.

§28. (Duty rosters.)

The Ministry may decide that medical practitioners must take part in a duty roster at the place where they live or work.

The Ministry may issue specific regulations concerning the administration etc. of medical duty rosters.

§29. (Economy.)

When organizing his practice, examining and treating patients, prescribing medicines, travelling, and otherwise, a medical practitioner must ensure that neither patients, the national insurance, nor other parties incur unnecessary expense or loss of time.

Concern for economy must not affect whatever is medically advisable.

§30. (Medical attestations and certificates.)

A medical practitioner must be careful, exact, and objective when issuing medical attestations and certificates. The examinations on which they are based must be as thorough as the purpose calls for.

The Ministry may issue specific regulations concerning the issuing of medical attestations and certificates, including regulations concerning disqualification.

§31. (Pledge of secrecy.)

A medical practitioner must observe secrecy and prevent others from obtaining information about people's physical condition or illness or other personal circumstances of which he learns in the course of his practice.

This does not apply when it is established in law that a medical practitioner need not observe the pledge of secrecy, or when other special reasons justify the imparting of information which should otherwise be subject to secrecy.

The obligation to observe the pledge of secrecy does not apply in relation to persons who already have the information.

§32. (Pledge of secrecy: agreement.)

The obligation to observe the pledge of secrecy ceases to apply if the person with the right to demand secrecy, or to whom the information applies, agrees to its being given to others.

If the person concerned is under sixteen, consent must be given by his parents or guardians. If the person is between twelve and sixteen, his opinion must be heard.

§33. (Pledge of secrecy: experts.)

A medical practitioner acting in an expert capacity may without regard to the pledge of secrecy inform those for whom he is acting of circumstances of which he learns during the exercise of his function and which are relevant to the function. Otherwise the pledge of secrecy applies.

As far as possible, a medical practitioner must inform the person concerned that he is acting in an expert capacity, and explain what this implies if this is not clear to the person.

§34. (Pledge of secrecy in relation to health personnel and assistants.)

A medical practitioner is not prevented by the pledge of secrecy from giving information to other health personnel or assistants relating to the examination or treatment of

a patient, unless the patient objects and the objection can and should be accepted under the circumstances.

Health personnel and others who co-operate with or assist the medical practitioner in his practice are under the same obligation to observe the pledge of secrecy as he is.

§35. (Information to employers.)

The Ministry may issue specific regulations concerning information from a medical practitioner to an employer about an employee's health, illness, injury, invalidity, or death.

§36. (Anonymity: research.)

A medical practitioner may without regard for the pledge of secrecy communicate information that would otherwise be subject to secrecy concerning physical condition or illness if individual characteristics have been deleted or changed so that the anonymity of the person concerned is protected.

The Ministry may decide that information may or must be communicated for the purposes of medical research, and that this may be done without regard for the pledge of secrecy. Terms and conditions may be attached to such a decision. The person receiving the information is under the same obligation to observe the pledge of secrecy as a medical practitioner, and the same criminal liability in pursuance of this Act.

The Ministry may issue specific regulations concerning the use in research of information that is subject to secrecy.

§37. (The obligation to observe the pledge of secrecy after a person's death.)

When there are important reasons for doing so, a medical practitioner may impart secret information about a person after the person's death. The type of information, the supposed wishes of the deceased, and the interests of the relatives and of society must all be taken into account.

If in doubt, a medical practitioner may submit the question to the Ministry, which may request a statement from the Norwegian Medical Council.

38. (Notification at the beginning or termination of a medical practice.)

When a medical practitioner opens, takes over, or enters into a medical practice, he must notify the district medical officer. If the practice regularly extends also to other districts, the medical officers of these districts must also be notified.

Similarly, notification must be given of removal from the district, and if the doctor terminates, transfers, or withdraws from a medical practice.

The district medical officer must inform the county medical officer and the Ministry of such notifications.

39. (Epidemic and infectious diseases.)

When a medical practitioner treats cases of epidemic or infectious disease, he must give advice and instructions to prevent the disease from spreading. He must in so doing observe the instructions issued by the health authorities.

