



Singapore
Medical
Council

Ethical Code and Ethical Guidelines

(version in force as at 1 January 2027)

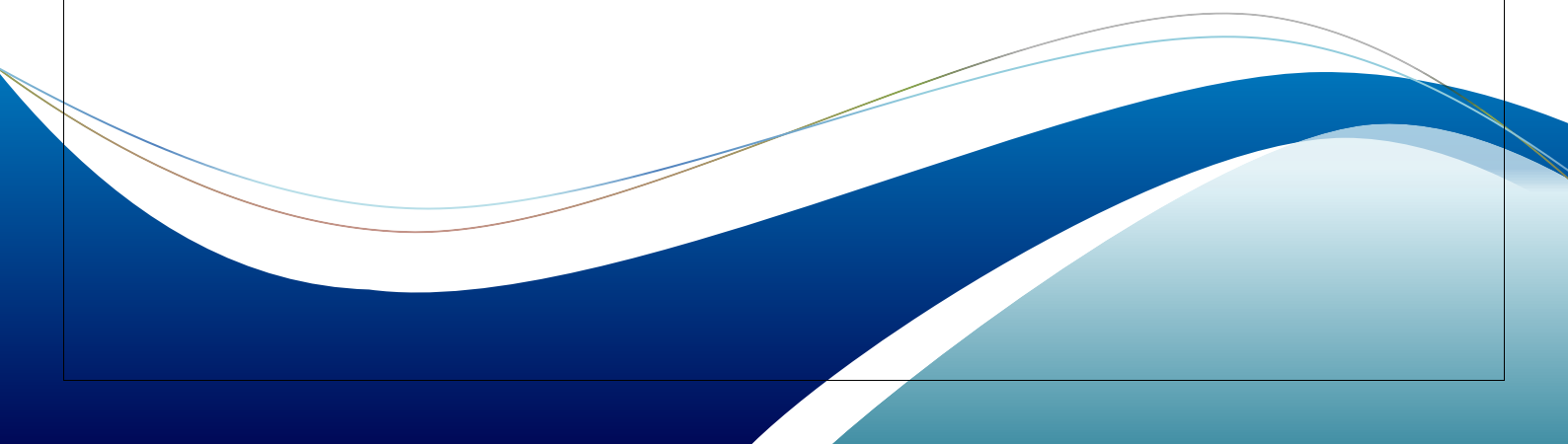
History of versions of the Ethical Code and Ethical Guidelines (ECEG)

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Current version of the ECEG published on 1 November 2026 and comes into force on 1 January 2027

You can find past and current versions of the ECEG on our website:
www.smc.gov.sg



Content Page

Foreword	6
Introduction and Preamble	7
1. Why the Ethical Code and Ethical Guidelines?	7
2. The Ethical Code and Ethical Guidelines in Singapore society	9
3. The SMC Physician's Pledge	10
4. The SMC Ethical Code and Ethical Guidelines, the SMC Handbook on Medical Ethics and Nomenclature used	11
The Ethical Code	12
The Ethical Guidelines	15
A. Good clinical care	15
A1. Duty of care	15
AA1. Standard of Care	15
A2. Clinical evaluation of patients	17
A3. Practising within competence, maintaining and improving performance, and offering the current standard of care	18
A4. Delegation and referral of patients	18
A5. Working in teams	20
A6. Telemedicine	21
A7. End-of-life care	22
B. Good medical practice	23
B1. Decisions about providing services	23
B2. Medical investigations	24
B3. Medical records	25
B4. Medical certificates	27
B5. Prescription of medicine	28
B6. Untested practices	30

B7. Non-treating doctors performing assessments for third parties	30
B8. Medical research	31
B9. Complementary and alternative medicine	32
B10. Aesthetic practice	33
C. Relationships with patients.....	35
C1. Attitude towards patients.....	35
C2. Good and effective communication	35
C3. Personal beliefs.....	36
C4. Propriety and sexual boundaries	37
C5. Patients' right to information and self-determination	38
C6. Consent	39
C7. Medical confidentiality	42
C8. Caring for minors (persons below age 21).....	44
C9. Caring for patients with diminished mental capacity.....	45
C10. Visual or audio recordings of patients.....	46
C11. Third parties in attendance	47
C12. Relationships with patients and those close to them	48
C13. Dealing with adverse outcomes and medical errors	49
C14. Termination of a patient-doctor relationship.....	50
D. Relationships with colleagues	51
D1. Collegiality	51
D2. Respect for other doctors' patients	51
D3. Comments about colleagues	52
D4. Colleagues' performance, medical fitness to practise and professional conduct.....	52
D5. Colleagues under supervision.....	53
D6. Students in a healthcare setting.....	53
D7. Professional behaviour in the healthcare team	54
E. Maintaining health and fitness to practise	55
F. Probity	56
F1. Disclosure of personal information and cooperation in inquiries	56

