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Research Paper

The Physician's Duty of Discretion Tested by The Legal Obligation to Report

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Abstract
The Cameroonian physician is subject to a duty of discretion rooted in the Hippocratic Oath. This duty is tested by legal obligations to report, including public-health notification requirements. Drawing on an analysis of Cameroonian positive law informed by comparative law, the present study identifies the current shortcomings of the national framework and proposes reform avenues capable of more effectively reconciling the trust inherent in the therapeutic relationship with the protection of vulnerable persons.

Keywords: Physician, discretion, reporting, patient, reform.

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The physician's duty of discretion — commonly referred to as medical confidentiality — is one of the cornerstones of the therapeutic relationship. The Medical Code of Ethics of Cameroon[1] establishes this duty as a requirement that 'is binding on the physician'[2]. The law equally subjects every physician, whether practising in the public or private sector, to professional secrecy[3]. The Criminal Code, moreover, makes breach of that duty an autonomous offence[4], and the penalty is doubled when the offender holds public-official status[5], the position of the majority of Cameroonian physicians working in the public sector.

This normative framework, rigorous in appearance, should not obscure a more complex reality. Medical confidentiality was never conceived as an absolute. The Hippocratic Oath itself reserved the duty of silence to matters 'which ought not to be spoken abroad', thereby allowing for the possibility — even the requirement — of disclosure in certain circumstances. The Criminal Code has thus enshrined a general exception in Art. 310, para. 2[6]; it also imposes on the physician the duty to assist a person in danger[7], an obligation reinforced by Art. 3 of the Medical Code of Ethics[8].

It is in this tangle of prescriptions — sometimes convergent, sometimes contradictory — that the difficulty lies. On one side, the duty of discretion remains a pillar of the trust between patient and physician[9]. The European Court of Human Rights has emphasised this forcefully[10], and the Oviedo Convention enshrines every person's

[1] Decree No. 83-166 of 12 April 1983 enacting the Medical Code of Ethics.

[2] Art. 4: 'Subject to contrary provisions of the law, professional secrecy is binding on the physician provided that, in his conscience, it does not harm the patient's interests.'

[3] Law No. 90-036 of 10 August 1990 on the exercise and organisation of the medical profession, Art. 4.

[4] Art. 310, para. 1 of the Criminal Code.

[5] Art. 132, para. 2 of the Criminal Code, which doubles the penalties under Art. 310 when the offender is a public official.

[6] Art. 310, para. 2 of the Criminal Code.

[7] Art. 283 of the Criminal Code.

[8] Decree No. 83-166 of 12 April 1983, Art. 3, para. 1.

[9] L. PORTES, 'Du secret médical', address to the Académie des Sciences morales et politiques, 5 June 1950, published in his posthumous work: A la recherche d'une éthique médicale, Masson, 1964, p. 153.

[10] ECtHR, 25 February 1997, Z. v. Finland, App. No. 22009/93, § 95.

right to respect for private life in relation to health information[11]. On the other side, legal obligations have multiplied, compelling or authorising the physician to break silence in specific circumstances, whether involving notification of a communicable disease to the health services[12], or the reporting of abuse observed in a vulnerable patient.

Comparative analysis reveals that this tension is by no means specific to Cameroon. French law, a historical source of inspiration[13], has undergone a comparable evolution: Art. 226-13 of the Criminal Code penalises breach of professional secrecy[14] whilst Art. 226-14 expressly authorises its lifting in cases involving the protection of minors and vulnerable persons[15]. Senegalese and Ivorian law organise medical discretion along comparable lines[16], whilst the ECOWAS Harmonised Codes of Ethics attempt a regional synthesis[17]. Cameroon, as a member of the Economic and Monetary Community of Central Africa, stands outside this West African harmonisation movement[18], which makes a rigorous examination of the internal coherence of its own framework all the more valuable.

The question acquires renewed urgency in the light of recent Cameroonian developments. The surge in femicides and violence against children observed between 2023 and 2026[19] has prompted public authorities and civil society to question the adequacy of the criminal framework[20]. Yet Cameroon lacks, as of the date of this study, any specific law on the prevention and suppression of violence against women and children[21]. This normative gap directly affects the physician who encounters evidence of abuse, since no special provision, unlike in French law, expressly secures the physician's reporting decision or shields him from liability in good faith[22].