In accordance with the regulations issued by the Ministry, a medical practitioner must report the cases of epidemic or infectious disease he has observed to

The Ministry issues specific rules concerning the form and content of the medical practitioners' reports and the time limits for their submission, and decides which diseases are to be included.

40. (Notifications of births and deaths.)

A medical practitioner must report births and make statements on deaths that he has had to do with in his practice. The Ministry issues specific rules concerning the reports and statements.

A medical practitioner who has issued a death certificate, or who has treated a person before his death, must give the medical officer whatever information he requires concerning the cause of death for the purpose of mortality statistics.

41. (Report to the police concerning death from other than natural causes.)

If there is reason to suppose that a person has died from other than natural causes, the medical practitioner who issues the death certificate must inform the police, according to specific rules determined by the Ministry.¹⁾

If investigations take place into whether the death was caused by a criminal act, the medical practitioner must give the court whatever information he has of significance for the case.

42. (Other reports and information.)

The Ministry may decide to require medical practitioners to submit other reports and information of importance to the health service etc. than those mentioned in the preceding sections.

The Ministry determines whether the inclusion of the names of the persons involved serves the purpose for which the information is given.

43. (Systematic records.)

It is the duty of a medical practitioner to keep such systematic records of his practice as good order and good medical procedure require, and as enable him to provide reports and information required by law or with authority in law. A separate journal must be kept for each patient.

The Ministry issues specific regulations concerning how records are to be kept, stored, and dealt with.

44. (Records as evidence.)

In connection with legal proceedings concerning a medical practitioner's practice, or in connection with administrative decisions concerning a medical practitioner's authorisation or license or right to prescribe drugs, or concerning a complaint about a medical practitioner's practice, records or recorded material may be required as evidence, either in the original or in certified photocopies or transcripts.

§45. (Loan or delivery of records, X-ray photographs, etc.)

When necessary for the treatment of a patient, a medical practitioner or health institution must loan or deliver to another medical practitioner or health institution treating the patient the records, recorded material, X-ray photographs etc. pertaining to that patient, either in the original or in certified copies or transcripts.

§46. (The right of a patient to have access to his journal.)

A patient has the right to acquaint himself with his medical journal and attached documents, unless a medical practitioner out of regard for his health or his relationship to persons close to him finds it inadvisable that he should have access to them or to parts of them.

A patient may in that case request that the journal be made known to a representative appointed by him. If the medical practitioner supposes this person to be unsuitable, he may ask that another be appointed. A doctor or lawyer may not be rejected except under special circumstances. If a patient is denied access to his journal, or if his appointed representative is rejected, he may complain to the Ministry. The medical practitioner must inform the patient of his right to complain, and as far as possible of the reasons for his decision.

The Ministry may issue specific regulations concerning the access of a patient to his journal.

§47.¹⁾ (Blood tests and other examinations of suspects.)

When it is authorised in law and can be done without risk, a medical practitioner must when requested by the police examine and take blood tests of persons suspected of punishable offences under the influence of alcohol or other intoxicating or narcotic substances.

A medical practitioner must also on the request of the Public Prosecuting Authority conduct physical examinations

1) In force from 13 June 1980, cf. Royal decree of the same date.

of suspects in criminal cases when such an examination has been required in pursuance of §211a of the Criminal Procedures Act. A medical practitioner is furthermore obliged to conduct physical examinations of prison inmates on the request of the prison director when such an examination has been decided on in accordance with the provisions of §30a of the Prison Act.

A medical practitioner is not obliged to examine or take blood tests or conduct other physical examinations of his wife, fiancée, relative in direct ascending or descending line, sibling, or equally close in-laws. Adoptive or foster relationships are considered the same as other relationships.

Nor is a medical practitioner obliged to examine or take blood tests or conduct other physical examinations of persons he is treating for misuse of alcohol, drugs, or medicines.

The Ministry may issue specific regulations concerning the duty of medical practitioners to take blood tests or carry out other physical examinations of suspects, and concerning limitations of and exemptions from the duty.