F2. Doctors as expert witnesses	56
G. Advertising.....	57
G1. General principles.....	57
G2. Standards required of advertising information.....	57
G3. Platforms for advertising	59
G4. Talks, interviews and written articles.....	59
G5. Doctors associated with healthcare organisations	60
G6. Professional announcements	61
G7. Advertising overseas	61
H. Finances in medical practice	62
H1. Fees for services	62
H2. Gifts from patients.....	63
H3. Financial conflicts of interest.....	63
I. Doctors in business relationships	65
I1. Relationships with the medical industry.....	65
I2. Relationships with non-medical companies	66

Foreword

The Singapore Medical Council (“SMC”) Ethical Code and Ethical Guidelines (“ECEG”) sets out the ethical and professional standards expected of medical practitioners. Since the publication of the 2016 ECEG, developments in the law and feedback from the medical profession have highlighted areas where clearer guidance would assist doctors in their practice. I am therefore pleased to introduce the revised ECEG.

The amendments include a new guideline on the standard of care and revised guidance on informed consent (AA1 and C6 respectively), reflecting changes to the Civil Law Act. These new guidelines were designed to provide greater clarity on the information doctors should give patients when advising on treatment, which balances patient autonomy and the role of professional expertise.

The SMC has also refined the guidance on caring for young persons, taking into account feedback received during consultations and discussions concerning youth mental health. These amendments retain the young person’s best interests as the foremost consideration, clarify the importance of considering the young person’s views and involving parents or legal guardians whenever possible. The revisions nevertheless recognises that doctors must exercise professional judgment in the circumstances of each case.

The revisions have benefited from the work of the SMC’s Working Committee to Review the ECEG and Ethics Committee (“Committees”), and from feedback provided by medical practitioners, professional bodies, healthcare institutions and other stakeholders. These contributions have helped the SMC identify practical concerns and refine the guidance for our medical practitioners.

While the ECEG is primarily intended to guide medical practitioners, the ECEG also explains to the public the values and standards that guide the medical profession. No set of guidelines can address every situation encountered in clinical practice. I encourage medical practitioners to internalise these principles and apply them thoughtfully, including in circumstances that the ECEG does not expressly address.

Good medical practice requires clinical knowledge, ethical judgment and a willingness to reflect on the needs of each patient. Through continued learning and careful decision-making, we can uphold professional standards and maintain the trust that patients place in us.

The SMC expresses its appreciation to the Committees and all who contributed to the review. I encourage every medical practitioner to familiarise themselves with the revised ECEG and make its principles part of their daily practice.

PROF CHEE YAM CHENG
PRESIDENT
SINGAPORE MEDICAL COUNCIL
1 NOVEMBER 2026

Introduction and Preamble

1. Why the Ethical Code and Ethical Guidelines?

- (1) As a member of the medical profession, you are held in the highest esteem by the public and society, who depend on a reliable and trustworthy healthcare system and look to you for the relief of their suffering and ailments. Much trust is therefore vested in you to do your best by both. This trust is contingent on the profession maintaining the highest standards of professional practice and conduct. You must therefore strive to continually strengthen the trust that has been bestowed.
- (2) While the profession must adhere to the laws governing its practice, self-regulation is a privilege accorded to the profession by the Government as one aspect of society's overall regulatory oversight of the profession. As one of the hallmarks of the profession, self-regulation is of utmost importance. This is because society at large does not have sufficient knowledge or the experience of medical practice to decide on professional and ethical matters. In order for the profession to continue to enjoy this privilege and the trust of society, the profession bears the concomitant responsibility to ensure that self-regulation be vigorously and fairly exercised.
- (3) The jurisdiction of the Singapore Medical Council ("SMC") in relation to the professional conduct of registered medical practitioners (hereinafter referred to as "doctors") under the Medical Registration Act ("MRA") is governed by the Act, the Medical Registration Regulations ("MRR") and the relevant guidelines. The ethical standards in your practice and your behaviour as a doctor are to be guided by the SMC Ethical Code together with the accompanying SMC Ethical Guidelines (collectively referred to as "ECEG"). The guidelines contained therein are principles-based and not prescriptive for every possible combination of circumstances, as the range of circumstances in every area of practice is extremely wide.