The present study accordingly pursues a dual objective: first, to survey the Cameroonian texts that govern the interaction between discretion and reporting; and second, to draw on comparative law to identify avenues of consolidation for a national framework that remains open to improvement. The examination of this question reveals, in the first place, that the duty of discretion is weakened by the continuous proliferation of legal reporting obligations (I), and, in the second place, that this duty remains in search of a truly achieved regime of conciliation with the obligation to report (II).

I. A DUTY OF DISCRETION WEAKENED BY THE PROLIFERATION OF LEGAL REPORTING OBLIGATIONS

In Cameroon, medical confidentiality rests on a body of texts that appears, at first reading, substantially solid, combining deontological and criminal sources. That apparent solidity is, however, weakened by the existence, within the repressive framework itself, of a far-reaching judicial exception (A), compounded by the emergence of targeted reporting obligations of which the duty to assist constitutes the most fully developed manifestation (B).

A. The Classical Foundation of Medical Confidentiality Tested by Textual Exceptions

The legal consecration of medical discretion in Cameroonian law draws on several sources that together form a relatively structured legal regime (1). That regime is, however, immediately circumscribed by a far-reaching judicial exception (2).

1. The Legal Consecration of Medical Discretion in Cameroonian Law and in Comparative Perspective

[11] Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (Oviedo Convention), opened for signature 4 April 1997, Art. 10.

[12] Decree No. 83-166 of 12 April 1983, Art. 36, para. 2.

[13] S. MELONE, 'Du bon usage du pluralisme judiciaire en Afrique', RCD, No. 31, p. 5.

[14] Art. 226-13 of the French Criminal Code.

[15] Art. 226-14 of the French Criminal Code.

[16] Code of Medical Ethics of Senegal, Art. on professional secrecy.

[17] Harmonised Codes of Ethics and Practice of ECOWAS, Art. 48.

[18] The West African Health Organisation coordinates harmonised medical ethics standards for ECOWAS member states including Senegal and Côte d'Ivoire, unlike Cameroon which falls within the CEMAC.

[19] National Institute of Statistics of Cameroon, Demographic and Health Survey.

[20] P.-C. KAMGAING, 'À propos des grands oubliés du nouveau Code pénal camerounais', ADILAAKU, 2022.

[21] League for the Education of Women and Children, advocacy statement of 16 June 2026.

[22] V. KUITCHE KAMGOUI, 'Aperçu synoptique de la bonafides dans le contrat médical', CJP, FSJP-UN journal, L'Harmattan, 2019, p. 61.

The Medical Code of Ethics of Cameroon constitutes the primary source of the duty of discretion[23]. Article 4 enshrines a formulation of particular significance, subjecting the binding force of professional secrecy to the physician's conscientious assessment: the secret 'is binding on the physician provided that, in his conscience, it does not harm the patient's interests'. Far from establishing an absolute prohibition, this wording introduces a teleological logic oriented towards patient protection rather than the abstract preservation of secrecy — in line with the paramount duty of respect for life assigned by Art. 1 of the same decree[24].

This philosophy is echoed in the solemn oath taken by every Cameroonian physician upon registration[25], reproducing in substance the World Medical Association's Declaration of Geneva[26], itself a contemporary adaptation of the Hippocratic Oath[27]. The preamble to the Medical Code of Ethics reproduces the commitment to keep secrets confided[28], a commitment notably devoid of any express reference to the possibility of derogation — unlike the more nuanced wording of Art. 4 itself. This dissociation between the solemnity of the oath and the relativity of the deontological rule illustrates the coexistence, within Cameroonian law itself, of a moral ideal and a more pragmatic positive law.

Law No. 90-036 of 10 August 1990 reinforces this foundation by elevating the duty of discretion to the statutory level[29], whereas the Code of Ethics itself falls within the category of subordinate legislation adopted by decree pursuant to Decree No. 92-265-PM of 22 July 1992[30]. This dual basis — statutory and regulatory — is not without consequences for the hierarchy of applicable rules in the event of conflict with higher-ranking instruments, in particular Cameroon's international commitments.

