



Professional Code and Conduct

Since the last issue of the newsletter, the Ethics Committee has worked on the draft of a few new sections on important issues and proposed revision of the existing sections of the Code. Before finalising these sections, the Council would like to seek views from members of the profession.

New sections to be added to the Code

13. Fees

13.1 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.

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

- (a) the difficulty and special circumstances of the services performed and the time, skill and experience required;
- (b) the average fee customarily charged in the HKSAR for similar services; and
- (c) the experience and ability of the doctor in performing the kind of services involved.

13.3 A doctor should exhibit a notice in his clinic informing patients about their right to know the fees involved.

22. Complementary/alternative treatment modalities

22.1 A registered medical practitioner 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;
- (c) informed consent has been obtained with
 - (i) the benefit of the procedure;
 - (ii) the risk of the procedure;
 - (iii) the fact that this is a form of complementary/alternative treatment; and
 - (iv) the prevailing conventional method available, having been explained to the patient;
- (d) the practitioner himself has received relevant and adequate training such that he would be clinically competent in carrying out the treatment; if necessary, he should obtain professional support from qualified persons.

22.2 A medical practitioner who utilizes complementary/alternative treatment modalities may be subject to strict review and judgement with reference to the law governing the alternative practice.

22.3 A registered medical practitioner may undertake scientific research related to complementary/alternative treatment modality, provided that the guidelines on scientific research mentioned in paragraph 9.1 are observed.

22.4 If a registered medical practitioner 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 being 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 financial interest in any health claim substance, he should comply with paragraph 15.

23. Personal relationships between doctors and patients

23.1 Any form of sexual advance to a patient with whom there exists a professional relationship is professional misconduct. Similarly, the Council will take 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 spouse of his patient. 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 an abuse of responsibility and trust. Doctors are urged to take special care and prudence in situations which could leave them open to such an allegation.

27. Organ transplant and organ donation

- 27.1 Doctors should observe the following principles and familiarise themselves with the provisions of the Human Organ Transplant Ordinance (Cap. 465) particularly section 4 of the Ordinance which is reprinted at Appendix D. Commercial dealings in human organs are prohibited, both inside and outside the HKSAR.
- 27.2 The benefit and welfare of every individual donor, irrespective of whether he is genetically related to the recipient, should be respected and protected in organ transplantation.
- 27.3 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.
- 27.4 In the case of a referral for an organ transplant outside the HKSAR from any donor, a doctor would be acting unethically if he made the referral without ascertaining the status of the donor or following these principles.

29. Serious contagious/infectious diseases

- 29.1 In any given case when it appears that others - 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 here also to obtain the patient's permission for the disclosure of the facts to those at risk.
- 29.2 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 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. Should it appear that 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 to themselves. They in their turn would, of course, be bound by the general rules of confidentiality.

- 29.3 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.
- 29.4 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.

Revised new sections

26. Care for the terminally ill

- 26.1 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. The rights of the terminally ill patients for adequate symptom control should be respected. This includes problems arising from physical, emotional, social and spiritual aspects.
- 26.2 Euthanasia is defined as "direct intentional killing of a person as part of the medical care being offered". The Council does not support this practice which is illegal and unethical.
- 26.3 The withholding or withdrawing of artificial life support procedures for a terminally ill patient is not euthanasia. Withholding/withdrawing life sustaining treatment taking into account the patient's benefits, wish of the patient and family, when based upon the principle of the futility of treatment for a terminal patient, is therefore legally acceptable and appropriate.

- 26.4 It is important that the rights of the terminally ill patient or his relatives be respected and that their views be solicited. 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.
- 26.5 Doctors should exercise careful clinical judgement 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.
- 26.6 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.

Revised sections of the existing Code

PART I INTRODUCTION

This pamphlet is only a guide and is by no means exhaustive and will be updated from time to time. It is not a legal document. In this Code, unless the context requires otherwise, words in the masculine gender include the feminine gender and where necessary words in the singular include the plural. The Medical Council has disciplinary powers over a registered medical practitioner who commits a disciplinary offence as set out in the Medical Registration Ordinance, Section 21(1). The two most common disciplinary offences occur when :-

- (i) a registered medical practitioner has been convicted in the Hong Kong Special Administrative Region (HKSAR) or elsewhere of any offence punishable by imprisonment; or
- (ii) a registered medical practitioner has been guilty of misconduct in any professional respect.