- (4) The ECEG was developed after consultations with the medical profession and encapsulates the ethical and professional standards expected of medical doctors by your professional peers as well as the community.
- (5) The ECEG will enable the profession to achieve universal standards of medical ethics, with due consideration for our own special circumstances, in order for you to provide good medical care and fulfil your professional roles. The ECEG provides a framework to guide your own professional judgment. It is imperative for doctors to internalise the ethical responsibilities under the ECEG and to discharge such responsibilities in accordance with its underlying spirit and intent.
- (6) The SMC takes the view that serious disregard of or persistent failure to meet the standards set out under the ECEG can potentially lead to harm to patients or bring disrepute to the profession with loss of confidence in the healthcare system and consequently may lead to disciplinary proceedings.
- (7) The ECEG is not a substitute for legislation (the MRA, the MRR and other applicable statutes and regulations) or case law. If there is a conflict between the ECEG and the law, the law takes precedence. Similarly, the ECEG has to be read in conjunction with current directives and guidelines issued by the Ministry of Health (“MOH”).
- (8) The application of the ECEG will vary according to individual circumstances but the principles should not be compromised. You are expected to use your judgment in applying the principles to the various situations that you will face as a doctor, and you must be prepared to explain and justify your decisions and actions. The assessment of the appropriateness of your professional conduct vis-à-vis the ECEG is largely a matter of peer review, i.e. the opinions of fair and reasonably minded doctors of suitable qualifications and experience.

2. The Ethical Code and Ethical Guidelines in Singapore society

- (1) The ECEG should be applied in conjunction with the various laws and regulations governing medical practice in Singapore. Societal norms and expectations are ever-shifting. Specific topics pertaining to controversial subjects are not intended to be addressed exhaustively in the ECEG, with a view to allowing society from time to time to direct, through laws passed by Parliament, the common law and regulations of the relevant Ministries, how you should approach these issues. You are bound to obey these laws and regulations regardless of your personal convictions. However, as autonomous agents, you may choose to withdraw from active participation in any research or service activity if it is against your conscience, provided that you ensure that the ethical obligations that you have towards patients are not breached.

- (2) Also, in accordance with changing circumstances and emerging imperatives, the SMC, the MOH or other relevant authorities may from time to time develop more detailed secondary guidelines or position papers on specific subjects. Where they exist, these elaborated guidelines or position papers will serve to augment the principles contained in the ECEG and must be regarded as carrying the same quality of guidance for you to abide by.

3. The SMC Physician's Pledge

- (1) The SMC Physician's Pledge is based on the Declaration of Geneva and mirrors the set of ethical values contained in the ECEG that each doctor in Singapore is expected to uphold professionally at all times. Since 1995, every doctor upon being admitted as a fully registered practitioner with the SMC has to make this pledge.

"I solemnly pledge to:

dedicate my life to the service of humanity;

give due respect and gratitude to my teachers;

practise my profession with conscience and dignity;

make the health of my patient my first consideration;

respect the secrets which are confided in me;

uphold the honour and noble traditions of the medical profession;

respect my colleagues as my professional brothers and sisters;

*not allow the consideration of race, religion, nationality or social standing
to intervene between my duty and my patient;*

maintain due respect for human life;

use my medical knowledge in accordance with the laws of humanity;

comply with the provisions of the Ethical Code; and

constantly strive to add to my knowledge and skill.

I make these promises solemnly, freely and upon my honour."

4. The SMC Ethical Code and Ethical Guidelines, the SMC Handbook on Medical Ethics and Nomenclature used

- (1) This publication, the **SMC Ethical Code and Ethical Guidelines**, contains guidance that generally ought to be met in the majority of situations. The phrase “you must” is extensively used to indicate that the ethical guideline is an overriding duty and the principles stated must be upheld unless circumstances prevent it. The phrase “you must” does not mean that implementation is mandatory regardless of any circumstances.
- (2) The accompanying publication, the **SMC Handbook on Medical Ethics**, contains two types of material.
 - (a) The first is designed to help you to understand the rationale behind the ethical guidelines in the ECEG, to expound on what they mean and how they may be applied. These explanations and elaborations are not part of the ECEG as such and should there be any apparent inconsistency between the ECEG and the material in the Handbook, the ECEG will prevail.
 - (b) The other kind of material is a discourse on the various ways in which you could improve practice in an effort to meet the ethical standards required. The phrase “you should” is extensively used and indicate advice on a variety of best practices. The phrase “you should” is also used where the principles may not apply in a significant proportion of situations, where there are factors outside your control that affect your response. For the avoidance of doubt, failure to abide by all the “best” practices indicated by the phrase “you should” does not automatically render you in breach of the ECEG.
- (3) In both publications, the phrase “you may” provides elaboration on situations in which it is permissible for you to take particular courses of action that would still fulfil your obligations under the ECEG.
- (4) You are strongly encouraged to read the SMC Handbook on Medical Ethics as it will help you to better understand the ethical guidance in the ECEG. You will also benefit from the additional material in the Handbook that will help you in your aspiration towards best practices.

