CODE OF PROFESSIONAL CONDUCT

FOR THE GUIDANCE OF REGISTERED MEDICAL PRACTITIONERS

MEDICAL COUNCIL OF HONG KONG

(Revised in January 2016)

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ALL registered medical practitioners should study this Code carefully, in order to avoid the danger of transgressing accepted codes of professional conduct which may lead to disciplinary action by the Medical Council.

MEDICAL COUNCIL OF HONG KONG

(Revised in January 2016)

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www.mchk.org.hk

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PART I

A. INTRODUCTION

Medicine as a profession is distinguished from other professions by a special moral duty of care to save lives and to relieve suffering. Medical ethics emphasizes the priority of this moral ideal over and above considerations of personal interests and private gains. The earliest code of medical ethics was the Hippocratic Oath (4th Century B.C.) While the Medical Registration Ordinance (Cap. 161) confers upon the medical profession considerable freedom of self regulation, the profession is obliged to abide by a strict code of conduct which embodies high ethical values, protects patients' interests, and upholds professional integrity.

Trust is essential to the practice of medicine. There can be no medicine in the absence of trust. The patient's trust imposes upon the doctor a corresponding duty to be trustworthy and accountable. Whereas a patient's trust is fundamental to the process of healing, the ability to heal depends importantly on one's professional knowledge and skills. It is therefore necessary for every doctor to attain continuous professional development through lifelong learning in order to fulfill the duty of care to patients.

This Code of Professional Conduct was originally published as a Warning Notice in 1957 and as the Professional Code and Conduct in 1994. Recognizing the need for medical ethics to evolve with changing social circumstances, the Medical Council of Hong Kong keeps the Code under continuous review. International practices, local peer opinion, legal requirements, public expectations and moral obligations have all played important roles in the development of the Code.

The Code embodies two cardinal values of the medical profession. It is committed to maintaining high standards of proper conduct and good practice to fulfill doctors' moral duty of care. Importantly also, the Code upholds a robust professional culture to support self-governing through identifying role-specific obligations and virtues of the medical profession. These obligations and virtues define the moral ethos and shape the professional identity of the medical community. The Code emphasizes that the hallmark of a profession is its distinctive identity and continuous self-development. The Code marks the profession's commitment to integrity, excellence, responsibility, and responsiveness to the changing needs of both patients and the public in Hong Kong.

This Code is only a guide and is by no means exhaustive. It will be updated from time to time, and subsequent amendments will be published in the website of the Medical Council (www.mchk.org.hk) and the Council's newsletters. It is not a legal document and should be given a fair interpretation in order to attain the objects of the relevant provisions. Unless the context requires otherwise, words in the masculine gender include the feminine gender and words in the singular include the plural, and vice versa; and "the Council" means "the Medical Council of Hong Kong".

Contravention of this Code, as well as any written and unwritten rules of the profession, may render a registered medical practitioner liable to disciplinary proceedings.

All doctors should familiarize themselves with the Medical Registration Ordinance and its subsidiary legislation, in particular the following:-

1. Medical Registration Ordinance (Cap. 161) – sections 19 to 19B, 20A and 21 to 28.

2. Medical Practitioners (Registration and Disciplinary Procedure) Regulation (Cap. 161E) – sections 6 to 42.

3. Medical Registration (Miscellaneous Provisions) Regulation (Cap. 161D) – sections 6, 8 and 9.

The Ordinance and the Regulations are published in the website www.legislation.gov.hk.

A doctor must comply with the law governing the practice of medicine. Section 20A(1) of the Medical Registration Ordinance provides that "a registered medical practitioner shall not practise medicine, surgery or midwifery in Hong Kong, or any branch of medicine or surgery in Hong Kong, unless he is the holder of a practising certificate which is then in force".

B. ROLE OF THE MEDICAL COUNCIL OF HONG KONG

The Medical Council of Hong Kong is established under the Medical Registration Ordinance. It is responsible for registration and professional discipline of medical practitioners, in order to maintain professional standards for protection of the public.

The Council is empowered to discipline a registered medical practitioner who commits a disciplinary offence as set out in section 21(1) of the Medical Registration Ordinance. The two most common disciplinary offences are:-

(i) conviction in or outside Hong Kong of any offence punishable by imprisonment;

(ii) misconduct in a professional respect in or outside Hong Kong.

In the exercise of its disciplinary powers, the Council not only provides a form of redress for the aggrieved public, but also seeks to protect the public from professional misconduct. The maintenance of a high standard of professional conduct is necessary to uphold public trust in the competence and integrity of the profession.

If a practitioner is found guilty of a disciplinary offence, his name may be removed from the General Register. It is a criminal offence for a person to practise medicine while removed from the General Register. There is no entitlement to automatic restoration to the General Register upon expiry of a specified period of removal. The Council may in its absolute discretion allow or refuse an application for restoration. Conditions may be imposed on the applicant's practice upon restoration, in order to ensure that the applicant will practise properly.

In order to maintain impartiality in its quasi-judicial function in disciplinary proceedings, the Council will not advise individuals. A doctor seeking advice on questions of professional conduct arising in particular circumstances should consult an appropriate authority, a professional association or his own legal adviser.

The Ethics Committee of the Council advises and makes recommendations to the Council on matters about medical ethics and professional conduct. It will study and review any case relating to medical ethics or professional conduct, either on its own motion or at the request in writing of not less than 20 registered medical practitioners.

Doctors are also advised to acquaint themselves with and observe the "Patients' Rights and Responsibilities" published by the Hong Kong Medical Association (www.hkma.org/english/pubmededu/rightset.htm).

C. THE INTERNATIONAL CODE OF MEDICAL ETHICS

The International Code of Medical Ethics is adopted by the World Medical Association. It is endorsed by the Medical Council of Hong Kong, except where the contrary intention appears from the context of this Code of Professional Conduct. The Council will have regard to the International Code in the exercise of its disciplinary power.

The latest version of the International Code of Medical Ethics published by the World Medical Association in 2006 is reproduced below. Members of the profession are advised to check any subsequent amendments at the World Medical Association's website (www.wma.net).

DUTIES OF PHYSICIANS IN GENERAL

A PHYSICIAN SHALL	always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
A PHYSICIAN SHALL	respect a competent patient's right to accept or refuse treatment.
A PHYSICIAN SHALL	not allow his/her judgment to be influenced by personal profit or unfair discrimination.
A PHYSICIAN SHALL	be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
A PHYSICIAN SHALL	deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
A PHYSICIAN SHALL	not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.
A PHYSICIAN SHALL	respect the rights and preferences of patients, colleagues, and other health professionals.
A PHYSICIAN SHALL	recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.

A PHYSICIAN SHALL	certify only that which he/she has personally verified.
A PHYSICIAN SHALL	strive to use health care resources in the best way to benefit patients and their community.
A PHYSICIAN SHALL	seek appropriate care and attention if he/she suffers from mental or physical illness.
A PHYSICIAN SHALL	respect the local and national codes of ethics.

DUTIES OF PHYSICIANS TO PATIENTS

A PHYSICIAN SHALL	always bear in mind the obligation to respect human life.
A PHYSICIAN SHALL	act in the patient's best interest when providing medical care.
A PHYSICIAN SHALL	owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.
A PHYSICIAN SHALL	respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.
A PHYSICIAN SHALL	give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.
A PHYSICIAN SHALL	in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
A PHYSICIAN SHALL	not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

DUTIES OF PHYSICIANS TO COLLEAGUES

A PHYSICIAN SHALL	behave towards colleagues as he/she would have them behave towards him/her.
A PHYSICIAN SHALL	NOT undermine the patient-physician relationship of colleagues in order to attract patients.
A PHYSICIAN SHALL	when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.

D. DECLARATION OF GENEVA

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948
and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968
and the 35th World Medical Assembly, Venice, Italy, October 1983
and the 46th WMA General Assembly, Stockholm, Sweden, September 1994
and editorially revised at the 170th Council Session, Divonne-les-Bains, France, May 2005 and
the 173rd Council Session, Divonne-les-Bains, France, May 2006

AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude that is their due;

I WILL PRACTISE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL MAINTAIN by all the means in my power, the honour 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, social standing or any other factor to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely and upon my honour.

PART II

PROFESSIONAL CONDUCT AND RESPONSIBILITIES

Misconduct in a Professional Respect

The term "misconduct in a professional respect" is not defined in the Medical Registration Ordinance but has been interpreted by the Court of Appeal as conduct falling short of the standards expected among registered medical practitioners. It includes not only conduct involving dishonesty or moral turpitude, but also any act, whether by commission or omission, which has fallen below the standards of conduct which is expected of members of the profession. It also includes any act which is reasonably regarded as disgraceful, dishonourable or unethical by medical practitioners of good repute and competency.

It is for the Medical Council to judge whether a doctor's conduct has fallen short of the expected standard after considering the evidence in each individual case. The Council will do so having regard to both written and unwritten rules of the profession.

While this Code provides guidance in certain areas of professional conduct, it is NOT a complete code of professional ethics. It is not possible to cover all areas of professional conduct, or to specify all forms of misconduct which may lead to disciplinary action.

A. PROFESSIONAL RESPONSIBILITIES TO PATIENTS

1. Medical records and confidentiality

1.1 *Medical records*

1.1.1 The medical record is the formal documentation maintained by a doctor on his patients' history, physical findings, investigations, treatment, and clinical progress. It may be handwritten, printed, or electronically generated. Special medical records include audio and visual recording.

1.1.2 A medical record documents the basis for the clinical management of a patient. It reflects on the quality of care and is necessary for continuity of care. It protects the legal interest of the patient and the healthcare provider.

1.1.3 All doctors have the responsibility to maintain systematic, true, adequate, clear, and contemporaneous medical records. Material alterations to a medical record can only be made with justifiable reason which must be clearly documented.

1.1.4 All medical records should be kept secure. This includes ensuring that unauthorized persons do not have access to the information contained in the records and that there are adequate procedures to prevent improper disclosure or amendment. Medical records should be kept for such duration as required by the circumstances of the case and other relevant requirements.

