



CODE OF PROFESSIONAL CONDUCT 2009

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THE INTERNATIONAL CODE OF MEDICAL ETHICS 2008

1. Duty of Physicians in General
 - A physician shall always maintain the highest standards of professional conduct
 - A physician shall not permit motives to influence the free and independent exercise of professional judgment on behalf of patients
 - A physician shall, in all types of medical practice, be dedicated to providing competent medical service in full technical and moral independence, with compassion and respect for human dignity
 - A physician shall deal honestly with patients and colleagues, and strive to expose those doctors deficient in character or competence, or who engage in fraud or deception



THE INTERNATIONAL CODE OF MEDICAL ETHICS 2008

1. Duties of Physicians in General (contd.)

- The following practices are deemed to be unethical conduct:-
 - Self-advertising by physicians, unless permitted by the laws of the country and the Code of Ethics of the National Medical Association
 - Paying or receiving any fee or any other consideration solely to procure the referral of a patient or for prescribing or referring a patient to any source
- A physician shall respect the rights of patients, of colleagues, and any of other health professionals, and shall safeguard patient confidences
- A physician shall act only in the patients interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient
- A physician shall use great caution in divulging discoveries of new techniques or treatment through non-professional channels
- A physician shall certify only that which he has personally verified

THE INTERNATIONAL CODE OF MEDICAL ETHICS 2008



2. Duties of Physicians to the Sick

- A physician shall always bear in mind the obligation of preserving human life
- A physician shall owe his patient complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician's capacity he should summon another physician who has the necessary ability
- A physician shall preserve absolutely confidentiality on all he knows about his patient even after the patient has died
- A physician shall give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care

THE INTERNATIONAL CODE OF MEDICAL ETHICS 2008

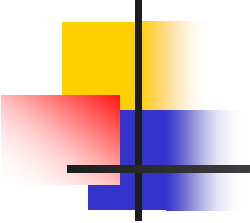


3. Duties of Physicians to each other
 - A physician shall behave towards his colleagues as he would have them behave towards him
 - A physician shall not entice patients from his colleagues
 - A physician shall observe the principles of the “Declaration of Geneva” approved by the World Medical Association



DECLARATION OF GENEVA

- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration;
- I will respect the secrets which are confided in me, even after the patient has died;
- I will maintain by all means in my power, the honor and the noble traditions of the medical profession;
- My colleagues will be my sisters and brothers;
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standing to interfere between my duty and my patient;
- I will maintain the utmost respect for human life from its beginning even under threat and I will not use any medical knowledge contrary to the laws of humanity;
- I will make these promises solemnly, freely and upon my honor.



The New Code of Professional Conduct (2009)

- A. Professional Responsibilities to patients
- B. Communication in Professional Practice
- C. Drugs
- D. Financial Arrangements
- E. Relationship with Other Practitioners & Organizations
- F. New Medical Procedures, Clinical Research and Alternative Medicine
- G. Abuse of Professional Position
- H. Criminal Conviction & Disciplinary Proceedings
- I. Serious Infectious Disease
- J. Special Areas



PROFESSIONAL RESPONSIBILITIES TO PATIENTS

1. Medical records & Confidentiality
2. Consent to medical treatment
3. Termination of doctor-patient relationship
4. Fitness to practice



Medical Records & Confidentiality

- A formal documentation maintained by a doctor on his patients' history, physical findings, Investigations, treatment & clinical progress.
- May be handwritten, printed or in e-format; or even sound/video recordings
- Protects the legal interest of the patient and healthcare provider



Medical Records & Confidentiality

- Doctors' responsibility to maintain true, adequate, clear and contemporaneous medical records
- Any subsequent material alterations to a medical record must be with justifiable reason and clearly documented
- Under Personal Data (Privacy) Ordinance (Cap. 486), patients have the right of access and correction of the information



Medical Records & Confidentiality

- Medical examination & subsequent reporting
 - Information should not be disclosed to third party without patients' consent
 - Patient has the right of not giving consent to disclose certain parts of his medical information
 - Chaperone is recommend to present during intimate examinations. Patients' refusal to have chaperone present should be documented.



Medical Records & Confidentiality

- Handling of medical records upon transfer or cessation of practice
 - Return to the patient
 - Transferring the record to another doctor for continuous care
 - Patients should be informed of such arrangement by:
 - Notifying individually
 - Public announcement in newspaper
 - Displaying notice in the practice premises



Medical Records & Confidentiality

- Disclosure of medical information to third parties
 - Prior consent
 - May be justified without consent:
 - to prevent serious harm to patient or other persons;
 - When disclosure is required by law (e.g. notifiable diseases)
 - If in doubt, consult



Consent to Medical Treatment

- Voluntary & informed
- Normally from patient, may obtain from family members in special situations
- Preferably in writing, though not legally required; except in some specific situations
- Patients always have the right to refuse consent



Termination of Doctor-Patient Relationship

- Doctor may terminate a doctor-patient relationship in the best interest of the patient, e.g. loss of trust; beyond doctor's competence
- Refer to another doctor



COMMUNICATION IN PROFESSIONAL PRACTICE

- Professional communication & information dissemination
- Health education activities