The Ethical Code

- (1) Patients and the public must be able to trust you implicitly with their lives and well-being. To justify this trust, you have to maintain a good standard of care, conduct and behaviour. The SMC prescribes the Ethical Code which you are required to uphold. These principles are applicable to a wide variety of circumstances and situations. Adherence to the Ethical Code will enable society to have trust and confidence in the profession.
- (2) You should also recognise that when ethical conflicts arise, you can and should consult your colleagues, Ethics Committees or other experts to help you resolve the conflicts.
- (3) In general, you must:
 - (a) **Ensure beneficence and non-maleficence:**
 - (i) Maintain due respect for human life.
 - (ii) Uphold patients' welfare and best interests as your highest consideration.
 - (iii) Be dedicated to providing medical care that is competent, compassionate and of a quality that is accepted by the profession.
 - (iv) Be an advocate for patients' care and well-being and endeavour to ensure that patients are not harmed or suffer minimum harm for maximum possible medical benefit.
 - (v) Within your ability, treat patients in emergency situations with the urgency and timeliness necessary to save lives or prevent adverse outcomes.
 - (vi) Work with colleagues where necessary and appropriate in ways that serve the best interests of patients.
 - (vii) Maintain competence by keeping abreast of medical knowledge relevant to practise and ensure that your clinical and technical skills are current.

- (viii) Maintain your fitness to practise and to be cognisant (where your own insight is preserved) of your own impairments and inability to manage patients to the required standards and refrain from continuing to manage patients if you know you are impaired.
- (ix) Act to prevent harm or risk of harm to patients, whether due to a colleague's performance or wider systemic issues.
- (x) Abide by the ECEG when utilising new technology or treatment modalities and where ethical application is unclear, seek counsel from colleagues or Ethics Committees.

(b) Respect autonomy:

- (i) Maintain the highest standards of moral integrity and intellectual honesty.
- (ii) Treat patients with honesty, dignity, respect and consideration, upholding their desire to be adequately informed and (where relevant) their desire for self-determination.
- (iii) Maintain a professional relationship with patients and their relatives and not abuse this relationship through inappropriate personal relationships or for personal gain.
- (iv) Keep confidential (apart from legitimate disclosures) all medical information about patients.
- (v) Maintain good communications, whether written, verbal or in any other form, between you and your patients or colleagues.
- (vi) Be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with the public at large.
- (vii) Maintain professionalism in informing the public about services, ensuring that information projected is devoid of any exaggerated or deceptive content.

(c) Uphold justice:

- (i) Provide access to good medical care and treat patients without unfair discrimination, prejudice or personal bias against any characteristic of patients, for example, gender, race, religion, creed, social or economic standing, disability or sexual orientation.
- (ii) Treat patients fairly and not allow moral bias or prejudices made on account of patients' habits or lifestyles to influence the way you manage them.
- (iii) Strive to use resources efficiently and balance your duty of care to patients with your duty of care to the community and wider population (distributive justice).
- (iv) Regard all fellow professionals as colleagues, treat them with dignity, accord them respect and manage those under your supervision with professionalism, care and nurturing.
- (v) Do what you can to protect and promote the health of individuals and the community, including contributing to patient and public education.

The Ethical Guidelines

A Good clinical care

A1. Duty of care

In clinical practice, the care of your patient is your primary concern. To provide the best possible care means:

- (1) You must provide competent, compassionate and appropriate care to your patients.
- (2) You must, to the extent that it is within your ability or control, provide care in a timely manner to prevent suffering or deterioration of patients' conditions.
- (3) You must avail your patients of supporting medical services required by them that are licensed or accredited by the relevant authorities and of which you have reasonable confidence in their standard and reliability.
- (4) You must provide a standard of medical care that is rational and based on a balance of evidence and accepted good clinical practice.
- (5) You must offer your patients treatments that are beneficial. Treatments are not legitimate just because there is little evidence of harm or because they are widely employed. You must have sufficient reason to believe that they are beneficial to your patients.

AA1. Standard of Care

- (1) 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.

- (2) The standard of care you give to the patient will be deemed acceptable if the following criteria are met:
 - (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.
 - (b) when the peer professional opinion is also logical.
- (3) The peer professional opinion is considered logical where:
 - (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;
 - (b) the opinion is consistent and does not contradict other proven and accepted facts relevant to the matter.
- (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.

Standard of Care for Medical Advice

- (5) 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:
 - (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.

- (6) 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.
- (7) Material information falls into either of the two categories below:
 - (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.

