



Analysis of public disciplinary sanctions for violations of the medical code of ethics

Análise das sanções disciplinares públicas por infrações ao código de ética médica

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ABSTRACT

Introduction: Physicians must adhere to a set of ethical, technical, and legal standards in the practice of their profession.

Objective: To analyze the main public ethical-disciplinary sanctions applied to physicians by the Regional Council of Medicine of Paraná (CRM-PR).

Method: A retrospective documentary study was conducted using a secondary database available on the CRM-PR website, covering the period from 2015 to 2022.

Results: A total of 298 public ethical-disciplinary sanctions were imposed, consisting of 228 public censures, 54 suspensions, and 16 revocations. There was an 83% increase in sanctions over these 7 years. Among the 203 professionals sanctioned, the majority were male (83%) and did not have a medical specialty registration (50%). The most common infractions involved disobeying ethical rulings and resolutions, as well as causing harm to patients. The maximum penalty, loss of the right to practice the profession, was a result of multiple factors. The six revoked physicians had an average of 2 previous public sanctions and violated an average of 4, 5 articles per case, with violations ranging from one to eight articles. Additionally, 50% of the revoked doctors were registered with two professional councils.

Conclusion: Ethical integrity should be valued not only as a preventive measure to avoid lawsuits and their consequences but also as a guiding principle for the dignified and responsible practice of medicine.

KEYWORDS: Bioethics. Codes of ethics. Medical education. Medical ethics.

Central Message

The Code of Medical Ethics guides medical conduct with the objective of improving the practice of medicine for the benefit of society. Professional ethical processes are instruments that seek to ensure compliance with professional duties and standards of conduct. This study analyzes the public disciplinary ethical sanctions applied to offending professionals by the Regional Council of Medicine of Paraná over a period of 7 years. It offers an updated overview of medical ethics and its implications for training and performance in the professional routine.

Perspective

Physicians must act in an appropriate manner and in continuous alignment with established practices for the health, safety, and well-being of the population. More than a legal obligation, the commitment to ethics is a value that should guide all professionals.

RESUMO

Introdução: Os médicos devem seguir um conjunto de normas éticas, técnicas e legais no exercício da sua profissão.

Objetivo: Analisar as principais sanções ético-disciplinares públicas aplicadas aos médicos pelo Conselho Regional de Medicina do Paraná (CRM-PR).

Método: Estudo retrospectivo documental realizado em base de dados secundária disponibilizada no site do CRM-PR, no período de 2015 a 2022.

Resultados: Ocorreram 298 sanções ético disciplinares públicas sendo 228 censuras públicas, 54 suspensões e 16 cassações. Houve aumento de 83% de penalidades nestes 7 anos. Dentre os 203 profissionais apenados predominou homens (83%) sem registro de especialidades médicas (50%). Destacaram-se as infrações de desobedecer aos acórdãos e resoluções éticas, e de causar dano ao paciente. A pena máxima que foi a perda do direito de exercer a profissão resultou de uma soma de fatores, sendo que os 6 médicos cassados apresentavam em média 2 penalidades públicas anteriores e violação de 4, 5 artigos por processo, variando desde 1 até 8 artigos transgredidos, e estavam inscritos em 2 conselhos profissionais (50%).

Conclusão: A integridade ética deve ser valorizada não apenas como medida preventiva para evitar processos e suas consequências, mas como princípio norteador do exercício digno e responsável da medicina.

PALAVRAS-CHAVE: Bioética. Código de ética. Educação médica. Ética médica.

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INTRODUCTION

Medicine is the science and art of providing services to human beings and the community. Qualified physicians duly registered in their class councils must act to promote health, prevent diseases, treat and rehabilitate, promoting relief, well-being and comfort even when a cure is not possible. Like other professions, the practice of medicine is subject to the moral control of those who exercise them and to the set of rules of rights and duties.¹

The Code of Medical Ethics (CEM) establishes the ethical principles and guidelines for medical practice. Its purposes include the establishment of standards of professional conduct, aiming at the protection of patients and society as a whole, being periodically updated.¹⁻³ Its compliance is in line with laws and regulations, so that professionals are susceptible to being liable for inappropriate conduct in the civil, criminal, administrative and ethical spheres.^{1,4,5}

