

SINGAPORE MEDICAL COUNCIL

ETHICAL CODE and ETHICAL GUIDELINES

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1. INTRODUCTION

The medical profession has always been held in the highest esteem by the public, who look to their doctors for the relief of suffering and ailments. In modern medical practice, patients and society at large expect doctors to be responsible both to individual patients' needs as well as to the needs of the larger community. Much trust is therefore endowed upon doctors to do their best by both. This trust is contingent on the profession maintaining the highest standards of professional practice and conduct.

While the profession must adhere to the laws governing society and its practice, it must also be self-regulating, as society at large does not have the necessary knowledge or the experience of medical practice to make determinations on professional matters. This self-regulation must be vigorously and fairly pursued so that the profession continues to enjoy the trust of society. Failure to do so could result in civil authorities taking action to reduce or even remove the profession's right of self-regulation and may lead to the imposition of external regulation on the profession.

The Singapore Medical Council (SMC)'s jurisdiction in relation to professional conduct over persons registered under the current Medical Registration Act is governed by the Act and the Medical Registration Regulations. The SMC has the role of promulgating the Ethical Code and Ethical Guidelines on acceptable professional practice and behaviour and has the responsibility to exercise its duty to discipline members of the profession who fail to uphold the high standards demanded by society.

This Ethical Code represents the fundamental tenets of conduct and behaviour expected of doctors practising in Singapore. The Ethical Guidelines elaborate on the application of the Code and are intended as a guide to all practitioners as to what SMC regards as the minimum standards required of all practitioners in the discharge of their professional duties and responsibilities in the context of practice in Singapore. It is the view of the SMC that serious disregard or persistent failure to meet these standards can potentially lead to harm to patients or bring disrepute to the profession and consequently may lead to disciplinary proceedings.

Society is continually changing in its norms and expectations. Technological changes advance at a rapid rate. The SMC acknowledges that no set of published guidelines can be either exhaustive or final. The SMC believes, however, that the principles enunciated can be applied to every change or advance and practitioners are exhorted to keep these principles firmly in mind when applying new technologies and adapting to technological advances.

2. SMC PHYSICIAN'S PLEDGE

The SMC Physician's Pledge is based on the Declaration of Geneva and is a set of ethical values that each doctor in Singapore is expected to uphold professionally at all times. Since 1995, every doctor upon being admitted as a fully registered practitioner with the SMC has to make this pledge.

"I solemnly pledge to:

dedicate my life to the service of humanity;

give due respect and gratitude to my teachers;

practise my profession with conscience and dignity;

make the health of my patient my first consideration;

respect the secrets which are confided in me;

uphold the honour and noble traditions of the medical profession;

respect my colleagues as my professional brothers and sisters;

not allow the considerations of race, religion, nationality or social standing to intervene between my duty and my patient;

maintain due respect for human life;

use my medical knowledge in accordance with the laws of humanity;

comply with the provisions of the Ethical Code; and

constantly strive to add to my knowledge and skill.

I make these promises solemnly, freely and upon my honour."

3. ETHICAL CODE

Patients and the public must be able to trust doctors implicitly with their lives and well being. To justify this trust, doctors have to maintain a good standard of care, conduct and behaviour. The SMC prescribes an ethical code which doctors are expected to uphold. These principles are applicable to a wide variety of circumstances and situations. Adherence to this Code will enable society to have trust and confidence in the profession.

Doctors must use the Code as a yardstick for their own conduct and behaviour. In addition, it is advisable for doctors to understand medical ethics, train in ethical analysis and decision making, develop knowledge, skills and attitude needed to deal with ethical conflicts, consult with colleagues, ethical committees and other experts when ethical conflicts arise.

In general, a doctor is expected to:

- Be dedicated to providing competent, compassionate and appropriate medical care to patients.
- Be an advocate for patients' care and well being and endeavour to ensure that patients suffer no harm.
- Provide access to and treat patients without prejudice of race, religion, creed, social standing, disability or financial status. A doctor shall also be prepared to treat patients on an emergency or humanitarian basis when circumstances permit.
- Abide by all laws and regulations governing medical practice and abide by the code of ethics of the profession.
- Maintain the highest standards of moral integrity and intellectual honesty.
- Treat patients with honesty, dignity, respect and consideration, upholding their right to be adequately informed and their right to self-determination.
- Maintain a professional relationship with patients and their relatives and not abuse this relationship through inappropriate personal relationships or for personal gain.
- Keep confidential all medical information about patients.