The task of the Medical Council in the exercise of its powers is not only to discipline its members but to protect the public

where necessary; to seek to maintain public confidence in the profession; and in its widest sense to maintain the integrity of the profession. It is the duty of a registered medical practitioner who has been convicted inside or outside the HKSAR of an offence punishable by imprisonment or who has been the subject of professional proceedings by other professional bodies to report this to the Medical Council. Failure to do so within 28 days of the conviction or the finding adverse to the registered medical practitioner will be grounds for disciplinary action. In case of doubt the matter should be reported.

When the Medical Council finds that a registered medical practitioner has committed a disciplinary offence, it may, in its discretion, order :-

- (i) the removal of the name of the registered medical practitioner from the General Register or from the Specialist Register, either indefinitely or for a specified period, and either for the removal to be immediate or to be suspended subject to conditions;
- (ii) the registered medical practitioner to be reprimanded; or
- (iii) a warning letter be served on the registered medical practitioner.

Doctors should note that removal from the General Register will also occur when the registered medical practitioner has not, before 30 June of a year, obtained his practising certificate or his retention certificate for that year or where he has failed to supply the Registrar with an address in the HKSAR at which notices from the Council may be served on him.

A doctor who has been removed from the Register for whatever reason and who practises medicine or surgery may commit a criminal offence. Doctors who have been removed from the General Register may apply to the Medical Council to be restored to the Register. The Council has a discretion to allow or refuse the application.

PART II CONVICTION OF AN OFFENCE PUNISHABLE BY IMPRISONMENT

A registered medical practitioner who is convicted of any offence which is punishable by imprisonment is liable to disciplinary proceedings by the Medical Council, regardless

of the penalty imposed by the court. A conviction in itself gives the Council jurisdiction even if the offence does not involve professional misconduct, although the Council may decide that no inquiry will be held where the conviction does not appear to affect the doctor's practice as a registered medical practitioner. It is the duty of a registered practitioner who has been convicted inside or outside the HKSAR of an offence punishable by imprisonment to report the conviction to the Medical Council. Failure to do so within 28 days of the conviction will be grounds for disciplinary action. In case of doubt the conviction should be reported.

A particularly serious view is likely to be taken if a medical practitioner is convicted of an offence involving dishonesty (e.g. obtaining money or goods by false pretences, forgery, fraud, theft), indecent behaviour or assault. The Council is also concerned with convictions for offences which might affect a doctor's fitness to practise.

PART III PROFESSIONAL MISCONDUCT

"Misconduct in a professional respect" can be broadly defined as "If a medical practitioner in the pursuit of his profession has done something which will be reasonably regarded as disgraceful, unethical or dishonourable by his professional colleagues of good repute and competency, then it is open to the Medical Council of Hong Kong, if that be shown, to say that he has been guilty of professional misconduct".

The seriousness of misconduct will be judged by the rules, both written or unwritten, of the profession itself.

This part of the pamphlet sets out certain kinds of professional misconduct which may lead to disciplinary proceedings by the Council. The pamphlet is thus NOT a complete code of professional ethics, nor can it specify all the forms of misconduct which may lead to disciplinary action.

The question whether any particular course of conduct amounts to professional misconduct, and the gravity of such misconduct and of any conviction, are matters which will be determined by the Preliminary Investigation Committee and as appropriate the Council after considering the evidence in each individual case. The Council, having regard to its quasi-

judicial function, is NOT able to advise individuals. The Ethics Committee of the Medical Council however advises and makes recommendations to the Council on matters about medical ethics and professional conduct generally and 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. Medical practitioners desiring detailed advice on questions of professional conduct arising in particular circumstances may consult a professional association or their own legal advisers for advice on such matters.

10. Prescription and labelling of dispensed medicines

10.1 All medications dispensed to patients directly or indirectly by a medical practitioner should be properly and separately labelled with the following essential information :-

- (a) a name that properly identifies the patient;
- (b) the date of dispensing;
- (c) the trade name or pharmacological name of the drug;
(If a generic drug is used, only its registered trade name or pharmacological name should be put on the label. Reference could be made to the "Compendium of Pharmaceutical Products" which lists all the drugs

registered in Hong Kong and is published by the Department of Health.)

- (d) the dosages, where appropriate;
- (e) the method and dosage of administration; and
- (f) precautions where applicable.

