

Law of Practicing health professions

**Issued by the Royal Decree No. (M/59), dated 04/11/1426 H
and the Implementing Regulations thereof issued by the Ministerial
Resolution No. (4080489) dated 02/01/1439H**



No.: 4080489

Date: 02/01/1439H (23/09/2017G)

Attachments:

Ministry of Health

Ministerial Resolution

The Minister of Health,

Based upon the powers granted thereto;

And having taken cognizance of the Law of Practicing Health Professions issued by the Royal Decree No. (M/59), dated 04/11/1426H:

Having taken cognizance of the Article (43) of the Law of Practicing health professions, which states that the Minister of Health shall issue the Implementing Regulations of this Law; and

For the exigencies of the work interest.

Decides the following:

First: The approval of the Implementing Regulation of the Law of Practicing Health Professions, as attached hereto.

Second: This resolution shall take effect as from the date of issuance thereof and shall be published in the Official Gazette and the website of the Ministry.

May Allah Grant Us Success

Minister of Health

[Signature]

Tawfiq Bin Fawzan Al Rabiah

Part I

Licensing to Practice the Profession

Article (1):

The following words and phrases, wherever mentioned in this Law, shall have the meanings assigned thereto unless the context requires otherwise:

Health Practitioner:

Any person is licensed to practice a health profession, including the following categories: physicians, dentists, specialist pharmacists, healthcare technicians in radiology, nursing, anesthesia, laboratories, pharmacy, optics, epidemiology, artificial limbs, physiotherapy, dental care and replacement, tomography, nuclear medicine, laser equipment and surgery operations, psychologists and social workers, dieticians and public health specialists, midwifery, paramedics, audiology and speech therapists, occupational rehabilitation and therapy, medical physics and other health professions to be agreed upon by the Minister of Health, the Minister of Civil Service and the Saudi Commission for Health Specialties.

Minister: Minister of Health

Ministry: Ministry of Health

Commission: Saudi Commission for Health Specialties

Regulations:

- 1.1 The Commission shall update the health professions, issue a list of health practitioners whenever needed, and submit its recommendations to the Minister of Health for approval, in preparation for coordination with the Minister of Civil Service to agree thereon, taking into account the Commission's competence to approve the health specialties that are branches of any health profession.

Article (2):

- A. It is prohibited to practice any health profession without a license from the Ministry.**
- B. Licensing for the practice of a health profession shall be subject to the following conditions:**
 - 1. Obtaining the qualification required for the profession from any college of medicine, pharmacy, applied medical sciences, health or from a health institute, or any other qualifications required for practice of health professions recognized by the Commission, or obtaining a degree from abroad recognized by the Commission.**
 - 2. Completing the mandatory internship period required for the profession and being medically fit.**
 - 3. Registering with the Commission in accordance with its registration requirements.**
 - 4. Not being previously convicted of an offense impinging upon honor or integrity, unless rehabilitated.**
- C. The employment in health professions of government authorities shall be deemed as a license to practice the profession in the said authorities; subject to the prior registration with the Commission.**

Regulations:

- 2.1. The license shall be granted to a health practitioner by the Ministry or the directorates of health affairs in the regions and provinces. The license shall be granted to alternative medicine practitioners by the National Center for Complementary and Alternative Medicine.
- 2.2. A fixed-term license may be granted with the completion of the necessary requirements of the Commission to the following categories, provided that their qualifications are approved:
 - A. The visiting health practitioners or the like.
 - B. The practitioners who are contracted during the classification process.
- 2.3. The alternative medicine may not be practiced except under a license from the National Center for Complementary and Alternative Medicine and in accordance with the relevant controls and conditions. In this case, the alternative medicine practitioner shall be subject to the professional responsibilities stipulated in this Law; and the unlicensed persons shall be referred to the competent authority as per the criminal liability.

- 2.4. The mandatory internship, prescribed for a practitioner, shall be taken place under the direct supervision of a practitioner who is licensed in the same professional field.
- 2.5. The Commission shall inform the competent health authority in the event that the certificates and documents according to which the contract was concluded are invalid, provided that this person will be included in the list of non-contracting and non-licensing. The competent health authority shall exclude that person and complete the deportation procedures for the non-Saudis; in the event that the private right is claimed, it shall be referred to the competent authority.
- 2.6. Obtaining registration and classification from the Saudi Commission for Health Specialties and approval from the Minister of Education by consultants, who are members of academic staff in universities, to work in a private health institution, shall be deemed as a license to practice the profession in the private health sector.
- 2.7. The health practitioners, contracted by the medical operating companies to work in government the health facilities, shall only be appointed after being classified and registered by the Commission; and their appointment shall be considered a license to practice the profession.
- 2.8. The requirements of experience for health practitioners, working in the government entities, shall be determined as per controls and rules commensurate with the Health Jobs Regulations and the Civil Service Law.
- 2.9. The legal texts, related to practicing the profession mentioned in the Law of Private Health Institutions; the Law of Pharmaceutical Establishments and Preparations; and the Law of Fertilization, Utero-Fetal, and Infertility Treatment Units; and the implementing regulations thereof, shall be taken into consideration when licensing the health practitioners to work in any of these institutions or establishments. The requirements for qualification and experience shall be specified in line with the regulations of the Commission and the manuals it issues determining the criteria for the acceptance of qualification and experience by the Commission.
- 2.10. The license to practice a health profession shall not be granted or renewed to a person who is previously convicted of an offense impinging upon honor or integrity unless it is rehabilitated under a decision issued by the competent authority.

Article (3):

- 1. The license term for practicing a health profession shall be determined by the Implementing Regulations of this Law. Any person, who ceases to practice for two consecutive years, for purposes other than studying or training in the profession, may resume practice only after the renewal of the relevant license.**
- 2. The rules for recruitment, registration and licensing of visiting practitioners shall be set forth in the Implementing Regulations.**

Regulations:

- 3.1 The licensing for government entity employees shall be valid as long as a health practitioner is working in the medical field, provided that the professional registration is determined by the Commission at the end of the period thereof.
- 3.2 The licensing period for employees of private health institutions shall be equivalent to the period of professional registration with the Commission; in the event that the workplace changes during the period of professional registration without changing the specialty, the registration shall remain valid.
- 3.3 The license renewal shall be issued in line with the requirements referred to in Articles 2 and 3 of this Law.
- 3.4 The license shall be considered null in the following cases:
 1. If six months have passed from the date of license issuance without working thereunder.
 2. If the license for a private health institution, in which they work, is revoked, or the operating contract for the company that recruited them is terminated, unless they move to a licensed health institution, or the visiting period of a physician, who is licensed to work during it, expires.
 3. If the health practitioner changes their specialty without the approval of the Ministry of Health.
 4. If a decision is issued by the competent authority to suspend or revoke the license.
 5. In case of the licensee's death.
- 3.5 The health practitioner shall apply for the renewal of the license granted thereto at least one month before the expiry thereof.
- 3.6 The health practitioner shall be subject to the disciplinary liabilities stipulated in this Law in the event that they continue to work after the expiry of the license granted thereto.
- 3.7 The visiting health practitioners shall be recruited as per the following rules:

1. The visiting health practitioner shall have a valid license to practice the profession in the country from which they are recruited.
2. The recruitment of a visiting health practitioner shall be limited to hospitals and medical complexes prepared for the specialty and capabilities of the visiting health practitioner.
3. The visiting health practitioner shall be a person with rare specialties or new technologies required in the Kingdom.
4. The visiting health practitioner may not be a person who was sentenced to a sharia penalty, a criminal judgment, or due to malpractice, or they are deported from the Kingdom for a reason related to the health professions.
5. In determining the duration of the visit, the sufficient time, to evaluate the medical procedures that will take place during the visit, shall be taken into account.
6. The health facility shall guarantee the payment of the compensation, of which a final judgment is issued, in the event of malpractice by the visiting health practitioner, if an insurance coverage is not available or not sufficient.
7. The private health facility shall assign one of its consultant or specialist physicians to accompany the visiting physician or health practitioner, provided that they practice the same specialty or the hospital's medical director, in the absence of physicians or practitioners of the same specialty, and that they are responsible for the following tasks:
 - A. Receive and prepare patients.
 - B. Participate the visiting health practitioner in diagnosis, treatment plan, and surgical procedure.
 - C. Follow up on the conditions after the departure of the visiting health practitioner and take the necessary procedures to face the complications that may result from the method of treatment or surgery.
8. The visiting health practitioner's application shall be submitted to the directorate of health affairs, to which the health facility is affiliated, attached with the following.
 - A. A copy of the certificates and CVs of the visiting health practitioner.
 - B. The visit program, including lectures and workshops that will be provided by the visiting health practitioner.
 - C. An acknowledgment from the visiting health practitioner to work under the applicable laws in the Kingdom and respect the Islamic principles.
 - D. An acknowledgment from the accompanying health practitioner of agreeing to be assigned to accompany the visiting health practitioner, as well as to

follow-up on the diseased conditions, deal with the complications thereof, and make statements before investigation committees and competent judicial authorities regarding malpractices resulting from diagnosis, treatment, or surgery.

9. A copy of the certificates and CVs of the visiting health practitioner shall be submitted to the Commission for evaluation.
10. After approval is issued by the Commission of recruiting the visiting health practitioner, the following shall be conducted:
 - A. The approval of the recruitment of the visiting health practitioner shall be granted by the relevant ministry or directorate of health affairs.
 - B. The temporary license shall be issued in the name of visiting health practitioner to work in the private health facility after their arrival and upon completion of all the procedures stipulated in these Regulations; and the license shall expire at the end of the visit period.

Article (4):

Based on the exigencies of public interest, the Minister may restrict licensing to practice any of the professions set forth in this Law to the Saudi nationals only.

Regulations:

- 4.1. The licensing to practice the profession may be restricted to the Saudis practicing any of the health professions mentioned in Article (1) of this Law if there is a sufficient number of them in the Kingdom or in one of the regions or for reasons approved by the Minister.

Part II

Duties of Health Practitioner

Section One

General Duties of Health Practitioner

Article (5):

The health practitioners shall practice its profession for the best interest of individuals and society within the framework of respecting human right to life, and its safety and dignity, and shall observe customs and traditions prevailing in the Kingdom, keeping away from exploitation.

Regulations:

5.1 The health practitioner shall respect the patient's right in line with the Sharia principles and the approved medical standards.

5.2 The Manual for the Ethics of Practicing Health Profession and other relevant manuals approved by the Commission shall apply to the health professions practitioners.

5.3 The health practitioner is prohibited from photographing or publishing surgeries or treatment procedures unless the following controls are met:

- A. Obtain written approval from the patient.
- B. Obtain the health facility's approval.
- C. Photographing or publishing is for approved scientific purposes.
- D. Not to violate public morals and professional ethics.

Article (6):

The health practitioner shall cooperate with the competent authorities in performing their duties towards safeguarding and preventing hazards to public health in war and peace.

Article (7):

- A. The health practitioner shall improve its knowledge and keep abreast of the scientific advances and new discoveries in its field. The managements of health facilities shall facilitate its attendance to seminars and courses in accordance with controls specified by the Commission.**
- B. The health practitioner may not use methods of diagnosis and treatment unrecognized scientifically or prohibited in the Kingdom.**

Regulations:

- 7.1. Information shall be developed by attending the scientific and training conferences and seminars, lectures, participating in research, and providing sources of information to the health practitioners; and this shall be taken into account when considering promotions, re-registration, or renewal of the license to practice the profession.
- 7.2. The Commission shall develop controls for information development for the health practitioners and health facility departments, provided that they include the continuous health education hours, accredited hours for training, and the type of courses required, provided that this is in the field of professional specialization of the health practitioners. These controls shall be published in an appropriate media means, and the health facility shall enable the health practitioners to complete the prescribed continuing education hours in a manner that does not contradict their commitment towards patients.

Article (8):

The health practitioner, who witnesses or becomes aware of a patient or injured in critical condition, shall provide all possible assistance or ensure that they receive the required care.

Regulations:

- 8.1. The health practitioner shall provide the urgent medical care to patients who need it according to the available capabilities without claiming their fees in advance. If the patient's condition requires a further medical care that the health practitioner cannot provide, they shall communicate with the

concerned authorities to find a way to transport the patient to the nearest health facility suitable for treating them.

Article (9):

- A. The healthcare shall always be in the interest of patients, and the health practitioner shall exert due care to all patients.**
- B. The health practitioner may not, except in emergencies, practice beyond its specialty or capability.**

Regulations:

- 9.1. The health practitioner may not perform any medical act that does not bring benefit to the patient, even if no harm is resulted therefrom, such as prescribing unnecessary medications or tests, or hospitalizing a patient when their condition does not require hospitalization.
- 9.2. The health practitioner shall work in compliance with the medical powers "privileges" and the job description granted to them according to the classification and registration with the Commission. The employer shall present these powers in writing and adhere thereto.

Article (10):

- A. The health practitioner is prohibited from advertising or promoting itself, directly or indirectly, except in cases provided for in the Implementing Regulations.**
- B. The health practitioner is prohibited from registering on signs, cards, prescriptions or advertisements, academic titles or specialties it has not obtained in accordance with relevant rules.**

Regulations:

- 10.1 Without prejudice to the provisions of Article (31) of the Law of Private Health Institutions and the Implementing Regulations thereof, the health practitioner shall refrain from advertising methods in various means, such as advertising for themselves or making advertisements of a commercial nature that are not based on scientific foundations or are in conflict with the professional ethics.

Article (11):

The health practitioner, upon examination of a patient suspected to be criminally injured or to have an infectious disease, shall immediately notify the competent security and health authorities.

The Minister shall issue a resolution designating diseases that must be reported, the authorities to be notified and procedures that must be followed in this respect.

Regulations:

- 11.1 The health practitioner, upon examining a patient who is suspected to be criminally injured, shall prepare a detailed report that includes the expected recovery period and an accurate description of the injury, signed by two physicians, and approved by the health facility.
- 11.2 The competent authority, in the Ministry, shall specify the infectious diseases that must be reported and the authority to be reported, and set the appropriate preventive and treatment rules and procedures; and a resolution of the same shall be issued by the Minister, and this shall be updated periodically, provided that it is available to all health practitioners.
- 11.3 The health practitioner shall abide by the decisions and instructions issued to regulate reporting on infectious diseases; and the report shall be made to the competent authorities directly or through the facility to which the health practitioner is affiliated.