- Regard all fellow professionals as colleagues, treat them with dignity, accord them respect and manage those under his/ her supervision with professionalism, care and nurturing.
- Be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with the public at large.
- Maintain professionalism in informing the public about his/ her services, ensuring that information projected is purely factual and devoid of any attempt at self aggrandisement.
- Keep abreast of medical knowledge relevant to practice and ensure that clinical and technical skills are maintained.
- Participate in activities contributing to the good of the community, including public health education.
- Endeavour to abide by the Ethical Code when making use of modern or new technology in treatment modalities, communication means or information handling.

4. ETHICAL GUIDELINES

The Ethical Code enunciated in the previous section shall be applied to clinical practice and all areas of professional activity conducted by doctors. The following section provides interpretation and guidance on how the Code shall be applied to various areas of professional activity. Obviously it is impossible to be exhaustive, but doctors shall conscientiously study the guidelines, endeavour to follow them and extend their application to areas that may not be addressed specifically. Breaches of these guidelines could lead to doctors being asked to defend their actions and ultimately to face disciplinary proceedings for professional misconduct.

4.1 STANDARD OF GOOD MEDICAL PRACTICE

4.1.1 Good clinical care

The standard of care expected of the attending doctor encompasses the following:

4.1.1.1 *Adequate clinical evaluation of patients*

A doctor is expected to have a sense of responsibility for his patients and to provide medical care only after an adequate assessment of a patient's condition through good history taking and appropriate clinical examination.

If treatment is suggested or offered to a patient without such personal evaluation, the doctor must satisfy himself that he has sufficient information available and that the patient's best interest is being served. Such information could be transmitted by voice, electronic or other means by a referring doctor. Only in exceptional or emergency circumstances should a diagnosis or treatment be offered without personal contact and without the intermediation of a referring doctor.

4.1.1.2 *Remote initial consultations*

In a technological age with numerous means of communications including the Internet, there are situations in which a previously unknown patient could initiate a consultation over a web-based educational platform in which a doctor is participating, or simply through his email. Such consultation is inappropriate. Only general information may be provided in such instances and the person shall be advised to seek a personal consultation. No doctor-patient relationship can be established through electronic means and consequently no consultation fee may be received.

However, in view of developments in telemedicine and remote-control surgery, it is acceptable for a doctor to manage a patient remotely provided this is in the context of a system of care in which a patient has timely or concurrent access to another doctor who manages him in person. A doctor who provides remote management is responsible for any outcome related to his management.

4.1.1.3 Remote consultations in continuing care

If a doctor has already established a professional relationship through direct personal contact with a patient, previously made a diagnosis and has commenced treatment, adjusting treatment or providing continued treatment following remote contact with a patient or receipt of electronically transmitted medical data is allowable. If on the other hand it appears from the communication that the patient has developed a new problem or a significant complication, then the doctor shall endeavour to see the patient personally for a further evaluation before offering further treatment.

4.1.1.4 Delegation of duties

A doctor may delegate another doctor, nurse, medical student or other health care worker to provide treatment or care on his behalf, but this person must be competent to carry out the care or procedure required. A doctor retains responsibility for the overall management of the patient when he delegates care. If the person delegated to is not duly registered as a practitioner, this must be in the context of a legitimate training programme and the doctor must exercise effective supervision over this person.

4.1.1.5 Duty of care

A doctor shall provide competent, compassionate and appropriate care to his patient. This includes making necessary and timely visits, arranging appropriate and timely investigations and ensuring that results of tests are communicated to the patient and the most appropriate management is expeditiously provided.

A comparable standard of practice is expected from doctors whose contribution to a patient's care is indirect, for example, those in laboratory and radiological specialties.

A doctor who avails his patient of any supporting medical service is responsible to be reasonably confident that this service is of an adequate standard and is reliable. An example is the use of laboratories or radiology facilities in and outside of Singapore.

In addition, a doctor who undertakes to manage, direct or perform clinical work for organisations offering medical services shall satisfy himself that these organisations provide adequate clinical and therapeutic facilities for the services offered.

4.1.1.6 Practise within competence and referral of patients

A doctor should practise within the limits of his own competence in managing a patient. Where he believes that this is exceeded, he shall offer to refer the patient to another doctor with the necessary expertise. A doctor shall not persist in unsupervised practice of a branch of medicine without having the appropriate knowledge and skill or having the required experience.

Where such a referral is transient, for example for a specialised investigation or specific treatment modality, the doctor retains responsibility for the overall management of the patient. A doctor shall continue to care for his patient until the patient is properly handed over to the referred doctor. If a patient refuses to see a specialist, the doctor shall counsel the patient adequately and if he still refuses, it is allowable for that doctor to treat the patient in consultation with a specialist.