§48. (Report that a holder of a pilot's license or driving license does not fulfil medical requirements.)

If a person holding a pilot's license or a driving license for a motor vehicle consults a medical practitioner, and the medical practitioner finds that the person does not fulfil the valid medical requirements, he must warn the person. If the medical practitioner supposes that the situation is of long duration, he must submit a report in accordance with the regulations issued by the Ministry.¹⁾

CHAPTER IV. THE NORWEGIAN MEDICAL COUNCIL.

§49. (Composition of the Medical Council.)

The King²⁾ appoints the Norwegian Medical Council for four years at a time. It consists of a lawyer as chairman

1) Regulation of 15 March 1982.

2) The Ministry of Health and Social Affairs, cf. Royal

and two medical practitioners as permanent members. A personal deputy is appointed for each. The lawyers must be qualified to be justices of the supreme court.

The King appoints experts in the various fields of medicine and two laymen who may join the Council. The permanent members may for each case call upon from one to six of these or the permanent deputies to take part in the Council.

A member of the Council may if this is desirable be appointed for a shorter period than four years.

§50. (Duties of the Council.)

The Norwegian Medical Council is an advisory organ for the Ministry of Health and Social Affairs and for the Director-General of Health.

The Storting's Ombudsman for the Public Administration may ask the Council for statements on questions of a medical nature.

Other public organs and private individuals may request the Ministry to obtain a statement from the Council; the Ministry decides whether or not to do so.

The Ministry may delegate authority pursuant to this Act to the Council. Individual decisions reached by the Council by virtue of delegated authority may be appealed to the Ministry in accordance with Chapter VI of the Public Administration Act.

§51. (Activities of the Council.)

For the Norwegian Medical Council to have a quorum, at least three members, including the chairman and one of the permanent medical practitioners or the personal deputies for these, must be present.

Questions of procedure are decided by majority vote. In the case of a tied vote, the chairman has the casting vote.

Statements from the Council must be in writing and must give the reasons for its decisions. If there is a division of

Regardless of the statutory obligation to observe secrecy the Council may obtain necessary information from medical practitioners and other health personnel and from national insurance organs.

The King issues specific regulations¹⁾ concerning the activity and procedure of the Council, including the obligation of the members of the Council and its secretariat to observe secrecy.

CHAPTER V. VARIOUS PROVISIONS. PUNISHMENT. ENTRY INTO FORCE

§52. Reprimand. Warning.

Anyone committing an offence under this Act or under provisions issued with authority in this Act, or who otherwise acts incorrectly or contrary to good medical practice, may be given a written reprimand or warning by the Ministry.

Before a written warning is given, the person concerned must be given an opportunity to account for his actions orally or in writing.

§53. Punishment.

Anyone wilfully or negligently committing an offence under this Act or under provisions given with authority in this Act may be imprisoned for up to three months or fined.

§54. Implementation and supplementation.

The Ministry may issue specific regulations²⁾ for the implementation and supplementation of this Act.

§55. Entry into force.

This Act enters into force at such time as the King may decide.³⁾ At the same time the Act Respecting the Rights and Duties of Medical Practitioners of 29 April 1927 is

1) Royal decree of 18 December 1981.

2) Regulation of 15 March 1982, cf. §6.

3) In force from 1 April 1982, cf. Royal decree of 18 December 1981.

From the same date, changes are made in the following Acts:

1. §10 of the Act of 19 June 1936 no. 9 Relating to Restrictions in the Right of Persons who are not Norwegian Medical Practitioners or Dentists to Treat the Sick is repealed.
2. The second sentence of the first paragraph of §60 of the Act of 16 December 1960 no. 1 Relating to Aviation is repealed.
3. The second and third sentences of the fifth paragraph of §24 of the Road Traffic Act of 18 June 1965 no. 4 are repealed.

§56. Transitional provision.

Authorisation or permission to carry on medical practice in pursuance of §1, §17, or the second paragraph of §21 of the Act of 29 April 1927 Respecting the Rights and Duties of Medical Practitioners are effective in the same way as authorisation or license in pursuance of §2, §3, §4 or §13 of the present Act.