Article (12):

The health practitioner may not practice more than one health profession, nor may it practice any other profession the practice of which conflicts with health professions. It may not request, accept or take a commission or reward; nor may it receive any benefit in return for promoting or strictly prescribing certain medications, or equipment or directing patients to a particular pharmacy, hospital, laboratory or the like.

Regulations:

- 12.1 The health practitioner may not practice more than one health profession even if they possess the qualifications thereof.
- 12.2 The health practitioner is prohibited to obtain any financial or in-kind benefit from pharmaceutical or medical equipment companies for the purpose of promoting or marketing and directing patients towards a specific product or service against the patient's interest.

Article (13):

The health practitioner may not, except in emergencies, perform an examination or treatment, for or without a fee, in pharmacies or places not designated for such purpose.

Article (14):

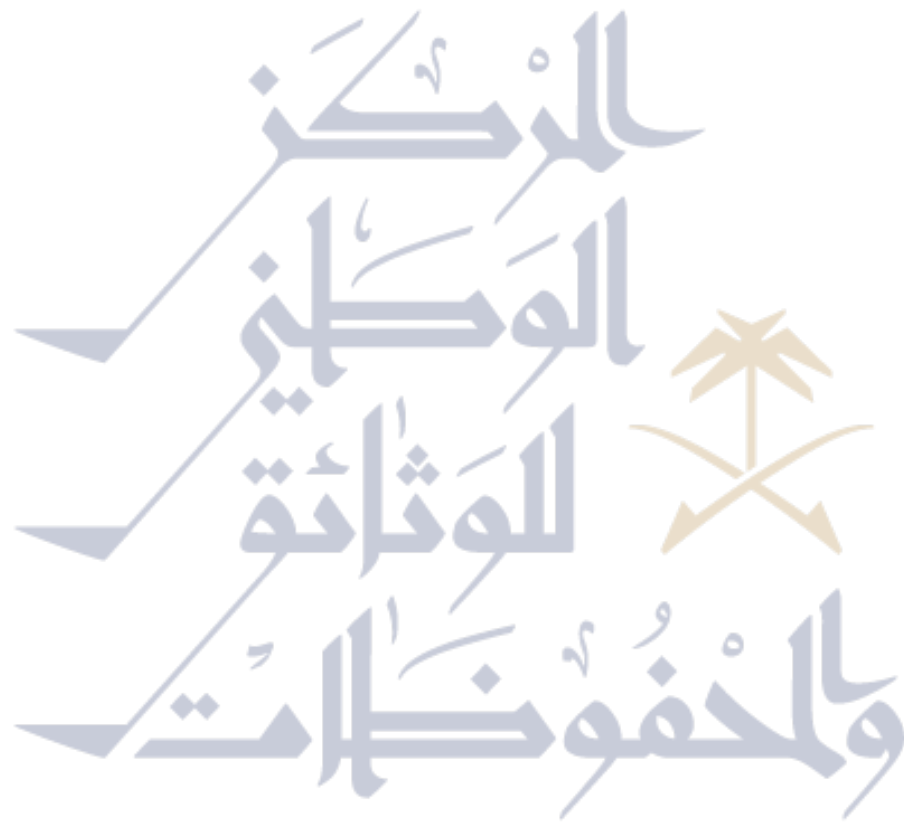
It is prohibited for the health practitioner to:

- A. Employ the unlicensed health practitioners or provide assistance to any person illegally practicing a health profession.**
- B. Keep medications and vaccinations in the workplace contrary to instructions issued by the Ministry, except for the pharmaceutical facilities.**
- C. Sell medications to patients, except for selling in the pharmaceutical facilities, or sell medication samples under any circumstances.**
- D. Facilitate the patient's receipt of any undue or unlawful privilege or benefit, whether material or otherwise.**
- E. Accommodate patients in places not designated for the purpose, except in emergencies.**
- F. Use of diagnosis or treatment equipment prohibited in the Kingdom.**

Regulations:

- 14.1 The health practitioner is prohibited to issue incorrect or exaggerated reports in order for the patient to obtain a sick leave, health certificate, or any other advantage.

- 14.2 The health practitioner may keep medicinal samples that have not expired and are not used for sale or emergency medications, provided that they are properly preserved and stored in their workplace to be dispensed for free in cases of necessity.
- 14.3 The health practitioner is prohibited from using unauthorized detection or treatment devices.



Section Two

Duties of Health Practitioner towards Patients

Article (15):

The health practitioner shall use due care in the diagnosis, using the appropriate technical means and any specialists or assistants the case may require, and provide the patient, upon its request, with reports on its condition and test results, observing accuracy and objectivity.

Regulations:

- 15.1 In this regard, the instructions regulating the issuance of medical reports related to any sick leave, health fitness, reports of criminal injuries, birth and death certificates, and other official reports shall be complied with.
- 15.2 The health practitioner, who is aware of the lack of the means or specialties required to diagnose and treat the condition, shall take the due care to transfer the patient to the places where the necessary capabilities are available.

Article (16):

The health practitioner may, in other than critical or emergency cases, reject treating patients for acceptable professional or personal reasons.

Regulations:

- 16.1 Rejecting to treat patients based on a difference of religion, color, gender, or race shall not be an acceptable reason.
- 16.2 Before rejecting continuing the treatment, the health practitioner shall make sure that no harm will occur to the patient and inform whoever is required to ensure the continuation of the treatment plan.

Article (17):

The attending health practitioner shall, if it sees a need for a second opinion, alert the patient or its family thereto, and shall agree to seek assistance from other health practitioners if so requested by the patient or its family. The health practitioner may suggest names of health practitioners it deems fit for consultation. If the attending health practitioner decides that there is no need to consult another health practitioner or disagrees with its opinion upon consultation, it shall have the right to discontinue treatment, with no obligation to give justification therefor.

Regulations:

- 17.1 The health practitioner shall present themselves to the patient, their specialty, and degree when dealing with the condition.
- 17.2 In the event that the condition requires that the patient is diagnosed or treated with other specialties or diagnostic methods, the health practitioner shall clarify the same and the reasons thereof.

Article (18):

After explaining the treatment or surgery condition and the consequences thereof, the health practitioner shall alert the patient or its family to the necessity of following the instructions provided and warn them of the consequences of failing to follow the said instructions.

The physician may, in cases of incurable or life-threatening diseases, decide, at its own discretion, whether it is appropriate to inform the patient or its family of the nature of its disease, unless prohibited to do so by the patient or if the patient designates a person (persons) to be exclusively informed.

Regulations:

- 18.1 The health practitioner shall explain the possible side complications resulting from performing a treatment procedure or surgery to the patient, their family, or whomever the patient chooses.

18.2 The health practitioner shall not disclose the patient's medical secrets or details of their medical condition except to the patient themselves, their family, or whomever the patient chooses.