10.2 After proper consultation, if the practitioner considers that drug treatment is appropriate, the patient will be given the choice of either receiving medicine directly from the practitioner or taking a prescription from him. In either case, the practitioner has the responsibility to decide the proper medication with appropriate duration.

10.3 The only exemptions are :-

- (a) medicines for clinical trials with informed consent from patients; and
- (b) situations in which it may not be in the interests of the patient to label and prescribe the medicine, such as medicines supplied solely for psychological effect on the patient.

20. Association with non-qualified persons

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

Views or comments on these sections are welcome. A complete draft of the revised edition of the Professional Code has been put on the internet homepage (<http://www.mchk.org.hk>) for the information of all registered medical practitioners. Members of the profession can download the draft Code from the homepage for information. Please forward your views or comments to the Medical Council Secretariat at the following address on or before **15 June 2000** :-

4/F., Hong Kong Academy of Medicine, Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Fax : 2554 0577

Revised and Prevailing Criteria for Vetting Quotable Qualifications

The Education and Accreditation Committee has proposed a set of revised criteria for vetting quotable qualifications that will be accepted for use on signboards, letterheads, visiting cards etc. The prevailing set of vetting criteria, which is still being used by the Education and Accreditation Committee, is also appended below for your reference. You are invited to express your views and comments on the revised vetting criteria for quotable qualifications.

Objectives of having quotable qualifications

- (a) To give recognition to the basic medical education that is required of a person to be registered as a medical practitioner in Hong Kong.
- (b) To give due recognition to further instruction/training that may significantly enhance the clinical expertise of the medical practitioner in the particular specialty or subspecialty of the quoted qualification.
- (c) To provide such information to the public so that the latter will have knowledge of what significant additional training, relevant to medical practice, that the medical practitioner has undergone and achieved recognition in.
- (d) To provide other medical practitioners with information of specialty or subspecialty expertise of any medical practitioner, based on which relevant patient referrals to him or her can be made.

Revised criteria for vetting quotable qualifications

- (i) satisfy fully the spirit of the Professional Code and Conduct as is expressed in paragraph 9.
- (ii) been ordinarily acquired through formal assessment by a recognized medical body, or assessment involving some sort of public vetting of the evaluation process (that is external examiners) from a recognized medical body acceptable to the Education and Accreditation Committee.

(In this regard a recognized medical body would be :-

- (a) that providing tertiary education recognized by the Medical Council to be similar to that of the University of Hong Kong or the Chinese University of Hong Kong; and
- (b) a post-graduate body with standards equivalent to that of the Royal Colleges or to those set by the Hong Kong Academy of Medicine.)

- (iii) the course of study should ordinarily be full-time, post-graduate structured and supervised training or study related to medical practice of an appropriate duration which will be at least 6 months. Where the course is not full-time, then the Education and Accreditation Committee may apportion the equivalency in time if the Education and Accreditation Committee considers that the course is valid.
- (iv) MD, MS awarded by a recognized medical body should be quotable.
- (v) Honourary higher medical qualifications from recognized medical body as defined above should be quotable.
- (vi) Master or PhD from recognized medical body shall be considered individually. If the work leading to the degree is medically related, then the doctor may quote that degree.

Prevailing criteria for vetting quotable qualifications

- (i) satisfy fully the spirit of the Professional Code and Conduct as is expressed in paragraph 9.
- (ii) been ordinarily acquired through examination by a recognized association, or been ordinarily acquired from a recognized medical body acceptable to the Standing Committee.

(In this regard a recognized medical body would be :-

- (a) that providing tertiary education similar to that of the University of Hong Kong or the Chinese University of Hong Kong ; and
- (b) a post-graduate body with standards equivalent to that of the Royal Colleges or to those set by the Hong Kong Academy of Medicine.)

- (iii) the course of study should ordinarily be post-graduate supervised training related to medical practice of an appropriate duration which will usually be at least 6 months.
- (iv) MD, MS or other higher qualification awarded by a recognized medical body acceptable to the Standing Committee should be quotable.

Implementation of the revised vetting criteria

- (1) Doctors who currently hold the qualifications which have already been included in the Council's list of quotable qualifications can continue to quote these qualifications.
- (2) Those doctors who have already enrolled to undertake courses which are quotable before the promulgation date (to be fixed) for the revised criteria will also be allowed to quote the qualifications after they have finished the courses.
- (3) Applications for inclusion into the list of quotable qualifications received by the Secretary after the date of promulgation (to be fixed) will be vetted according to the revised criteria.
- (4) The issue of whether part-time courses, distance learning courses etc., should be accepted as quotable is still under consideration.