1.1.5 Doctors should have due regard to their responsibilities and liabilities under the Personal Data (Privacy) Ordinance (Cap. 486), in particular, patient's rights of access to and correction of information in the medical record and the circumstances under which doctors may refuse to entertain such requests.

1.2 *Medical examination and subsequent reporting*

1.2.1 Whenever a doctor conducts a health check-up on a person there exists a doctor-patient relationship which should be respected at all times. The medical information should not be disclosed to a third party without the prior consent of the patient. If consent is withheld or withdrawn, the doctor must respect this except in the circumstances set out in section 1.4.2.

1.2.2 A doctor is advised to ensure that the patient fully understands what may be involved in furnishing a medical report and his contractual liabilities with the third party. A doctor should ensure that the patient understands his right of not giving consent to disclose certain parts of his medical information.

1.2.3 If a patient being examined under the arrangement of a prospective employer or insurance company wishes to obtain medical service beyond the scope of the prescribed examination, the doctor should always define his role as an examiner and explain to the patient the cost for which the patient will be personally responsible before providing such additional services.

1.2.4 An intimate examination of a patient is recommended to be conducted in the presence of a chaperone to the knowledge of the patient. If the patient requests to be examined without a chaperone, it is also recommended to record the request in the medical records.

1.3 *Handling of medical records upon transfer or cessation of practice*

1.3.1 It is the responsibility of the doctor who intends to stop practising medicine, either generally or in a particular area, to ensure that his patients' medical records are properly handled and preserved. This could be achieved either by giving the medical record or a copy of it to the relevant patient, if appropriate, or by transferring the record to another doctor who is, in his opinion, competent to look after the patient.

1.3.2 The patients should be informed of the change of circumstances and the arrangements that have been made in respect of their medical records by reasonable means including:-

(a) notifying each patient individually, either verbally or in writing;

(b) publishing a public announcement in the newspapers; or

(c) displaying prominent notices in the practice premises.

1.3.3 The doctor who assumes custody of the medical records has a responsibility to inform the patient of the transfer of the record to him either upon enquiry or upon the patient attending his practice. He must seek the patient's consent to his taking over the patient's medical care and his custody of the medical record. Before such consent is obtained, the succeeding doctor should not make reference to the patient's medical record under his custody unless it is in the best interest of the patient to do so.

1.3.4 A doctor who employs a locum doctor in his stead should display a notice to this effect inside the practice premises and ensure that patients are informed about the change of doctor prior to any consultation.

1.4 *Disclosure of medical information to third parties*

1.4.1 A doctor should obtain consent from a patient before disclosure of medical information to a third party not involved in the medical referral.

1.4.2 In exceptional circumstances medical information about a patient may be disclosed to a third party without the patient's consent. Examples are: (i) where disclosure is necessary to prevent serious harm to the patient or other persons; (ii) when disclosure is required by law.

1.4.3 However, before making disclosure without the patient's consent a doctor must weigh carefully the arguments for and against disclosure and be prepared to justify the decision. If in doubt, it would be prudent to seek advice from an experienced colleague, a medical defence society, a professional association or an ethics committee.

2. Consent to medical treatment

2.1 In law, a doctor cannot perform diagnostic procedures and medical treatment on a patient who does not consent to the treatment. A doctor who does so is liable to be sued for the tort of battery or prosecuted for criminal offences such as wounding and assault occasioning actual bodily harm.

2.2 Treatments for dealing with emergency situations can be given without obtaining prior consent.

2.3 Consent may be either implied or express. In respect of minor and non-invasive treatments, consent can usually be implied from a patient's conduct in consulting the doctor for his illness (but not in a situation where the consultation was only for the purpose of seeking an opinion).

2.4 Oral consent is acceptable for minor invasive procedures. Documenting oral consent in the patient's medical record offers protection to doctors, in case of subsequent dispute as to whether consent has been given.

2.5 Express and specific consent is required for major treatments, invasive procedures, and any treatment which may have significant risks. Specifically:-

(a) Consent for surgical procedures involving general/regional anaesthesia and parenteral sedation must be given in writing.

(b) For written consent, a reasonably clear and succinct record of the explanation given should be made in the consent form. The patient, the doctor and the witness (if any) should sign the consent form at the same time. Each signatory must specify his name and the date of signing next to his signature.

2.6 Where there are statutory requirements that consent in specified circumstances be given in prescribed forms, those requirements must be complied with.

2.7 Consent is valid only if:-

(a) it is given voluntarily;

(b) the doctor has provided proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment); and

(c) the patient properly understands the nature and implications of the proposed treatment.

2.8 After the explanation, the patient should be given reasonable time to enable the patient (or his family members in applicable cases) to make the decision properly, depending on the complexity of information, the importance of the decision and the urgency of the proposed treatment.

2.9 A patient's refusal of proposed investigation and treatment must be respected and documented.

2.10 *Proper explanation of proposed treatment and risks*

2.10.1 Explanation should be given in clear, simple and consistent language. Explanation should be given in terms which the patient can understand. It is the doctor's duty to ensure that the patient truly understands the explanation by being careful and patient.

2.10.2 The explanation should be balanced and sufficient to enable the patient to make an informed decision. The extent of explanation required will vary, depending on individual circumstances of the patient and complexity of the case.

2.10.3 The explanation should cover not only significant risks, but also risks of serious consequence even though the probability is low (i.e. low probability serious consequence risks).

2.10.4 A doctor should not withhold information necessary for making a proper decision for any reason, even if the patient's family members ask for the information to be withheld from the patient, unless in the doctor's judgment the information will cause serious harm to the patient (such as where the information may have a serious effect on the patient's mental health). However, the threshold for withholding information is high, and upsetting the patient or causing him to refuse treatment will not be proper justification for withholding information.

2.10.5 A doctor who withholds from the patient information necessary for making a proper decision must record the reason in the patient's medical records. The doctor should regularly review his decision to see whether the information could be given at a later stage without causing serious harm to the patient.

2.11 *Patients who refuse to listen*

2.11.1 If a patient wishes to give consent but refuses to be given the details of the proposed treatment, a doctor must assess the situation carefully before providing the treatment as the validity of consent in such circumstances may be questionable. The patient's refusal to be given explanation must be fully recorded in the patient's medical records.

2.12 *Child patients*

2.12.1 Consent given by a child under the age of 18 years is not valid, unless the child is capable of understanding the nature and implications of the proposed treatment. If the child is not capable of such understanding, consent has to be obtained from the child's parent or legal guardian.

2.12.2 The degree of maturity and intelligence required for a child to understand the nature and implications of the proposed treatment will depend upon the importance and complexity of the case. It is the doctor's duty to ensure that the child is truly capable of such understanding before acting in reliance on the child's consent.

2.12.3 While a child may be competent to give valid consent, the child should be encouraged to involve the parents in the decision-making in respect of important or controversial procedures.

2.12.4 It is usually sufficient to have consent from one parent. However, in relation to major or controversial medical procedures, there may be the duty to consult the other parent. If the parents cannot agree and the dispute cannot be resolved, the doctor should seek legal advice as to whether it is necessary to apply to court for an order.

2.12.5 A doctor should consider seeking legal advice if the parents refuse treatment which is clearly in the best interest of the child, particularly where the treatment is necessary to save the child's life or to prevent serious deterioration of the child's health (e.g. blood transfusion for a life-saving surgery).

2.12.6 In exceptional situations (such as emergency, parental neglect, abandonment of the child, and inability to find the parent), treatment without parental knowledge and consent may be justified.

2.13 *Unconscious patients*

2.13.1 When a competent patient is unable to give consent because of reasons such as loss of consciousness, the views of the family members should be considered, provided that such views are compatible with (i) the patient's best interests; and (ii) the patient's right of self-determination.

3. Termination of doctor-patient relationship

3.1 A doctor has the primary responsibility to provide proper medical care to his patients. However, there may be situations where it is in the best interest of the patient for such medical care to be provided by another doctor. Examples of such situations include loss of trust between the doctor and the patient (e.g. where the doctor does not wish to comply with the patient's request for an intimate examination to be conducted in the absence of a chaperone), and where the treatment requested is beyond the doctor's competence. In such situations the doctor may terminate the doctor-patient relationship, provided that the patient's health interest is not jeopardized. Doctors should exercise their professional judgment before terminating the doctor-patient relationship.

3.2 When it is decided to terminate the doctor-patient relationship, the doctor should inform the patient of his decision at the earliest opportunity. He should explain the reasons for terminating the relationship and offer to refer the patient to another doctor who has the ability to provide the necessary services.

4. Fitness to practise

4.1 Section 21A of the Medical Registration Ordinance gives powers to the Council to take action in relation to a doctor who, by reason of health, is physically or mentally unfit to practise medicine, surgery or midwifery. The Council takes action both in response to information from concerned colleagues and also where, during disciplinary proceedings, it appears that an illness may be the underlying cause. Part V of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation sets out the procedures of the Health Committee of the Council.

4.2 A doctor whose mental or physical health are such that patients would be put at risk if he continues with his normal practice should either wholly or partially alter or withhold his practice and undergo treatment and rehabilitation where appropriate.

4.3 *Serious infectious diseases*

4.3.1 *Responsibilities*

A doctor who has reason to suspect that he may be a carrier of a serious infectious disease should seek appropriate

investigation and treatment. If confirmed, he must take the necessary steps to prevent the spread of infection to his patients and others. Where appropriate a doctor should seek counselling and act accordingly. It is unethical if one fails to do so as patients are put at risk.

The doctor who has counselled an infected colleague on general management and job modification and who is aware that the advice is not being followed and patients are put at risk has a duty to inform the Council for appropriate action.

4.3.2 *Expert advice and counselling*

Information and counselling should be made easily available for doctors who may have been exposed to serious contagious diseases through risky behaviour, exposure to contaminated blood/blood products or occupational accidents. The importance of voluntary, confidential and anonymous counselling and testing should be underlined.