Article (19):

No medical intervention may be performed except with the consent of the patient, its representative or guardian if the patient is legally incompetent. As an exception, the health practitioner must, in cases of accidents, emergencies or critical cases requiring immediate or urgent medical intervention to save the patient's life or an organ thereof or to avert severe damage that might result from delay, where the timely consent of the patient, its representative or guardian is unattainable, intervene without waiting for such consent. Under no circumstances may the life of a terminally ill patient be terminated even if so requested by the patient or its family.

Regulations:

19.1 The approval of a rational adult patient, whether a man or woman, or their representative, if the patient is ineligible, before performing a medical or surgical work, in line with the contents of the Supreme Letter No. M/4/2428 dated 29/07/1404H based on the Council of Senior Scholars' Decision No. 119 dated 26/05/1404 H.

Article (20):

The physician, requested to conduct a medical examination on a deceased person, may not provide a death report except after establishing the cause of death, based on its medical expertise.

The physician may not provide a report if it suspects the death is caused by a criminal act. In this case, it must immediately notify the competent authorities.

Regulations:

- 20.1 Before documenting the death, the physician shall conduct a thorough medical examination to ensure that the vital functions of the body have ceased to work, by means of clinical examination and other technical means. It is not permissible to issue a report of death except after making sure by the technical means that it has occurred with documenting the time of death.
- 20.2 When suspected the existence of traumatic or toxic effects, the physician shall do the following:
- A. Inform the responsible authority in the health facility, to which they are affiliated, which, in turn, shall inform the competent security authorities in an official form.
 - B. Document injuries in a medical report submitted to the competent security authorities.
 - C. When summoned, the forensic physician shall conduct an external examination when examining the body, and if they deem it is necessary to conduct an autopsy to prove the cause of death, they shall request the same from the security authorities to obtain the necessary order for the autopsy while preserving all evidence related to the deceased, such as clothes, shells, etc.

Article (21):

The health practitioner shall maintain the confidentiality of information obtained in the course of its practice and may not disclose it except in the following cases:

- A. If disclosure is for the following purposes:**
 - 1. Reporting a case of death resulting from a criminal act or preventing committing a crime; in which case, the disclosure may only be made to the competent authorities.**
 - 2. Reporting communicable or infectious diseases.**
 - 3. The practitioner's refuting an accusation made against them by the patient or the family thereof that is related to their competence or way of practicing the profession.**
- B. If the secret owner agrees, in writing, on the disclosure, or if the disclosure to the patient's family is useful for patient treatment.**
- C. If an order of the disclosure is issued by a judicial authority.**

Article (22):

The physician may not perform an abortion on a pregnant woman unless necessary for saving her life. However, abortion may be performed if pregnancy has not completed four months and conclusively established that the continuation of such pregnancy will have serious consequences on the mother's health, based on a decision by a medical committee formed in accordance with terms and conditions specified in the Implementing Regulations of this Law.

Regulations:

22.1 The Council of Senior Scholars Decision No. (140) dated 20/06/1407H includes the following controls:

1. It is not permissible to abort a pregnancy during its various stages except for a legal justification and within very strict limits.
2. If the pregnancy is in the first stage, which is the period of forty days, and abortion is of a legal interest or removes an expected harm, it is permissible to abort it. However, the abortion, during this period, due to fear of hardship in raising the children, or the fear of being unable to meet the costs of the other children living or education, for the sake of their future, or for a permanent birth control, is not permissible.
3. It is not permissible to abort a pregnancy if it is a clinging clot or a lump of flesh until a reliable medical committee determines that the pregnancy continuation poses a danger to the safety of the mother, fearing that she may die. In such event, it is permissible to abort it, after using all means to prevent the risks.
4. After the third stage and the completion of four months of pregnancy, it is not permissible to abort it until a group of trusted specialists decides that the fetus's remaining in the mother's womb may lead to her death, provided that all means to save its life have been used. It was permitted to abort a pregnancy with these conditions in order to remove greater harm and achieve the best interest.

22.2 The director of the hospital, in which the maternity department is located, or the deputy thereof shall form a committee whose members shall not be less than three consultant or specialist physicians, among whom there is a consultant or specialist with the disease for which abortion is recommended, and they shall

prepare a report indicating the type of the mentioned confirmed risk to the health of the mother. If the pregnancy continues and such report shall be signed by all the committee members, then it shall be approved by the hospital director or the deputy thereof. In the case of recommending an abortion, it shall be explained to the patient and her husband or guardian, and then their written consent shall be obtained.

- 22.3 It is not permissible to dispense or facilitate the dispensing of medicine for abortion. In addition, no other health practitioner may conduct the same to perform an abortion procedure that is not legally permitted.

Article (23):

A. It is prohibited for the pharmacist to:

- 1. Be a manager in charge in more than one pharmaceutical facility.**
- 2. Dispense any medication without a prescription issued by a physician licensed to practice in the Kingdom, excluding medications specified by the Ministry.**
- 3. Dispense medications different from those stated in the prescription without the approval of the issuing physician. The pharmacist may, with the approval of the patient, dispense medications have a similar formulation without consulting the physician, excluding the medications specified by the Ministry.**
- 4. Refill prescriptions unless the prescription states so, excluding the medications specified by the Ministry.**
- 5. Dispense medication if it suspects an error in the prescription, in such case, it shall seek clarification from the prescribing physician.**

B. The pharmaceutical technician may only dispense medication under the supervision of a licensed pharmacist.

Regulations:

- 23.1.A The pharmacist appointed to manage any pharmaceutical facility shall adhere to the professional duties and responsibility specified for that facility under the Law of Pharmaceutical Establishments and Preparations and Implementing Regulations thereof.

- 23.2 A. The medical prescription shall meet the recognized conditions set by the Ministry.
- B. The prescriptions of narcotic drugs and psychotropic substances shall comply with procedures and controls of dispensing followed in the Ministry and in line with the provisions of the Law of Combating Narcotics and psychotropic Substances and Implementing Regulations thereof.
- C. The over-the-counter medications specified by the Saudi OTC Drug Index shall be excluded from dispensing, under a prescription.
- 23.3 The pharmacist shall accurately dispense the prescription substances, quantitatively and qualitatively, whether they are ready to use or formulated. Such prescription may not be opposed without the approval of the person issued the prescription, and the pharmacist may dispense similar alternatives of medications, quantitatively and qualitatively, that are registered in the Saudi Food and Drug Authority without referring to the physician, provided that they are of equal or less price, with the consent of the patient, with the exception of medications with a narrow treatment range.
- 23.4 The pharmacist may repeat the prescription for chronic disease medications if the prescription stipulates the same, except for the medications listed in the list attached to the Law of Combating Narcotics and psychotropic Substances and the psychic medications specified in the Saudi Drug Index and the annexes thereof issued by the Saudi Food and Drug Authority.
- 23.5 The pharmaceutical technicians and pharmaceutical students who work under training are prohibited from dispensing or selling pharmaceutical preparations without supervision of the pharmacist; and this does not exempt them from liability.
- 23.6 The pharmacist may refrain from dispensing or selling medications in the following cases:
- A. If they see an error in the prescription, and they shall inquire about the error from the physician who issued the prescription.
 - B. If it found that the medication is not valid for use, and they shall explain the same to the physician who issued the prescription.