REMINDERS

Renewal of annual practising/retention certificates

Under the Medical Registration Ordinance, it is necessary for all registered medical practitioners, irrespective of whether they are in private practice or in the public service, to apply for renewal of their annual practising/retention certificates on 1st January each year. Any medical practitioner who has not yet done so this year should send in his/her application together with the prescribed payment to the Registrar of Medical Practitioners at 17/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (Tel. 2961 8648).

Please note that the Medical Council may order the name of any registered medical practitioner to be removed from the General Register if the practitioner concerned has failed to apply for his/her annual practising/retention certificate before 30 June of a year. His/her name will simultaneously be removed from the Specialist Register if he/she has been registered as a "specialist".

Change of correspondence address

Under the Medical Registration Ordinance, all registered medical practitioners are required to notify the Registrar of Medical Practitioners any change of correspondence address. For this purpose, please inform the Registrar of Medical Practitioners in writing at the following address as soon as there is any change in your correspondence address:-

**17/F., Wu Chung House, 213 Queen's Road East,
Wan Chai, Hong Kong
(Fax No. 2891 7946)**

Medical Council's policy on how the Licentiates of the Medical Council should quote their primary medical qualifications

The Medical Council has decided that doctors who had passed the Licensing Examination of the Medical Council (i.e. Licentiate of the Medical Council of Hong Kong (LMCHK)) will be allowed to quote their primary medical qualifications in signboards, letterheads and visiting cards etc.

The exact primary medical qualification as shown on the graduation certificate should be quoted in brackets and placed after "Licentiate of the Medical Council of Hong Kong" or "LMCHK", as illustrated below. Doctors should refer to the list of quotable qualifications issued by the Medical Council and the World Health Organization's directory for reference to the Chinese and English translations and abbreviations for similar titles. Doctors are advised to follow strictly the primary medical qualifications described in their graduation certificates if the list and the directory do not provide for the English and Chinese translations nor abbreviations for similar titles.

Illustration :-

Title in full	Licentiate of the Medical Council of Hong Kong (Primary Medical Qualification as described in the graduation certificate, XYZ Medical School, ABC Country of Origin)
Abbreviation	LMCHK (Primary Medical Qualification as described in the graduation certificate, XYZ Medical School, ABC Country of Origin)
Title in Chinese	香港醫務委員會執照 (ABC國家 XYZ醫科學校 畢業證書所寫的醫科資格)

Please note that Licentiates of the Medical Council of Hong Kong will also be given the choice to quote only "Licentiate of the Medical Council of Hong Kong" or "LMCHK" without any specification of their primary medical qualifications.

Approval had previously been given by the Medical Council to doctors who graduated in North America to quote their Doctorate degrees of Medicine (MD) which are primary medical qualification and to translate the qualifications as "XYZ 大學醫學院畢業" in Chinese. The relevant extract of the list of quotable qualifications maintained by the Medical Council is re-produced in the following :-

Title in full	Doctor of Medicine, XYZ University, ABC Country of Origin
Abbreviation	MD (XYZ, ABC)
Title in Chinese	ABC XYZ 大學醫學院畢業

The above English and Chinese titles of Doctorate degree of Medicine will continue to be adopted by the Medical Council and will be applicable to Doctorate degrees of Medicine which are primary medical qualifications awarded by medical schools in North America or elsewhere.

Concerning those Doctorate degrees of Medicine which are higher rather than primary medical qualifications, they are not quotable unless prior approval has been given by the Council.

Medical Council Open Forum

Two open forums were organised on 11 February 1999 and 30 November 1999 at the Auditorium of the Hospital Authority and the Hong Kong Academy of Medicine respectively. A total of 152 registered medical practitioners attended the events. At the forums, members of the profession were informed of the work of the statutory committees of the Medical Council and the Council's proposed measures for reform in response to the Harvard Report. The forums also provided a chance for the medical practitioners to exchange their views with members of the Medical Council on various issues concerning the medical profession. A brief report on the issues raised at the Fourth Open Forum is enclosed with this newsletter for your information.