The Criminal Code crowns this architecture by establishing in Art. 310 an autonomous offence of breach of professional secrecy. The text penalises any person who discloses, without authorisation, a confidential fact known solely by reason of his profession or function. The severity of the sanction is heightened when the offender holds public-official status, Art. 132 of the Criminal Code doubling the applicable penalty — an aggravation whose reach is close to that of Art. 132 bis on torture[31], placing the physician who certifies abuse allegedly attributable to the public authorities before a singular tension between his duty of discretion and the requirement of protecting the physical integrity of the person examined.

French law features a structurally similar framework, Art. 226-13 of the Criminal Code penalising disclosure by a person entrusted with secrets by reason of his status or profession. Senegalese law similarly binds all physicians by professional secrecy extending to everything that came to the physician's knowledge in the exercise of his profession[32]. Ivorian law, for its part, has since 1962 enshrined the more laconic formula that 'professional secrecy is binding on all physicians, except as otherwise provided by law'[33], a formula that Ivorian legal commentary has criticised as insufficiently precise[34].

At the international level, the Oviedo Convention enshrines every person's right to respect for private life in relation to health information[35], the European Convention on Human Rights grounds the protection of health data confidentiality[36], and the African Charter provides a comparable foundation[3738]. The Preamble to the Constitution of Cameroon of 18 January 1996 commits Cameroon to respecting human rights and duly ratified

[23] Art. 4 of the Medical Code of Ethics.

[24] Art. 1 of the Medical Code of Ethics: 'Respect for life constitutes in all circumstances the physician's primary duty.'

[25] Art. 62 of the Medical Code of Ethics.

[26] Declaration of Geneva of the World Medical Association, Geneva, September 1948, amended most recently Chicago, October 2017.

[27] International Committee of the Red Cross, International Review, on the founding principles of the 1948 Declaration of Geneva.

[28] Hippocratic Oath as reproduced in the preamble to the Cameroonian Medical Code of Ethics.

[30] Decree No. 92-265-PM of 22 July 1992.

[31] Art. 132 bis of the Criminal Code, introduced by Law No. 97/009 of 10 January 1997.

[32] Code of Medical Ethics of Senegal.

[33] Code of Medical Ethics of Côte d'Ivoire, Law No. 628-248 of 31 July 1962, Art. 7.

[34] SANOGO YANOURGA, 'Le secret médical en Côte d'Ivoire, mythe ou réalité', Village Justice.

[35] Oviedo Convention, Art. 10.

[36] Art. 8 of the ECHR.

[37] African Charter on Human and Peoples' Rights, Art. 5.

[38] African Charter on Human and Peoples' Rights, Art. 16.

international conventions[39], enabling the reception of those standards in the domestic legal order pursuant to the hierarchy of norms[40].

2. The Judicial Exception in Art. 310, Para. 2 of the Criminal Code

Article 310, para. 2 provides that the offence of breach of professional secrecy 'shall not apply to disclosures made to judicial or police authorities concerning facts liable to constitute a crime or an offence, nor to answers given in judicial proceedings to any question whatsoever'. This exception, framed in general terms, opens a potentially very broad space for disclosure, covering nearly all significantly reprehensible conduct, to the exclusion of mere minor offences.

Two observations flow from the scope of this exception. First, it is permissive rather than compulsory: the provision authorises disclosure without making it a positive obligation subject to sanctions in the event of abstention. Second, it interacts with the judicial secrecy regime under Art. 154 of the Code of Criminal Procedure[41]. A physician summoned in the context of a judicial investigation, for example to examine a person in police custody[42], is subject to a specific regime of transmission of findings to the instructing authority, which cannot be equated with breach of his duty of discretion towards third parties.

For the good-faith physician who transmits information to the judicial authorities pursuant to Art. 310, para. 2, the risk of a subsequent prosecution for malicious complaint remains theoretically possible if the information later proves inaccurate — the more so in the absence of a provision, such as exists in French law, expressly shielding the good-faith reporting practitioner from liability[43].

The scope of this exception contrasts with the stated rigour of professional secrecy and invites scrutiny of the overall coherence of the Cameroonian framework. If one considers that intentional injuries causing incapacity for work of between eight and thirty days, penalised by Art. 281[44], already constitute a criminal offence, the range of facts disclosable by the physician without criminal liability is in practice extremely wide. Medical discretion thus presents itself less as a general rule subject to specific exceptions than as a principle whose practical reach depends on the physician's own assessment of the gravity of the facts known to him, rendered all the more delicate by the text's failure to specify the degree of certainty required or the nature of the recipient authority.

