



SINGAPORE MEDICAL COUNCIL

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All Registered Medical Practitioners

REVISIONS TO THE SINGAPORE MEDICAL COUNCIL'S ETHICAL CODE AND ETHICAL GUIDELINES

1. The Singapore Medical Council's ("**SMC**") Ethical Code and Ethical Guidelines ("**ECEG**"), whose current edition came into force in 2017, provides guidance to medical practitioners for inculcating good medical practice based on the fundamental tenets of medical ethics.
2. In 2020, Parliament passed amendments to the Civil Law Act, which legislated the standard of care for medical advice. To ensure the ECEG remained consistent with the amendments, the SMC commissioned a review of the ECEG.
3. Following extensive review and consultation with stakeholders, the SMC's Working Committee to Review the ECEG and Ethics Committee ("**Committees**") drafted a new set of guidelines on the standard of care, as well as proposed revisions to the guidelines on informed consent. The Committees' recommendations address the information patients require to make informed decisions, the responsibilities of doctors and team members when consent-taking is delegated, and documentation appropriate to the clinical circumstances.
4. As part of the review, the Committees sought feedback from registered medical practitioners and other key stakeholders. In 2026, the SMC conducted extensive engagement sessions to facilitate medical practitioners' understanding of the proposed revisions. In view of further feedback received about the need for clearer guidance on consent-taking for minors, the Committees further refined the relevant guidelines relating to informed consent and caring for minors.
5. The SMC has accepted the Committees' recommendations and expresses its appreciation to the Committees and all stakeholders for their feedback and contributions.

6. A table illustrating the changes to the ECEG can be found in the **Annex**. The revised ECEG will be published on **1 November 2026** and will take effect on **1 January 2027**.
7. The SMC and the Committees will continue to monitor emerging developments in medical practice with ethical implications and update the ECEG as and when needed.

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PROF CHEE YAM CHENG
PRESIDENT
SINGAPORE MEDICAL COUNCIL

Acknowledgements

The SMC expresses its appreciation to the members of the SMC Working Committee to Review the ECEG and the SMC Ethics Committee for their contributions to the review and development of the revised guidelines.

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Annex

Changes were made to three guidelines of the ECEG: **AA1**, **C6**, and **C8**

Table 1: Creation of guideline AA1

Guideline	2016 ECEG	ECEG from 1 January 2027
AA1(1)	<i>The 2016 ECEG did not have a guideline AA1.</i>	Consequent to your duty of care to the patient, your practice of medicine must therefore be in accordance with an acceptable standard of care. You must provide a standard of care that is rational and based on scientific evidence and/or accepted clinical practice.
AA1(2)		<p>The standard of care you give to the patient will be deemed acceptable if the following criteria are met:</p> <p>(a) when the manner in which you deliver the care is accepted by a respectable body of medical opinion of your peers as being reasonable professional practice in the context and circumstances of the encounter. This body of opinion is also referred to as the peer professional opinion.</p> <p>(b) when the peer professional opinion is also logical.</p>
AA1(3)		<p>The peer professional opinion is considered logical where:</p> <p>(a) the body of your professional peers holding the opinion has directed its mind to (i.e. deliberated on or considered) the comparative risks and benefits relating to the matter at hand;</p> <p>(b) the opinion is consistent and does not contradict other proven and accepted facts relevant to the matter.</p>
AA1(4)		The fact that there may be different professional opinions held by other respected doctors does not, by itself, prevent the peer professional opinion from being relied on, provided the opinion is logical.

AA1(5)		<p>In addition to the above, for the standard of care required in the area of medical advice, the peer professional opinion must also require the doctor to provide to the patient:</p> <ul style="list-style-type: none"> (a) information that a person in the same circumstances as the patient (circumstances the healthcare professional knows or ought reasonably to know) would reasonably require to make an informed decision about whether to undergo a treatment or follow a medical advice; and (b) information that you know or ought reasonably to know is material to the patient for the purpose of making an informed decision about whether to undergo the treatment or to follow the medical advice.
AA1(6)		<p>Where the patient is a minor or has impaired judgment or diminished capacity, you are required to provide the information to the person responsible for making medical decisions e.g. the parent/legal guardian.</p>
AA1(7)		<p>Material information falls into either of the two categories below:</p> <ul style="list-style-type: none"> (a) a specific concern or query the patient has, which the patient expressly communicates to you; or (b) a specific concern or query the patient has, which the patient does not expressly communicate to you, but which ought to be apparent to you from the patient's medical records that you have reasonable access to and ought reasonably to review.

