Series in Professional Ethics

Propriety and Sexual Boundaries

Ethics and the Medical Profession

A historical cornerstone of the medical profession is that the practice of medicine is, above all, a calling of the highest order.[1] Indeed, the Singapore Medical Council ("SMC") Physician's Pledge represents the medical profession's commitment to the service of humanity, upholding the honour and noble traditions of the profession, and complying with the SMC's Ethical Code and Ethical Guidelines ("ECEG").[2]

In ***Lim Mey Lee Susan v SMC***,[3] the High Court observed that the Physician's Pledge is not just mere rhetoric; it shows that the spirit of public service and the existence of ethical obligations underpin the practice of medicine. As society collectively entrusts doctors with its members' health, well-being, and lives, patients and society at large expect doctors to be responsible, and to maintain the highest standards of professional practice and conduct.[4]

With the exhortations above in mind, the SMC has lined up write-ups on "Series in Professional Ethics" for the SMC News, starting with the present issue. In these pieces, the SMC will highlight common ethical issues that may arise during medical practice and offer some guidance on such issues.

Propriety and Sexual Boundaries

As part of medical practice, doctors often need to examine patients' bodies, including their intimate regions. For example, doctors frequently place their stethoscopes on patients' chests to detect pulmonary issues, or palpate patients' abdomens to identify abdominal problems. Since these regions are, or are close to intimate parts of the body, complaints by patients could arise if these examinations are perceived to be performed improperly.

The SMC wishes to take this opportunity to highlight Guideline C4 of the ECEG and the corresponding section in the SMC Handbook on Medical Ethics ("HME"), which set out clear and actionable guidance on how to deal with intimate examinations.

Apart from the self-explanatory prohibition against having an inappropriate relationship or sexual contact with a patient,[5] Guideline C4 of the ECEG emphasises the need for doctors to ensure that a reasonable patient would feel safe, secure and comfortable, without any misconception or fear that his/her modesty is compromised or that he/she is being taken advantage of in a sexual manner.[6] One way of ensuring this is involving a chaperone in the examination where a patient requests for one, or if the doctor assesses that the presence of a chaperone is necessary to set the patient at ease, or for the doctor's own protection.[7]

Similarly, a doctor should also set patients at ease by explaining his or her actions before and during the examination and by being alert and responding to verbal and non-verbal cues of unease.[8]

The SMC trusts that the above would serve as a useful reminder to all doctors on how to approach intimate examinations in accordance with the principles in the ECEG and HME. For more guidance on the issues above, please refer to Guideline C4 of the 2016 ECEG and Section C4 of the HME. Doctors may also wish to refer to the United Kingdom General Medical Council's Guidance on Intimate Examinations and Chaperones for some good practices that can also be applied in the Singapore context.

[1] ***Lim Mey Lee Susan v Singapore Medical Council*** **[2013] 3 SLR 900**, at [39].
[2] Regulation 16(2) and the Second Schedule to the Medical Registration Regulations.
[3] ***Lim Mey Lee Susan v Singapore Medical Council*** **[2013] 3 SLR 900**, at [40].
[4] ***Low Cze Hong v Singapore Medical Council*** **[2008] 3 SLR(R) 612**, at [36].
[5] Guideline C4(1) of the ECEG; Section C4 of the HME.
[6] Guideline C4(3) of the ECEG.
[7] Guideline C4(4) of the ECEG.
[8] Guideline C4(2) of the ECEG