Positive law merely lifts the criminal sanction without organising comparable procedural safeguards relating to the conservation, further disclosure or anonymisation of medical data transmitted to the judicial authorities — lagging behind the standards articulated by European case law and those which the African Charter[45] might ground, by analogy, in Cameroonian law.

B. The Emergence of Targeted Reporting Obligations

Beyond the general exception of Art. 310, para. 2, Cameroonian law has progressively established more targeted reporting obligations, of which the duty to assist constitutes the most binding for the physician (1), before examining the public-health and social reporting obligations whose scope remains, in the current state of positive law, less certain (2).

1. The Duty to Assist and Its Impact on Medical Silence

Article 283 of the Criminal Code penalises the failure to assist a person in danger[46]. This provision, of general application, takes on particular significance for the physician, whose professional competence reduces the scope for invoking an incapacity to assist. The Medical Code of Ethics reinforces this obligation: Art. 3 provides that 'whatever his function or speciality, except in cases of force majeure, the physician must provide emergency assistance to a patient in immediate danger'[47]. A study of this question under Cameroonian law confirms that the general text of Art. 283 applies to physicians without any attenuation by reason of their professional status[48].

[39] Constitution of Cameroon of 18 January 1996, Preamble.

[40] See the hierarchy of norms under which international instruments take precedence over national law, which in turn takes precedence over regulations including the Medical Code of Ethics.

[41] Art. 154 of the Code of Criminal Procedure.

[42] Art. 123 of the Code of Criminal Procedure.

[43] French Law No. 2015-1402 of 5 November 2015.

[44] Art. 281 of the Criminal Code.

[45] African Charter on Human and Peoples' Rights, Art. 5.

[46] P. BONFILS and L. GREGOIRE, Droit pénal spécial, LGDJ, 2020, p. 145; J. DIGUERA, Le médecin face au délit d'omission de porter secours, Master's dissertation, University of Ngaoundéré, 2016, 96 pp.

[47] Decree No. 83-166 of 12 April 1983, Art. 3.

[48] A. SADJO, Le secret professionnel en droit pénal, doctoral thesis, University of Maroua, 2019, p. 112.

This obligation interacts with medical confidentiality in a complex way. Assisting a person frequently requires acting without necessarily disclosing confidential information to a third party. The tension arises truly only where effective assistance requires the transmission of information otherwise covered by professional discretion — for example where the urgency stems from abuse inflicted by an identified third party, the disclosure of whose identity conditions effective protection of the victim.

It is in precisely such a situation that the Cameroonian physician faces the risk of a conflict between two competing legal obligations, without positive law offering any explicit resolution mechanism. The physician who stays silent risks prosecution under Art. 283 for failure to assist, as French case law confirms[49]. Conversely, the physician who speaks outside the situations covered by Art. 310, para. 2, risks prosecution for breach of professional secrecy. This dilemma, in the absence of a Cameroonian text establishing the priority of one obligation over the other, leaves the practitioner in legal uncertainty — the Cameroonian doctrine suggesting that the absence of the specific criminal intent required by Art. 74 of the Criminal Code may provide a partial defence where the physician acts solely to assist[50].

2. Public-Health and Social Reporting Obligations

Article 36 of the Medical Code of Ethics imposes a positive duty of notification on the physician, requiring him to 'notify the health services of communicable diseases, as well as the statistical data necessary for public health'[51]. This obligation, framed without any reservation as to patient consent, reflects the subordination of individual secrecy to the collective imperative of public health, but lacks the precision found in other legal systems — in particular the exhaustive list of notifiable diseases, anonymisation requirements and designated recipient authorities found in French law.

A second category of reporting obligations concerns, more diffusely, the protection of vulnerable persons. The Medical Code of Ethics requires the physician attending a patient in a household to make the patient and those around him aware of their responsibilities[52]. The Criminal Code assimilates to violence the deprivation of food or care compromising the health of a person in another's charge[53], enabling criminal qualification without, however, imposing on the observing physician an autonomous and positive duty of notification comparable to that established in French law since the 2015 reform[54].

