

## Professional Code and Conduct

In the past years, the Ethics Committee has been given the task to review the "Professional Code and Conduct for the Guidance of Registered Medical Practitioners". After making reference to similar professional codes adopted by various countries, the Committee has worked out a draft of the revised edition of the Professional Code and Conduct. Sections 9, 10 and 14 of the draft have already been submitted to the Council. Before finalising these three sections the Council would like to seek views from members of the profession.

### 9. Communication in Professional Practice

#### 9.1 The need for good communication and information

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

9.1.2 A key aspect of good communication in professional practice is to provide appropriate information to users of doctors' 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 medical practitioner and to make the best use of the services the medical practitioner offers. Doctors, for their part, need information about the services of their professional colleagues. Medical practitioners in particular need information about specialist services so that they may advise patients and refer them, where appropriate, for further investigations and/or treatment.

9.1.3 Persons seeking medical attention 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.

#### 9.2 Principles and rules of good communication and information

9.2.1 Any information provided by a doctor to the public or a patient :

- (a) shall be legal, decent, honest, truthful, factual, accurate, and not exaggerated; and
- (b) shall not claim superiority over or disparage other doctors or their work.

9.2.2 *Practice promotion*

9.2.2.1 Definition

Practice promotion means the promotion of a doctor, his work, his practice or his group, by himself or others, and includes the provision of information, advertising and publicising in relation to both the public and patients. Self advertisement, canvassing or publicity to enhance or promote a professional reputation for the purpose of attracting patients would constitute professional misconduct.

9.2.2.2 Practice promotion by individual practitioners, or anybody acting on their behalf or with their forbearance, on people who are not their patients is not permitted except to the extent permitted by 9.2.3.

9.2.3 *Dissemination of information about professional services to the public*

A doctor, whether in private or public service, may provide information about his or her professional services to the public only in the following ways:



### 9.2.3.1 *Signs*

A doctor may exhibit in connection with his practice any sign which, in relation to its nature, position, size and wording, is reasonably necessary to indicate the location of, and entrance to the premises concerned.

#### *Signboards*

**Definition.** The word 'signboard' includes any composite notice(s) exhibited by a registered medical practitioner to identify his practice to the public.

**General.** Signboards may only be exhibited on the premises at which the practice to which they refer is conducted; provided that they shall not be ornate or illuminated (except at night or where situated in a dark place). Any such illumination shall be the minimum necessary to allow the content to be read and shall not flash. Examples of permitted sizes and measurements are given in Appendix A.

**Particulars.** The only particulars which may appear on signboards are :

- (a) The name of the registered medical practitioner (or the name by which the practice is known), in Chinese and English, with the prefix Dr. (西醫) or the Chinese suffix "醫生" or "醫師".
- (b) The term "registered medical practitioner" (註冊醫生或註冊西醫).
- (c) Qualifications recognized by the Council in the approved Chinese and English abbreviated forms.
- (d) An indication of the location in the building of the medical practitioner's office.
- (e) The hours of attendance at such office.
- (f) The specialist title as approved by the Medical Council.

### 9.2.3.2 *Stationery*

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

- the practitioner's name, and (where appropriate) the names of partners, partnership, assistants or associates in the practice;
- qualifications, specialty and appointments approved by the Council in their Chinese and English forms;
- address(es) of the practice;
- telephone, fax, pager numbers, e-mail information; and
- consultation hours.

### 9.2.3.3 *Announcements by media*

#### *Commencement 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 paragraph 9.2.1 of this Code. The size of the announcement shall not exceed 100cm<sup>2</sup> and the announcement may contain only the information specified in 9.2.3.2 together with the date of the commencement or alteration of the conditions of practice. Examples of permitted announcements are given in Appendix B.

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

#### *Other announcements*

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

### 9.2.3.4 *Telephone directories*

Telephone directory entries may be listed under the appropriate descriptive title e.g.

medical practitioners, physicians and surgeons. Doctors registered under the Specialist Register of the Medical Council may have their names listed under the appropriate specialty.

Telephone directory entries should only carry the following information:

- the practitioner's name, and (where appropriate) the names of partners, partnership, assistants or associates in the practice;
- qualifications, specialty and appointments approved by the Council in their Chinese and English forms;
- address(es) of the practice;
- telephone, fax, pager numbers, e-mail information; and
- consultation hours.