The Federal Council of Medicine (CFM) through the Regional Councils of Medicine (CRM) supervise the conduct of doctors and medical service companies registered in the respective states. Doctors can work in more than one state by obtaining a provisional visa, secondary registration or with definitive transfer, provided for in the Statute of Medical Councils. Professional ethical processes are administrative procedures established by the Councils to investigate news or complaints of an alleged practice of an act considered unethical, they follow a rite with several stages, observing the constitutional and legal guarantees of the represented, with different consequences, depending on the seriousness of the infraction committed or not.^{5,6}

The ethical penalties applicable to physicians (disciplinary sanctions) may be private (warning or confidential censure in a reserved notice) or public (censure in official publication, suspension of professional practice for up to 30 days or revocation of professional practice, ad referendum of the Federal Council of Medicine).^{4,5}

In recent years, there has been an increase in the number of doctors in the labor market and an increase in complaints against professionals. Although those who infringe the ethics of the profession are a minority,⁶ it is essential to know ethical violations, in order to seek solutions to avoid them. Such knowledge can guide strategies to improve the subsidies to bioethical principles (beneficence, non-maleficence, autonomy and justice), the technical-scientific standard, the doctor-patient relationship and the humanization of health for the adequate confrontation of daily ethical dilemmas and conflicts. In view of the scarcity of literature on the subject, this study analyzed the main public disciplinary sanctions applied by the Regional Council of Medicine of Paraná (CRM-PR) over a period of seven years.

METHOD

The writing of the article followed the rules of the STROBE cross-sectional study protocol. This is a documentary, descriptive and retrospective research, carried out in a secondary database available on the

website of the Regional Council of Medicine of Paraná (www.crmpr.org.br), with a time frame from January 2015 to December 2022. It was not necessary to submit to the research ethics committee, as this was a study based on data available for public and unrestricted access.

Data collection sought to obtain socio-professional variables (gender, enrollment in other states, estimated time of professional practice in years from the date of enrollment as a physician, registration or not of a specialty/area of expertise), the articles of the code of ethics violated, and the public sanctions applied (censure, suspension, or revocation).

To search for information in the public domain about the doctor, the portal of the Federal Council of Medicine was consulted. Based on the registered or non-registered specialty,⁷ the main professional practice was allocated as: internal medicine, family and community medicine, surgery, gynecology-obstetrics, pediatrics, and general practitioner.

To identify the infringed articles, the disciplinary sanctions and the respective editions of the Code of Medical Ethics, the portal of the Regional Council of Medicine of Paraná (CRM-PR) was consulted.⁸ For the purposes of this study, the public penalties were grouped into 2 blocks: 1) Censure/Suspension, 2) Cassation, and the most infringed articles were highlighted according to each version of the Code of Medical Ethics in force at the time.¹⁻³

Statistical analysis

The data were organized in an Excel spreadsheet and submitted to descriptive statistical analysis. The results were expressed as means and standard deviations or as frequencies and percentages and presented through tables.

RESULT

In the 2015-2022 period, 1,335 professional ethical processes were judged by CRM PR, of which 298 cases culminated in public disciplinary sanctions, distributed in public censure (228/76.51%), suspension of professional practice for 30 days (54/18.12%) and revocation of professional practice (16/5.36%). These penalties involved 203 physicians, with an increase in the temporal incidence in both sexes (Table 1).

TABLE 1 — Overview of registered physicians in Paraná, public disciplinary sanctions applied between 2015 and 2022 and number of penalties in the period

Year	Number of doctors registered in Paraná/year	Number of public penalties/year	Men		Women	
			n	%	n	%
2015	21.546	36	18	90	2	10
2016	22.604	39	18	90	2	10
2017	23.713	29	18	90	2	10
2018	23.661	35	16	94,1	1	5,9
2019	26.087	47	25	83,3	5	16,7
2020	28.513	14	10	76,9	3	23,1
2021	30.525	33	23	76,7	7	23,3
2022	32.525	65	42	79,2	11	28,8

Among the convicted professionals (n = 203), there was a predominance of men (170/83.7%), with an average estimate of 27.5 years of professional practice, without a specialty (general practitioner 103/50.7%) or with a registered specialty (100/49.23%).