Quotable qualifications

The Medical Council approved the following qualifications be included in the list of quotable qualifications :-

<u>Title of Qualifications</u>	<u>Abbreviation</u>	<u>Chinese Title</u>
1. Diploma in Paediatrics, University of New South Wales	Dip Paed (New South Wales)	澳洲新南威爾斯大學兒科文憑
2. Member of Royal College of Paediatrics and Child Health	MRCPCH	英國皇家兒科醫學院院員
3. Master of Public Health, Chinese University of Hong Kong	MPH(CUHK)	香港中文大學預防醫學碩士
4. Fellow of Royal Australian and New Zealand College of Obstetricians and Gynaecologists	FRANZCOG	澳洲及紐西蘭皇家婦產科醫學院院士
5. Master of Medicine (Family Medicine), the National University of Singapore	M Med (Family Medicine) (Singapore)	新加坡國立大學家庭醫學碩士

Quotable appointments

Doctors please note that only those appointments falling within the following criteria are quotable in the course of the professional practice :-

- * It should be a bona-fide, current, full-time and paid appointment offered by an approved public medical institution or private hospital in Hong Kong ; and
- * Honorary appointment will not be quotable.

1999 Election of the Medical Council of Hong Kong

The vote counting of the 1999 Election of the Medical Council was held on 23 November 1999. Prof. Leung Ping Chung and Dr Natalis Yuen Chung Lau were re-elected as Council members whereas Dr Tse Hung Hing was newly-elected.

The Medical Council Secretariat has found that of the 2723 ballot papers received, 110 of them (about four percent) were invalid because the electors did not fill in their personal particulars and sign on the ballot papers. In order to allow the Secretariat to verify the identity of doctors (i.e. to make sure that a ballot paper is submitted by the one to whom it is issued), doctors are reminded that they should fill in their personal particulars and sign on the

ballot papers personally in the next election.

A ballot paper which is submitted by a person other than the elector to whom it was issued may be rejected by the Secretary of the Medical Council under section 22(1)(h) of the Medical Practitioners (Electoral Provisions)(Procedure) Regulation, Cap. 161, Laws of Hong Kong. On this basis, each ballot paper bears a unique serial number applied to each individual elector. It is therefore important for each elector to fill in the ballot paper which is addressed to him/her personally and avoid mixing up his/her ballot paper with other doctors' who share the same clinic, particularly those in a group practice, or those working in the same hospital.

Statistics on Disciplinary Cases Handled by the Medical Council

Complaints Received by the Medical Council

<u>Nature</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>
1. Conviction in Court					
(a) Fail to keep proper record of dangerous drugs	1	-	4	2	1
(b) Others	3	1	5	7	6
2. Disregard professional responsibilities to patient	80	101	105	133	120*
3. Drug-related Cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	12	3	7	1	3
(b) Failure to keep proper record of dangerous drugs	-	-	1	-	1
(c) Prescription of drugs of dependence other than bona-fide treatment	2	1	1	4	-
(d) Abuse of Drugs	-	-	-	-	-
(e) Others	1	-	-	1	-
4. Termination of Pregnancy	-	1	-	-	1
5. Abuse of professional position to further improper association with patients	-	-	-	-	-
6. Improper, indecent behaviour to patient	14	4	2	12	2
7. Abuse of professional confidence	1	2	1	1	-
8. Advertising/canvassing	23	20	29	33	35
9. Sharing fee & improper financial transaction	-	-	-	-	1
10. Depreciation of other medical practitioner(s)	1	1	1	2	2
11. Misleading, unapproved description & announcement	8	4	5	8	9
12. Issuing misleading, false medical certificates	17	13	8	18	26
13. Improper delegation of medical duties to unregistered persons	1	2	3	2	1
14. Fitness to practise	-	-	-	2	-
15. Miscellaneous	13	15	18	19	22
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Total :	177	168	190	245	230

Remarks:

- (i) Of the 230 complaints received in 1999, 145 cases were dismissed; 35 cases were referred to the PIC meeting; and 50 cases are still being considered by the PIC Chairman and Deputy Chairman pending further information/investigation. (as at 1.1.2000)
- (ii) For cases referred to the PIC meeting, some of them will be carried forward to the PIC meetings to be held in 2000.
- (iii) The major 3 categories of cases on disregard professional responsibilities to patients in 1999 include:
 - (1) failure/unsatisfactory result of surgery (about 22%)
 - (2) inappropriate prescription of drugs (about 26%)
 - (3) failure to properly/timely diagnose illness (about 23%)