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

#### 9.2.3.5 **Internet homepages**

Internet homepage may carry the following information:

- the practitioner's name, and (where appropriate) the names of partners, partnership, assistants or associates in the practice;
- qualifications, specialty and appointments approved by the Council in their Chinese and English forms;
- address(es) of the practice;
- telephone, fax, pager numbers, e-mail information; and
- consultation hours.

#### 9.2.4 *Dissemination of information about professional services 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.

9.2.4.1 A patient is 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.

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

- (a) must not be disseminated in such a way as to constitute practice promotion to non-patients;
- (b) conforms with paragraph 9.2.1;
- (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 him under undue pressure; and
- (f) does not offer guarantees to cure particular complaints.

9.2.4.3 Doctors in private practice as well as those in public organisations are bound by the same rules.

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

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

#### 9.2.5 *Unsolicited visits or telephone calls*

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

## **10. Books, lectures, mass media appearances**

10.1 Doctors in their capacity as registered medical practitioners may give public lectures, participate in radio or television programmes, or publish in print or electronically for the fulfilment of public health education. Doctors' full names, identifiable photographs, together with the qualifications, specialty, and appointments which are acceptable to the Council, may be used. However, doctors should ensure reference is not made to the doctor's experience, skills and reputation, or



practice, in a manner which can be construed as promotional.

10.2 Doctors should ensure the material in whatever form does not imply that he is especially recommended for patients to consult.

10.3 Difficulties may arise when material included in articles, books or broadcasts by doctors, or the manner in which it is referred to, is likely to imply that the doctor is especially recommended for patients to consult. Doctors should see to it that no such implication is given. Where a doctor in clinical practice writes articles or columns which offer advice to the public on medical conditions or problems, or offers telephone or other recorded advice on such subjects, or broadcasts about them, it should not imply that the doctor can offer individual advice or see individual patients as a result.

10.4 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 cause unnecessary public concern, or personal distress, or arouse unrealistic expectations. (Unsubstantiated claims for the efficacy of therapeutic regimes, or undue emphasis on the hazards of necessary procedures are examples which may cause distress to patients or their relatives). Doctors must never give the impression that they, or the institutions to which they are attached, have unique or special skills or solutions to health problems. Information should never be presented in such a way that it furthers the professional interests of the doctors concerned, or appears to attract patients to their care.

#### **14. Relationship between doctors and organisations**

14.1 Medical services are offered to the public not only by individual doctors but by a wide variety of organisations such as hospitals, screening centres, nursing homes, medical scheme administrators, insurance companies, health administration companies, managed care companies and counselling centres. Such organisations may be providing the medical service itself directly or through middleman; or may be acting as an agent or a middleman itself. Some of them advertise

their services to the public and the principles and rules set out in paragraph 9.2 above, concerning the advertising of medical practitioner services, apply also to such advertising.

14.1.1 Doctors who have any kind of financial or professional relationship with such an organisation, or who use its facilities, are deemed by the Council to bear responsibility to ensure the organisation's advertising conforms to the principles and rules set out in paragraph 9.2 above. This also applies to doctors who accept for examination or treatment patients referred by any such organisation. All such doctors must therefore make it their responsibility to acquaint themselves with the nature and content of the organisation's advertising, and must exercise due diligence in an effort to ensure that it conforms with this guidance. Should any question be raised about a doctor's conduct in this respect, it will not be sufficient for any explanation to be based on the doctor's lack of awareness of the nature or content of the organisation's advertising, or lack of ability to exert any influence over it.

14.1.2 Doctors should also avoid personal involvement in promoting the services of this kind of organisation, for example, by public speaking, broadcasting, writing articles or signing circulars, and should not permit the organisation's promotional material to claim superiority for their professional qualifications and experience. Nor should they allow personal address, telephone number, facsimile number or e-mail address to be used as an inquiry point on behalf of an organisation. Service fees should not be mentioned.

14.1.3 A doctor who recommends that a patient should attend at, or be admitted to, any hospital, nursing home, health centre or similar institution, whether for treatment by that doctor or by another person, must do so only in such a way as will best

serve, and will be seen to best serve, the medical interests of the patient. Doctors should therefore avoid accepting any financial or other inducement from such an institution which might compromise, or be regarded by others as likely to compromise, the independent exercise of their professional judgement. Where doctors have a financial interest in an organisation to which they propose to refer a patient for admission or treatment, whether by reason of a capital investment or a remunerative position, they should always disclose that they have such an interest before making the referral.