A2. Clinical evaluation of patients

Good clinical care requires adequate evaluation of patients, so that you are able to make appropriate management plans. This means:

- (1) You must ensure that you have sufficient information about your patients, derived from good history-taking, adequate clinical examination and other relevant investigations or information sources, before you offer any opinion, make management plans or offer treatment.
- (2) When contacted remotely by previously unknown patients and without the intermediation of attending doctors or healthcare professionals who can provide good quality information, you must inform your patients that your opinion is qualified and limited to what you can assess from information that is presented.
- (3) If the remote consultation with previously unknown patients is facilitated by or intermediated through attending doctors or other healthcare professionals, you may offer definitive opinions or management plans if you deem the information provided by these intermediary healthcare professionals to be satisfactory.
- (4) Remote follow-up of patients well-known to you is acceptable but you must ensure that there is no evidence to suggest that your patients have any clinically serious deterioration or developed new problems or complications, in which case you must assess them in person, or ensure that

they are assessed by doctors or other appropriate healthcare professionals to whom you can delegate this responsibility.

A3. Practising within competence, maintaining and improving performance, and offering the current standard of care

Good medical practice requires you to provide patients competent services. This means:

- (1) You must practise within the limits of your own competence. You must not engage in unsupervised practice of an area of medicine without having the appropriate knowledge and skills or the required experience.
- (2) You must keep your knowledge and skills up to date throughout your working life, so as to always provide care that is generally accepted as current.
- (3) You must provide information to your patients of options for their care that are generally accepted to be more beneficial to them than what are available to them where you practise.
- (4) If you cannot provide services that are necessary for your patients, or most beneficial for your patients, you must offer to refer them to other doctors or institutions which can provide the most appropriate services.

A4. Delegation and referral of patients

Shared care of patients involving other healthcare professionals is often needed for good clinical care. Providing good clinical care in the context of shared care means:

- (1) If you delegate another person to provide some aspect of care to your patients, you retain overall responsibility for your patients and you must take reasonable care to ensure that the other person is capable of providing care to the required quality and standards.
- (2) If you are delegated the care of patients, you must provide an appropriate standard of care to them, according to the aspects of care you accept responsibility for.

- (3) When making referrals to other doctors, you must inform your patients of the reasons for the referral and provide relevant information about the other doctors.
- (4) If you make referrals or transfers of care to other doctors, you must provide sufficient documentary medical information, either directly to the other doctors or through the patients, to enable good quality continued care.
- (5) In making referrals or transfers of care, you must continue to provide care as needed for the patients until they are seen by the doctors they are referred or transferred to.

A5. Working in teams

Patients are often cared for by teams of doctors and other healthcare professionals. Care is improved when there is mutual respect, good communications and clear understanding of roles between team members and among the different teams. Maximising the benefit to patients of team care means:

- (1) You must communicate with other team members as necessary for the team to provide the best care possible.
- (2) In the context of structured or formal teams of which you are a part, you must do what you can to improve the team's performance, correct deficiencies and improve quality of care.
- (3) If you are a team leader, you must ensure that the overall performance of the team meets the required standard of care for the patients, including, if necessary, arranging for the redeployment or substitution of team members who are unable to perform to the required standard.
- (4) If you work as part of a team, you must ensure that the care you provide does not exceed your capabilities and meets the quality and standard of care expected, for the part of the patient's care which you are responsible for. If the care you are asked to provide is beyond your capability, you must inform your team leader.
- (5) For patients that require handing over to another team for continued care, you must ensure the same standards as for referring or transferring patients.
- (6) In teams where you are associated with allied health professionals, if you have any material financial interest with respect to the services of the allied health professionals, you must disclose this conflict of interest to your patients.

A6. Telemedicine

Telemedicine can improve patient access to medical care. Yet, it is not equal to conventional in-person care and has to be provided in a responsible manner. Providing telemedicine responsibly means:

- (1) If you engage in telemedicine, you must endeavour to provide the same quality and standard of care as in-person medical care. This includes ensuring that you have sufficient training and information to manage patients through telemedicine. Otherwise, you must state the limitations of your opinion.
- (2) If you perform remotely guided medical procedures or give remote guidance to others to perform procedures, you and the person you guide must have the necessary expertise to provide and follow the remote guidance unless there are exceptional circumstances that justify a departure from this guideline.
- (3) If you avail your patients of robotic procedures performed by other doctors remotely, you have only delegated an aspect of care but still retain responsibility for the overall management of the patients. If you perform robotic surgery on a patient remotely, the standard of care you are required to provide to the patient is no different than if you were to perform the operation in person.
- (4) You must give patients sufficient information about telemedicine for them to consent to it. You must also ensure that your patients understand any limitations of telemedicine that may affect the quality of their care in relation to their specific circumstances.
- (5) You must take reasonable care to ensure confidentiality of medical information shared through technology and ensure compliance with any applicable existing legislation and regulations governing personal data.
- (6) If you ask your patients to operate telemedicine equipment from their locations, you must ensure that they are sufficiently trained to do so. You must also ensure that prompt assistance is available in case of equipment failure or inability of the patients to operate the systems, where such failure or inability poses material risks to patients.