The specialists had records in the major areas of: surgery (29/14.3%), gynecology and obstetrics (14/6.9%), pediatrics (6/3%), internal medicine (5/2.5%), family and community medicine (1/0.5%) and other specialties such as anesthesiology, ophthalmology, orthopedics (45/22.3%).

About 87 (42.85%) of the offending physicians were enrolled only in the CRMPR, with an average enrollment time of 27 years, ranging from 2 years (2 physicians) to 63 years (1 physician). There was similarity in the median values of 2 and the mean of 1.99 regarding the number enrolled, in which there were 2 registrations per physician, in different states, with a predominance in Paraná.

When analyzing the main violations during the years 2015 to 2022, it was noted a predominance of certain articles according to the version of the Code of Medical Ethics in force (Table 2).

In relation to the 2009 and 2018 versions of the Code of Medical Ethics, the commands most violated in the sanctions of public censure were those contained in article 18 (30%) and in the suspension of professional practice in article 1 (30.9%). In the 1988 version of the CEM, article 29 was the most violated in the sanctions of public censure (35%) and in the suspension of professional practice (30.4% Table 3).

TABLE 3 – Main articles infringed in professional ethical processes that resulted in public censure and suspension of professional practice in the state of Paraná, between 2015 and 2022.

Code of Medical Ethics versions 2009 and 2018				
Violated article	Public censorship		Suspension of professional practice	
	n	%	n	%
Article 1	33	22,0	17	30,9
Article 14	0	0	4	7,3
Article 17	28	18,7	12	21,8
Article 18	45	30,0	15	27,3
Article 32	32	21,3	7	12,7
Article 114	12	8,0	0	0
Code of Medical Ethics version 1988				
Violated article	Public censorship		Suspension of professional practice	
	n	%	n	%
Article 17	0	0	3	13,0
Article 29	21	35,0	7	30,4
Article 42	8	13,3	0	0
Article 44	9	15,0	4	17,4
Article 45	10	16,7	4	17,4
Article 57	12	20,0	5	21,7

There were 16 impeachment proceedings involving 6 professionals, all male (6/100%). The length of time in the profession showed a standard deviation of ± 16.03 years (mean of 37.67 years and median of 41 years) and half (3/50%) were enrolled in more than

TABLE 2 – Description of the most infringed articles according to the current version of the Code of Medical Ethics at the time of the facts in the state of Paraná, between 2015-2022

Command according to Code of Medical Ethics versions 2009 and 2018	
Article 1	Causing damage to the patient, by action or omission, characterized as malpractice, recklessness or negligence.
Article 4	Fail to assume responsibility for any professional act that has been performed or indicated, even if requested or consented to by the patient or his legal representative.
Article 11	Prescribing, certifying or issuing reports in a secret or illegible manner, without proper identification of their registration number with the Regional Council of Medicine of their jurisdiction, as well as signing blank prescription sheets, certificates, reports or any other medical documents.
Article 14	Practicing or indicating unnecessary or prohibited medical acts
Article 17	Failing to comply, except for just cause, with the rules issued by the Federal and Regional Councils of Medicine and to comply with their administrative requests, or notifications within the given period
Article 18	Disobeying the rulings and resolutions of the Federal and Regional Councils of Medicine or disrespecting them.
Article 30	Using one's profession to corrupt customs, commit or favor a crime.
Article 32	To fail to use all available means of health promotion and prevention, diagnosis and treatment of diseases, scientifically recognized and within their reach, in favor of the patient.
Article 35	Exaggerating the severity of the diagnosis or prognosis, complicating therapy, or exceeding the number of visits, consultations, or any other medical procedures
Article 87	Failure to prepare a legible medical record for each patient. Paragraph 1 - The medical record must contain the clinical data necessary for the proper conduct of the case, and must be filled out, in each evaluation, in chronological order with date, time, signature and registration number of the physician with the Regional Council of Medicine. Paragraph 2 - The medical record shall be under the custody of the physician or the institution that assists the patient. Paragraph 3 - It is incumbent upon the attending physician or his substitute to prepare and deliver the discharge summary to the patient or, if this is not possible, to his legal representative.
Article 114	Announce scientific titles that you cannot prove and specialty or area of activity for which you are not qualified and registered with the Regional Council of Medicine
Code of Medical Ethics version 1988 (CEM 1988)	
Article 17	The physician invested in a management position has the duty to ensure the minimum conditions for the professional ethical performance of Medicine.
Article 29	Practicing professional acts harmful to the patient, which may be characterized as malpractice, recklessness or negligence.
Article 42	Performing or indicating unnecessary or prohibited medical acts
Article 44	Failing to collaborate with health authorities or infringing current legislation.
Article 45	Failing to comply, without justification, with the rules issued by the Federal and Regional Council of Medicine and to attend to their administrative requests, or notifications, within the given period.
Article 57	Failing to use all available means of diagnosis and treatment at their disposal in favor of the patient.
Article 104	Referencing identifiable medical cases, displaying patients or their portraits in professional advertisements or in the dissemination of medical subjects on radio, television, or film programs, and in articles, interviews, or reports in newspapers, magazines, or other legal publications.
Article 124	Experimentally use any type of therapy not yet approved for use in the country, without the proper authorization of the competent bodies and without the consent of the patient or his legal guardian, duly informed of the situation and possible consequences
Article 131	To allow their participation in the dissemination of medical matters, in any mass communication vehicle, to cease to have the exclusive character of clarification and education of the community
Article 132	Disseminating information on a medical subject in a sensational, promotional, or untrue manner.
Article 142	The physician is obliged to abide by and respect the Rulings and Resolutions of the Federal and Regional Councils of Medicine