#### 14.2 *Contract medicine and Managed care*

A doctor who is an owner, a director or an employee of, or in a contractual relationship with, an organisation which, either directly or indirectly, provides medical services or administers medical schemes, may only continue such association provided that the organisation conforms to the following principles:-

- 14.2.1 The principles on advertising mentioned in paragraph 14.1.1 should be observed.
- 14.2.2 Any organisation offering medical service directly or indirectly must be judged on the basic medical ethics of patients' rights, advertising and financial transactions.
- 14.2.3 Doctors should exercise their careful scrutiny and judgement of group medical contracts and schemes to ensure that they are ethical, conforming with the guidelines in the Professional Code and

Conduct, and are in the best interest of the patients.

- 14.2.4 Doctors should not join organisations that ignore patients' freedom of choice of doctors, clinics and hospitals, ignore doing the best for patients' benefits, split fees with doctors and/or advertise on behalf of doctors for more intake of clients.
- 14.2.5 When administrators, agents, brokers, middlemen etc are involved in a medical contract, information pertaining to the financial arrangements must be readily available to all parties, particularly to participants or recipients of (contract medicine) medical schemes.
- 14.2.6 Fees for service should not be split between doctors and administrators of the schemes, agents, brokers, middlemen etc. Each doctor is to receive 100% of the professional fees which he or she charges the patient. An exception can be made in case of payment by credit card, to the extent of the amount paid to the credit card company.
- 14.2.7 Commercial pre-paid capitation schemes (whereby a doctor or a group of doctors undertake(s) certain insurance-type of financial risks and hence may tend to limit indicated investigation and treatment) may be incompatible with a high standard of medical practice. Doctors who participate in such schemes may be guilty of professional misconduct.

View or comments on these three sections are welcome. Please forward your views or comments to the Medical Council Secretariat at the following address :

17/F Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong  
Fax : 2891 7946



## Appendix A: Examples of Permitted Size and Measurement of Signboard

### I. Signboard

The area of a signboard is taken to be the length multiplied by the breadth of its face, or faces, including all borders.

Where only one face is visible that face may not exceed in size the aggregate of the permitted maximum size of a signboard in that precise location.

Where two faces are visible (i.e. can be read from two different directions) then the areas of the two faces added together must not exceed the permitted maximum size of a signboard in that precise location.

Where three faces are visible (i.e. can be read from three different directions) then the areas of the three faces added together must not exceed the permitted maximum size of a signboard in that precise location.

The areas of any number of faces on any one signboard must not in aggregate exceed the permitted maximum size of a signboard in that precise location.

*Generally Permitted.* Every registered medical practitioner is permitted to exhibit one signboard on or beside that door which gives immediate and direct access to his surgery. The size of the signboard beside that door must not exceed six square feet.

#### *Additional Signboards Permitted*

#### A. For Ground Floor Offices with direct access from the pavement

One Signboard: The wording of which is visible from the street, exhibited below first floor level.

N. B. For offices in this category, no more than *two* signboards in total may be exhibited.

#### B. For Offices situated within a building having one public entrance

One Signboard: the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

One Signboard: the wording of which is visible from the street, exhibited adjacent to the public entrance to the building.

N.B. For offices in this category no more than *three* signboards in total may be exhibited.

#### C. For Offices situated within a building having more than one public entrance

One Signboard: the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

Two Signboards: the wording of which is visible from the street, exhibited adjacent to a maximum of two public entrances to the building.

N.B. For offices in this category no more than *four* signboards in total may be exhibited

NOTE A. The maximum number of signboards permitted in total includes the one "Generally permitted" plus the number shown under "Additional Signboards permitted".

B. (1) No additional signboard exhibited below First Floor level may exceed six square feet.

(2) No additional signboard exhibited at Mezzanine Floor or First Floor level may exceed eight square feet.

(3) No additional signboard exhibited at a level above First Floor level may exceed twelve square feet.

### II. Directory Boards

Where directory boards are provided in buildings having a number of entrances and lobbies there will be no objection to the use of whatever number of boards are provided. The particulars which may appear on directory boards are those which may appear on signboards. Each entry must conform to the standard size for every other entry on the board.