Table 2: Changes to guideline C6

Guideline	2016 ECEG	ECEG from 1 January 2027
C6(1)	<p>An important part of patient autonomy involves ensuring that patients give their valid consent (if they are able to do so) to any treatment or procedure prior to their undergoing such treatment or procedure. This involves the patients making voluntary decisions on their medical care after having known and understood the benefits and risks involved. Good consent taking is essential and this means:</p> <p>Consent must be obtained for all aspects of medical care, whether it is minor interventions with minimal risks or major interventions with significant risks or side effects. For minor tests, treatments or procedures that have low risks, oral consent or implied consent through compliance is sufficient.</p>	<p>Patient autonomy is a fundamental principle in medical ethics and must be respected. An important part of respect for patient autonomy involves ensuring that patients give their valid consent (if they are able to) to any medical test, treatment or procedure. This involves the patients making voluntary decisions on their medical care after having been informed of and having understood the benefits, limitations and risks involved, as well as the alternatives that are available.</p>
C6(2)	<p>You must take valid and adequately documented consent from patients for tests, treatments or procedures that are considered complex, invasive or have significant potential for adverse effects.</p>	<p>It is your responsibility to ensure that a patient under your care is adequately informed about his medical condition and options for treatment (including non-treatment) so that the patient is able to participate meaningfully in decisions about his treatment. In taking consent, the information provided to the patient should include the nature and purpose of tests, treatments or procedures to be performed on them, as well as the benefits, limitations, risks and alternatives available to them. Consideration should also be given as to whether the treatment involves minor or major interventions, the levels of risk (especially in terms of the severity and likelihood thereof), the clinical setting and the context of the consultation. The information given should be relevant and material to a reasonable person situated in the particular patient's position.</p>

C6(3)	You must ensure that patients are made aware of the purpose of tests, treatments or procedures to be performed on them, as well as the benefits, significant limitations, material risks (including those that would be important to patients in their particular circumstances) and possible complications as well as alternatives available to them.	You should either take consent personally or if it is taken for you by a team member, you or your department should, through education, training and supervision of team members, ensure that the consent taken on your behalf meets with these guidelines; i.e. the principal doctor, the department, and the consent-taking team member have joint responsibility to be reasonably satisfied that the consent taken by a team member meets the requirements as stated in (2). For the avoidance of doubt, (a) the department is responsible for ensuring a team-member is trained and equipped to take consent for a particular procedure; (b) the team-member is responsible for taking consent in accordance with standards required of him for which he has been trained for, and (c) the principal doctor is responsible for supervising the team member and to address any queries and concerns from the patient that have not been or cannot be addressed by the team member who has been assigned to take the consent.
C6(4)	You must (to the best of your knowledge) inform patients about the persons who will be performing the tests, treatments or procedures that are invasive and carry higher risks. The more invasive or risky a test, treatment or procedure, the more specific and detailed must be the information about the persons conducting it.	An adequate consent-taking process should ensure that the patient has had the opportunity to have all his queries addressed and that the patient is able to understand the medical advice given. Supplementary materials such as educational pamphlets may be used to assist the patient's understanding of medical advice given.
C6(5)	If patients consent to you performing any test, treatment or procedure under anaesthesia, you must not engage other persons to carry out the procedures on your behalf, or support your performance in a material way (excepting routine assistant surgeons), without patients' knowledge, unless it is an urgent or emergency situation.	Expression of consent by the patient can occur in different ways: it may be implied, verbal, or written, in person or remotely via telemedicine. The adequacy of the expression of consent would be influenced by contextual considerations such as the complexity, invasiveness, and risks of the proposed treatment. A riskier and more complex, invasive course of action will require more detailed documentation of the consent-taking process (including the medical advice given) and the patient's expression of consent (or refusal to consent, as may be the case). An audio recording of the consent-taking process may be made with the patient's consent.

C6(6)	<p>You must be clear about the scope of patients' consent. If there are likely to be further tests or treatments that are contingent upon your initial findings, you must explain this to your patients. Advance or anticipatory consent for such further procedures must be obtained if patients are going to be unable to participate in decision making at the time of your initial findings. You must be clear about the limits to the range of options or alternatives that patients set in their consent.</p>	<p>Consent should be taken at an appropriate time. Patients should have reasonable time to consider their decisions and to clarify any doubts. On the other hand, patients should not perceive that the performance of the test, treatment, or procedure being consented to takes place at a very distant point from the time consent had been given.</p>
C6(7)	<p>Patients must be made to understand that they may withdraw or modify their consent at any time. Unless you have reasons to believe that their judgment is impaired by illness, anaesthesia or temporary mental incapacity, you must respect patients' decisions to withdraw or change consent.</p>	<p>You must respect a patient's right to refuse tests, treatments or procedures, except when it is evident that their judgment is impaired or their mental capacity so diminished that they cannot make choices about their own care.</p>
C6(8)	<p>You must either take consent personally or if it is taken for you by a team member, you must, through education, training and supervision of team members, ensure the quality of the consent taken on your behalf. In any case, you must ensure adequate documentation of the consent taking process where this involves more complex or invasive modalities with higher risks.</p>	<p>In an emergency situation, you may proceed with treatment without consent when the patient is not capable of giving consent and where it is necessary, and in the patient's best interests, for the treatment to be administered without delay. This is especially so when the patient may suffer significant harm or be exposed to inordinate risk, including detrimental outcomes such as the loss of life or limb, unless the treatment is provided immediately. In such cases, you are encouraged to obtain an opinion from a fellow doctor of sufficient experience and seniority, who is not involved in the direct care of the patient, on whether it would be in the best interests of the patient to proceed with treatment, notwithstanding the lack of express consent from the patient.</p>