4.1.2 Medical records

Medical records kept by doctors shall be clear, accurate, legible and shall be made at the time that a consultation takes place, or not long afterwards. Medical records shall be of sufficient detail so that any other doctor reading them would be able to take over the management of a case. All clinical details, investigation results, discussion of treatment options, informed consents and treatment by drugs or procedures should be documented.

4.1.3 Prescription of medicine

A doctor may only prescribe medicines that are legally available in Singapore and must comply with all the statutory requirements governing their use.

A doctor shall prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs. This includes prescription by a doctor for his own use. Patients shall be appropriately informed about the purpose of the prescribed medicines, contraindications and possible side effects.

A doctor shall prescribe medicines only following an adequate personal consultation and relevant investigations. A decision to prescribe solely based on information provided by telephone or any electronic means is allowable for continuing care, or for exceptional situations where a patient's best interests are being served by doing so.

4.1.4 Untested practices and clinical trials

A doctor shall treat patients according to generally accepted methods and use only licensed drugs for appropriate indications. A doctor shall not offer to patients, management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial.

A doctor who participates in clinical research must put the care and safety of patients first. If a doctor wishes to enter a patient into a clinical trial, he must ensure that the trial is approved by an ethics committee and conforms to the Good Clinical Practice Guidelines. In addition, informed consent must be obtained from the patient.

It is not acceptable to experiment or authorise experiments or research which are not part of a formal clinical trial and which are not primarily part of treatment or in the best interest of the patient, or which could cause undue suffering or threat to the life of a patient.

4.1.5 Association with complementary medicine practitioners

The field of complementary medicine is very wide and the health authorities may from time to time license and regulate complementary medicine practitioners. A doctor may avail his patients to complementary medicine practices through licensed and registered practitioners, but he must first assure himself that this is in his patients' best interests. In addition, unless the patient discharges himself from the doctor's care, the doctor remains responsible for the patient's care.

A doctor should only practise complementary medicine if he is adequately trained and registered by the proper authority to do so and only where the law allows joint practice. In addition, the patient must be informed and should consent to be treated by complementary medicine.

4.1.6 Association with persons not qualified to provide medical or medical support services

A doctor shall not associate himself with anyone who is not qualified to provide medical care, or generally accepted support services such as that provided by dietitians, physiotherapists and occupational therapists or podiatrists. A doctor shall not in his professional capacity support the services provided by persons or organisations that do not provide legitimate medical or medical support services, e.g. beauticians, beauty parlours, health spas, colonic cleansing services, etc.

4.1.7 Decisions about providing services

4.1.7.1 *Non discrimination of patients*

A doctor is obliged to provide access to medical care and treat patients without prejudice of race, religion, creed, social standing, disability or socio-economic status. A doctor shall not allow his personal beliefs to influence his management of his patients. Where a doctor feels unable to continue his care for a patient due to such beliefs, the patient should be referred to another doctor who is able and willing to care for the patient. An example of such a situation is a request for an abortion.

4.1.7.2 *Treatment in emergency situations*

A doctor shall be prepared to treat patients on an emergency or humanitarian basis unless circumstances prevent him from doing so.

4.1.7.3 *Relationship with system of care*

Every doctor practises within a national system of healthcare that is governed by legislation and rules. Every doctor is expected to abide by these laws and rules while providing the most appropriate treatment for his patients. Doctors shall however base their counsel to patients on the interest of the individual patient, regardless of the constraints of the system of care. It is recognised that in third party payer systems, the doctor is often constrained to give only cheaper treatment. This is acceptable provided the treatment is appropriate.

4.1.8 Medical certificates

The issuance of a medical certificate by a doctor carries with it the responsibility to ensure that the patient deserves it on proper medical grounds and that such grounds have been arrived at through good clinical assessment as detailed above. Medical certificates may neither be post-dated nor back-dated and shall start from the day of consultation or procedure, except where it is clear that a patient's absence from work prior to consultation is consistent with the patient's clinical presentation to the doctor and there is medical justification to issue the certificate.

The certificate which is issued after the medical examination should specify the expected period of illness and if appropriate, whether the illness renders the person unfit to attend court.

As a medical certificate carries with it a professional and legal responsibility, the doctor must sign the certificate personally and if another person has filled in the details on his behalf, he must satisfy himself that the details are correct before signing.

A doctor shall not amend the provisions of a medical certificate given by another doctor without assessing the patient personally and consulting the doctor who gave the medical certificate initially.

4.1.9 Maintaining knowledge and competency

4.1.9.1 *Continuing medical education*

The doctor is expected to be up to date with the most appropriate methods of medical management, procedures and operative techniques. Doctors therefore have a responsibility to keep themselves updated through continuing medical education.