one council. Three did not have a specialty registration (3/50%), and the 3 who did were in surgery (1/16.6%), gynecology and obstetrics (1/16.6%) and geriatrics (1/16.6%).

The revoked professionals presented an average of 2 previous public penalties and infringed 4 to 5 articles per case, ranging from 1 to 8 articles. Violation of article 142/version of the 1988 Code of Medical Ethics was the most recurrent in this sample (Table 4).

TABLE 4 – Main articles infringed in the professional ethical processes that resulted in the revocation of professional practice in the state of Paraná, between 2015 and 2022.

Removal from professional practice		
Code of Medical Ethics versions 2009 and 2018		
Violated article	n	%
Article 4	2	25
Article 11	2	25
Article 30	2	25
Article 35	2	25
Code of Medical Ethics version 1988		
Violated article	n	%
Article 29	3	16,7
Article 42	2	11,1
Article 104	2	11,1
Article 124	3	16,7
Article 131	2	11,1
Article 132	2	11,1
Article 142	4	22,2

DISCUSSION

The analysis of disciplinary sanctions in medicine in Paraná between 2015 and 2022 showed an increase in public punishments, possibly due to the population's greater awareness of their rights, the growing number of doctors in the labor market, and failures in preparation to deal with ethical conflicts related to professional practice. A study carried out in Sergipe also observed an increase in complaints, although the disciplinary response did not translate into equivalent ethical-professional processes.⁹

The quality of medical education is a widely debated topic, especially after the proliferation of medical schools in Brazil. Many of these institutions do not offer adequate internship fields, which results in deficiencies in training and, consequently, in professionals more prone to making mistakes. The need for robust and longitudinal teaching on ethics is evident, and it is fundamental for the training of physicians who are better prepared to face the diversity of demands of actors, care structures and scenarios, and the complexity of professional practice.¹⁰

In the present sample, the male predominance in sanctions (83.75%) raises questions about gender dynamics in medicine. In Sergipe, between 2004 and 2013, it was identified that men accounted for 73% of the total number of investigations.⁹ In Santa Catarina, between 2005 and 2009, among the lawsuits for negligence, recklessness and malpractice, 95% of the doctors punished were male.¹¹ Such data suggest that sociocultural and professional structures can influence behaviors that result in a greater number of lawsuits, but do not exempt them from professional responsibilities, rights and duties.

Notably, the proportion of women with public penalties has grown over time, rising from 5.9% in 2018 to 28.8% in 2022 (Table 1). Although the trend of feminization of medicine is intensifying in Brazil,¹² the increase in ethical occurrences may also reflect other factors such as precarious working conditions, irregularities in professional advertising or in the provision of services.