This normative gap is particularly regrettable in the Cameroonian context. According to the National Institute of Statistics, forty-three per cent of women aged fifteen to forty-nine report having experienced physical or sexual violence[55], with femicides rising from fifty cases in 2023 to seventy-seven in 2025[56]. This situation contrasts with Cameroon's commitments under the Maputo Protocol, which, in the absence of specific implementing legislation, remains largely without concrete expression in domestic criminal law[57].

II. A DUTY OF DISCRETION IN SEARCH OF AN ACHIEVED REGIME OF CONCILIATION WITH THE OBLIGATION TO REPORT

The fragmentation of the duty of discretion does not exhaust the analysis. Comparative law offers relevant mechanisms whose examination enables a measurement of the gap between positive law and the most developed solutions (A), before sketching the prospects for building a genuinely balanced Cameroonian legal regime (B).

A. Conciliation Mechanisms Drawn from Comparative Law

The French model of conditionally authorised disclosure offers a privileged comparative reference, both because of the historical proximity of the two legal systems and the relatively advanced character of the French framework (1). African comparative law offers solutions closer to the Cameroonian socio-legal context (2).

1. The French Model of Conditionally Authorised Disclosure

[49] Art. 223-6 of the French Criminal Code.

[50] Cass. crim., 22 October 2002.

[52] Art. 25 of the Medical Code of Ethics.

[53] Art. 285 of the Criminal Code.

[54] French Law No. 2015-1402 of 5 November 2015, op. cit.

[55] National Institute of Statistics of Cameroon, Demographic and Health Survey, op. cit.

[56] League for the Education of Women and Children, advocacy statement of 16 June 2026, op. cit.

[57] Maputo Protocol, adopted 11 July 2003, ratified by Cameroon.

French law has been marked by a succession of developments that usefully illuminate the Cameroonian debate. The starting point is Art. 226-13 of the Criminal Code, penalising disclosure of secret information[58]. The Cour de cassation has long affirmed the general and absolute character of this obligation in a leading judgment of 5 June 1985[59].

This rigour is, however, immediately counterbalanced by Art. 226-14, which exhaustively lists lawful disclosure situations — deprivations or ill-treatment inflicted on a minor or vulnerable person; violence with the victim's consent or without it where the victim cannot protect herself; and reports concerning a dangerous person in possession of a weapon[60]. This technique of exhaustive enumeration offers the advantage of predictability, precisely circumscribing the perimeter within which disclosure is permitted, as opposed to the Cameroonian general formula[61].

The Law of 5 November 2015[62] amended Art. 226-14 to clarify that a compliant report cannot give rise to civil, criminal or disciplinary liability unless the reporter is shown to have acted in bad faith — a provision that has secured the reporting process by clearly prioritising the protection of the vulnerable person over professional discretion.

The French framework is further supplemented by Arts. 434-1 and 434-3 of the Criminal Code, penalising the failure to report crimes and abuse of minors under fifteen[6364]. Both texts provide an exception for persons bound by professional secrecy, though the physician remains exposed to prosecution for failure to assist under Art. 223-6 where the danger is actual and imminent[65].

This architecture is not, however, without difficulties of application. In 1992, the Cour de cassation held that Art. 40, para. 2 of the Code of Criminal Procedure carries no criminal sanction[66], while in 2002 it held that physicians and social workers are legally bound to inform judicial authorities of sexual assaults on minors under fifteen[67]. This jurisprudential oscillation demonstrates that, even in a developed system, reconciling secrecy and reporting remains a delicate balancing exercise whose transposition to Cameroonian law cannot be mechanical.

2. Lessons from African Comparative Law

Senegalese law offers a useful comparison, binding all physicians by professional secrecy extending beyond verbal confidence to encompass all the practitioner's observations[68]. Ivorian law presents a particular interest: a study noted that the Ivorian Code of Medical Ethics fails to articulate the sanction for breach of professional secrecy with the substantive obligation itself[69]. The convergence of insufficiencies in Côte d'Ivoire and Cameroon suggests that the difficulty reflects a common feature of Francophone African legal systems inadequately updated since their adoption.

The ECOWAS Harmonised Codes of Ethics represent a regional attempt at modernisation[70]. Article 48 provides that every practitioner must treat patient information in strict confidence unless disclosure is required by law, a competent court, the public interest, or a serious threat of harm[71] — combining a strong affirmation of the principle, extended to the period following the patient's death in the manner of the Declaration of Geneva[72], with an enumeration of exceptions that surpasses the Cameroonian general formula.