4.2 RELATIONSHIPS WITH PATIENTS

4.2.1 Attitude towards patients

Patients shall be treated with courtesy, consideration, compassion and respect. They shall also be offered the right to privacy and dignity. It is recommended that a female chaperone be present where a male doctor examines a female patient. This will protect both the patient's right to privacy and dignity, as well as the doctor from complaints of molestation.

On the other hand, a doctor is not obliged to allow himself to be subjected to abuse of any kind by patients or their relatives. Where such abuse occurs, provided that there is no need for self-defence against physical harm, doctors shall not retaliate, but end the engagement with the patient as quickly as possible, in a professional manner.

4.2.2 Informed consent

It is a doctor's responsibility to ensure that a patient under his care is adequately informed about his medical condition and options for treatment so that he is able to participate in decisions about his treatment. If a procedure needs to be performed, the patient shall be made aware of the benefits, risks and possible complications of the procedure and any alternatives available to him. If the patient is a minor, or of diminished ability to give consent, this information shall be explained to his parent, guardian or person responsible for him for the purpose of his consent on behalf of the patient.

4.2.3 Medical confidentiality

4.2.3.1 *Responsibility to maintain medical confidentiality*

A doctor shall respect the principle of medical confidentiality and not disclose without a patient's consent, information obtained in confidence or in the course of attending to the patient. However, confidentiality is not absolute. It may be over-ridden by legislation, court orders or when the public interest demands disclosure of such information. An example is national disease registries which operate under a strict framework which safeguards medical confidentiality.

There may be other circumstances in which a doctor decides to disclose confidential information without a patient's consent. When he does this, he must be prepared to explain and justify his decision if asked to do so.

A doctor is expected to take steps to ensure that the means by which he communicates or stores confidential medical information about patients are secure and the information is not accessible to unauthorised persons. This is particularly relevant to sending or storing medical information by electronic means, via a website or by email.

4.2.3.2 Communication of information to other doctors

A doctor may disclose information to healthcare team members or doctors referred to if they are directly involved in the patient's care. A patient may request that information be withheld from other doctors or team members, in which case the doctor shall explain to the patient the benefit to his own care of information being shared. If a patient still objects, the doctor must comply, but then shall do his best to ensure that the overall management is not adversely affected by this lack of disclosure. If appropriate care cannot be effected as a result of this non-disclosure, the patient should be informed of this. It is accepted that indirect disclosure may also be inevitable in a large institution where a large number of medical, nursing and administrative staff may need to have access to patient information as a routine part of their work as members of the healthcare team.

4.2.4 Patient's right to information and self determination

4.2.4.1 Right to information

A doctor shall provide adequate information to a patient so that he can make informed choices about his further medical management. A doctor shall provide information to the best of his ability, communicate clearly and in a language that is understood by the patient.

A doctor shall respect a patient's choice of accepting or rejecting advice/treatment that is offered, after steps have been taken to ensure that there is no language barrier and the patient understands the consequences of his choice. He shall also facilitate a patient obtaining a second opinion if he desires it.

If a doctor wishes to enter a patient into a clinical trial, adequate information must be given to the patient and informed consent must be obtained. The doctor needs to familiarise himself with the relevant sections of the current Guidelines on Good Clinical Practice and inform the patient accordingly before he or she joins the trial.

4.2.4.2 Handling requests to withhold information

There may be instances of a patient's relatives asking that the patient not be told that he has a fatal or socially embarrassing disease. A doctor may not withhold this information from the patient unless the doctor determines that this is in the best interest of the patient. Doctors shall recognise the role of the family in the decision about whether to disclose a diagnosis to a patient and address their concerns adequately.

4.2.5 Close relationships with patients and their families

4.2.5.1 Personal relationships

A doctor must not have a sexual relationship with a patient. This is to preserve the absolute confidence and trust of a doctor-patient relationship.

A doctor must also not, as a result of his professional relationship, enter into an adulterous or any other improper association with the immediate members of the patient's family. Such a relationship would disrupt the patient's family life and damage the relationship of trust between the doctor and his family. A doctor's conduct must at all times be above suspicion.

4.2.5.2 Abuse of trust

The doctor may become a friend of the patient's family and enjoy the trust and confidence of family members. Such trust must not be abused in any way for the doctor's personal gain and the confidence between the patient, his family and the doctor shall be preserved.

4.2.6 Termination of a doctor-patient relationship

There may be reasons for a doctor to want to terminate his professional relationship with a patient. It could be a serious personality conflict, or he may feel that a patient's or the relatives' confidence and trust in him are so abysmal that he cannot continue with the management of the patient.

When a doctor-patient relationship is to be terminated by a doctor, he has the responsibility of offering a referral to another doctor who will take over the entire care of the patient. The referring doctor shall also ensure that sufficient information is communicated to the new doctor to enable a seamless transition of care.