A7. End-of-life care

Doctors have an important role in helping patients, their families and the community to deal with the consequences of irreversible or fatal illnesses and the reality of impending death. Providing good end-of-life care to patients means:

- (1) Despite the complex nature of end-of-life care, you must ensure that patients' welfare is not compromised, patient autonomy is preserved where possible, their best interests are upheld and they do not suffer harm inappropriate to their clinical conditions and the natural course of disease.
- (2) You must engage patients through good communications to elicit their preferences and goals of treatment, while helping them to understand the limits of medical treatment. You must offer good palliative care where necessary to minimise suffering in the course of life-limiting illnesses.
- (3) You must respect patients' wishes not to receive specific treatments. At the same time, you are not obliged to provide or continue treatments that you deem inappropriate, non-beneficial or even harmful in view of the natural course of the underlying disease.
- (4) If patients do not have the capacity to decide what end-of-life care they want for themselves and have not previously expressed their wishes, you must act only in the patients' best interests. This may include consulting family members or those close to them to help you determine what would be the patients' best interests.
- (5) You must not commit or participate in any act where your primary intention is to hasten or bring about death.

B Good medical practice

B1. Decisions about providing services

In deciding the care and treatment you provide and avail to patients, you have a responsibility to make your decisions in an objective manner and in the patients' best interests. This means:

- (1) You must not unfairly discriminate against patients, or show prejudice or personal bias against any patient characteristic, for example, gender, race, religion, creed, social standing, disability, sexual orientation or socio-economic status.
- (2) You must not allow personal moral bias or prejudices about patients' habits or lifestyles to influence your decisions on treatment. Your decisions must be based on an objective assessment of clinical needs and the likely effectiveness of treatment options.
- (3) You must not purely out of fear or prejudice refuse to treat patients who have infectious diseases and in such a way as to leave them without timely care. You have the right to ensure that you have adequate personal protection to minimise any risk of infection before you treat such patients.
- (4) You must not provide care to yourself or those close to you where this involves controlled drugs, drugs with significant potential for dependence or psychiatric care. In addition, you must not issue medical certificates to yourself.
- (5) Generally, you may provide care to yourself and those close to you when it is for routine continued care for stable conditions, minor conditions, or in an urgent/emergency situation when no other suitable doctor is available in a timely manner. If you choose to provide significant care such as major surgery to those close to you, you must ensure that your objectivity, judgment and professionalism in medical decision making are not compromised to patients' detriment due to your emotional proximity.
- (6) You must never prescribe or dispense medicines or treatments to third parties of whom you have no personal knowledge and with whom you have no professional relationships, even if relatives or close friends request for you to do so on behalf of these persons.

- (7) When you participate in managed care, you must maintain your professional independence. You must not allow any financial or other arrangements inherent in managed care to pressure you into making decisions that would compromise the required standard of care.
- (8) Even if you are acting in a policy-making, management or administrative capacity in a healthcare system, as a registered doctor, you continue to have professional responsibility. You must ensure, to the best of your ability, that your colleagues who directly manage patients do not find it impossible to uphold the ethical requirements detailed in the ECEG and are able to provide or facilitate access to the required standard of care.
- (9) If you are alerted to a credible medical emergency while you are working or on duty, you must respond and try to help unless you are indisposed due to caring for other patients and cannot reasonably disengage to respond.
- (10) If you are working in epidemics, pandemics, disasters and mass casualty situations anywhere, it is acknowledged that the circumstances are less than ideal. Yet, you must do your best in the circumstances and within your ability. You must, as far as it is reasonably within your ability to do so, ensure that patient welfare is sustained and you do nothing that would disrupt the ability of medical teams to provide care.

B2. Medical investigations

Medical tests are part of good clinical evaluation if appropriately employed and the results correctly handled. Good use of medical tests means:

- (1) When you avail your patients of medical investigations, you must take reasonable care to ensure the competency of the service providers. You must check that they are licensed or accredited by the relevant authorities and also be reasonably confident of the quality and timeliness of the service offered.
- (2) You must communicate clearly why tests are needed and explain important results to patients in a timely manner. You must ensure that patients are offered follow-up care as necessary.

- (3) If results are clinically significant or important to act on to prevent harm to patients or others but patients are difficult to contact, you must make reasonable efforts to trace them, the effort being in proportion to the urgency of the situation.
- (4) If you accept patients directly for laboratory, imaging or other tests without them being referred by other doctors, you are deemed to have entered into patient-doctor relationships with them, with all the responsibilities that this entails. You must ensure that important results are communicated to the patient in a timely manner so that they may seek medical care.
- (5) If you offer health screening tests to your patients, you must ensure that they are validated and clinically appropriate. You must ensure that your patients (or legal guardians or, where relevant, persons with legal authority to make decisions for them) are informed of important results and their implications in a timely manner and those patients are offered follow-up care if needed.
- (6) If you advertise health screening services, you must abide by the ethical requirements for medical advertising. The advertisements must be objective and not exploit the public's vulnerability to unreasonable and unjustifiable anxiety about their current or future health and longevity.