4.3.3 *Confidentiality*

In general, a doctor is not required to disclose his infectious disease to patients. However he has to inform the Department of Health if it is a notifiable disease. A doctor who treats or counsels another doctor should keep confidentiality. In exceptional circumstances, breach of confidentiality may be warranted, as for instance, when an infected doctor fails to observe certain restrictions putting patients and other healthcare workers at risk.

Maintaining confidentiality is essential in encouraging the doctor to receive proper counselling and management.

4.3.4 *Right to work*

The status and rights of an infected doctor as an employee should be safeguarded. If work restriction is required, employers should make arrangement for alternative work, with provision for retraining and redeployment.

Restriction or modification, if any, should be determined on a case-by-case basis.

B. COMMUNICATION IN PROFESSIONAL PRACTICE

5. Professional communication and information dissemination

5.1 *The need for good communication and accessible information*

5.1.1 Good communication between doctors and patients, and between doctors, is fundamental to the provision of good patient care.

5.1.2 A key aspect of good communication in professional practice is to provide appropriate information to users of a doctor's service and to enable those who need such information to have ready access to it. Patients need such information in order to make an informed choice of doctors and to make the best use of the services the doctor offers. Doctors, for their part, need information about the services of their professional colleagues. Doctors in particular need information about specialist services so that they may advise patients and refer them, where appropriate, for further investigations and/or treatment.

5.1.3 Persons seeking medical service for themselves or their families can nevertheless be particularly vulnerable to persuasive influence, and patients are entitled to protection from misleading advertisements. Practice promotion of doctors' medical services as if the provision of medical care were no more than a commercial activity is likely both to undermine public trust in the medical profession and, over time, to diminish the standard of medical care.

5.2 *Principles and rules of good communication and information dissemination*

5.2.1 A doctor providing information to the public or his patients must comply with the principles set out below.

5.2.1.1 Any information provided by a doctor to the public or his patients must be:-

(a) accurate;

(b) factual;

(c) objectively verifiable;

(d) presented in a balanced manner (when referring to the efficacy of particular treatment, both the advantages and disadvantages should be set out).

5.2.1.2 Such information must not:-

(a) be exaggerated or misleading;

(b) be comparative with or claim superiority over other doctors;

(c) claim uniqueness without proper justifications for such claim;

(d) aim to solicit or canvass for patients;

(e) be used for commercial promotion of medical and health related products and services (for the avoidance of doubt, recommendations in clinical consultations are not regarded as commercial promotion of products and services);

(f) be sensational or unduly persuasive;

(g) arouse unjustified public concern or distress;

(h) generate unrealistic expectations;

(i) disparage other doctors (fair comments excepted).

5.2.1.3 Where a doctor has a conflict of interest of any nature in a product or service, he must declare such interest before making comments on the product or service.

5.2.2 *Practice promotion*

5.2.2.1 Practice promotion means publicity for promoting the professional services of a doctor, his practice or his group, excluding communication with registered medical and dental practitioners, Chinese medicine

practitioners, chiropractors, nurses, midwives, pharmacists, medical laboratory technologists, radiographers, physiotherapists, occupational therapists and optometrists. Practice promotion in this context will be interpreted by the Council in its broadest sense, and 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 (including the failure to take adequate steps to prevent such publicity in circumstances which would call for caution), which objectively speaking constitutes promotion of his professional services, irrespective of whether he actually benefits from such publicity.

5.2.2.2 Practice promotion by individual doctors, or by anybody acting on their behalf or with their forbearance, to people who are not their patients is not permitted except to the extent allowed under section 5.2.3.

5.2.3 *Dissemination of service information to the public*

A doctor, whether in private or public service, may provide information about his professional services to the public (i.e. persons other than his patients as defined in section 5.2.4.1) only in the ways set out below. Where the provision refers to medical practice groups, it means a group in which all doctors in the group practice in the same premises and are governed by a genuine management structure.

5.2.3.1 *Signboards*

Signboards include any signs and notices exhibited by a doctor to identify his practice to the public.

Doctors in group practice may exhibit either their own individual signboards or a shared signboard. Both individual and shared signboards must comply with the requirements set out in Appendix A.

Signboards should not be ornate. Illumination is allowed only to the extent required to enable the contents to be read. Blinking lights are not allowed.

A signboard may carry only the following information:-

(a) Name of the doctor with the prefix Dr. (西醫 / 男西醫 / 女西醫) or the Chinese suffix "醫生 / 醫師", and the title "registered medical practitioner" (註冊醫生 / 註冊西醫) .

(b) Name of the practice.

(c) Quotable qualifications approved by the Council.

(d) Specialist title approved by the Council.

(e) Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)

(f) Consultation hours.

(g) Indication of the location of the practice in the building.

A doctor should not allow his name to appear on any signboard which carries merchandise or service promotion. He should not allow the placement of his signboard in a way which gives the appearance that he is associated with other signboards which do not comply with section 5.2.

5.2.3.2 *Stationery*

Stationery (visiting cards, letterheads, envelopes, prescription slips, notices etc.) may only carry the following information:-

(a) Name of the doctor with the prefix Dr. (西醫 / 男西醫 / 女西醫) or the Chinese suffix "醫生 / 醫師".

(b) Name of the practice.

(c) Names of partners, assistants or associates in the practice.

(d) Quotable qualifications and appointments and other titles approved by the Council.

(e) Specialist title approved by the Council.

(f) Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)

(g) Consultation hours.

(h) Telephone, fax, pager numbers and e-mail address.

(i) Address(es) and location map of the practice.

5.2.3.3 *Announcements in mass media*

Commencement and Altered Conditions of Practice

Announcements of commencement of practice or altered conditions of practice (e.g. change of address, partnership etc.) are permissible only in newspapers provided that all announcements are completed within two weeks of the commencement/change taking place AND comply with section 5.2.1 of this Code. The size of the announcement must not exceed 300cm^2 and the announcement may contain only the information specified in section 5.2.3.2 together with the date of the commencement or alteration of the conditions of practice. Photographs are not allowed. Examples of permitted announcements are given in Appendix B.

Similar announcement via other media including printing, mailing, broadcasting and electronic means is not permitted.

Other announcements

Letters of gratitude or announcements of appreciation from grateful patients or related persons identifying the doctor concerned should not be published in the media or made available to members of the public. A doctor should take all practical steps to discourage any such publications.

5.2.3.4 *Telephone directories published by telephone companies*

Entries in telephone directories published by telephone companies in respect of subscribers to their telephone services may be listed under the appropriate descriptive heading e.g. medical practitioners, physicians and surgeons. Doctors included in the Specialist Register may have their names listed under the appropriate specialty.

Telephone directory entries may only carry the following information:-

(a) Name of the doctor.

(b) Gender of the doctor.

(c) Language(s)/dialect(s) spoken.

(d) Name of the practice.

(e) Names of partners, assistants or associates in the practice.

(f) Affiliated hospitals.

(g) Availability of emergency service and emergency contact telephone number.

(h) Quotable qualifications and appointments approved by the Council.

(i) Specialist title approved by the Council.

(j) Consultation hours.

(k) Telephone, fax, pager numbers and e-mail address.

(l) Address(es) of the practice.

The characters of all the entries should be uniform, i.e. of the same size, not bold-type, and not in italic etc.

5.2.3.5 *Practice websites*

A doctor may publish his professional service information in his practice website and/or the website of other medical practice group(s) of which he is a bona fide member.

The website may carry only the service information which is permitted on doctors directories under section 5.2.3.7. The same rules on doctors directories in electronic format also apply to practice websites. Hyperlinkage may be established between the website and specialist doctors directories in which the doctor's name is listed.

5.2.3.6 *Service information notices*

A doctor may display at the exterior of his office a service information notice bearing the fee schedules and the medical services provided by him. The service information notice must comply with the guidelines set out in Appendix C.

5.2.3.7 *Doctors directories*

A doctor may provide information about his professional services to the public through doctors directories published by professional medical

organizations approved by the Council for that purpose.

A doctors directory must comply with the guidelines set out in Appendix D. A doctor who provides information for publication, or permits publication of such information, in a doctors directory has a personal responsibility to ensure that the directory is in compliance with the guidelines.

5.2.3.8 *Newspapers, magazines, journals and periodicals*

A doctor may publish his service information in bona fide newspapers, magazines, journals and periodicals for the purpose of enabling the public to make an informed choice of doctors.

A publication published for the predominant purpose of promotion of the products or services of a doctor or other persons is not regarded as an acceptable newspaper, magazine, journal or periodical for this purpose.

A doctor who publishes his service information in these publications must ensure that:-

(a) the published information includes only the information which is permitted in Service Information Notices and Doctors Directories;

(b) the same rules as to terminology of procedure and operations for Service Information Notices and Doctors Directories are complied with, and no questionable terminology is adopted;

(c) a written undertaking is secured from the publisher that his service information will not be published in a manner which may reasonably be regarded as suggesting his endorsement of other medical or health related products/services, such as publication in close proximity to advertisements for those products/services;

(d) the published information does not exceed the size limit of 300 cm^2, and not more than one notice is published in the same issue of a publication; and

(e) a proper record of the published information and the arrangements for its publication is kept for two years.

5.2.4 *Dissemination of service information to patients*

No attempt should be made to put pressure on patients and there should be no abuse of the trust of patients in the dissemination of information.

5.2.4.1 A patient in this context refers to someone who has, at any time, consulted that doctor, a partner in his practice, or a doctor in a practice which that doctor has taken over, and whose name appears in the records of the practice.

5.2.4.2 A doctor may provide information about his service to his patients provided that such information:-

(a) is not disseminated in such a way as to constitute practice promotion to non-patients;

(b) conforms with section 5.2.1;

(c) does not involve intrusive visits, telephone calls, fax or e-mails by himself or by people acting on his behalf;

(d) does not abuse the patient's trust or exploit his lack of knowledge;

(e) does not put the patient under undue pressure; and

(f) does not offer guarantees to cure particular conditions.