Section Three

Professional Courtesy

Article (24):

The relationship among health practitioners shall be based on cooperation and mutual trust.

It is prohibited for a health practitioner to conspire against their colleagues, undermine their professional or moral standing or spread rumors against them; nor may a health practitioner, directly or indirectly, solicit or dissuade patients treated by a colleague or their co-workers.

Article (25):

The health practitioner substituting its colleague in treating their patient shall not exploit the situation to its advantage and shall rise above anything that may discredit the practice of its profession.

Regulations:

25.1 The health practitioner who replaces its colleague in treating their patients shall review the patient's file and the procedures initiated or recommended by their former colleague, complete the procedures required by the patient's condition, and record the same in the patient file.

Part III

Professional Liability

Section One

Civil Liability ¹

Article (26):

The health practitioner governed by this Law shall exert due care in line with the commonly established scientific principles.

Article (27):

Any health practitioner who commits malpractice causing a harm to a patient shall be liable for indemnification.²

The Medico Legal Committee, provided for in this Law, shall determine the amount of such indemnification. The following shall be deemed malpractice:

¹Civil liability is defined as a physician's failure to comply with the Law, and such a failure results in a harm to another person, and this harm requires the indemnity. The obligation in a physician's work arises from the laws regulating the medical profession, in addition to the medical contract between the physician and the patient, whereby the physician is obligated to undertake the required medical care and provide the necessary treatment to the patient. If the physician commits any malpractice and it results in a harm to the patient, this shall constitute a (default or contractual) civil liability on the physician, and the physician shall make compensate the patient for this harm through the financial indemnity. The indemnity shall be determined by the Medico Legal Committee, which is the competent judicial authority to look into malpractices. It is worth mentioning that the blood money (Diyah) or indemnities for bodily injury (Arsh) are defined by Sharia concepts. As for compensation, it shall be determined upon the discretion of the Medico Legal Committee.

Civil Liability Is a penalty for damaging private interests, as the responsible person's commitment to compensate for the harm at the request of the concerned person who is entitled to waive it or reconcile is sufficient to be protected.

Civil liability is defined as every error that causes a harm to others, as any person commits it is required to pay compensation; breach of the provisions of the law; or not abiding by the terms of the contract, and this means that the physician shall be held civilly liable if their actions include the tort, the damage and causal relationship between them, meaning that the damage that befell the patient shall be a direct result of the patient's tort.

²Malpractice is defined, legally, as every violation or deviation by a physician in their compliance with the medical rules and principles that are required by knowledge or recognized theoretically and practically at the time of performing the medical work or a breach of the duties of caution, awareness, and vigilance imposed by the Law and the duties of the profession on the physician, when it causes severe consequences while they are able and obligated to be vigilant and cautious of their behavior so as not to harm the patient.

- 1. Error in treatment or inadequate follow-up.**
- 2. Lack of knowledge of technical matters supposed familiarity with them by others in the same specialty.**
- 3. Performing experimental and unprecedented surgery on a person, in violation of the relevant rules.**
- 4. Conducting experiments or unestablished scientific research on patients.**
- 5. Administering medications to patients on an experimental basis.**
- 6. Using medical instruments or equipment without adequate knowledge of their use, or failing to take appropriate precautions to prevent damage arising from such use.**
- 7. Failure to provide adequate monitoring or supervision.**
- 8. Failure to consult anyone the condition of a patient requires to be used.**

Any provision limiting the liability of the health practitioner or excluding it therefrom shall be deemed invalid.



Section Two

³ Criminal Liability

Article (28):

Without prejudice to any severer punishment provided for in other laws, a person commits any of the following shall be punishable by imprisonment of not more than six months and/or a fine not exceeding one hundred thousand Riyals:

1. Practicing health professions without a license.
2. Providing false information or using unlawful means resulting in its obtaining a license to practice health professions.
3. Using means of advertising that would lead the public to believe in its eligibility to practice health professions, contrary to fact.
4. Unlawfully claiming a title usually associated with the health practitioners.
5. Possessing instruments or equipment usually used in the practice of health professions without having a license to practice such professions or a legitimate reason for such possession.
6. Unjustifiably rejecting to treat a patient.
7. Violating provisions of Articles: (7) Paragraph (B), (9), (11), (14) Paragraphs (A and F), (29), (20), (22), (23), (24), and (27) Paragraph (3) of this Law.
8. . Trafficking in human organs or performing a human organ transplant surgery knowing that such organ has been obtained by trafficking.

³ Criminal liability is a breach of a legal or professional duty or obligation when a physician performs or abstains from an act that is in violation of the criminal or medical rules and provisions specified by the legal laws. To achieve so, a criminal intention on the part of the physician must exist, i.e. to be aware of the damage that may result from their action and yet they do it, in addition to their will to inflict it.

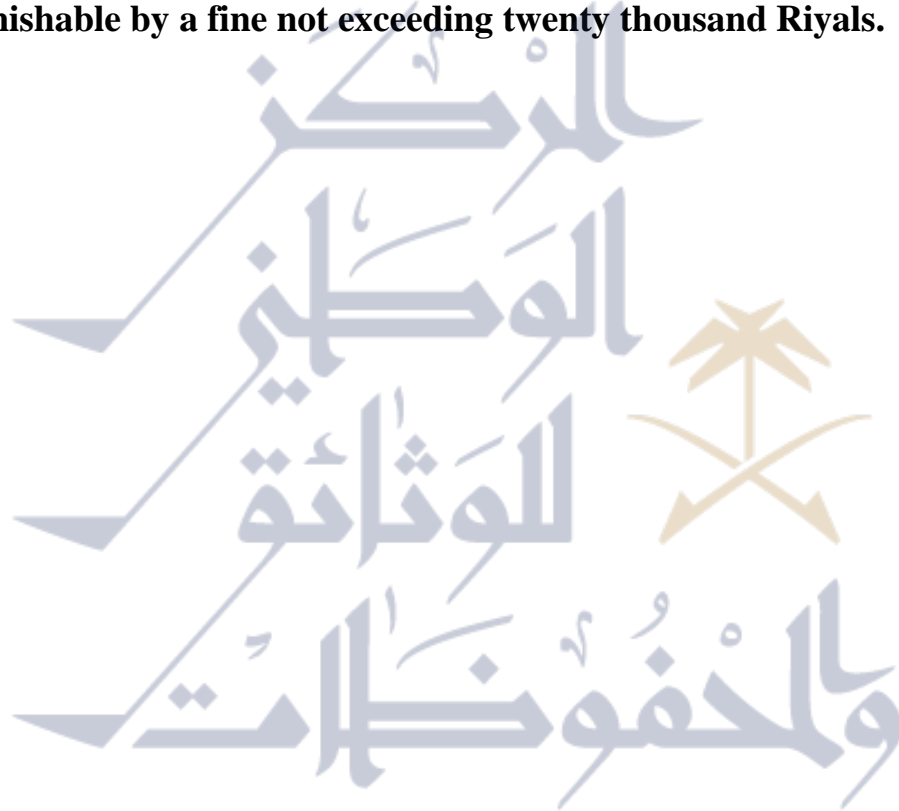
A physician shall be criminally liable when they commit any of the acts that constitute a crime under the Law, such as the crime of illegal abortion, an intentional harm to the patient, refraining from providing treatment and aid in cases of necessity, and others.