B3. Medical records

Maintaining clear and accurate medical records enhances good patient care and ensures high quality continuity of care. Keeping good medical records means:

- (1) You must maintain clear, legible, accurate and contemporaneous medical records of sufficient detail to enable a high quality of continuing care.
- (2) You must make your records at the time of your engagement with patients, or as soon as possible afterwards.
- (3) Your medical records must include all clinical details about your patients, discussions of investigation and treatment options, informed consents, results of tests and treatments and other material information. If you are delegated an aspect of care, you may confine your records to what is relevant to your portion of care.

- (4) If patients request for information not to be documented, you may accede to their requests but you must be sure that this does not adversely impact their care or the safety of others.
- (5) Medical notes must be written or entered in objective language without showing disrespect for patients, or otherwise disparaging or insulting patients in any way.
- (6) You must not amend medical records in order to hide anything, or to otherwise mislead. You may only amend medical records to make genuine corrections or amplifications.
- (7) If the medical records are made on your behalf, you must take reasonable steps to ensure that the quality of the records is up to the required standards.
- (8) You must, within your ability, ensure that your medical records are kept safely and securely and are not at risk of unauthorised access and breach of medical confidentiality. If you are not in control of the medical record systems, then your duty is to use the systems responsibly and abide by all the security protocols in place.
- (9) Patients have a right to their medical information (though not the physical medical records or the original digital records) and when requested, unless there are exceptional circumstances, you must make such information from their records available to them, communicating it in a way that best suits the patients' needs, such as in a medical summary or report.

B4. Medical certificates

The community places trust in doctors and authorises you to certify illnesses or disability through medical certificates. Good practice in writing medical certificates means:

- (1) Medical certificates must be issued to patients only on proper medical grounds arrived at through good clinical assessment. You must not take into consideration extraneous factors such as who pays for the consultation, what benefits the patients may receive or what employers' preferences may be.
- (2) Where possible, medical certificates must be handed over only to patients themselves. When patients request or consent to it, you may send the medical certificates directly to employers.
- (3) Medical certificates must be written objectively, accurately and in good faith, must cover an appropriate duration and where relevant, must provide an accurate account of patients' limitations during the periods covered.
- (4) If you are certifying that the patients are fit to return to work but with limitations on their level of activity at work, you must first ensure that the patients' work conditions allow this and, to the best of your ability, ensure that appropriate light duties are in fact available to the patients at their place of work.
- (5) You must not post-date or back-date the date of issue of your medical certificates. The date of issue must be that of the day of consultation or treatment. The date you begin coverage may be before the date of issue only if it is clear to you that the patients' absence from work prior to the date of issue is consistent with their clinical presentation.
- (6) You must not amend the particulars on medical certificates issued by other doctors. If you disagree with the provisions of other doctors' medical certificates, you may issue new medical certificates. However, you must only do this after assessing the patients yourself to determine that this is justified on medical grounds and where appropriate and possible, consulting the other doctors before you do so.
- (7) Diagnoses must not be stated on the medical certificates unless patients have consented to this.

- (8) As medical certificates are documents that carry professional and legal implications, you must sign the certificates personally at the time of consultation and if another person has filled in the details on your behalf, you must satisfy yourself that the details are correct before signing.
- (9) When medical certificates are generated electronically and where you are in control of the systems, you must ensure that there are security protocols to prevent fraudulent issuance of the certificates. If you are not in control of the systems, you must use the systems responsibly and abide by the security protocols in place.

B5. Prescription of medicine

Doctors have the unique privilege of prescribing medicine and treatments. This is a serious responsibility and must never be abused. Prescribing responsibly means:

- (1) You must prescribe, dispense or supply medicines only to patients under your care.
- (2) You must prescribe, dispense or supply medicines only on clear medical grounds arrived at through sufficient clinical information and after considering the available evidence and what is accepted by the profession as good clinical practice.
- (3) You must ensure that patients are informed of the purpose of the medicine prescribed and the expected results. You must ensure that patients know the more common and important drug interactions and side effects, or those likely to be significant to specific patients.
- (4) You must always elicit a history of drug allergy. If this history is unclear, you must justify the material risks of prescribing the drug or class of drug and the patients must understand and consent to the risks.
- (5) Prescriptions, no matter how they are made, must be legible and unambiguous. If you give remote or verbal orders, you must be satisfied with the information about the patients and you must be satisfied that such prescription is in the patients' best interests.
- (6) You may provide repeated prescriptions or dispense medicine without consultations if patients' clinical situations are reasonably believed to be stable and the patients require only replenishment of medicines.