5.2.4.3 Doctors in private practice as well as those in public organizations are bound by the same rules.

5.2.4.4 A doctor may provide information about the acceptance of credit facilities inside his office.

5.2.4.5 A doctor may provide information about medical or ancillary services inside his office.

5.2.4.6 A doctor should not take advantage of his professional capacity in the promotion and sale of medical products or health claim substances.

5.2.5 *Unsolicited visits or telephone calls*

Doctors' services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.

6. Health education activities

6.1 It is appropriate for a doctor to take part in bona fide health education activities, such as lectures and publications. However, he must not exploit such activities for promotion of his practice or to canvass for patients. Any information provided should be objectively verifiable and presented in a balanced manner, without exaggeration of the positive aspects or omission of the significant negative aspects.

6.2 A doctor should take reasonable steps to ensure that the published or broadcasted materials, either by their contents or the manner they are referred to, do not give the impression that the audience is encouraged to seek consultation or treatment from him or organizations with which he is associated. He should also take reasonable steps to ensure that the materials are not used directly or indirectly for the commercial promotion of any medical and health related products or services.

6.3 Information given to the public should be authoritative, appropriate and in accordance with general experience. It should be factual, lucid and expressed in simple terms. It should not arouse unnecessary public concern or personal distress, or generate unrealistic expectations. Doctors must not give the impression that they, or the institutions with which they are associated, have unique or special skills or solutions to health problems. Information should not be presented in such a way that it furthers the professional interests of the doctors concerned, or attracts patients to their care.

7. Specialist title

7.1 Only doctors on the Specialist Register are recognized as specialists, and can use the title of "specialist in a specialty". A specialist can claim himself as a specialist only in the specialty under which he is included in the Specialist Register but not other specialties.

7.2 Doctors who are not on the Specialist Register cannot claim to be or hold themselves out as specialists. A non-specialist is not allowed to use any misleading description or title implying specialization in a particular area (irrespective of whether it is a recognized specialty), such as "doctor in dermatology" or "皮膚醫生".

8. Information about medical innovations

8.1 Doctors who directly or indirectly release information to the public on new discoveries, inventions, procedures, or improvements should ensure beforehand that:-

(a) the relevant medical innovation has been adequately tested;

(b) the value of the innovation is evidence-based;

(c) the evidence-based research has been properly documented and completed with peer approval. It is the duty of the author to seek peer approval from the relevant professional or academic bodies;

(d) the ethical guidelines under sections 5.2.1 and 22 are observed; and

(e) it is not implied that the doctor may be consulted by individual patients.

C. DRUGS

9. Prescription and labelling of dispensed medicines

9.1 A doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate.

9.2 A doctor who dispenses medicine to patients has the personal responsibility to ensure that the drugs are dispensed strictly in accordance with the prescription and are properly labelled before

they are handed over to the patients. The doctor should establish suitable procedures for ensuring that drugs are properly labelled and dispensed. Doctors are advised to observe the provisions of the Good Dispensing Practice Manual issued by the Hong Kong Medical Association.

9.3 Patients should be given the choice of either receiving medicine directly from the doctor or taking a prescription from him. In either case, the doctor has the responsibility to decide the proper dosage.

9.4 All medications dispensed to patients directly or indirectly by a doctor should be properly and separately labelled with all the following information:-

(a) name of prescribing doctor or proper means of identifying him;

(b) full name of the patient, except where the full name is unusually long (in which case the family name and such part of the given name or initials sufficient to identify the patient should be written);

(c) date of dispensing;

(d) name of medicine, which can be either:-

(i) the name of the medicine as it is registered with the Pharmacy and Poisons Board of Hong Kong and shown in the Compendium of Pharmaceutical Products published by the Department of Health; or

(ii) the generic, chemical or pharmacological name of the medicine;

(e) method of administration;

(f) dosage to be administered;

(g) strength and/or concentration of the medicine where applicable; and

(h) precautions where applicable.

9.5 The only exemptions from the labelling requirement are:-

(a) medicines for clinical trials with informed consent of the patient; and

(b) situations in which it may not be in the interest of the patient to label and describe the medicine, such as medicines supplied solely for psychological effect on the patient.

9.6 Where a drug is commonly known to have serious side effects, the doctor has the responsibility to properly explain the side effects to the patient before prescribing the drug.

10. Supply of dangerous or scheduled drugs

10.1 Doctors are advised to acquaint themselves with the Guidelines on Proper Prescription and Dispensing of Dangerous Drugs at Appendix E.

10.2 A doctor should not prescribe or supply drugs of addiction or dependence otherwise than in the course of bona fide and proper treatment. The Director of Health is empowered to withdraw from a doctor the authorization to possess, supply or manufacture dangerous drugs, where it is in the public interest to do so. The Director of Health is also empowered, upon such withdrawal, to direct that it shall not be lawful for the doctor to give prescriptions prescribing dangerous drugs.

10.3 A doctor should not permit unqualified assistants to be in charge of any place in which scheduled poisons and dangerous drugs or preparations containing such substances are supplied to the public.

10.4 A doctor is required to keep a register of every quantity of dangerous drug obtained or supplied by him, in the form and manner specified in regulations 5 and 6 of the Dangerous Drugs Regulations (Cap. 134A). Failure to comply with these requirements is a criminal offence, and will also result in disciplinary action.

10.5 The specified form of dangerous drugs register is at the First Schedule to the Dangerous Drugs Regulations, and a copy is at Appendix F. All entries with the specified particulars must be entered in chronological sequence, on the date of receipt or supply of the dangerous drug. Every entry must be made in ink or other indelible form. No cancellation, obliteration or alteration is allowed. Any correction can only be made by a marginal note or footnote specifying the date of correction.

11. Abuse of alcohol or drugs

11.1 Convictions for offences arising from drunkenness or abuse of alcohol or drugs (such as driving under the influence of alcohol or drugs) are likely to be regarded as professional misconduct.

11.2 It is professional misconduct for a doctor to treat patients or perform other professional duties while being rendered unfit to perform such duties by the influence of alcohol or drugs.

11.3 Disciplinary proceedings will be taken against a doctor convicted of drugs related offences committed in order to gratify his own addiction.

D. FINANCIAL ARRANGEMENTS

12. Fees

12.1 Consultation fees should be made known to patients on request. In the course of investigation and treatment, all charges, to the doctors' best knowledge, should be made known to patients on request before the provision of services. A doctor who refuses or fails to make the charges known when properly requested may be guilty of professional misconduct.

12.2 Although there is no obligation to give advance quotation of fees, doctors are strongly advised to give quotation to patients before providing services if substantial fees will be incurred, in order to avoid subsequent complaints and disputes.

12.3 A doctor should not charge or collect an excessive fee. The Council will consider the following factors in determining whether a fee is excessive:-

(a) the difficulty, costs and special circumstances of the services performed and the time, skill and experience required;

(b) the average fee customarily charged in Hong Kong for similar services; and

(c) the experience and ability of the doctor in performing the kind of services involved.

12.4 A doctor should exhibit a notice in his clinic informing patients of their right to ask for quotation of the fees involved before receiving treatment.

13. Financial relationship with health care organizations

13.1 A doctor may refer a patient to any hospital, nursing home, health centre or similar institution, for treatment by himself or other persons only if it is, and is seen to be, in the best interest of the patient. Doctors should therefore avoid accepting any financial or other inducement from such an institution which may compromise, or may be regarded by others as likely to compromise, the independent exercise of their professional judgment. Doctors proposing to refer a patient to an institution in which they have a financial interest, whether by reason of a capital investment or a remunerative position, should always disclose the interest to the patient before making the referral.

13.2 *Contract medicine and managed care*

A doctor who is an owner, a director or an employee of, or is in a contractual relationship with, an organization which, either directly or indirectly, provides medical services or administers medical schemes, may continue such association with the organization only if the following principles are complied with:-

13.2.1 The principles on provision of information to the public and patients in section 5.2.1 must be observed.

13.2.2 A doctor should exercise careful scrutiny and judgment of medical contracts and schemes of the organization to ensure that they are ethical and in the best interest of the patients. He should dissociate himself from an organization which provides substandard medical services, imposes restrictions on the independent professional judgment of doctors, infringes patients' rights or otherwise contravenes the Code.

13.2.3 When administrators, agents, brokers, middlemen etc. are involved in a medical contract, information pertaining to the financial arrangements should be made readily available to all parties on request.

13.2.4 Medical schemes and contracts often involve administrative costs. Doctors should do their best to ensure that these administrative costs are reasonable. Doctors should also ensure that administrative costs are not disguised as part of the professional fees they charge the patients and are clearly set out separately in the invoices, payment vouchers and receipts.

13.2.5 Arrangements under which the remuneration for a doctor's medical services, if averaged out among the services provided, diminishes with or is inversely proportional to the quantity of services provided are incompatible with proper medical standards. They encourage lowering of the standard of service to match the diminishing remuneration and will compromise the interests of the patients. Such arrangements include commercial capitation schemes and similar medical schemes. Doctors must not enter into such arrangements. Doctors are also prohibited from administering or operating such schemes.

14. Improper financial transactions

14.1 A doctor shall not offer to, or accept from, any person or organization (including diagnostic laboratories, hospitals, nursing homes, health centres, beauty centres or similar institutions) any financial or other inducement (including free or subsidized consulting premises or secretarial support) for referral of patients for consultation, investigation or treatment.

14.2 A doctor shall not share his professional fees with any person other than the bona fide partners of his practice. However, it is not a form of fee-sharing for a doctor to make payment to other doctors and healthcare professionals collaborating in the provision of bona fide medical services to the patient, provided that the patient is informed of their involvement and services as soon as reasonably practicable.

14.3 If a doctor has any interest in commercial organizations (including but not limited to organizations providing health care or pharmaceutical or biomedical companies) or products, he must not allow such interest to affect the way he prescribes for, treats or refers patients.

14.4 A doctor, before taking part in discussion with patients or their relatives about buying goods or services, must declare any relevant financial interest or commercial interest which he or his family may have in the purchase.