Where a doctor-patient relationship is terminated by a patient, a doctor should not withhold medical information from the patient or another doctor to whom the patient subsequently goes, if requested by the patient.

4.3 RELATIONSHIP WITH FELLOW DOCTORS

4.3.1 Collegiality

Doctors shall regard all fellow professionals as colleagues, treat them with dignity, accord them respect, readily share relevant information about patients in patients' best interests and manage those under their supervision with professionalism, care and nurturing.

4.3.2 Respect for other doctors' patients

A doctor must not attempt to profit at the expense of professional colleagues by canvassing or touting for patients, improper advertising or deprecation of other practitioners.

4.3.3 Comments about colleagues

A doctor shall refrain from making gratuitous and unsustainable comments which, whether expressly or by implication, set out to undermine the trust in a professional colleague's knowledge or skills.

4.4 INFORMATION ABOUT DOCTORS' SERVICES

4.4.1 General principles

Both members of the profession and the public require information about doctors whom they can refer patients to or seek consultation from. Patients seeking such information are entitled to protection from misleading information, as they are particularly prone to persuasive influence. Information provided must not exploit patients' vulnerability, ill-founded fear for their future health or lack of medical knowledge.

Doctors can validly provide information about the services they provide to both colleagues and members of the public. However such provision of information shall not become blatant advertising in the commercial sense of the word as this could mislead patients, undermine trust and be demeaning to the profession. The means of providing information must also conform to the Advertising Guidelines of the Private Hospitals and Medical Clinics (PHMC) Act.

4.4.2 Standards required of information

In general, doctors may provide information about their qualifications, areas of practice, practice arrangements and contact details. Such information, where permitted, shall have the following standards:

- a. Factual
- b. Accurate
- c. Verifiable
- d. No extravagant claims
- e. Not misleading
- f. Not sensational
- g. Not persuasive
- h. Not laudatory
- i. Not comparative
- j. Not disparaging

4.4.3 Information in the public domain

4.4.3.1 *Public speaking, broadcasting and writing*

All information, whether to fellow doctors or the public must conform to the above standards. This includes information given in the context of education for doctors or the public, in talks, broadcasts and seminars organised by professional bodies or healthcare institutions, or in professional journals.

However, unsolicited information that doctors put or allow to be put into the public domain must come with added responsibility not to be persuasive, laudatory or misleading.

Articles in the press and media that feature doctors shall also conform to the standards stated above. While it is laudable for doctors to educate the public on healthcare issues through speaking, writing and broadcasting to the public, they shall restrict their material content to the medical topic at hand. A doctor must ensure that he does not encroach into the area of encouraging the public to seek consultation or treatment from him or the organisation he is associated with by publishing detailed service or contact details. Only the doctor's name, registered field of practice and place of practice may be mentioned in such instances.

Doctors are responsible for their public statements and for ensuring that journalists do not breach these standards in reporting about them. Doctors must ensure that press and media reports based on interviews with them are primarily for public education.

In addition, images used to illustrate medical procedures or treatments or their outcomes can legitimately be used in educational talks organised by professional bodies or healthcare institutions, or in professional journals. However such images must be used much more judiciously in the public media, where they could be deemed to be laudatory of the doctor named. Hence any images used in the general media must not be related to identifiable doctors or their patients either directly or by inference.

Where a doctor writes articles or columns or participates in broadcasts which offer advice in response to public queries on particular subjects, the guidelines on good clinical care and the establishment of a proper doctor-patient relationship apply (4.1.1).

After public talks, if members of the public subsequently personally approach speakers for information about themselves and their services, such information may be provided only on request and must conform to the standards on information provision described above (4.4.2).

4.4.3.2 *Traditional platforms for listing service information*

The SMC makes a distinction between the listing of doctors and their services appearing in professional and healthcare institution listings and in the general commercial media. Listings include hospital directories and telephone directories and these are allowable information outlets. The general commercial media includes newspapers, commercial magazines, public displays or exhibits, radio and television and these are not allowable information outlets for listing service information. It is also not allowable to carry out advertising, either by the doctor himself or by proxies, by means of unsolicited visits or phone calls, by public displays or exhibits or active distribution of any kind of literature to the public. The Advertising Guidelines of the PHMC Act however, allow health care establishments to inform the public upon opening or relocation and a doctor's details may therefore appear in this context in accordance with the Act.

Information pamphlets and hospital listings containing information about doctors, their qualifications and services may be made available to the public through placement in clinics and hospital lobbies, but they may not be placed in public places nor be actively distributed.