Professional Communication & Information Dissemination

- Principles & rules
 - Information must be accurate, factual, objective verifiable, and presented in a balanced manner
 - Must not be exaggerated or misleading, comparative or claim superiority over other doctors, claim uniqueness, aim to solicit or canvass for patients, be used for commercial promotion of medical & health related products & services, be sensational or unduly persuasive, arouse unrealistic expectations, disparage other doctors
 - Conflict or interest must be declared



Professional Communication & Information Dissemination

- Practice promotion
 - Communication between doctors & healthcare professionals are not regarded as practice promotion
 - Practice promotion includes any means by which a doctor or his practice is publicized in Hong Kong or elsewhere, by himself or anybody acting on his behalf or with his forbearance



Professional Communication & Information Dissemination

- Dissemination of service information to the public
 1. Signboards
 2. Stationery
 3. Announcement in mass media (commencement and altered conditions of practice)
 4. Telephone directories published by telephone companies
 5. Practice websites
 6. Service Information Notices
 7. Doctors directories
 8. Newspapers, magazines, journals & periodicals



Professional Communication & Information Dissemination

- Dissemination of service information to patients
 - Does not involve intrusive visits, telephone calls, fax or e-mails by himself or by people acting on his behalf
 - Does not abuse patient's trust
 - Does not put patient under undue pressure
 - Does not offer guarantees to cure particular conditions
 - Should not take advantage of his professional capacity in the promotion and sale of medical products or health claim substances



Health Education Activities

- Bona fide health education activities such as lectures and publications are allowed but should not be exploited for promotion of his practice
- Information provided should be authoritative appropriate and in accordance with general experience
- Reasonable steps must be taken to ensure that the materials are not used directly or indirectly for the commercial promotion of any medical & health related products/services



DRUGS

- Prescription & Labelling of dispensed medicines
- Supply of Dangerous or scheduled drugs
- Abuse of alcohol or drugs



Prescription & Labelling of dispensed medicines

- Only after proper consultation & should be appropriate.
- Personal responsibility to ensure drugs are correct & properly labelled. Good Dispensing Practice Manual from HKMA
- Patient's choice to buy medicine elsewhere
- Labelling requirements
- Serious side effects has to be explained



Supply of Dangerous or Scheduled drugs

- Guidelines on Proper Prescription and Dispensing of DD (Appendix E)
- Addictive drugs only prescribed for bona fide treatment
- Should not allow unqualified personal to be in charge of DD
- DD register (Dangerous Drugs Regulations 5 & 6) – Appendix F



Abuse of Alcohol or Drugs

- Conviction of offence arising from drunkenness or abuse of alcohol (drink driving) are likely to be regarded as professional misconduct
- Perform duty under influence of alcohol or drugs is misconduct
- Doctors convicted of offences related to drug addiction likely to face disciplinary proceedings



FINANCIAL ARRANGEMENTS

1. Fees
2. Financial relationship with healthcare organizations
3. Improper financial transactions
4. Pharmaceutical & allied industries
5. Professional indemnity insurance



Fees

- Fees or charges must be made known to the patient on request
- Must not charge excessive fees (the difficulty, costs of service, time and skills required, average fee customarily charged, experience and ability of the doctor will be considered)
- Exhibit a notice informing patients that they should ask for quotation of fees before treatment



Financial relationship with Health Care Organizations

- Referral to any health care institution must be in the best interest of patient
- Doctors should not receive any financial or other inducement from them
- Self interest must be declared
- Contract medicine & managed care



Improper Financial Transactions

- No financial or rebate is allowed for referral
- Sharing of fees between doctors providing service to patient is allowed provided patient is being informed
- Interest in commercial organizations must not affect the way he prescribes for, treats or refers patients
- Self interest must be declared

Pharmaceutical & Allied Industries



- Doctors should avoid accepting any inducement which may compromise the independent exercise of their professional judgment
- It is improper for a doctor to accept directly or indirectly any form of payments from a pharmaceutical firm in relation to research or recording clinical assessments of a medical product



Professional indemnity insurance

- Provides protection to the patient as well as the doctor
- Not mandatory at the moment



RELATIONSHIP WITH OTHER PRACTITIONERS & ORGANIZATIONS

1. Referrals of patients
2. Relationship with health care and health products organizations
3. Disparagement of other medical practitioners
4. Practice in association with non-qualified persons
5. Covering or improper delegation of medical duties to non-qualified persons



Relationship with health care and health products organizations

- Doctors cannot hide behind an organization to advertise
- Doctors having financial or professional relationship with an organization ensure the organization does not advertise in contravention of the principles and rules applicable to individual doctors
- Doctors' professional fees or contact information should not be published in an organization's promotional materials

ABUSE OF PROFESSIONAL POSITION



1. Improper personal relationship with patients
2. Untrue or misleading certificates & similar documents
 - Insurance claim forms
 - Receipts
 - Medical reports
 - Sick leave certificates



Sick Leave Certificates

- Certificates can only be issued after proper consultation
- Date of consultation & date of issue must be truly stated, including a certificate recommending retrospective sick leave



Receipts

- Must not issue more than one original receipt of the same payment
- Copy receipts must be clearly stated to be copies
- If fractions of the payment for a single item is received, the full amount should also be stated in each receipt of partial payment



Complementary/alternative treatment modalities

- The modality is ethical, beneficial and safe
- Carried out in good faith & in the patient's best interest and would yield equal or better results than conventional treatments
- Informed consent
- Doctor must have adequate training and is clinical competent in carrying out the treatment
- Should not omit the established conventional methods of treatment