Article (29):

Any person violates provisions of Articles: (10), (12), (13), and Paragraphs (B, C, D, and E) of the Article 14 of this Law, shall be punishable by a fine not exceeding fifty thousand Riyals.

Article (30):

Any person commits a violation of the provisions of this Law or its Implementing Regulations, for which no specific penalty is provided therein, shall be punishable by a fine not exceeding twenty thousand Riyals.



Section Three

Disciplinary Liability

Article (31):

Without prejudice to provisions of criminal or civil liability, the health practitioner who defaults in performing any duty provided for in this Law, violates relevant codes of practice or acts contrary to professional conduct or ethics, shall be subject to disciplinary action.

Article (32):

Disciplinary penalties for professional violations shall be as follows:

- 1. - Warning.**
- 2. - A fine not exceeding ten thousand Riyals.**
- 3. Revocation of the license for the practice of health profession and striking off the name from the registry of licensees. In case of revocation of the license, the reapplication for a new license may only be filed after the lapse of two years, at least, from the date of revocation.**

⁴Disciplinary Liability: It is the accountability for a physician's breach of professional behavior, stipulated in the ethics and conduct of the profession, including honesty, sincerity, and others.

Disciplinary Liability: It is a physician's performance of an act that represents a violation of the requirements of their job duties.

Part IV

Investigation and Trial

Article (33):

- A. A committee called the Medico Legal Committee shall be set up as follows:**
 - 1. A judge of a grade not lower than the grade (A) designated by the Minister of Justice, Chairman.**
 - 2. A legal counselor designated by the Minister.**
 - 3. A faculty member from a college of medicine designated by the Minister of Higher Education. In provinces not having a college of medicine, the Minister shall designate a member in lieu thereof from any health facility in the region.**
 - 4. A faculty member from a college of pharmacy designated by the Minister of Higher Education. In provinces not having a college of pharmacy, the Minister shall designate a member in lieu thereof from any health facility in the region.**
 - 5. Two competent and experienced physicians chosen by the Minister.**
 - 6. A competent and experienced pharmacist chosen by the Minister.**
- B. The participation of two members referred to in Paragraphs 4 and 6 shall be limited to cases relating to the pharmacy.**
- C. The competent minister shall designate a substitute member to replace an absent member.**
- D. This Committee shall have a secretary designated by the Minister.**
- E. The Committee may seek the assistance of one or more experts on the subject matter of the submitted case.**
- F. This Committee shall be located in the Ministry of Health in Riyadh; and other Committees may be set up in the provinces designated pursuant to a resolution by the Minister.**
- G. The Implementing Regulations shall specify the term of membership of said Committee and shall regulate its proceedings.**

Regulations:

- 33.1. The term of membership in the Medico Legal Committee shall be renewable three (3) years.**

- 33.2. The Committee shall, if it deems it necessary, seek the assistance of one or more experts to express an opinion on a technical matter related to the case submitted thereto or upon a request from one of the litigants on his/her own account.
- 33.3. The expert may submit their opinion to the Committee in a written report and it shall listen and discusses it in one or more hearings. The cost paid to the expert for the sessions they attend shall be estimated in equivalent to the remuneration paid to a member of the Committee for each hearing.
- 33.4. In choosing a secretary, it shall be taken into account that they must be experienced, competent, and have a university degree to understand the submitted cases.
- 33.5. A secretary of the Medico Legal Committee shall audit the transactions received from the Medico Legal Committee's Secretariat, ensure that the medical files are completed, prepare the case to be submitted to the Medico Legal Committee, issue the Committee's minutes of hearings and decisions, and confirm the presence, absence, and requests of the parties to the case in the hearing minutes.

Article (34):

The Medico Legal Committee shall have the following jurisdictions:

- 1. Consider claims of medical malpractice in cases brought before it regarding private rights (blood money (Diyah), indemnities for bodily injury (Arsh), or compensation).⁵**
- 2. Consider cases of medical malpractice leading to death, damage of an organ or loss of total or partial use thereof, even in the absence of a claim for a private right.**

⁵The word blood money (Diyah) is used to refer to the money that a perpetrator pays to the victim or their guardians in exchange for the felony he/she committed, whether the felony is on the victim's life or on less than a life. However, jurists used the word blood money (Diyah) to describe the compensation that a perpetrator pays for the victim's life. And the word indemnities (Arsh) for the indemnity that a perpetrator pays for infeasibility.

Indemnities (Arsh) Is a part of the price that equals the amount that is reduced from the value of a sold good because of a defect in order to compensate the lost value ratio to its fullest as if the sold good has not defected.

Ewad (Compensation): What is given to a person instead of what he/she loses.

Article (35):

The Medico Legal Committee shall convene with all its members in attendance and shall pass its decisions by a majority vote, provided the majority includes the judge. The decisions of this Committee may be appealed before the Board of Grievances within sixty days from the date of notification thereof.

Regulations:

- 35.1. A person who has suffered a harm out of the malpractice subject to claiming and the inheritors thereof shall claim their right, regardless of the amount, before the Medico Legal Committee that is considering the case.
- 35.2. The secretary shall attend the hearings of the Committee, issue the minutes of hearings under the supervision of the Committee's chairman, and record in the minutes the name of the chairman and members of the Committee, the public prosecutor, the date, place, and time of the hearing, the names of the litigants and their defenders, their statements and requests, a summary of their pleadings, evidence and documents submitted, and all procedures that take place in the hearing. The Committee's Chairman and participating members shall sign on each page of the minutes.
- 35.3. The Committee shall hear the public prosecutor's statement and the private right claimant's statement. Each of the parties shall have the right to comment on the statements of the other party. The Committee, after that, shall charge the defendant with the violations attributed thereto in the hearing and request the defendant to give an answer thereto. If the defendant denies the violations attributed thereto or abstains from answering, the Committee shall consider the evidence submitted and conduct what it deems necessary in this regard. Each of the litigants may request to hear any witnesses they request and consider the evidence submitted thereby. Any of the litigants may submit to the Committee whatever they have in relation to the case, in writing, to be included in the case file.
- 35.4. The Committee shall issue a decision whether to acquit or convict the defendant and impose a punishment thereon. In both cases, the Committee shall decide on the request submitted by the private right claimant. The Committee's decision shall be substantiated by attributing all the facts or justifications of its decision to the relevant legal texts.
- 35.5. The private right claimant shall have the right to directly submit to the Medico Legal Committee's chairman, during the hearing of the case or after it is referred

to the Committee, an urgent case to prevent their litigant from traveling, and the judge, the Committee's Chairman, shall issue a travel ban order if he sees a justification for that.