4.4.4 Doctors associated with healthcare organisations

Doctors who have any financial or professional relationship with organisations offering medical services have responsibility for the organisation's standard of information output about themselves. Such doctors must therefore acquaint themselves with the nature and content of the organisation's information output as well as their press and media output. They must exercise due diligence to ensure that all these conform to the standards spelt out above (4.4.2, and 4.4.3). Should any questions be raised about a doctor's conduct in this respect, it will not be sufficient for the doctor to plead lack of awareness of the nature or content of the organisation's information, press or media output, or lack of ability to exert any influence over it.

Doctors shall also avoid personal involvement in the promotion of a healthcare organisation and its services, for example by public speaking, broadcasting and writing articles about an organisation or its services in medical or non-medical meetings or publications or appearing in circulars promoting the organisation. Where doctors provide or appear in medical articles in a healthcare organisation's circulars, magazines or other media, they must conform to the standards of information provision described above for unsolicited information (4.4.2, and 4.4.3).

4.4.5 Use of websites

4.4.5.1 *The unique power of the world-wide-web in information projection*

Healthcare organisations and individual practitioners nowadays use websites to provide information to doctors and the public. These websites may be about the organisation or doctor, or about a medical topic. The world-wide-web is a very powerful tool for communication as it has great reach and there are many features, such as design and interactivity that could make the information content more attractive and alluring. However the standards of information as spelt out above (4.4.2, and 4.4.3) also apply to websites and a doctor who appears in a website has the responsibility to ensure that information about him and his practice contained in the website and any hyperlinks from the website conform to these standards. In addition, individual doctors' or healthcare institutions' websites must not be sponsored by any pharmaceutical and other such commercial companies.

4.4.5.2 *Guidelines on website content*

As a wide variety of textual and visual information can be placed on websites, it is necessary to provide guidelines as to what is acceptable, when interpreting the standards prescribed for information about doctors. For example, the website may not have on its web pages or provide hyperlinks to, testimonies from satisfied patients or other doctors. Illustrations are frequently used in websites and where these are of a general nature, they are allowed. However photographs or video clips showing results of surgery, consultations taking place or operative procedures being conducted when these are related to identifiable doctors or patients either directly or by inference, are not allowed. Animation may not be used to promote any aspect of an organisation's or a doctor's practice.

4.4.5.3 *Electronic communication with patients*

Viewers of websites are often invited to ask for more information about their medical conditions through a general web-chat with a panel of doctors, or by email to a named doctor. The guidelines for good clinical care and the establishment of a proper doctor-patient relationship apply (4.1.1).

4.4.6 Personal namecards and stationery

A doctor may have namecards and stationery that contain information conforming to the prevailing ethical standards (4.4.2). Namecards are only to be given out personally by a doctor to business and social contacts and on request. Namecards shall not be disseminated by proxies, nor distributed unsolicited to the public.

Stationery containing information about a doctor and his practice shall only be used for purposes related to his practice.

4.4.7 Professional announcements

A doctor may notify his patients, other doctors and other persons with whom he has a professional or personal connection, of any commencement or removal of a practice, or any new practice arrangement. Such notifications may be made through any of the approved means of dissemination of information about doctors (4.4.3.2) as well as through letters, telephone calls, professional publications and on websites of their medical institutions or their personal websites. Such announcements must not be made through any other kinds of websites.

4.5 DOCTORS IN A NON-MEDICAL CONTEXT

4.5.1 Relationship with non-medical companies

4.5.1.1 *Appropriateness of relationship*

A doctor shall not carry on a trade, business or calling that is incompatible with or detracts from the practice of medicine and brings his practice and his profession into disrepute.

4.5.1.2 *Association with non-medical companies or non-medical products or services*

A doctor may be associated in an official capacity with a non-medical product or service or with a non-medical company. His position may be shown on the company's stationery, literature or website, but the doctor shall be careful not to include any reference to his professional qualifications or services. A doctor is not prohibited from conducting non-medical business, but this must be clearly separated from his medical practice and his medical qualifications so that the public is not misled into believing that the non-medical product or service is medically beneficial or is being endorsed by a doctor.

If a doctor is involved in public talks or any means of public communication focusing on non-medical products or the products and services of non-medical companies, he should not promote his practice by providing his practice name or details. Under these circumstances, a doctor must declare that he is speaking in a non-professional capacity. The same would apply to a doctor's involvement in their websites.

4.5.2 Association with promotion of vitamins, tonics, health and nutrition supplements

Doctors may be asked to promote vitamins, tonics, health and nutrition supplements, many of which carry claims of enhancing general health and bodily functions or preventing specific diseases. Doctors may participate in such promotions provided that whatever they say, write or broadcast in this connection is supportable by good quality scientific evidence.