C6(9)	You must ensure that patients understand the information you give for the purpose of consent. If there are language difficulties, you must use interpreters.	You may withhold information only under very unique and rare circumstances. You must have reasonable justification for doing so; your subjective opinion of the patient's best interests that cannot be substantiated by evidence or other relevant healthcare professionals' opinions would not constitute a reasonable justification. Examples of reasonable justification to withhold information include emergency situations or specific requests by a patient not to receive certain information, or where the giving of such information would cause the patient serious physical or mental harm.
C6(10)	Except in emergency situations, consent must be taken before a test or treatment, such that patients have sufficient time to think over their decisions and to clarify any doubts.	When the patient is a minor, the foremost principle in consent-taking is to do so with the best interests of the minor, and not other parties. Where possible, you should take consent from the parents or legal guardian. The necessity of obtaining parental or legal guardian consent would depend on many contextual factors, including but not limited to whether the parents or legal guardians are contactable, the urgency and/or severity of the medical condition, the complexity, risks and invasiveness of the investigative or therapy options being offered, the availability of an appropriate adult (e.g., grandparent) to give consent on behalf of the parent. Where the minor is able to understand the information provided and form an opinion, you should give due consideration to the opinion of the minor. Where you are acting in the best interests of the minor and/or are preventing harm to the minor, and where parental consent is not obtained, the onus of proof to justify this action rests with the doctor. Should the parents or legal guardians object to tests, treatments and procedures that you deem necessary, you should take necessary actions to safeguard the minor's best interests. This may include obtaining a decision from the Courts of Singapore if necessary.

C6(11)	<p>You may proceed with treatment without consent in emergency situations when patients are not capable of giving consent and where you deem treatment is necessary in patients' best interests.</p>	<p>Where the patient has impaired judgment or diminished capacity, you should assess, at the time of taking consent, whether the patient can demonstrably understand, retain and use information/explanations provided to make and communicate a decision. If the patient is able to give consent, the doctor must obtain consent from the patient himself.</p> <p>(a) If the patient is unable to give consent, a doctor should obtain consent from persons with the legal authority to make such medical decisions.</p> <p>(b) Otherwise, you must proceed according to your professional judgment and act in the patient's best interests.</p>
C6(12)	<p>If during a procedure you encounter situations in which you want to perform further procedures (that are not reasonable extensions of the procedure within the parameters of the consent) at the same sitting but the patient is unable to consent to it, you may proceed if you deem that the patient's life is at risk unless the further procedure is done immediately.</p>	<p>A patient's decision to withdraw or modify his consent at any time prior to the performance of any test, treatment or procedure must be respected, unless the patient has impaired judgment or diminished capacity at the time of the withdrawal of his consent, in which case you should exercise your professional judgment and act in the patient's best interests.</p>
C6(13)	<p>You must respect patients' right to refuse consent for tests, treatments or procedures, except when it is evident that their judgment is impaired or their mental capacity so diminished that they cannot make choices about their own care.</p>	<p><i>Guidelines C6(13) to C6(20) have been removed from the revised ECEG.</i></p>
C6(14)	<p>Despite it being standard practice that consent for minors is taken from parents or legal guardians, you must give consideration to the opinions of minors who are able to understand and decide for themselves.</p>	
C6(15)	<p>If there is disagreement about consent between minors with the capacity to consent and their parents or legal guardians, you must, to the best of your ability, provide them with information and explain in a way that helps them to make more informed decisions.</p>	

C6(16)	If minors who have the capacity to understand ultimately refuse to undergo tests, treatments or procedures consented to by parents or legal guardians, but you have good reasons to believe it is medically imperative for you to proceed, you may do so if it is feasible.	
C6(17)	If parents or legal guardians object to tests, treatments or procedures that you deem necessary despite your best explanations, you must act in the best interests of the minors and not of the parents. You may then have to take steps (such as going through independent advocates or the courts) in order to prevent harm to the minors.	
C6(18)	If patients are too young to understand but there are no parents or legal guardians available within reasonable time to give consent, you may proceed according to your best judgment of the patients' best interests.	
C6(19)	Taking consent from patients with diminished mental capacity must take into account the patients' residual or fluctuating cognitive ability. If patients can demonstrably understand, retain and use your information and explanations to make clear and consistent decisions and communicate them in a coherent manner, you must obtain consent from the patients themselves.	
C6(20)	If patients have such diminished mental capacity that they cannot give consent, you must obtain consent from persons with the legal authority to make such medical decisions for them unless such persons are not contactable within reasonable time depending on the urgency of the situation. Otherwise, you must proceed according to your best judgment of the patients' best interests.	

Table 3: Changes to guideline C8

Guideline	2016 ECEG	ECEG from 1 January 2027
C8(2)	You must, together with parents or legal guardians, facilitate the minors' understanding, give them time to express themselves and then make decisions based on their best interests.	You should, whenever possible, facilitate the minors' understanding together with parents or guardians, give them time to express themselves and then make decisions based on their best interests.