- 35.6. The concerned persons shall be notified, in writing, to appear before the Committee or the competent committee at the time and place specified by them. In the event that the claimant or their legal representative does not attend at the time and place specified for the hearing despite being officially notified, then the Committee shall set another date, and in the event that the claimant or their representative does not attend on the second date, the Committee shall complete the consideration in relation to the public right and dismiss the claim of the claimant for the private right. The documents shall be returned to the authority from which the complaint was received.
- 35.7. In the event that the defendant does not attend even though they are officially notified of the date and place of the hearing, the Committee shall postpone the case to a next hearing of which the defendant shall be notified. If they do not attend, the Committee shall dismiss the case, and the judgment, in all cases, shall be deemed to have been handed down in the presence of defendant. If the defendant is residing outside the Kingdom in a country that is a member of the Riyadh Arab Agreement for Judicial Cooperation, they shall be notified according to the procedures stipulated in Article (6) of the Agreement, and if the defendant is from a country other than these countries, they shall be notified through the Ministry of Foreign Affairs.
- 35.8. The prevailing party in the public or private right shall take the statutory procedures to implement the final decision issued in its favor after being notified. The Medico Legal Committee and Medical Violation Committees shall not have any relationship with the implementation of the decisions issued by these committees.
- 35.9. Each Medico Legal Committee shall have a full-time secretariat consisting of a physician and a qualified administrative body, as stated in the Supreme Letter No. (7/B/15229) dated 04/08/1422H (22/10/2001 G).

Article (36):

The public prosecution shall represent, before the Medico Legal Committee, the officers designated pursuant to a resolution by the Minister.

Regulations:

36.1 The public prosecutor shall be paid an amount for the hearings it attends the equivalent of the remuneration paid to a member of the Committee for each hearing.

Article (37):

A public right claim may not be heard after the lapse of one year from the date of knowledge of the relevant medical malpractice. The Implementing Regulations shall specify the criteria pertaining to the said knowledge.

Regulations:

37.1 The knowledge of professional malpractice shall be established from the date of submitting the report prepared by the competent investigator in accordance with Article (40) and the Implementing Regulations thereof.

Article (38):

Except for jurisdictions stipulated for the Medico Legal Committee, the violations arising from the implementation of this Law shall be considered by committees formed pursuant to a resolution by the competent minister, provided that each committee includes a legal specialist and a health practitioner of Saudi nationality. The decisions issued by the said committees shall be approved by the competent minister and may be appealed before the Board of Grievances within sixty days from the date of notification thereof. The Implementing Regulations shall specify the work procedures of these committees.

Regulations:

38.1 The work procedures of medical violation committees shall be in compliance with those of the Medico Legal Committee.

38.2 These committees shall hold their hearings at their designated headquarters and issue their decisions by majority. In the event of a tie, the opinion of the committee chairman shall prevail.

38.3 It is not permissible to implement the decisions of these committees before they have acquired the final status by the expiration of the specified period of grievance or after the issuance of a final judgment by the Board of Grievances.

Article (39):

The Minister may suspend a licensed health practitioner from practicing for a period it deems appropriate, should there is evidence or presumptions indicating a violation is punishable, if proven, by license revocation. If there is a probability that such suspension will adversely affect relevant patients, the Minister shall take appropriate procedures to ensure that the said patients will continue to receive necessary healthcare. The health practitioner may appeal the suspension decision before the Board of Grievances within thirty days from the date of notification thereof.

Regulations:

39.1 The competent director of health affairs, the executive directors of medical cities and specialized hospitals, or the assistant undersecretary for compliance shall propose the temporary suspension of practicing the health profession by the health practitioner if the investigation results in evidence and presumptions that they have committed a violation is punishable, if proven, by license revocation.

Article (40):

The Implementing Regulations shall set forth rules and procedures necessary for considering and deciding violations and cases arising from the implementation of this Law.

Regulations:

- 40.1. The authorities, entrusted with imposing the penalty, shall take into account the gradual determination of the appropriate penalty according to the degree of seriousness of the violation and the extent of its recurrence.
- 40.2. Anyone, who has been affected by the professional malpractice stipulated in this Law, or their inheritors, in the event of death thereof, may submit to the health facility, in which the malpractice occurred, or the director of the relevant health affairs the investigation request. The complaint submitted by a person who is affected by the malpractice, their representative, guardian, or inheritors shall be considered a claim for their private right. It is permissible to request the investigation of the malpractice even if there is no claim for the private right.
- 40.3. The competent health authority shall order an investigation immediately after submitting the complaint by the claimant. The person charged with conducting the investigation may postpone the travel of the defendant and whomever the investigation requires to hear their statements for a period of thirty (30) days to complete the necessary investigations. In the event that the investigation requires an additional period, the same shall be submitted to the competent health affairs director or executive directors in medical cities and specialized hospitals, requesting an extension for another thirty (30) days. The private right claimant may submit to the investigator a request to be submitted to the Medico Legal Committee's chairman within the case file to consider the travel ban of the defendant.
- 40.4. The investigation shall be carried out by the experienced and qualified experts selected by the competent authority in the Ministry, or selected by the competent health affairs director or by the executive directors of the medical cities and specialized hospitals.
- 40.5. The investigator assigned to conduct the investigation shall inform the litigants of the day and hour in which it commences the investigation, the investigation procedures, and the place where it shall take place well before the date of the investigation.
- 40.6. Upon the attendance of the defendant in committing malpractice for the first time at the investigation, the investigator shall record all personal data related to the defendant, inform the defendant of the violations attributed thereto, and record in the report the defendant's statements about these violations. The investigator may confront the defendant with other concerned persons, claimants, or witnesses. The defendant shall sign on their statements after they have been read thereto.

- 40.7. The investigation shall be carried out in a situation in which there is no effect on the will of a defendant to express their statements. The litigants may submit to the investigator, during the investigation process, requests they desire to submit.
- 40.8. The investigator shall hear the statements of everyone who has a direct relationship with the health violations that are the subject of the investigation, hear the statements of the witnesses requested by the litigants, record in the investigation report the full data on each witness, listen to each witness separately, and may confront the witnesses with each other and with the litigants. Each of them shall sign on their own statements.
- 40.9. The person assigned to the investigation may seek the assistance of a specialist, it deems fit, to express an opinion on any issue related to the investigation conducted thereby. They shall submit their report in writing at the time specified by the investigator. The investigator may replace them with others if they did not submit the report on its specified date. Either litigant may submit a report from another specialist in an advisory capacity.
- 40.10. All concerned parties shall submit the information, papers, documents, medical files, reports, radiology, and medical analysis to the investigator upon request.
- 40.11. All investigation procedures and the results thereof shall be considered secrets that investigators and others, who are involved in or attend the investigation because of their job or profession, shall not disclose, and any person of them violates so shall be held liable.
- 40.12. Upon the completion of the investigation, the investigator shall prepare a report that includes the facts that have been investigated, evidence, presumptions, and results that the investigation has concluded with attribution of each violation, if any, to the relevant legal article and recommend the referral of the case to the Medico Legal Committee or the competent Health Violations Committee for the reasons that on which it is based, provided that the Medico Legal Committees are the competent authority to adjudicate the filed cases.
- 40.13. Upon referring the claim to the Medico Legal Committee or any of the competent violations committees, the investigator shall deliver all the investigation papers and all attachments, including documents and medical files to the Medico Legal Committee's Secretariat or the violations committee to which the claim is referred, as well as a copy to the competent public prosecutor. The secretariat shall ensure that the requirements for hearing the case and the addresses of all parties thereto are met and recorded in a special record, specify a hearing to be considered, and inform the litigants and all concerned parties to attend before the Medico Legal Committee or the competent committee well

before the hearing. The health practitioner's employer shall be the approved address for notification, and such employer shall deliver the notification to the health practitioner in an official and proved manner.