### III. Directional Notices

Directional notices must contain only the name of the registered medical practitioner, the permitted prefix and the room number of his premises. They can be exhibited only inside a building. The numbers which may be exhibited will be left to the discretion of the practitioner but the guidance given at section 9.2.3.1 of the Code must be given due consideration.

Directional notices must not exceed one square foot in area and all borders must be included in the calculation.

### IV. Notices of Consulting Hours

Every registered medical practitioner is permitted to exhibit one separate notice containing his name and details of his surgery hours provided that this information is not already shown on some other sign. The placement of such a notice is left entirely to the practitioner. However, it is emphasized that only one such notice is permitted and its maximum size, including borders, is limited to two square feet.

## Appendix B: Examples of Permitted Announcements

COMMENCEMENT OF PRACTICE

Dr. ....

\* .....  
wishes to announce  
the commencement of his practice  
as from  
.....  
(date/day).....  
at  
.....  
(address).....

Tel.: ..... Fax: ..... Pager: .....

Consultation Hours: .....

+ A Tea reception will be held at ..... (time).....

\* qualifications, specialty and appointments approved by the  
Medical Council of Hong Kong in their English forms may be shown

+ optional

REMOVAL NOTICE

Dr. ....

\* .....  
wishes to announce  
the relocation of his practice  
as from  
.....  
(date/day).....  
to  
.....  
(address).....

Tel.: ..... Fax: ..... Pager: .....

Consultation Hours: .....

\* qualifications, specialty and appointments approved by the  
Medical Council of Hong Kong in their English forms may be shown

※ 並非必須

§ 香港醫務委員會認可之資格、專科及職位之中文格式。

本醫生謹定於 ( ) 日期 ( ) 於 ( ) 地址 ( ) 開業應診。  
敬希垂注。

※ 定於 ( ) 日期及時間 ( ) 敬備茶會招待 惠顧光臨指舉 ※

電話 ( )  
傳呼 ( )  
傳真 ( )  
診症時間 ( )

( )  
( )  
( )  
( )

醫生 ( ) 敬啟

開業啟事

本醫生醫務所將於 ( ) 日期 ( ) 遷往 ( ) 地址 ( ) 繼續應診。敬希垂注。

電話 ( )  
傳呼 ( )  
傳真 ( )  
診症時間 ( )

( )  
( )  
( )  
( )

醫生 ( ) 敬啟

遷址啟事

§ 香港醫務委員會認可之資格、專科及職位之中文格式。

## Reply to the press release from the Hong Kong Medical Association on 25 July 1998

The Hong Kong Medical Association released a press article in respect of the issue of Specialist Registration arising from a complaint against a hospital. The Medical Council would like to clarify its stand to all members of the profession by way of this response:

"The Medical Council at its meeting on 7 September 1998 addressed the issue of Specialist Registration arising from a complaint against a hospital. Since the complaint is still under investigation and may result in proceedings before the Council, the Council is not in a position to have an in-depth discussion of the matter at this stage.

However, the Medical Council would like to inform members that the Legal Adviser of the Medical Council advised that where a complaint or information made to the Secretary discloses a possible criminal offence, the Secretary is duty-bound to notify the Police. The Police is the appropriate authority for investigating such an offence. Breach of section 28 of the Medical Registration Ordinance (i.e. unlawful use of title etc. and practice without registration) is a criminal offence. The Legal Adviser of the Medical Council reviewed the case and based on the information placed before her confirmed that the case should be referred to the police for investigation.

Members reviewed the existing procedure for handling such cases and the role of the Secretary in this respect at the meeting.

It was agreed that the Police was the appropriate body to investigate a criminal offence. Based on the results of police investigations the Secretary for Justice will decide whether to prosecute the case or not.

Under the Medical Practitioners (Registration and Disciplinary Procedure) Regulation, the Secretary is the person to whom all complaints or information of disciplinary offence are made. He is in the best position and has the duty to refer a case to the Police if it appears that a criminal offence has been committed. If he has any doubt as to whether the conduct complained of could amount to a criminal offence, he should first seek legal advice from the Legal Adviser. The Chairman of the Medical Council can be consulted if necessary.

The Medical Council would like to take this opportunity to reiterate that the Specialist Register is indicative only. It is not meant to restrict any registered medical practitioner from practising in any particular specialty. However, only those who have been entered in the Specialist Register under a particular specialty are entitled to be known as "specialist" or "專科醫生" in that specialty. Any person who wilfully or falsely pretends that his name is included in the Specialist Register or takes or uses any name, title, addition or description implying that his name is included in the Specialist Register commits an offence under section 28 of the Medical Registration Ordinance."



