



香港醫務委員會  
THE MEDICAL COUNCIL  
OF HONG KONG

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## Code of Professional Conduct

Since the publication of the Code of Professional Conduct in January 2016 (“the Code”), the following updating/revisions were promulgated to the profession vide the Medical Council’s Newsletters in 2017 and 2018:

- revision to the “Guidelines on Proper Prescription and Dispensing of Dangerous Drugs” at Appendix E by taking into account the amendments made by the Hong Kong Medical Association
- update of the “Declaration of Geneva” at Part I (D) with the version promulgated by the World Medical Association General Assembly in October 2017
- revision to Note 7 in Appendix F “Dangerous Drugs Register” to bring it more in line with the statutory provision

Furthermore, the Medical Council, on the recommendation of the Ethics Committee (“EC”), has decided to make amendments to sections 5.2.3 to 5.2.5 of the Code. A new edition of the Code which has incorporated all the changes mentioned above will take effect in October 2022.

## Amendments to Sections 5.2.3 to 5.2.5 of the Code of Professional Conduct

The Code has been kept under continuous review by the Medical Council in light of international practices, local peer opinion, legal requirements, public expectations and moral obligations.

Upon the recommendation of the EC, the Medical Council has decided to make certain amendments to sections 5.2.3 to 5.2.5 of the Code (2016 edition). The amended Code will come into effect in October 2022. This article aims to help doctors better understand the amendments by highlighting the major changes and the rationales behind.

Regarding the dissemination of professional service information to the public (section 5.2.3 of the Code) and to patients (section 5.2.4 of the Code), the Council decided to keep them as separate sections. Generally speaking, there would not be any difference between the public and patients as far as dissemination of service information by a doctor is concerned. However, there are specific restrictions on service information which may be disseminated to patients but not to the public, for instance, a notice of relocation of a doctor's clinic.

Information allowed to be disseminated by different types of media is set out in the new Appendix H to the Code. Sections 5.2.3.5 to 5.2.3.7 have been re-arranged in a sequential order. The Council considered that restrictions on dissemination of service information would vary depending on the form of dissemination. For instance, posting a service information notice within a clinic would be a passive form of dissemination of service information because it is only present at the entrance or on window of the clinic and only those who are interested may receive it. Phone calls, on the other hand, would be an active form of dissemination of service information as they directly reach out to the patients regardless of whether they wish to receive the phone calls or not. The Council considered it necessary to impose more stringent restrictions on active form of dissemination of service information.

If a doctor intends to disseminate service information by different ways as set out in the Code, he is required to obtain pre-approval from the Medical Council. However, any application for dissemination of service information which is in conflict with the provisions in section 5.2 of the Code governing “Principles and rules of good communication and information dissemination” will not be approved; and for the types of media already covered in the new Appendix H, any application for dissemination of service information in different ways from those set out therein is unlikely to be approved.

There is all along no distinction under the Code between announcement in press media and non-press media. Now that social media (e.g. Websites, QR Code, YouTube, WeChat, Facebook, Instagram, Telegram, WhatsApp, Signal, LinkedIn, Tik Tok and the list is non-exhaustive) has become one of the main streams of communications, the heading of section 5.2.3.3 of the Code has been updated as “Announcements in mass media and social media”.

It is however futile for the Code to impose a time restriction on the electronic version of an announcement which may be permanently kept in archive. Accordingly, the Code is amended so that if an announcement is made repeatedly or well after the relocation of a doctor's clinic or commencement of practice, it will not be treated as *bona fide* for the purpose of section 5.2.3.3 of the Code.

Finally, the heading of section 5.2.5 of the Code has been updated as "Unsolicited promotion of doctor's services". It is good practice for doctors to provide continuity of care by contacting their patients to review their clinical progress and/or to remind them of their follow up appointments. However, other forms of unsolicited promotion of doctors' services would be prohibited under the Code.

The amended sections 5.2.3 to 5.2.5 are marked up below for reference.

### 5.2.3 *Dissemination of professional 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 of this Code) only in the ways set out below. Or else, he is required to obtain pre-approval from the Council. 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 which is permitted in Appendix H in respect of signboards.