14.5 Sponsorship from commercial organizations for participation in scientific meetings or for educational and charitable services is acceptable, provided that the amount sponsored is reasonable.

15. Pharmaceutical and allied industries

15.1 Advertising and other forms of products promotion by individual firms within the pharmaceutical and allied industries can provide information which is useful to the profession. Nevertheless, a doctor when prescribing should not only choose but should also be seen to be choosing the drug or appliance which, in his independent professional judgment and having due regard to cost effectiveness, will best serve the medical interests of his patients. Doctors should therefore avoid accepting any inducement which may compromise, or may be regarded by others as likely to compromise, the independent exercise of their professional judgment in matters pertaining to patients' management.

15.2 The medical profession and the pharmaceutical industry have common interests in the research and development of new drugs or appliances of diagnostic or therapeutic value. Advances achieved by the pharmaceutical industry contribute to the improvement of medical practice. The industry also provides financial support for medical research and postgraduate medical education.

15.3 While reasonable sums may be charged by a doctor for services properly rendered such as collection of clinical data, it is improper for doctors to solicit or accept unreasonable sums of money or gifts from commercial firms which manufacture or market drugs or medical products. It is improper for individual doctors to accept from such firms monetary gifts or loans or equipment or other expensive items for their personal use.

15.4 Some exceptions can however be made for donations and grants of money or equipment to institutions such as hospitals, health care centres and universities specifically for the purposes of patient services, education or approved research.

15.5 *Clinical trials of drugs and appliances*

It is improper for a doctor to accept directly or indirectly any form of payments or benefits from a pharmaceutical firm:-

(a) in relation to a research project such as the clinical trial of drugs and appliances, unless the payments have been specified in a protocol for the project which has been approved by the relevant local ethics committee (other than the ethics committee of the sponsoring pharmaceutical firm);

(b) under arrangements for recording clinical assessments of a licensed medicinal product, whereby he is asked to report reactions which he has observed in patients for whom he has prescribed the drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant ethics committee (other than the ethics committee of the sponsoring pharmaceutical firm); or

(c) which could influence his professional assessment of the clinical value of drugs or appliances.

Payment by pharmaceutical companies for costs properly incurred in conducting approved clinical studies is acceptable.

16. Professional indemnity insurance

16.1 Professional indemnity insurance provides protection to the patient as well as the doctor against whom medical negligence claims are made. Some areas of medical practice involve statistically higher risks of claim than others. Although it is not a mandatory requirement, a doctor should seriously assess the risks of his practice, his personal ability to pay the potential compensation awards and the legal costs of defending the claims, and obtain proper insurance coverage where appropriate.

E. RELATIONSHIP WITH OTHER PRACTITIONERS AND ORGANIZATIONS

17. Referral of patients

17.1 A doctor may refer a patient for diagnostic or therapeutic services to another doctor, a practitioner with limited registration, or any other provider of health care services permitted by law to furnish such

services, if in his clinical judgment this may benefit the patient. Referrals to medical specialists should be based on their individual competence and ability to perform the services needed by the patient. A doctor should not so refer a patient unless he is confident that the services provided on referral will be performed competently and in accordance with accepted scientific standards and legal requirements.

18. Relationship with health care and health products organizations

18.1 Medical and health products and services are offered by a variety of organizations. The Council does not have jurisdiction over such organizations. However, subject to section 18.2, disciplinary action will be taken against a doctor where an advertisement in the name of the organization is in effect promotion of the doctor's practice. In this respect, the Council will look at the actual effect of the advertisement.

18.2 A doctor who has any kind of financial or professional relationship with, uses the facilities of, or accepts patients referred by, such an organization, must exercise due diligence (but not merely nominal efforts) to ensure that the organization does not advertise in contravention of the principles and rules applicable to individual doctors. Due diligence shall include acquainting himself with the nature and content of the organization's advertising, and discontinuation of the relationship with an organization which is found to be advertising in contravention of the principles and rules.

18.3 Under no circumstances should a doctor permit his professional fees or contact information to be published in an organization's promotional materials.

19. Disparagement of other medical practitioners

19.1 Doctors are frequently called upon to express a view about a colleague's professional practice. This may, for example, happen in the course of a medical audit or peer review procedure, or when a doctor is asked to give a reference about a colleague. It may also occur in a less direct and explicit way when a patient seeks a second opinion, specialist advice or an alternative form of treatment. Honest comment is entirely acceptable in such circumstances, provided that it is carefully considered and can be justified, offered in good faith and intended to promote the best interests of the patient.

19.2 A doctor should, where the circumstances so warrant, inform an appropriate person or body about a colleague whose professional conduct, competence or fitness to practise may be called into question. The Council has procedures for rehabilitating doctors whose fitness to practise is impaired by a physical or mental condition. See section 4.

19.3 It is unethical for a doctor to make unjustifiable comments which, whether directly or by implication, undermines trust in the professional competence or integrity of another doctor.

20. Practice in association with non-qualified persons

20.1 A doctor should not associate himself with a non-qualified person in providing any form of healing or treatment for his patients.

20.2 In respect of a profession with a registration system, a person not registered in Hong Kong is regarded as a non-qualified person. In respect of a profession with no registration system, the professional training and criteria required for a person to qualify for practice of such profession are relevant in determining whether a person is a non-qualified person.

21. Covering or improper delegation of medical duties to non-qualified persons

21.1 A doctor who improperly delegates to a person who is not a registered medical practitioner duties or functions in connection with the medical treatment of a patient for whom the doctor is responsible or who assists such a person to treat patients as though that person were a registered medical practitioner, is liable to disciplinary proceedings. The proper training of medical and other bona fide students or the proper employment of nurses, midwives and other persons trained to perform specialized functions relevant to medicine is entirely acceptable provided that the doctor concerned exercises effective personal supervision over any persons so employed and retains personal responsibility for the treatment of the patients.

21.2 A doctor who employs or otherwise engages a person to carry out the functions of the professions listed in the Schedule of the Supplementary Medical Professions Ordinance (Cap. 359) (i.e. Medical Laboratory Technologists, Radiographers, Physiotherapists, Occupational Therapists and Optometrists) may only do so if that person is registered in accordance with the provisions of the same

Ordinance. A doctor who employs any person to practise any of such professions also commits an offence if that person is not registered in respect of that profession.

21.3 It is misconduct for a doctor, by his countenance or assistance or by issuing certificates, notifications, reports or other similar documents, to enable a person who is not a registered midwife to attend a woman in childbirth other than under the direction and personal supervision of a registered medical practitioner.

F. NEW MEDICAL PROCEDURES, CLINICAL RESEARCH AND ALTERNATIVE MEDICINE

22. New medical procedures

22.1 Doctors in public institutions or in the private sector may apply new methods of treatment for appropriate patients under appropriate circumstances. In this respect, innovative ideas, new appliances and medications are expected and are encouraged. Nevertheless, the doctor must be reminded that the human rights of the patient must be protected and his dignity respected.

22.2 New medical procedures should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki (www.wma.net), and that are consistent with good clinical practice and the applicable regulatory requirements.

22.3 Doctors when using NEW surgical procedures, grafts, implants or medications on patients should give due consideration to the following:-

(a) Such new surgical procedures, grafts, implants or medications should be primarily for the benefit of the patient.

(b) The doctor should have good grounds, supported where necessary by experimental or trial results, to expect that such surgical procedures, grafts, implants or medications would yield equal or better results than alternative methods of available treatment.

(c) The doctor should make adequate preparations and acquire the necessary facilities to meet the undertaking, as well as any expected complications arising from such an undertaking.

(d) The doctor should clearly explain to the patient the nature of the surgical procedure, graft, implant or medication, as well as alternative methods of available treatment. Informed consent from the patient is required for invasive procedures.

(e) The doctor should consult and obtain approval from the relevant ethics committee for the use of such surgical procedures, grafts, implants or medications.

22.4 Doctors should familiarize themselves with the guidelines issued by the Council from time to time.

22.5 Doctors are reminded that they may be asked to justify their action. Failure to adhere to the above principles may result in disciplinary action.

23. Clinical research

23.1 The practice of good clinical research should follow the principles of good clinical practice set out in the following sections. These principles are adopted from the International Conference on Harmonization Harmonized Tripartite Guideline and other references.

23.2 Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki (www.wma.net), and that are consistent with good clinical practice and the applicable regulatory requirements.

23.3 Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.

23.4 The rights, safety, and well being of the trial subjects are the most important considerations and should prevail over interests of science and society.

23.5 The available non-clinical and clinical information on an investigation product should be adequate to support the proposed clinical trial.

23.6 Clinical trials should be scientifically sound, and described in a clear, detailed protocol.

23.7 A trial should be conducted in compliance with the protocol that has received prior approval from an appropriate ethics committee or mechanism of similar standing.

23.8 The formation of an ethics committee in all institutions where researches on humans are undertaken should be encouraged.

23.9 The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist.

23.10 Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his respective tasks.

23.11 Freely given informed consent should be obtained from every subject prior to clinical trial participation.

23.12 All clinical trial information should be recorded, handled and stored in a way that allows its accurate reporting, interpretation and verification.

23.13 The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirements.

23.14 Investigation products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice. They should be used in accordance with the approval protocol.

23.15 Systems with procedures that assure the quality of every aspect of the trial should be implemented.

23.16 Fraudulent practice of clinical research constitutes professional misconduct.

24. Complementary/alternative treatment modalities

24.1 A doctor utilizing complementary/alternative treatment modalities should ensure that:-

(a) the modality of treatment concerned is ethical, beneficial and safe for the patient;

(b) the procedure is carried out in good faith and in the patient's best interest and would yield equal or better results than the conventional treatments available;

(c) informed consent has been obtained after the following have been properly explained to the patient:-

(i) the benefits of the procedure;
(ii) the risks of the procedure;
(iii) the fact that the procedure is a form of complementary/ alternative treatment;
(iv) the prevailing conventional method available; and

(d) the doctor himself has received relevant and adequate training and is clinically competent in carrying out the treatment; if necessary, he should obtain professional support from qualified persons.