Contrary to the common perception that recent graduates, supposedly more likely to commit infractions due to lack of experience, would be the group with the highest occurrence of punishments, the present sample showed that physicians with longer professional practice (average of 27.5 years in the profession) were involved in ethical occurrences. In Sergipe, most of the accused had between 20 and 30 years of professional experience,⁹ while in Santa Catarina, 35% had between 10 and 20 years of training.¹⁰ However, it should be considered that, unlike a judicial proceeding (criminal or civil), disciplinary ethical proceedings remain confidential for several years. In general, penalties are applied gradually or according to the seriousness of the infraction,⁴ the final decision depends on the sum of the votes of the collegiate and is subject to appeals.^{5,6}

In turn, the relationship between medical specialty and sanctions points out that most of the punishments involved surgical areas. This fact can be attributed to the higher risk associated with surgical procedures, which can result in patient dissatisfaction, complications, aggravations, or even death. In Bahia, the complaints fell mainly on gynecology and obstetrics, general surgery, anesthesiology, orthopedics and internal medicine.¹⁰ In Santa Catarina, physicians without a specialty were the most convicted (35%), but among the specialists, most worked in the areas of gynecology and obstetrics (14.2%),¹ anesthesiology (9.5%)¹ and general surgery (9.5%).¹¹ In Sergipe, gynecology and obstetrics was the most reported.⁹

In the present study, the main articles violated (Table 3) include errors characterized as malpractice, recklessness or negligence, as well as disobedience to rulings and resolutions of the Federal and Regional Medical Councils, evidencing insubordination and misconduct. On the other hand, the articles that resulted in the most dismissal (Table 4) in the 2009 and 2018 versions of the Code of Medical Ethics were articles 4, 11, 30 and 35, which are mostly related to violations of fundamental ethical principles, such as beneficence, which guides professionals to act in the best interest of patients, and non-maleficence, which aims to prevent damage. In agreement with a study carried out in São Paulo, eminently ethical failures, more than technical or scientific failures, culminated in the revocation of professional practice.¹³

By adopting ethical conduct and keeping up to date, the doctor not only protects his profession, credibility, reputation and image, but also avoids misunderstandings and distortions, minimizing the risks of complaints and lawsuits.¹⁴ Disciplinary sanctions, in general, are linked to the deterioration of the doctor-patient relationship, stress in coping with conflicts, expenditure of time at each stage, and economic and financial costs. Often, concomitant judicialization and negative exposure in the media can amplify these effects, creating a stigma that is difficult to overcome.

By punishing professionals who violate the Code of Medical Ethics, the system seeks to correct individual failures, but, mainly, to protect patients and ensure the

quality of medical care for the population. However, it is necessary to ensure that punishments are applied in a fair, thoughtful and balanced manner, to prevent doctors, fearing reprisals or threats of lawsuits, from failing to offer some services or becoming excessively cautious, harming the quality of health care.

The limitations of the present study lie in its retrospective design, with potential information bias and lack of control over external variables, which does not allow the identification of causal relationships. The scarcity of publications on the subject makes it difficult to compare it with the literature. In addition, the COVID-19 pandemic globally affected the dynamics of medical care and may have masked the data, with a drop in the number of lawsuits observed in 2020 and 2021, which does not correspond to the upward trend in the pre- and post-pandemic periods.

However, the contributions of this study are significant in pointing out the continuous need to strengthen ethical principles in medical practice as an effective way to prevent such problems. It refers to the importance of debating disciplinary sanctions and conducting more studies, including longitudinal research, considering demographic and social changes, and also, the growing digital transformation in health

CONCLUSION

The increase and the category of disciplinary sanctions show a complex interaction between experience and professional responsibility, indicating the need for a more critical approach in relation to the training and working conditions of physicians. It is essential that the Medical Councils continue to monitor and punish inappropriate conduct, while promoting continuous ethical education. Strengthening medical ethics in professional training is essential to ensure the quality of health services, patient safety, and society's trust.

Authors' contributions

Erika Resner Zschoerper: Methodology, Project Management

Ivan Soares Ribeiro Junior: Conceptualization

Lúcia Cristina Coelho Schabatara: Investigation

Kátia Sheylla Malta Purim: Methodology, Supervision, Writing (proofreading and editing)

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