- 40.14. The Medico Legal Committee's Secretariat and the competent committees shall prepare a separate file for each case.
- 40.15. The Medico Legal Committee and the competent committees shall hear and record the statements of the concerned parties, and they may rely on the conclusion of the initial investigation submitted thereto, provided that all of these statements are in Arabic. If one of the parties does not speak Arabic, they shall inform the committee to bring an interpreter whom they trust, or agree to seek the assistance of one of the committee members.
- 40.16. The Medico Legal Committee's Secretariat and the competent committees shall inform both the claimant and the defendant of the issued decision and provide them with a copy thereof.

Article (41):

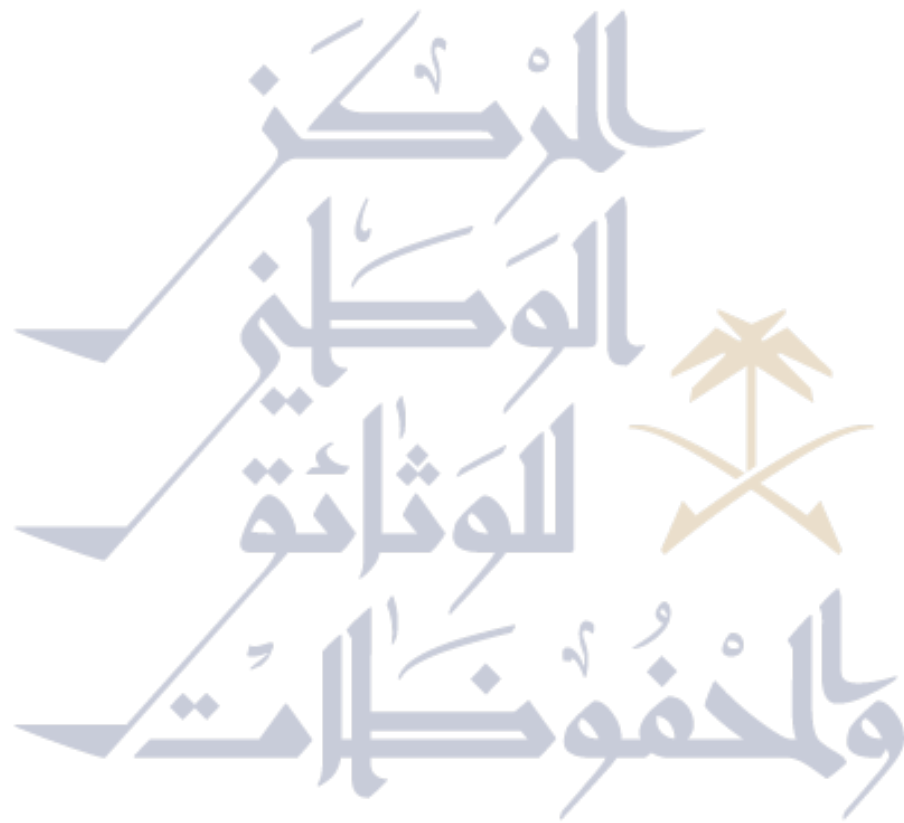
The subscription to cooperative insurance against medical malpractice shall be mandatory for all physicians and dentists of public and private health institutions. The said institutions shall guarantee payment of compensations rendered by final judgments against their staff in case of lack or insufficiency of insurance coverage, and they shall have the right of recourse against the convicted, for reimbursement. The said mandatory cooperative insurance may include other categories of the health practitioners pursuant to a resolution by the Council of Ministers upon a proposal submitted by the Minister of Health.

Regulations:

- 41.1. All physicians and dentists, who have professional registration with the Commission, shall be subject to cooperative insurance against malpractices of health professions regardless of their incomes and the period of their employment.
- 41.2. Every physician and dentist shall conclude an insurance policy against the malpractices of health professions with one of the cooperative insurance companies licensed to operate in the Kingdom of Saudi Arabia.

- 41.3. The physician/dentist shall pay the premiums to the insurance company they choose for this purpose in line with the agreement concluded therewith.
- 41.4. The relevant authority shall take the necessary action to ensure the commitment of physicians or dentists to participate in the cooperative insurance against malpractices of health professions.
- 41.5. The insurance company shall issue a certificate to the insured physician or dentist stating that they are insured to be submitted to the competent authority upon obtaining a work permit or renewing the license.
- 41.6. The benefits of insurance coverage shall include the value of private right claim resulting from professional malpractice in compliance with this Law.
- 41.7. The insurance coverage of the health practitioner shall include all compensations arising from malpractice that occurs during the insurance coverage period. The time of the final judgment issuance shall not affect the entitlement to pay compensation resulting from malpractice occurred during the insurance coverage period.
- 41.8. The insurance coverage shall end with the death of the beneficiary, the expiration of the policy period, the cancellation thereof, the termination of the employment contract with the insured, or the cessation/suspension from practicing health professions.
- 41.9. The insured may change the insurance company contracted therewith to provide the insurance coverage, provided that they send a letter to that effect to the insurance company at least a month before the date of the required cancellation. The returned part of the insurance premium shall be calculated on a proportional basis agreed upon in the policy.
- 41.10. If there no insurance coverage to pay the compensations, for which a final judgment is issued against the health practitioner, or if the insurance coverage provided by the health practitioner is not sufficient to pay these compensations, then the health institution, to which the health practitioner is affiliated, whether public or private, shall guarantee payment of these compensations and the owner of the private right may request from this health institution payment of these compensations, for which a final judgment is issued, in the event that there is no insurance coverage for the health practitioner and the payment of the difference between the value of the insurance coverage and the compensation awarded if the insurance coverage is not sufficient to pay all compensations. The health institution, in this case, shall have the right to recourse against the health practitioner for the compensations it paid thereto.

- 41.11. If the health practitioner has a work relationship with more than one institution, the joint liability rests with the institution in which the malpractice occurred.
- 41.12. The health institution shall be responsible for the professional actions of the trainee physician. The health facility shall be jointly liable before others for malpractices by that trainee.



Part V

Final Provisions

Article (42):

This Law shall repeal the Law of Practicing Medicine and Dentistry Professions issued by Royal Decree No. (M/3) on 21/2/1409 H, the Law of Practicing Pharmacy and Trading in Medications and Medical Preparations issued by Royal Decree No. (M/18) on 18/03/1398 H, and any provisions conflicting therewith.

Article (43):

The Minister shall issue the Implementing Regulations of this Law which shall be published in the Official Gazette. Also, the Minister shall issue resolutions and directives necessary for the implementation of this Law.

Article (44):

This Law shall be published in the Official Gazette and shall come into effect sixty days from the date of its publication.

Regulations:

- 44.1 Such Regulations shall be published in the Official Gazette and the website of the Ministry, and they shall come into effect as from the date of publication thereof.