24.2 A doctor who utilizes complementary/alternative treatment modalities may be subject to strict review and judgment with reference to the law governing the alternative practice.

24.3 A doctor may undertake scientific research related to complementary/alternative treatment modality, provided that the guidelines on clinical research in section 23 are observed.

24.4 If a doctor prescribes any health claim substance, which includes any proprietary health food product with or without herbal medicine contents, to his patient, he must make sure that:-

(a) he is not omitting the established conventional methods of treatment;

(b) the health claim substance concerned is beneficial and does not cause any harm to the patient;

(c) he is acting in good faith and in the patient's best interest;

(d) he has explained the efficacy, deficiency and uncertainty of the health claim substance fully to the patient, including but not limited to explaining that it may contain an element for which there is no/insufficient evidence of efficacy; and

(e) he does not take advantage of his professional relationship with patients to promote the sale of any health claim substance. In any event where he or his family has a financial interest in any health claim substance, he should comply with section 14.

G. ABUSE OF PROFESSIONAL POSITION

25. Improper personal relationship with patients

25.1 Any form of sexual advance to a person with whom the doctor has a professional relationship is professional misconduct. The Council takes a serious view of a doctor who uses his professional position to pursue a personal relationship of a sexual nature with his patient or the patient's spouse.

25.2 The practice of medicine often involves a close personal relationship between doctors and their patients, and patients sometimes become emotionally dependent. A doctor must be aware of such a possibility and that to take any advantage of such dependency may be abuse of responsibility and trust. Doctors should exercise special care and prudence in situations which could leave them open to such an allegation.

26. Untrue or misleading certificates and similar documents

26.1 Doctors are required to issue reports and certificates for a variety of purposes (e.g. insurance claim forms, payment receipts, medical reports, vaccination certificates, sick leave certificates) on the basis that the truth of the contents can be accepted without question. Doctors are expected to exercise care in issuing certificates and similar documents, and should not include in them statements which they have not taken appropriate steps to verify.

26.2 A sick leave certificate can only be issued after proper medical consultation of the patient by the doctor. The date of consultation and the date of issue must be truly stated in the certificate, including a certificate recommending retrospective sick leave.

26.3 Any doctor who in his professional capacity gives any certificate or similar document containing statements which are untrue, misleading or otherwise improper renders himself liable to disciplinary proceedings. The signing of blank certificates is prohibited by the Council.

26.4 Doctors must not issue more than one original receipt in respect of the same payment. Copy receipts must be clearly stated to be copies or duplicates. If it is necessary to issue separate receipts for fractions of the payment for a single item of service, it should be clearly stated in each receipt the amount of the full payment and that the receipt is in respect of the part payment only.

H. CRIMINAL CONVICTION AND DISCIPLINARY PROCEEDINGS

27. Criminal conviction

27.1 A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Council, regardless of whether he is sentenced to imprisonment. A conviction in itself will invoke the Council's disciplinary procedure even if the offence does not involve professional misconduct. However, the Council may decide not to hold an inquiry where the conviction has no bearing on the doctor's practice as a registered medical practitioner.

27.2 A particularly serious view will likely be taken in respect of offences involving dishonesty (e.g. obtaining money or goods by deception, forgery, fraud, theft), indecent behaviour or violence. Offences which may affect a doctor's fitness to practise (e.g. alcohol or drug related offences) will also be of particular concern to the Council.

28. Adverse disciplinary findings by other professional bodies

28.1 Adverse findings on a registered medical practitioner in disciplinary proceedings by other professional regulatory bodies in or outside Hong Kong may likewise invoke the Council's disciplinary procedure.

29. Duty to report

29.1 A doctor who has been convicted in or outside Hong Kong of an offence punishable with imprisonment or has been the subject of adverse findings in disciplinary proceedings by other professional regulatory bodies is required to report the matter to the Council within 28 days from the conviction or the adverse disciplinary finding, even if the matter is under appeal. Failure to report within the specified time will in itself be ground for disciplinary action. In case of doubt the matter should be reported.

I. SERIOUS INFECTIOUS DISEASE

30. Prevention

30.1 Doctors should take adequate precautions when contacting patients and medical specimens to ensure that the risk of spreading infection to themselves and to others is minimized.

31. Patient entitlement

31.1 All patients, including those with serious infectious disease, are entitled to timely and appropriate care, including those whose own lifestyles have caused the infection.

32. Confidentiality

32.1 In any given case when it appears that others, i.e. spouses, those close to the patient, other doctors and health care workers, may be at risk if not informed that a patient has a serious infection, the doctor should discuss the situation fully and completely with the patient laying particular stress, in the case of other medical or allied health staff, on the need for them to know the situation so that they may, if required, be able to treat and support the patient. In the case of spouses, or other partners, similar considerations will apply, and the doctor should endeavour also to obtain the patient's permission for the disclosure of the facts to those at risk.

32.2 Difficulties may clearly arise if the patient, after full discussion and consideration, refuses to consent to disclosure. If mutual trust between doctor and patient has been established such a case will, hopefully, be rare. In this case, it is covered by the general ethical standards of the profession and the refusal should be respected. Should permission be refused, however, the doctor will have to decide how to proceed, in the knowledge that the decision reached, may have to be justified subsequently. If the welfare of other health workers may be properly considered to be endangered, the Council would not consider it to be unethical if those who might be at risk of infection whilst treating the patient were to be informed of the risk. They in their turn would, of course, be bound by the general rules of confidentiality.

32.3 In the exceptional circumstances of spouses or other partners being at risk, the need to disclose the position to them might be more pressing, but here again the doctor should urgently seek the patient's consent to disclosure. If this is refused, the doctor may, given the circumstances of the case, consider it a duty to inform the spouse or other partner.

32.4 Doctors involved in the diagnosis and treatment of HIV infection or AIDS must endeavour to ensure that all allied health and ancillary staff, e.g. in laboratories, fully understand their obligations to maintain confidentiality at all times.

J. SPECIAL AREAS

33. Religion

33.1 All religions should be respected in all respects.

33.2 The patient's clinical benefit is of the utmost importance. If a doctor, because of his own religious belief, has any objection to a procedure which is beneficial to the patient, he should give a full explanation to the patient and ask the patient to seek advice from another qualified doctor.

33.3 Special demands from religious groups concerning medical treatment should be seriously considered.

34. Care for the terminally ill

34.1 Where death is imminent, it is the doctor's responsibility to take care that a patient dies with dignity and with as little suffering as possible. A terminally ill patient's right to adequate symptom control should be respected. This includes problems arising from physical, emotional, social and spiritual aspects.

34.2 Euthanasia is defined as "direct intentional killing of a person as part of the medical care being offered". It is illegal and unethical.

34.3 The withholding or withdrawing of artificial life support procedures for a terminally ill patient is not euthanasia. Withholding/ withdrawing life sustaining treatment after taking into account the patient's benefits, wishes of the patient and family, and the principle of futility of treatment for a terminal patient, is legally acceptable and appropriate.

34.4 It is important that the right of the terminally ill patient be respected. The views of his relatives should be solicited where it is impossible to ascertain the views of the patient. The decision of withholding or withdrawing life support should have sufficient participation of the patient himself, if possible, and his immediate family, who should be provided with full information relating to the circumstances and the doctor's recommendation. In case of conflict, a patient's right of self-determination should prevail over the wishes of his relatives. A doctor's decision should always be guided by the best interest of the patient.

34.5 Doctors should exercise careful clinical judgment and whenever there is disagreement between doctor and patient or between doctor and relatives, the matter should be referred to the ethics committee of the hospital concerned or relevant authority for advice. In case of further doubt, direction from the court may be sought, as necessary.

34.6 Doctors may seek further reference from the Hospital Authority, the Hong Kong Medical Association and the relevant colleges of the Hong Kong Academy of Medicine.

35. Organ transplant and organ donation

35.1 Doctors should observe the following principles and the provisions of the Human Organ Transplant Ordinance (Cap. 465). Section 4 of the Ordinance (at Appendix G) which prohibits commercial dealings in or outside Hong Kong is of particular importance.

35.2 The welfare of the donor in any organ transplant, irrespective of whether he is genetically related to the recipient, should be respected and protected.

35.3 Consent must be given freely and voluntarily by any donor. If there is doubt as to whether the consent is given freely or voluntarily by the donor, the doctor should reject the proposed donation.

35.4 In the case of referral of the recipient to a place outside Hong Kong for an organ transplant from any donor, it is unethical for a doctor to make the referral without ascertaining the status of the donor or following these principles.

36. Pre-natal diagnosis and intervention; scientifically assisted reproduction and related technology

36.1 All human reproductive technology procedures are governed by the Human Reproductive Technology Ordinance (Cap. 561). Doctors who perform any human reproductive technology procedure or conduct research on human embryos should ensure that they comply with the Ordinance (Cap. 561) and the Code of Practice and other relevant guidelines issued by the Council on Human Reproductive Technology on the subject.

36.2 Doctors performing termination of pregnancy must observe the principles laid down in the laws of Hong Kong governing this aspect, particularly section 47A and other relevant provisions in the Offences against the Person Ordinance (Cap. 212). A pregnancy may be terminated only if 2 registered medical practitioners are of the opinion, formed in good faith, that (a) the continuance of the pregnancy would involve risk to the life of the pregnant woman or of injury to the physical or mental health of the pregnant woman, greater than if the pregnancy were terminated; or (b) there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped.

36.3 Prenatal screening for common congenital, genetic and chromosomal disorders can be offered as part of antenatal care. The pregnant woman has the right to decline prenatal screening.

36.4 Prenatal diagnostic procedures are for the detection and confirmation of foetal diseases. The doctor should ensure that the recommended procedure is reasonably safe and will lead to reliable results. He should also balance the risks and benefits of the procedure, and advise the pregnant woman accordingly. The procedure should be performed by appropriately trained specialists following informed consent of the pregnant woman.