Work of the Council's Preliminary Investigation Committee (PIC)

	<u>Nature</u>	<u>No. of Cases</u>				
		<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>
(1)	Total cases considered by PIC Chairman	177	168	190	245	230
(2)	Total cases considered by the PIC	78	42	44	56	39*
(3)	Total cases referred by the PIC to Medical Council for disciplinary inquiries	14	9	10	7	17#
(4)	Total cases referred by the PIC to Health Committee for hearing	-	-	-	-	2

Remarks:

*** The major categories of cases considered by the PIC in 1999 include:**

	<u>No. of cases</u>
(a) Conviction in court:	
(i) failing to keep proper records of dangerous drugs:	3
(ii) others:	4
(b) Disregard professional responsibilities to patients:	
* inappropriate prescription of drugs :	3
* failure to properly/timely diagnose illness:	5
* failure to give proper advice/sufficient explanation:	1
* conducting unnecessary or inappropriate surgery:	3
* miscellaneous:	1
(c) Fitness to practise:	2
(d) Failing to keep proper record of dangerous drugs (excluding court conviction):	1
(e) Advertising/canvassing:	10
(f) Indecent assault:	2
(g) Abuse of professional confidence:	1
(h) Issuing false or misleading sick leave certificates:	3

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#The major categories of cases referred by the PIC to Council for inquiry in 1999 include:

	<u>No. of cases</u>
(a) Conviction for:	
(i) failing to keep proper records of dangerous drugs:	3
(ii) others	4 (* of which 1 case was not recommended for inquiry)
(b) Failing to keep proper record of dangerous drugs : (exclude court conviction):	1
(c) Disregard professional responsibilities to patients:	
* conducting unnecessary or inappropriate surgery:	3
* inappropriate prescription of drugs:	1
* failing to properly/timely diagnose:	2
(d) Advertising/canvassing	1
(e) Issuing misleading or untrue medical certificates	2
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Work Statistics of the Council's Preliminary Investigation Committee in the Year of 1999

	Quarter				Total
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	
No. of PIC Meetings	2	3	2	3	10
No. of cases considered	8	13	8	10	39
No. of cases dismissed (%)	5 (62.5%)	7 (53.8%)	2 (25.0%)	6 (60.0%)	20 (51.3%)
No. of cases referred to inquiry (%)	3 (37.5%)	4 (30.8%)	6 (75.0%)	4 (40.0%)	17 (43.6%)
No. of cases referred to Health Committee (%)	- (-)	2 (15.4%)	- (-)	- (-)	2 (5.1%)

Disciplinary Inquiries conducted by the Medical Council in 1999

No. of Cases	Nature	Findings by Medical Council
5	Disregard professional responsibilities to patients	1 Removed from the register for 6 months, suspended for 2 years 1 Part-heard (hearing to be resumed in 2000) 3* Not guilty (* of which 2 cases are carried forward from 1998)
1	Failing to properly label drugs dispensed	Warning letter
1	Provide misleading information for certification for specialist registration	Not guilty
1	Issue untrue, misleading or improper sick leave certificates	Warning letter
1	Conviction of using false documents with intent to deceive	Reprimanded
1	Conviction of failing to keep proper record of dangerous drugs	Application for restoration was refused

[Summary: 5 cases: not guilty

1 case: hearing to be resumed

4 cases: guilty]

Figures on Appeal Cases

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>
No. of Appeals lodged	7(+1*)	Nil	2	4(+1*)	1*
No. of Appeal Cases carried forward from previous years	10	4	-	2	-
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Total No. of Appeal Cases in progress in the year	18	4	2	7	1*
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Result of Appeal Cases concluded in 1999:

(a) Dismissed by High Court/ Court of Appeal	-
(b) Allowed	1*
(c) Allowed with Substitute Order	-
(d) Appeal withdrawn	-
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Remark: * denotes "Judicial Review" case at High Court. In 1999, a doctor applied to the High Court for judicial review against the Council's refusal to restore his name to the General Register. The High Court and the Court of Appeal which heard the subsequent appeal lodged by the Council ruled that the Council's refusal was not in order. The Medical Council has lodged an appeal against the Court of Appeal's decision. The appeal will be heard by the Court of Final Appeal in 2000.