~~(a) Name of the ...~~

~~...~~

~~(g) ... 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~~ conform with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination” and/or the requirements set out in Appendix A.

#### 5.2.3.2 Stationery

Stationery (including visiting cards, letterheads, envelopes, prescription slips, notices etc.) may only carry the following information which is permitted in Appendix H in respect of stationery.:-

~~(a) Name of the ...~~

~~...~~

~~(i) ... of the practice.~~

#### 5.2.3.3 Announcements in mass media and social media

Commencement and altered conditions of practice

Bona fide Announcements announcements of commencement of practice or altered conditions of practice (e.g. change of address, partnership etc.) are permissible ~~only in newspapers~~ mass media (including press media and electronic version of press media but excluding broadcasting) and social media provided that ~~all announcements are completed within two weeks of the commencement/ change taking place~~ AND the announcements must comply conform with the provisions of section 5.2.4 of this Code governing “Principles and rules of good communication and information dissemination”.

The size of the announcement in printed format must not exceed 300cm<sup>2</sup> and the announcement may contain only the information which is specified permitted in Appendix H in respect of Announcements in mass media and social media ~~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, by a doctor to his patients excepted, via other media (including e.g. printing, mailing, and broadcasting etc.) ~~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~~ mass media or social media or made available to members of the public by any other means. 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 must conform with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination” and may only carry the following information which is permitted in Appendix H in respect of telephone directories:-

~~(a) Name of the doctor.~~

...

~~(b) 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* [This section is moved under the new section 5.2.3.7.]

~~A doctor may ... bona fide member.~~

~~The website may ... 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 which conforms with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”.

~~The~~ A service information notice must comply with the guidelines set out in Appendix C and may only carry the information which is permitted in Appendix H in respect of service information notices.

#### 5.2.3.76 *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 conform with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination” and comply with the guidelines set out in Appendix D. A doctors directory may only carry the information which is permitted in Appendix H in respect of doctors directories.

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 (including its electronic version) is in compliance with the guidelines set out in Appendix D and the requirements of Appendix H in respect of doctors directories.

#### 5.2.3.7 *Practice websites*

A doctor may publish his professional service information, which conforms with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”, 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 in Appendix H in respect of practice websites 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.

#### 5.2.3.8 *Newspapers, magazines, journals and periodicals*

A doctor may publish his service information, which conforms with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”, 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~~ may only carry the information which is permitted in Appendix H in respect of newspapers, magazines, journals and periodicals ~~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 300cm<sup>2</sup>, 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 professional service information to patients*

A doctor, whether in private or public service, may provide information about his professional services to his patients as defined in section 5.2.4.1 of this Code only in the ways set out below. Or else, he is required to obtain pre-approval from the Council. 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.

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, which conforms with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”, 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;~~

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

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

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

~~(f)~~~~(e)~~ 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.

#### 5.2.4.7 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 information which is permitted in Appendix H in respect of signboards.

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 conform with the provisions of section 5.2 of this Code governing "Principles and rules of good communication and information dissemination" and/or the requirements set out in Appendix A.



#### 5.2.4.8 Stationery

Stationery (including visiting cards, letterheads, envelopes, prescription slips, notices etc.) may only carry the information which is permitted in Appendix H in respect of stationery.

#### 5.2.4.9 Announcements in mass media and social media

##### Commencement and altered conditions of practice

Bona fide announcements of commencement of practice or altered conditions of practice (e.g. change of address, partnership etc.) are permissible in mass media (including press media and electronic version of press media but excluding broadcasting) and social media provided that the announcements must conform with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”.

The size of the announcement in printed format must not exceed 300cm<sup>2</sup> and the announcement may contain only the information which is permitted in Appendix H in respect of Announcements in mass media and social media 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, by a doctor to his patients excepted, via other media (including e.g. printing, mailing, and broadcasting etc.) 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 mass media or social media or made available to members of the public by any other means. A doctor should take all practical steps to discourage any such publication.

#### 5.2.4.10 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 must conform with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination” and may only carry the information which is permitted in Appendix H in respect of telephone directories.