36.5 The interest of both the pregnant woman and her foetus should be taken into consideration before undertaking any prenatal intervention.

36.6 Sex selection for social, cultural or other non-medical reasons should not be performed.

36.7 Hence, prenatal diagnosis and subsequent intervention can be justified if the following factors are thoroughly examined:-

(a) indications;

(b) nature of the disease;

(c) reliability of the diagnosis;

(d) risk of the procedure;

(e) informed consent.

36.8 Termination of pregnancy on ground (b) set out in section 36.2 should be offered only after appropriate counselling to the pregnant woman and, with her consent, her spouse or partner. However, there is no obligation to suggest termination of pregnancy when the diagnosed conditions are amenable to prenatal or postnatal treatment.

36.9 A doctor may seek the advice of the Hong Kong College of Obstetricians and Gynaecologists and the Hong Kong College of Paediatricians as appropriate.

36.10 Counselling is necessary and the following points should be noted:-

(a) Pre-test and post-test counselling by trained personnel of the relevant disciplines should be an integral part of the procedure.

(b) Proper counselling should be offered to the pregnant woman and, with her consent, her spouse or partner to prepare them for possible physical and psychological sequelae following the disclosure of abnormal results.

(c) Full information should be disclosed at all stages of counselling. Such information should include facts about the foetal condition and the risks, limitations and reliability of the proposed procedure.

(d) Parents should be fully respected in their perception and opinion of the severity of the foetal disorders, and a decision on further management of pregnancy should be made by the parents. The final decision should be that of the pregnant woman.

36.11 A doctor is under no obligation to perform termination of pregnancy against his own beliefs or if his views on the severity of the foetal disorder differ from those of the parents. In such situation, he may refer the patient to another doctor for independent consultation as he considers appropriate.

- End -

Guidelines on Signboards and Notices

I. Signboard

Permitted number:

A doctor is permitted to display:-

(a) up to 2 signboards on or next to the door for immediate access to his clinic; and
(b) (i) for a ground floor clinic: one signboard on building exterior below first floor level; or
    (ii) for a clinic on other levels: one signboard on building exterior at the floor level of the clinic, and one signboard each at up to 2 building entrances.

Permitted size:

The aggregate area of all surfaces (including borders) of a signboard on which information is displayed must not exceed the following size:-

(a) for a signboard on or next to clinic door: 10 square feet;
(b) for a signboard below first floor level: 10 square feet;
(c) for a signboard at first floor level: 13 square feet;
(d) for a signboard above first floor level: 20 square feet.

Shared signboards:

The aggregate area of all surfaces (including borders) of a shared signboard on which information is displayed must not exceed the following size, irrespective of its location:-

(a) for a group practice with 2 doctors: 20 square feet;
(b) for a group practice with more than 2 doctors: 30 square feet.

Other health care professionals in the same practice may be included in the shared signboards, but they do not count for calculation of the permitted size of the shared signboard.

II. Building Directory Boards

A doctor's entry in common directory boards at building entrances and lobbies must be of the same standard size as all other entries. An entry may be included in each directory board. Only the same information permitted on signboards may be included.

III. Directional Notices

A doctor may display within the building a reasonable number of directional notices to direct patients to his clinic. Each notice (including borders) should not exceed one square foot, and may contain only his name and room number of his clinic. The spirit of section 5.2.3.1 of the Code must be followed.

IV. Notice of Clinic Hours

A doctor may display one notice containing his name and his clinic hours, if the same information is not already included in other signs. The notice (including borders) should not exceed 2 square feet.

APPENDIX B

Sample Commencement/Removal Notice

Dr. ……..

*……..

wishes to announce

the **commencement/relocation of his practice

as from

……(date)…….....

** at / to

……..…(address)…..……

Tel.: ……. Fax:…… Pager :……

Mobile Phone :…… E-mail :……

Consultation Hours: …….

***A tea reception will be held at ……(time)……

* *specialist title, qualifications and appointments approved by the Medical Council may be shown*
** *delete as appropriate*
*** *optional*

Guidelines on Service Information Notices

A doctor may display a Service Information Notice bearing the fee schedules and the medical services provided by him at the exterior of his office. He must ensure that the displayed consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 5.2.1 of the Code governing "Principles and rules of good communication and information dissemination".

The Service Information Notice must comply with the following guidelines:-

Location of Notices

- At the exterior of the office on or immediately next to the entrance for patients

Number of Notices

- Maximum number of notices allowed is 2

Size of Notice

- A3 size

Format of Notice

- Single color print
- Uniform font size
- Plain text only without graphic illustrations
- The notice should not be ornate

Permitted Contents of Notice

- All information presently permitted on signboards and stationery under sections 5.2.3.1 and 5.2.3.2 of the Code
- Gender of the doctor
- Language(s) / dialect(s) spoken
- Medical services, procedures and operations provided by the doctor and range of fees
    - Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted

    - The nomenclatures of procedures and operations should follow those promulgated by Colleges of the Hong Kong Academy of Medicine, whenever such a list is available
- Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days
- Affiliated hospitals
- Availability of emergency service and emergency contact telephone number

Guidelines on Doctors Directories

A doctor may disseminate his professional service through Doctors Directories published by professional medical organizations approved by the Medical Council for that purpose.

He must ensure that the published consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 5.2.1 of the Code governing "Principles and rules of good communication and information dissemination".

A Doctors Directory must comply with the following guidelines:-

Parameters of Directory

(a) A Directory should be open to all registered medical practitioners. Inclusion in a Directory should not be restricted to members of particular associations or organizations, except for Directories established and maintained by Colleges of the Hong Kong Academy of Medicine and recognized specialty associations, or with the special approval of the Council in individual cases.

(b) Doctors may be categorized as specialist practitioners according to their specialties (i.e. practitioners included under the various specialties in the Specialist Register) and general practitioners.

(c) Each registered medical practitioner should be given the same choice of information for inclusion in the same Directory.

(d) Professional medical organizations fulfilling the following criteria may apply to the Council for approval to set up their Directories:-

    (i) an established body which is legally recognized;
    (ii) non-profit sharing in nature; and
    (iii) having the objectives of promoting health care and safeguarding the health interests of the community.

(e) Approved organizations are responsible for verifying the accuracy of the information before publication. They should establish a mechanism for regular updating of the published information.

(f) A medical practitioner providing information for publication in a Directory should ensure compliance with the relevant provisions in the Code.

Format of Directory

A Directory may be published in electronic or printed format. If in electronic format, it should be in a printable form.

For printed format, the following rules should apply:-

- Single color print
- Uniform font size
- Plain text only without graphic illustrations
- Accentuation of particular entries by bordering, highlighting or otherwise is prohibited

For electronic format, the following rules should apply:-

- Single and uniform color font for particulars of individual doctor
- Graphic illustrations limited to logos of organizations and those used to access different categories or locations of doctors
- Accentuation of particular entries by blinking, bordering, highlighting or otherwise is prohibited
- If possible, random listing of same category or location of doctors in each search is advisable

Permitted Contents of Directory

- All information presently permitted on signboards and stationery under sections 5.2.3.1 and 5.2.3.2 of the Code
- District where the office of the doctor is located
- Passport-type photograph of the doctor
- Gender of the doctor
- Language(s)/dialect(s) spoken
- Medical services, procedures and operations provided by the doctor and range of fees
  - Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted
  - The nomenclatures of procedures and operations should follow those promulgated by Colleges of the Hong Kong Academy of Medicine, whenever such a list is available
- Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days

- Affiliated hospitals
- Availability of emergency service and emergency contact telephone number
- Information on the doctor's participation in insurance/other payment scheme

Distribution of Directory

Publishing organizations should distribute their Directories widely in order to facilitate public access to the Directories. Individual doctors may also make the Directory available to the public provided that no particular entries are highlighted, extracted, or drawn to the special attention of readers.

Guidelines on Proper Prescription and Dispensing of Dangerous Drugs

A. Application of Guidelines

1. This set of guidelines applies to the use of opioids, such as methadone (Physeptone), dipipanone (Wellconal), fentanyl (Durogesic, Fentanyl) and benzodiazepines, such as diazepam (Diazemuls, Valium), triazolam (Halcion), flunitrazepam (Rohypnol), midazolam (Dormicum), and other psychoactive agents, such as phentermine (Duromine), ketamine (Ketalar), with known potential for abuse.

   (Note : Medical practitioners should be alert to the updating of classification of drugs which will then come within the application of these guidelines.)

2. These guidelines reflect currently accepted professional standards on the use of such agents in the local context, and are intended to provide general guidance to medical practitioners for the promotion of good clinical practice.

3. The Practice Directions under section E should be followed. Breach of these directions may be construed as improper use of dangerous drugs.

B. General Principles

1. The medical practitioner should be familiar with updated knowledge and guidelines on the use of dangerous drugs.

2. The medical practitioner should abstain from prescribing at the sole request of the patient any psychoactive drug that is not medically justified by his condition.

3. Psychoactive drugs with potential for abuse should be prescribed with due caution in order to avoid abuse and/or iatrogenic dependence.

4. Such drugs should only be prescribed after proper clinical assessment and diagnosis.

5. These drugs should be prescribed only in the dose and for the duration as necessary for the clinical condition being treated.

6. Simultaneous use of multiple psychoactive agents should be properly assessed and justified. Justification should be clearly documented.

7. The prescription, dispensing and/or administration of such drugs should be carefully organized so as to avoid stock piling, resale or other inappropriate use by the patient.

8. An adequate and proper medical record should always be kept concerning the treatment provided to the patient.

9. Special clinical problems deserve expert advice. Appropriate referral to specialists or programmes should always be considered.

10. All medical practitioners should comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

C. Use in Drug Dependence

Doctors who use opioids or other psychoactive agents for the management of patients dependent on such drugs should ensure the following:

1. They should have relevant training or experience in the management of drug dependence.

2. They should keep themselves updated with relevant guidelines/information published by appropriate professional bodies e.g. "Advisory Committee on the Use of Psychoactive Agents" of the Hong Kong Medical Association.

