1. Introduction

If d'Aguesseau wrote that the bar is as old as the magistracy, then one can paraphrase this by saying that deontology is also as old as the liberal profession, whether christened as such, or as "ethics", a term already encountered under the pen of Louis Portes.

The Association of Physicians in France (CSMF) formerly published a set of rules of deontology. Then, after the National Medical Association (Ordre de Médecins) was (at first) officially established by the law of 7 October 1940, one of its first tasks was to prepare a Code of Deontology and statutes for the medical profession, declaring that it was inspired by the aforementioned regulations (Bull, Order, 1941, 12). The draft was published in the Bulletin of 1941 (p. 12 and subsequent pages), and was amended in the light of remarks addressed to the high council (eg. pp. 75, 113) but the code itself was not published. At least, unlike its successor, it was not transcribed into the Medical Association (Ordre de Médecins) regulation establishing rules of honor, morals and concerns of the profession as authorized by article 4 of the law of 7 October 1940 (R. and J. Savatier, J.-M. Auby, H. Péquigout Treatise on Medical Law, (Traité de droit médical) No. 125).

The Code is interesting reading, not only for the fact that it illustrates the extreme concern of the authors to impose very scrupulous medical morality prescribed in detail (article 18, among others: "a doctor must not be accused of greed"), but also for its preliminary affirmation: care of the ill is a sacred obligation to be undertaken under all circumstances, "even to the detriment of one's own interests or at the risk of one's life".

This Code came just before the Decree of 28 January 1942 which imposed "state obligation" to solicit and respect the wishes of the patient, and before the proclamation by President Portes on respect of medical confidentiality. This
was also the time when Doctor Huard, secretary of state for the family and health, made his statement: “The Medical Association (Ordre de Médecins) owes society the quality of work that devolves upon the elite” (Bull. 1941, 169).

It should be noted in passing, that notwithstanding the absence of publication of the Code, disciplinary jurisdiction functioned: a Code of deontology is only one of the expressions of professional morals which can be read in the margins of the Code, even if incomplete.

The liberal professions do not have any codes while nonetheless being subject to severe deontology (lawyers); other medical codes exist without the publication of any regulations but with implicit authority (in Belgium, cf. H. Nys, Medicine and Law, (La médecine et le droit) published by Kluwer, 1995, p. 62).

Later came the Code of 27 June 1947, written in a different order, with less stated on medical secrecy and abortion, and bringing advice on revealing fatal or serious prognoses. The next code was that of 28 November 1955, in which one finds again the precept of respect for life and the human being (article 2; Code of 1947, only article 23-20). The fundamental principles of liberal medicine (article 5) and the obligation to undertake attentive and conscientious care (articles 28, 29), later imposed on the drafters of the “medical conventions”, are already in place here. The procedures of elaboration had been modified since 1940: the Code is prepared by the National Council of the Medical Association, then submitted to the State Council (and in practice to the Chancellery) before being enacted in the form of a State Council Decree (Code. Public Health, article L.366).

The regulation, for that is what it is now, is guaranteed by the state; but since it is only a regulation, it must respect the legislative principle applicable to the practice of medicine, as well as the general principles of law. At the same time, a fortiori, it depends on the ethical committees, including the National Consultative Committee on Ethics (Comité consultatif national d'éthique).

It is therefore understood by this, for example, that a Code published after the law of 17 January 1975 on abortion is necessarily drafted differently from previous codes. But the Code of 1955 was itself replaced by that of 28 June 1979 (cf. R. Villey, Medical Deontology, Masson, 1982) A Code translates the concerns and the needs of the time, stresses that which, hic et nunc, is of greatest pedagogical importance for professionals, while taking into account any changes brought about by legislators to the principles of medical practice and the legalization of new acts which, hitherto, troubled consciences.

The remainder of the deontology is not suppressed, and while certain questions which have become embarrassing are clarified, that which is unwritten and that which has not become incompatible with the new text remains ethically imperative. Certainly, the evolution of the structures of the