Those Harmonised Codes further require that any reporting be voluntary and oriented towards the patient's health and safety or the public interest, not exploited for extraneous purposes[73]. This purposive requirement echoes

[58] M.-L. RASSAT, op. cit., p. 108.

[59] Cass. crim., 5 June 1985, Bull. crim. No. 218.

[60] Art. 226-14 of the French Criminal Code.

[61] Art. 310, para. 2 of the Criminal Code, op. cit.

[62] French Law No. 2015-1402 of 5 November 2015, op. cit.

[63] Art. 434-1 of the French Criminal Code.

[64] Art. 434-3 of the French Criminal Code.

[65] Art. 223-6 of the French Criminal Code.

[66] Cass. crim., 13 October 1992, No. 91-82.456.

[67] Cass. crim., 22 October 2002, op. cit.

[68] Code of Medical Ethics of Senegal, op. cit.

[69] SANOGO YANOURGA, op. cit.

[70] ECOWAS Harmonised Codes, op. cit.

[71] Harmonised Codes of Ethics and Practice of ECOWAS, Art. 48, op. cit.

[72] Declaration of Geneva of the WMA, op. cit.

[73] Harmonised Codes of Ethics and Practice of ECOWAS, Art. 48, op. cit.

the subordination of secrecy to the patient's interest in Art. 4 of the Cameroonian Medical Code of Ethics[74], introducing a qualitative filter that distinguishes legitimate from abusive reporting.

B. Prospects for Building a Balanced Cameroonian Legal Regime

An examination of positive law and comparative law enables an assessment of the current shortcomings of the national framework (1), before proposing normative avenues capable of fostering a more controlled articulation (2).

1. The Shortcomings of the Cameroonian Framework

Three major shortcomings may be identified. The first lies in the imprecision of the general exception in Art. 310, para. 2, whose extensive formulation does not allow the physician to identify with certainty the perimeter within which his reporting is protected. This imprecision places the Cameroonian practitioner before an exercise of judgement whose margin of error is never entirely eliminated, notably in view of the risk of prosecution for malicious complaint under Art. 304 of the Criminal Code.

The second shortcoming lies in the absence of a general clause excluding liability for the good-faith reporting physician. Unlike French law since 2015[75], Cameroonian law contains no provision excluding civil, criminal and disciplinary liability for a practitioner who reported in good faith. This gap has a concrete impact on the behaviour of Cameroonian physicians, whose reluctance to report situations of violence[76] may in part be explained by the legal uncertainty surrounding such action. The absence of specific legislation on violence against women and children[77] further deprives the physician of any clear procedural framework.

The third shortcoming is the absence of any explicit articulation between the duty to assist under Art. 283[78] and the principle of professional secrecy. Positive law leaves unanswered the question whether a physician who discloses confidential information solely in order to assist a person in danger may incur liability — a question addressed in French law by the case law on the mental element of the offence and the articulation of Arts. 223-6, 226-13 and 226-14 of the Criminal Code.

2. Normative Proposals for a More Controlled Articulation

Several normative proposals may be advanced, strictly in keeping with the coherence of the Cameroonian legal system and without yielding to the temptation of mechanically transposing foreign solutions.

The first proposal would be to specify, by an amendment of Art. 310 or a specific provision, a more circumscribed enumeration of the situations in which disclosure remains lawful, modelled on Art. 226-14 of the French Criminal Code[79], whilst retaining the current general exception for situations not specifically listed.

The second proposal — the most urgent — would be to enact the long-awaited law on violence against women and children[80]. Such a law should, following the French model[81], include an explicit reporting provision for health professionals, accompanied by a clause excluding liability for the practitioner acting in good faith.

The third proposal would be to encourage the National Medical Council, in the exercise of its supervisory mission[82], to develop best-practice recommendations on the relationship between professional secrecy and reporting, following the example of methodological tools elaborated by certain foreign professional bodies.

Although Cameroon does not fall within the ECOWAS space[83], nothing prevents the Cameroonian legislature or National Medical Council from drawing inspiration from the purposive clause of the Harmonised Codes, under which any reporting must remain voluntary and oriented towards the patient's health and safety or the public interest.