Where doctors do participate in such promotions, they are bound by the guidelines for public speaking, broadcasting and writing (4.4.3.1) and the guidelines for participation in sponsored educational events and research (4.6.3.1).

4.5.3 Sponsorships

A doctor may sponsor, donate, participate in or render services for charitable endeavours and may agree to have his name and practice name appear in the list of sponsors, donors or participants for the purpose of acknowledgement. Similarly a doctor or a medical practice may sponsor or endow scholarships at educational institutions and allow himself or the name of his practice to be identified.

4.6 FINANCIAL AND COMMERCIAL CONFLICTS OF INTEREST

4.6.1 Disclosure of interest

A doctor shall not exert undue influence upon a patient in relation to transactions in which he has an interest.

If a doctor has a financial interest in an organisation or service to which he intends to refer patients for admission, treatment, investigation, or for the purchase of any drugs, medicine or service in the course of treatment, he shall always disclose his interest to the patient before making a referral.

A doctor shall not let financial considerations imposed by his own practice, investments or financial arrangements influence the objectivity of his clinical judgement in the treatment of his patients.

4.6.2 Financial conflicts in clinical practice

A doctor shall refrain from:

- a. Improperly obtaining money from patients
- b. Improperly prescribing drugs or appliances in which he has a financial interest
- c. Fee sharing or obtaining commissions from referral of patients

4.6.3 Relationship with medical companies

4.6.3.1 *Sponsored educational events and research*

A doctor may be invited to participate in medical events, conferences, talks, publications or educational websites sponsored by companies marketing pharmaceutical or medical products. The doctor shall ensure that his participation does not occur in such a way as to appear to endorse such products, or to persuade patients or members of the public to use the products.

Apart from identification and establishment of credentials, no details of services provided by the doctor or service details shall appear in any way in relation to such participation.

A doctor who is sponsored by a company to participate in an educational event, or who reports research sponsored by a company, must declare all such potential conflicts of interest to the audience.

4.6.3.2 *Inducements*

A doctor shall not ask for gifts, hospitality or other inducements that may affect or be seen to affect his judgement in making decisions about patients' treatment. A doctor can receive small, insubstantial gifts which cannot be regarded as inducement.

4.7 ISSUES OF FITNESS TO PRACTISE

4.7.1 Seeking treatment

A doctor who is aware that he is suffering from a condition that might render him unfit to practise must seek appropriate treatment from another doctor.

4.7.2 Declaration of medical unfitness to practise

A doctor is responsible, if he is of sound mind, to disclose to the SMC if he has been diagnosed with any medical condition that might render him unfit to continue practice, either because he has a serious condition which he could transmit to his patients, or has a condition which would significantly impair his professional competence. This includes diagnoses of alcohol abuse or addiction to drugs.

A doctor may face disciplinary action if he treats or operates on a patient while under the influence of alcohol or drugs of abuse.

4.7.3 Reporting doctors unfit to practise

Doctors must protect patients from risk of potential harm posed by another doctor's conduct, performance or health. Where a doctor has grounds to believe that another doctor may be putting patients at risk, he must inform the SMC.

A doctor who treats another doctor for a condition that renders him unfit to practise has a special responsibility to alert the SMC.

A doctor who is in a supervisory capacity also has a special responsibility to alert the relevant authorities if any doctor that he is supervising is found to pose a risk to patients due to his physical or mental health or his poor standard of performance.

5. SMC's DISCIPLINARY PROCESS

This section is for general information only. Practitioners are advised to refer to the Medical Registration Act (MRA) 1997 and Medical Registration Regulations (MRR) for more detailed information.

5.1 Composition and Powers of the Complaints Committees

The SMC has jurisdiction over the conduct of disciplinary proceedings against practitioners. The MRA and its Regulations govern these proceedings. When the MRA came into operation on 3 April 1998, a Complaints Panel was appointed comprising:

- (a) members of the Medical Council;
- (b) medical practitioners of at least 10 years' standing who are not members of the Council; and
- (c) lay persons

Complaints received under the MRA are considered by Complaints Committees, which draw their members from the Complaints Panel. Each Complaints Committee (CC) comprises:

- (a) a chairman, who is a member of the Complaints Panel and member of the Medical Council;
- (b) a member of the Complaints Panel who is a member of the Medical Council;
- (c) a member of the Complaints Panel, who is a registered medical practitioner but not a member of the Medical Council; and
- (d) a member of the Complaints Panel who is a lay person.

A CC shall inquire into any complaint or information concerning the character or fitness to practise of any medical practitioner.

The Chairman of the Complaints Panel will refer a complaint against a practitioner to a CC for preliminary investigation.