Hearing of the Health Committee in 1999

No. of case Findings and recommendation of the Health Committee

- 1 The registered medical practitioner concerned was found mentally unfit to practise. The Health Committee recommended that his name was removed from the register but such order would be suspended for a period of 3 years subject to the following conditions:
 - (a) that he is under the care of a psychiatrist acceptable to the Medical Council for a period of 3 years and this medical supervisor has to report to the Chairman of the Medical Council every 6 months; and
 - (b) that he is not to possess, supply or prescribe dangerous drugs for a period of 3 years
- 1 The registered medical practitioner concerned was found physically and mentally fit to practise.

Membership List of the Medical Council

Dr. LEE Kin-hung MBE (Chairman) (李健鴻醫生)
Dr. Margaret CHAN OBE JP (陳馮富珍醫生)
Mrs. CHENG CHO Chi-on, Mariana JP (鄭曹志安女士)
Dr. CHOI Kin, Gabriel (蔡堅醫生)
Prof. CHOW Shew-ping JP (周肇平教授)
Prof. CHUNG Sheung-chee, Sydney (鍾尚志教授)
Dr. David FANG SBS JP (方津生醫生)
Prof. FOK Tai-fai (霍泰輝教授)
Dr. HO Shiu-wei, William (何兆煒醫生)
Dr. KO Wing-man (高永文醫生)
Mr. Robert KWOK JP (郭勤功先生)
Dr. LAI Cham-fai (黎湛暉醫生)
Mr. LAM Kan-ming, Mark (林鏡明先生)
Prof. LAM Shun-chiu, Dennis (林順潮教授)
Prof. LAU Wan-yee, Joseph (劉允怡教授)
Dr. LAW Chi-lim, Robert (羅致廉醫生)
Dr. LEONG FUNG Ling-yee, Lilian (梁馮令儀醫生)
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Dr. LEUNG Yat-wai, John (梁日偉醫生)
Prof. Felice LIEH-MAK CBE JP (麥列菲菲教授)
Dr. LO Wing-lok (勞永樂醫生)
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Dr. SHIH Tai-cho, Louis (史泰祖醫生)
Prof. TANG Wai-king, Grace (鄧惠瓊教授)
Dr. TSE Hung-hing (謝鴻興醫生)
Dr. WAI Heung-wah, Hayles (衛向華醫生)
Miss YAU Ho-chun, Nora MH JP (邱可珍女士)
Dr. YUEN Chung-lau, Natalis JP (阮中鑒醫生)

Membership List of the Preliminary Investigation Committee

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Dr. CHAN Yee-shing (陳以誠醫生)
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Mr. Robert KWOK JP * (郭勤功先生)
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Miss YAU Ho-chun, Nora MH JP * (邱可珍女士)

* serve on rotation basis in the sequence of alphabetical order of their surnames for a period of 3 months

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Dr. LI Kwok-tung, Donald (李國棟醫生)
Dr. TAO LAI Po-wah, Julia (陶黎寶華博士)
Dr. YUEN Chung-lau, Natalis JP (阮中銓醫生)

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Prof. TANG Wai-king, Grace (Chairman) (鄧惠瓊教授)
Prof. CHAN Kai-ming OBE (陳啟明教授)
Dr. CHANG Tai-sing, Dickson (張大成醫生)
Prof. CHANG Mang-zing, Allan (張明仁教授)
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Dr. WONG Shou-pang, Alexander (王壽鵬醫生)
Prof. YUEN Kwok-yung (袁國勇教授)

Membership List of the Health Committee

Dr. LEONG FUNG Ling-yee, Lilian (Chairman) (梁馮令儀醫生)
Dr. CHAN Chi-kuen (陳志權醫生)
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Dr. LI Chun-sang (李俊生醫生)
Dr. LI Chung-ki, Patrick (李頌基醫生)
Dr. MAK Kwok-hang (麥國恆醫生)
Dr. SHUM Ping-shiu (沈秉詔醫生)
Miss YAU Ho-chun, Nora MH JP (邱可珍女士)
Dr. YUEN Chung-lau, Natalis JP (阮中銓醫生)

Result of Opinion Survey

A report of the opinion survey of the medical profession on the Medical Council's proposals as outlined in its response to the Secretary for Health and Welfare on the Harvard Report is attached to this newsletter for the information of all members of the profession.