These proposals share a common denominator: the search for a balance between two imperatives, neither of which can reasonably prevail absolutely over the other. Medical discretion remains a precondition of the trust

[74] Art. 4 of the Medical Code of Ethics, op. cit.

[75] French Law No. 2015-1402 of 5 November 2015, op. cit.

[76] League for the Education of Women and Children, op. cit.

[77] United Nations Development Programme, Cameroon Office, concept note on the sixteen days of activism against gender-based violence.

[78] Art. 283 of the Criminal Code, op. cit.

[79] Art. 226-14 of the French Criminal Code, op. cit.

[80] H. GROUTEL, 'Preuve de la déclaration inexacte du risque et secret médical', Médecine et droit, 2014, p. 105.

[81] French Law No. 2015-1402 of 5 November 2015, op. cit.

[82] Art. 20 of Law No. 90-036 of 10 August 1990.

[83] Art. 48 of the Harmonised Codes of Ethics and Practice of ECOWAS, op. cit.

without which no quality medicine can be practised, as both the European Court of Human Rights[84] and the leading academic authority in French medical law affirm. The obligation to report, where it derives from the need to protect vulnerable persons or to safeguard public order, is not a threat to that trust but may, on the contrary, be its legitimate extension, provided that the organising legal framework remains sufficiently precise to preserve the physician's legal security and the patient's dignity.

II. CONCLUSION

At the close of this study, it appears that the Cameroonian physician's duty of discretion — firmly affirmed by the Medical Code of Ethics, by the 1990 Law on the exercise of the profession, and by the Criminal Code — is confronted with a continuous proliferation of legal reporting obligations, whether the general exception of Art. 310, para. 2, the duty to assist under Art. 283 and Art. 3 of the Medical Code of Ethics, or the public-health and social notification obligations whose contours remain insufficiently defined.

Cameroonian positive law nonetheless lags, in several respects, behind the most developed solutions offered by comparative law. The recent surge in violence against women and children and the prolonged wait for specific legislation on the matter confer particular urgency on this question. The search for an achieved regime of conciliation between the physician's duty of discretion and the legal obligation to report is not a merely theoretical concern but a concrete challenge of protecting the most vulnerable persons, one that calls for resolute intervention by the Cameroonian legislature, supported by the normative and educational action of the National Medical Council. Only on that condition will the immemorial oath of secrecy continue to coexist, without insurmountable contradiction, with the renewed demands of the protection of vulnerable persons and of public order.

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— Law No. 2005/007 of 27 July 2005 on the Code of Criminal Procedure (Arts. 123, 135, 154, 157 et seq.).
— Law No. 97/009 of 10 January 1997 amending the Criminal Code (Art. 132 bis on the criminalisation of torture).
— Law No. 90-036 of 10 August 1990 on the exercise and organisation of the medical profession (Arts. 20, 48).
— Constitution of the Republic of Cameroon of 18 January 1996.
— Civil Code applicable to Cameroon, inherited from French colonial law.

2. Decrees and Subordinate Legislation

— Decree No. 83-166 of 12 April 1983 enacting the Medical Code of Ethics (Arts. 1, 2, 3, 4, 5, 6, 8, 21, 24, 25, 26, 27, 31, 36, 45, 62).
— Decree No. 92-265-PM of 22 July 1992 laying down conditions for the application of Law No. 90-036 of 10 August 1990.

B. French Law

— French Criminal Code (Arts. 223-6, 226-13, 226-14, 434-1, 434-3).
— French Public Health Code (Art. R. 4127-9 on the duty of medical assistance).
— French Code of Social Action and Families (Art. L. 226-2-2 on sharing information where a minor is at risk).
— French Code of Criminal Procedure (Art. 40, para. 2, on the duty of public officials to report).
— Law No. 2015-1402 of 5 November 2015 clarifying the procedure for reporting ill-treatment by health professionals.

C. Comparative African Law

— Code of Medical Ethics of Senegal.
— Code of Medical Ethics of Côte d'Ivoire established by Law No. 628-248 of 31 July 1962 (Arts. 7, 75, 76).
— Harmonised Codes of Ethics and Practice of the Economic Community of West African States (ECOWAS), Art. 48.

[84] ECtHR, 25 February 1997, Z. v. Finland, App. No. 22009/93, § 95.

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— European Convention for the Protection of Human Rights and Fundamental Freedoms, Art. 8.
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