Upon receipt of the complaint, the CC if it is of the opinion that it is necessary to call upon the practitioner to answer any of the allegations, will send to the practitioner a copy of the complaint and invite the practitioner to submit any explanation in writing. Upon completion of its preliminary inquiry, the CC shall:

- (a) *If it is of the view that no formal inquiry is necessary -*
 - i) order that the registered medical practitioner be issued with a letter of advice;
 - ii) order that the registered medical practitioner be warned;
 - iii) order that the complaint or matter be dismissed; or
 - iv) make such other order as it thinks fit; or
- (b) *If it is of the view that a formal inquiry is necessary -*
 - i) order that an inquiry be held by the Health Committee; or
 - ii) order that an inquiry be held by a Disciplinary Committee

5.2 Composition and Powers of the Disciplinary Committee

Section 42 of the MRA empowers the Medical Council to appoint one or more Disciplinary Committees (DC) comprising:

- (a) not less than 3 registered medical practitioners of at least 10 years' standing, of whom at least 2 shall be members of the Medical Council; and
- (b) one lay observer to be chosen by the Medical Council from a panel of lay persons nominated by the Minister,

to inquire into any matter which the CC has ordered that a formal inquiry be held.

If after due inquiry the DC finds that the complaint is proven, it may impose any of the following penalties on the practitioner involved:-

- (i) by order direct the Registrar to remove the name of the registered medical practitioner from the registers;
- (ii) by order suspend the registered medical practitioner from practice for a period of not less than 3 months and not more than 3 years;
- (iii) by order impose such conditions as are necessary to restrict the practice of the registered medical practitioner in such manner as the DC thinks fit for a period not exceeding 3 years;
- (iv) by order impose on the registered medical practitioner a penalty not exceeding \$10,000;
- (v) by writing censure the registered medical practitioner;
- (vi) by order require the registered medical practitioner to give such undertaking as the DC thinks fit to abstain in future from the conduct complained of; and
- (vii) make such other order as the DC thinks fit.

In addition, the DC may order the registered medical practitioner concerned to pay to the Medical Council such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the DC.

5.3 Reinstatement of doctors struck off the register

The MRA also provides for the restoration of names to the Register (s. 46 MRA & Regulation 40 & 41 MRR). Each application for restoration will be decided by the Council on the merits of the case having regard, amongst other considerations, to the nature and gravity of the original offence(s), the length of time since the removal, and the conduct of the practitioner during the period of removal from the Registers.

5.4 The Definition of 'Professional Misconduct'

The Council may be regarded as a quasi-judicial body. As such, it does not make laws. The Medical Council is empowered by the Medical Registration Act to undertake disciplinary processes under 3 categories of complaints:-

- (a) any complaint of the conduct of a registered medical practitioner in his professional capacity or of his improper act or conduct which brings disrepute to his profession;
- (b) any information on the conviction of a registered medical practitioner of any offence implying a defect in character which makes him unfit for his profession; or
- (c) any information touching upon the physical or mental fitness to practise of a registered medical practitioner.

In addition to the general categories stated above, the Act also specifies certain types of conduct which can lead to disciplinary proceedings:-

- (i) where a registered medical practitioner has been convicted in Singapore or elsewhere of an offence involving fraud or dishonesty.
- (ii) where a registered medical practitioner has used/published any title or designation other than the title or designation approved by the Medical Council.

- (iii) where a registered medical practitioner treating another registered medical practitioner fails to report to the Medical Council that the latter is unfit to practise as a medical practitioner by reason of his mental or physical condition.

The Council takes the view that a conviction of an offence in Singapore is final and conclusive evidence that the practitioner is guilty of the offence of which he is convicted. It is not open to a practitioner who has been convicted of an offence to argue before the DC that he was in fact innocent. If the DC is satisfied that the offence implies a defect in character which makes him unfit for his profession, it is entitled to order that the practitioner's name be removed from the Register.

Whether the conduct complained of amounts to professional misconduct is to be determined by the rules and standards of the medical profession. Professional misconduct is akin to the expression "infamous conduct in a professional respect". The expression "infamous conduct in a professional respect" has been judicially defined in the case of **Allinson v General Council of Medical Education and Registration** as follows:

"If it is shown that a medical man in the pursuit of his profession, has done something with regard to it which would be reasonably regarded as disgraceful or dishonourable by his professional brethren of good repute and competency, it is open to the [Council] to say that he has been guilty of infamous conduct in a professional respect."

The Ethical Code and Ethical Guidelines provide a guide as to what types of conduct could amount to professional misconduct. Adherence to the Code and Guidelines will not only protect the public but also practitioners from allegations being made against them.