## New format of the Notice of Meeting of the Preliminary Investigation Committee

Under section 9 of the Medical Practitioners (Registration & Disciplinary Procedure) Regulation, where a complaint is referred to the meeting of Preliminary Investigation Committee (PIC) of the Medical Council for consideration and discussion, the Secretary to the Medical Council shall issue a Notice of Meeting of PIC (the Notice) to the doctor being complained of and to indicate to

him or her any matters and allegations which may appear to raise a question whether the defendant has been guilty of misconduct in a professional respect.

The PIC reviewed the formats of the Notice and at its recent meeting decided to adopt new formats of the Notice, specimens of which are at below:

(a) For a complaint/information alleging misconduct

(b) For a complaint/information relating to conviction

Dear Sir/ Madam

### Notice of Meeting of the Preliminary Investigation Committee

I am writing to notify you that I have received a complaint/information which may raise a question of whether you have been guilty of misconduct in a professional respect, in particular that you, being a registered medical practitioner .....

I enclose herewith copies of .....

The complaint/ information has been referred to the Chairman of the Preliminary Investigation Committee of the Medical Council of Hong Kong who has directed that a meeting of the Committee be held on ..... in the Conference Room, Department of Health HQ, Room 76, 17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong to consider the complaint/information.

I invite you to submit to the Committee any written explanation of your conduct or of any matter alleged in the complaint/information which you may have to offer. Such explanation or information should be submitted to me before ..... The Committee will then consider any submission or explanation made by you and arrive at its decision at the meeting. You are not required to attend the meeting in person. However, I wish to point out that should the Committee feel that further clarification needs to be sought from you, it may decide to defer making a decision regarding the case until the next meeting and you will then be invited to attend that meeting in person.

You may also wish to take notice that all or any part of your explanation or information made to the Committee may be used by the Secretary or the Legal Officer on his behalf as part of his case against you for the purpose of an inquiry under section 21 of the Medical Registration Ordinance, Cap. 161 subject to the determination of the Committee that an inquiry shall be held.

I must emphasize that the duty of the Preliminary Investigation Committee is only to decide whether an inquiry by the Medical Council should be held. The Committee is not empowered to pass judgment or sentence, if the complaint/information is referred to the Council you will be entitled to present your explanation and adduce evidence in support of your case either in person or by your solicitor or counsel before the Council and it is only then that a decision is made as to your guilt or innocence of unprofessional conduct and the appropriate punishment, if any, is adjudged.

Yours faithfully,

Secretary, Medical Council

Dear Sir/ Madam

### Notice of Meeting of the Preliminary Investigation Committee

I am writing to notify you that I have received a complaint/information that you, being a registered medical practitioner, have been convicted in Hong Kong or elsewhere of [an offence or offences] punishable with imprisonment, namely ..... The [conviction or convictions] may have professional misconduct implications.

I enclose herewith copies of .....

The complaint/ information has been referred to the Chairman of the Preliminary Investigation Committee of the Medical Council of Hong Kong who has directed that a meeting of the Committee be held on ..... in the Conference Room, Department of Health HQ, Room 76, 17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong to consider the complaint/information.

I invite you to submit to the Committee any written explanation of your conduct or of any matter alleged in the complaint/information which you may have to offer. Such explanation or information should be submitted to me before ..... The Committee will then consider any submission or explanation made by you and arrive at its decision at the meeting. You are not required to attend the meeting in person. However, I wish to point out that should the Committee feel that further clarification needs to be sought from you, it may decide to defer making a decision regarding the case until the next meeting and you will then be invited to attend that meeting in person.

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Yours faithfully,

Secretary, Medical Council

## The 1998 Election of the Medical Council of Hong Kong

For the 1998 Election to fill the offices of two members of the Medical Council of Hong Kong, three candidates are validly nominated. They are

1. Dr Choi Kin Gabriel
2. Prof. Chow Shew Ping
3. Prof. Lau Yu Lung

Result of nomination and ballot papers have been issued on 26 October 1998. Electors are invited to cast their votes and return the ballot paper by post to the Medical Council Secretariat on or before 30 November 1998.

*Please do exercise your right and cast your vote!*