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

#### 5.2.4.11 Service information notices

A doctor may display at the exterior of his office a service information notice which conforms with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”.

A service information notice must comply with the guidelines set out in Appendix C and may only carry the information which is permitted in Appendix H in respect of service information notices.

#### 5.2.4.12 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 conform with the provisions in section 5.2 of this Code governing “Principles and rules of good communication and information dissemination” and comply with the guidelines set out in Appendix D. A doctors directory may only carry the information which is permitted in Appendix H in respect of doctors directories.

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 (including its electronic version) is in compliance with the guidelines set out in Appendix D and the requirements of Appendix H in respect of doctors directories.

#### 5.2.4.13 Practice websites

A doctor may publish his professional service information, which conforms with the provisions of section 5.2 of this Code governing “Principles and rules of good communication and information dissemination”, 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 information which is permitted in Appendix H in respect of practice websites. 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.

#### 5.2.4.14 Newspapers, magazines, journals and periodicals

A doctor may publish his service information, which conforms with the provisions of section 5.2 of this Code governing "Principles and rules of good communication and information dissemination", 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 may only carry the information which is permitted in Appendix H in respect of newspapers, magazines, journals and periodicals;
- (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 300cm<sup>2</sup>, 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.

#### 5.2.5 Unsolicited visits or telephone calls promotion of doctor's services

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

## Information Allowed to be Disseminated by Type of Media

	Signboards (5.2.3.1) & (5.2.4.7)	Stationery (5.2.3.2) & (5.2.4.8)	Announcements in mass media and social media (5.2.3.3) & (5.2.4.9)	Telephone directories published by telephone companies (5.2.3.4) & (5.2.4.10)	Service information notices (5.2.3.5) & (5.2.4.11)	Doctors directories (5.2.3.6) & (5.2.4.12)	Practice websites (5.2.3.7) & (5.2.4.13)	Newspapers, magazines, journals and periodicals (5.2.3.8) & (5.2.4.14)
1. Name of doctor/gender	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Name of the practice	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Quotable qualification(s)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Specialist title	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Name and logo of the medical establishment <sup>a</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Consultation hours	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Indication of the location of the practice (address and location map of the practice)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Name of partners, assistant or associate in the practice	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Quotable appointment(s)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Telephone, fax, pager numbers and email	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Language(s)/dialect(s) spoken	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Affiliated hospitals	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Availability of emergency service and emergency contact telephone number	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14. Medical services, and procedures/operation provided <sup>b</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15. Range of fees <sup>c</sup>	No	No	No	No	Yes	Yes	Yes	No
16. Information on the doctor's participation in insurance/other payment scheme	No	No	No	No	Yes	Yes	Yes	Yes
17. Passport-type photo of the doctor	No	Yes (visiting cards only)	No	No	Yes	Yes	Yes	No
18. Barrier-free facilities	No	No	No	No	No	Yes	Yes	No



Note:

“Yes” denotes permissible information and “No” denotes impermissible information.

- a Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.
- b Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted; and 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.
- c Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days may be displayed.



# Questions and Answers to the Ethical Guidelines on Practice of Telemedicine

The Council has promulgated the “Ethical Guidelines on Practice of Telemedicine” (“the Guidelines”) vide the Council Newsletter Issue No. 26 of December 2019 and the website of the Council to provide guidance to doctors in practising telemedicine.

The Council has kept the subject under constant review as the practice of telemedicine has become more common in Hong Kong since the promulgation of the Guidelines. The Council has issued a set of Questions and Answers (“Q&As”) to the Guidelines vide the website of the Council on 2 March 2022 to provide clarifications and supplementary information for reference by doctors in practising telemedicine. Doctors should read the Q&As in conjunction with the Guidelines.

The Q&As are reproduced below for ease of reference.

\* \* \* \* \*

## **The Medical Council of Hong Kong Questions and Answers to the Ethical Guidelines on Practice of Telemedicine (to be read in conjunction with “Ethical Guidelines on Practice of Telemedicine”)**

### **1. What should a doctor do before commencing a teleconsultation?**

A doctor has to ensure that he is communicating with the actual patient but not someone who impersonated.