3. Adequate resources and support are made available to provide a comprehensive care, including physical, psychological, and social aspects, for their patients.

4. Patients dependent on psychoactive agents should be ensured attentive and conscientious care by the attending medical practitioner. Medical practitioners must know their limitations.

5. In every case, the attending doctor should assess the patient thoroughly, formulate a suitable management plan, keep an adequate medical record concerning the treatment provided to the patient and monitor the outcome.

D. High-Volume Consumption

Significant social harm can be caused by abuse of psychoactive drugs supplied by medical practitioners or the inadvertent flow of such drugs into the "black market". These are especially prone to occur, when such drugs are used in large quantities on out-patient basis in non-programme settings. To fulfil our social obligation and to avoid disrepute to our profession, the following

measures are considered essential for all medical practitioners regularly prescribing large quantities of psychoactive agents:

1. The use of psychoactive agents should be reviewed regularly to ensure that their use meets the standards as stipulated in sections B and C. In every case, the use or continued use of such drugs should be adequately accounted for. These drugs should be withdrawn appropriately wherever their use is considered ineffective, inappropriate, or unnecessary.

2. Careful measures should be taken to guard against abuse of psychoactive drugs so supplied. Examples of such measures may include:-

   (a) regular follow-up assessment, preferably monthly. Exceptions with appropriate justification could be allowed.

   (b) minimize the quantity of drugs dispensed per visit, bearing in mind that the practitioner has the responsibility to decide the proper medication with appropriate duration. The duration should not exceed a month although exceptions with appropriate justification could be allowed.

   (c) detail record of justification and prescription

   (d) direct supervision of drug-taking where possible

   (e) random urine checking (for opioid dependence)

   (f) notification to Central Registry of Drug Abuse

   (g) other measures as appropriate, e.g. referral to appropriate specialists (e.g. to pain clinic for patients in chronic pain), regular checking of unfinished drugs.

3. If a medical practitioner is not satisfied with the measures he has taken in relation to sections D.1 and D.2, he should seek advice and assistance from the "Advisory Committee on the Use of Psychoactive Agents" of the Hong Kong Medical Association. Continued use of large quantities of psychoactive agents cannot be accepted as proper medical practice, unless reasonable measures have been taken against possible abuse.

E. Practice Directions for Selected Agents

The following Practice Directions for selected agents should be followed.

1. Practice Directions for use of benzodiazepines

(a) Initial assessment of the patient should include:-
   (i) proper history and examination
   (ii) appropriate investigation
   (iii) proper diagnosis and/or diagnostic formulation
   (iv) education and counselling

(b) Patients on benzodiazepines should be informed of the following:-
   (i) Drugs are only part of the management plan;
   (ii) Drug dependence is likely to occur with improper use;
   (iii) Various adverse effects, which include impairment of the performance of skilled tasks and driving;
   (iv) Interactions with drugs and alcohol are potentially dangerous.

(c) The lowest effective dose which can control the symptoms should be used.

(d) In general, initial prescription and/or dispensing of benzodiazepines should be kept to the minimum appropriate dosage and duration.

(e) For repeated and/or prolonged prescription, there should be a clearly documented management plan.

(f) If the duration of initial treatment is likely to be prolonged, the patient should be properly reassessed periodically. Alternative methods of therapy, if any, may be offered. In case of clinical problems which cannot be adequately dealt with, expert advice should be sought, or patients be referred to appropriate specialists or programmes.

(g) Benzodiazepines should be prescribed with caution especially to patients under 18 and the elderly in which cases the prescribing doctor should fully justify the use. Such justification should be documented.

(h) Caution should be exercised in the use of benzodiazepines in the treatment of major depression.

(i) Caution should be exercised in prescribing benzodiazepines for patients where there is a history or evidence of substance abuse (particularly alcohol or sedative-hypnotic drugs).

(j) Caution should be exercised in the use of benzodiazepines for bereavement-related problems. A tapering-off regime should be used to minimize benzodiazepine withdrawal symptoms.

(k) Simultaneous use of multiple benzodiazepines should be prescribed with caution and its justification should be documented.

(l) An adequate and proper medical record should be kept concerning the treatment provided to the patient.

(m) In addition the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

2. Practice Directions on the use of substitute drugs for opioid dependence

(a) Initial assessment of the patient should include:-
   (i) proper history and examination
   (ii) appropriate investigation
   (iii) proper diagnosis and/or diagnostic formulation
   (iv) education and counseling
   (v) promotion of detoxification programmes

(b) The medical practitioner should inform patients of other treatment modalities available in the community before putting them on long-term maintenance therapy.

(c) Treatment of opioid dependence should be prescribed only after accurate diagnosis. There should be a proper documented management plan given to the patient and accordingly recorded. In the management plan for the use of substitute drugs for opioid dependence, holistic care is important and success of therapy is highly dependent on the trust between the physician and the patient.

(d) The attending doctor should ensure that he is fully competent to provide proper care of patients under his care. Specific training in the management of drug dependence is strongly encouraged for all doctors involved in such work.

(e) The patient should be informed that drugs are only part of the management plan, and should be put in touch with available support for proper social and psychological management.

(f) The patient should be warned of risks of concurrent heroin/drug use. He should be informed of the need for random urine checking.

(g) The prescription, dispensing and/or administration of substitute drugs should be organized in such a way as to avoid stock piling by the patient, resale or other illicit usage. The minimum amount of such substitute drugs as necessary should be supplied.

(h) The patient should be regularly monitored, and an adequate and proper medical record should be kept concerning the treatment given to the patient.

(i) Simultaneous use of other psychoactive agents should be justified and used with caution. Clear documentation is required.

(j) In addition the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

APPENDIX F

Dangerous Drugs Register

(as specified in the First Schedule of
the Dangerous Drugs Regulations, Cap. 134A)

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number+	Amount		Invoice No.	Balance
			received	supplied		

* The name and address of a patient to whom dangerous drug is supplied may be replaced by the reference number of the patient's treatment record, provided that the patient's name and address are entered in the treatment record.

\+ If a patient is not resident in Hong Kong and does not have an identity card, the reference number of other proof of identity specified in section 17B(1) of the Immigration Ordinance (Cap 115) (i.e. a valid travel document, an identity document of the Chinese People's Liberation Army, a Vietnamese refuge card, or a document issued by the Commissioner of Registration acknowledging his application for a new identity card or for registration) shall be inserted.

Note:

1. A separate register or a separate part of the register is required for each dangerous drug at each set of premises. A register cannot be used for recording any other matter.

2. A register shall at all times be kept at the premises to which it relates. The register, the stock and the documents related to any dealings in dangerous drug shall be available for inspection by authorized officers.

3. Only 1 register is allowed to be kept in respect of the same dangerous drug at the same premises, except with the approval of the Director of Health for different departments of the business.

4. The dangerous drug must be specified at the top of each page.

5. Each entry shall be made in chronological sequence, on the day of receipt by the doctor or supply to a patient of the dangerous drug (unless it is not reasonably practicable to do so, in which case the entry must be made on the following day at the latest).

6. All 6 columns in the register must be filled in for each entry.

7. Each entry shall be made in ink or other indelible form. Therefore, a register stored electronically in a computer will not fulfill the requirement.

8. No cancellation, obliteration or alteration is allowed. Any correction can only be made by a marginal note or footnote specifying the date of the correction.

Prohibition of Commercial Dealings in Human Organs

Section 4 of the Human Organ Transplant Ordinance (Cap. 465)

4. Prohibition of commercial dealings in human organs

(1) A person is guilty of an offence if, in Hong Kong, he-

(a) makes or receives any payment for the supply of, or for an offer to supply;

(b) seeks to find a person willing to supply for payment, or offers to supply for payment; or

(c) initiates or negotiates any arrangement involving the making of a payment for the supply of, or for an offer to supply,

an organ which has been or is to be removed from a dead or living person, whether in Hong Kong or elsewhere, and is intended to be transplanted into another person, whether in Hong Kong or elsewhere.

(2) A person is guilty of an offence if he takes part in the management or control of a body of persons corporate or unincorporate whose activities consist of or include the initiation or negotiation of any arrangements referred to in subsection (1)(c).

(3) Without prejudice to subsection (1)(b), a person is guilty of an offence if he causes to be published or distributed, or knowingly publishes or distributes an advertisement-

(a) inviting persons to supply for payment an organ which has been or is to be removed from a dead or living person, whether in Hong Kong or elsewhere, and is intended to be transplanted into another person, whether in Hong Kong or elsewhere, or offering to supply any such organ for payment; or

(b) indicating that the advertiser is willing to initiate or negotiate an arrangement referred to in subsection (1)(c).

(4) In this section ***advertisement*** (廣告) includes any form of advertising whether to the public generally, to any section of the public or individually to selected persons.

(5) A person is guilty of an offence if, in Hong Kong, he transplants an organ into a person and he knew or ought, after reasonable inquiry, to have known that a payment was or was to be made for supplying the organ, regardless of where the payment was made and, where the payment was not made in Hong Kong, regardless of whether or not such payment was prohibited under the laws of the country where the payment was made.

(6) A person is guilty of an offence if he imports an organ for the purpose of-

(a) having it transplanted into a person in Hong Kong; or

(b) exporting it to a country where it is intended that it be transplanted into a person,

and he knew or ought, after reasonable inquiry, to have known that a payment was or was to be made for supplying the organ, regardless of whether or not such payment was prohibited under the laws of the country where the payment was made.

(7) A person is guilty of an offence if, in Hong Kong, he removes from a dead or living person an organ intended for transplant into another person, whether in Hong Kong or elsewhere, and he knew or ought, after reasonable inquiry, to have known that a payment was or was to be made for that organ.

(8) A person guilty of an offence under this section shall be liable upon a first conviction to a fine at level 5 and to imprisonment for 3 months and upon a subsequent conviction to a fine at level 6 and to imprisonment for 1 year.

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