### **2. Is it a must to establish a credible doctor-patient relationship for all teleconsultations?**

Teleconsultations may take different forms ranging from general medical advice to tele-treatment of patients. For any medical and treatment-related teleconsultation, a credible doctor-patient relationship must be established.

### **3. What is a “credible” doctor-patient relationship?**

The answer to this question has to be fact-specific. Whether a doctor and a patient are able to identify each other reliably must depend on the actual circumstances of the case.

#### **4. Is it mandatory to conduct an in-person consultation with a patient before teleconsultation begins?**

An in-person consultation prior to teleconsultation is advisable but not mandatory. However, if a teleconsultation is to be conducted without a prior in-person consultation, the doctor must take appropriate steps to establish a credible doctor-patient relationship with the patient before practising telemedicine. The doctor must also consider the need for physical examination or other assessments of the patient and/or the need to have access to the patient's medical records.

#### **5. Can a doctor establish the doctor-patient relationship by identifying the patient's guardian when practising telemedicine?**

It is not advisable to establish a doctor-patient relationship just by identifying the guardian. There should be proper identification of the patient, even if the patient is a minor or someone who is incapable of understanding the nature and implications of the proposed treatment and/or to give informed consent to treatment because of reasons such as loss of consciousness and lack of mental capacity or intelligence.

#### **6. Can a doctor issue reports and/or certificates to the patient after teleconsultation?**

A doctor should only issue certificates and similar documents after proper medical consultation and should not include in them statements which they have not taken appropriate steps to verify. A doctor must consider the limitations of the medium through which he is communicating with the patient. Assessments conducted via teleconsultations may not be regarded as proper in some circumstances. For instance, a patient may use editing technologies, e.g. changing the colour of his throat during teleconsultations, to disguise his conditions.

#### **7. How should a doctor maintain medical records in the practice of telemedicine?**

It is the responsibility of a doctor to maintain systematic, true, adequate, clear and contemporaneous medical records when practising telemedicine. It protects the legal interest of the doctor and the patient. Adequate and proper medical record keeping will not only help a doctor to follow up with the patient more easily but it will also facilitate other doctors to understand the original treatment plan when they take over the care of the patient.

#### **8. Can a doctor make an audio and/or video recording of a teleconsultation?**

A doctor should make an audio and/or video recording of a teleconsultation only if he has obtained the patient's prior consent. It is a must, instead of a matter of courtesy, for the doctor to obtain consent from the patient prior to the recording. Whilst consent may be obtained verbally, a doctor should always record the consent in the patient's medical record.

**9. Will audio and/or video recording of a teleconsultation secretly made by a patient be admitted as evidence when the Council handles complaint against a doctor?**

The ultimate test of evidence is relevance. If the evidence is relevant to the complaint, regardless of how it is obtained in the first place, it will still be admissible as evidence in disciplinary proceedings. The Preliminary Investigation Committee and Inquiry Panels will decide whether to accept the evidence presented to them on a case-by-case basis.

**10. Will the Council provide guidance on technical issues and/or a list of recommended service provider for the practice of telemedicine?**

It is not appropriate for the Council, as a regulatory body, to make recommendation on service providers. In order to maintain impartiality in its quasi-judicial function, the Council will not advise individuals on specific circumstances. Moreover, the Council will not take over the autonomy of individual medical practitioners in their choices of service providers for providing platforms to practise telemedicine. Individual medical practitioners should approach relevant professional bodies if they encounter problems in selecting service providers or seeking technical support.

**11. How medicine may be dispensed to a patient after teleconsultation?**

When practising telemedicine, a doctor is advised to observe the provisions of the Good Dispensing Practice Manual issued by the Hong Kong Medical Association and the Guidelines on Proper Prescription and Dispensing of Dangerous Drugs. Dispensation of dangerous drugs to a patient through a third party, such as a courier, may be in breach of the Pharmacy and Poisons Ordinance, Cap. 138, Laws of Hong Kong. A doctor should also exercise due diligence in handling exportation of pharmaceutical products to different countries and/or regions which have laws and registration systems different from those of Hong Kong for governing the matter.