- (7) You must not prescribe or dispense drugs with potential for dependence or addiction in disregard of patients' circumstances or patterns of usage that ought to raise suspicions.
- (8) If the drugs you prescribe have the potential for abuse, dependency or addiction, you must ensure that you have good clinical indications for using them; prescribe only the smallest appropriate amount of the drugs to patients so as to ensure that patients are reviewed at short intervals and refer patients to addiction specialists if abuse, dependency or addiction is suspected.
- (9) If you use "off-label" drugs, you must ensure that it is in the patients' best interests, there is rational basis, patients have justifiable medical indications, you have assessed the risks and benefits of such use and patients' consent to such use has been obtained if they are able to give it.
- (10) You must not use unlicensed drugs, devices or instruments on your patients unless you have obtained the necessary approvals. You must ensure that such usage is in patients' best interests and you must obtain patients' (or their legal representatives') consent, where possible, before using such unlicensed treatment modalities.
- (11) You must not knowingly abet or participate in the trafficking, supply or administration of any drugs, substances or treatments (listed in the World Anti-Doping Agency ("WADA") Prohibited List) to sports persons for the primary purpose of enhancing their sports performance or to obtain an unfair competitive advantage for them.
- (12) You may use such drugs or treatments listed in the WADA Prohibited List for legitimate medical indications, but you must not prescribe or dispense performance enhancing drugs or treatments to sports persons in disregard of patients' circumstances or patterns of usage that ought to raise suspicions.

B6. Untested practices

Patients expect doctors to offer only treatments or therapies that will benefit them while minimising harm. Offering appropriate treatment to patients means:

- (1) You must treat patients only according to generally accepted methods, based on a balance of available evidence and accepted best practices.
- (2) Variances in treatment based on individual patients' needs are legitimate in clinical practice. Yet, these variances must not be so significant that they render the techniques novel and unclear in their risk profiles, thereby becoming not generally accepted.
- (3) Except for innovative therapy, treatments that are not generally accepted must be offered to patients only in the context of formal and approved clinical trials which would be subject to the ethics of research.
- (4) Innovative therapy may be offered when conventional therapy is unhelpful and it is a desperate or dire situation. There must be professional consensus on the use of innovative therapy in the particular clinical situation and consent must be obtained from patients if they are able to give it.

B7. Non-treating doctors performing assessments for third parties

When you are contracted by third parties to provide medico-legal, insurance or other assessments of patients, no patient-doctor relationship arises between you and the patients concerned. However, you still have professional responsibilities and discharging these well means:

- (1) As a non-treating doctor, you must exercise due diligence, professional competence and skill to make sure that any documents written or signed by you are not false or misleading.
- (2) You must ensure that your recommendations serve the patients' best interests and if followed, do not result in harm to the patients through consequent inappropriate restriction of treatment options or inappropriate work assignments.

- (3) If in the process of the assessments, you discover medical information that is significant and important to act on to prevent harm, which you know the patients are not aware of, you must take reasonable steps to ensure that patients are informed of such information so that they may seek medical care in a timely manner.

B8. Medical research

Medical research is vital to improve patient care, reduce uncertainty to patients and improve the health of the community. Good research practice means:

- (1) You must conduct medical research with honesty, objectivity and integrity. You must not allow commercial, financial or other extraneous considerations to influence the integrity of your patient recruitment methods, research protocols, results, findings or plans to publish the results regardless of the outcome.
- (2) You must not conduct or authorise any research on human subjects or trials of any treatment on patients not approved by the Institutional Review Board or Ethics Committee and are contrary to current Good Clinical Practice Guidelines, or other existing guidelines on human biomedical research.
- (3) You must provide competent research subjects or patients with sufficient information for them to understand the research you are inviting them to participate in so that they can give informed consent.
- (4) You must not conduct research on persons with diminished mental capacity or minors who do not have the capacity to understand information sufficiently to decide for themselves, unless you have reasonable grounds to believe that research of comparable effectiveness cannot be carried out without the participation of such persons.
- (5) For persons with diminished mental capacity, you must determine whether they have sufficient residual capacity to understand and retain information for the purpose of making informed decisions for themselves. If so, you must take consent from these persons. If these persons do not have sufficient mental capacity to decide, you may take consent from legally appointed persons with the authority to make decisions for them or failing that, those closest to the subjects.

- (6) For minors with the capacity to understand information sufficiently to decide for themselves, you must involve them in making the decision to be a research subject. Consent from one parent or legal guardian is also required unless an Institutional Review Board has given exemption to waive the requirement of consent from a parent or legal guardian.
- (7) For minors who do not have the capacity to understand information sufficiently to decide for themselves, consent must be taken from at least one parent or legal guardian. Even then, you must, as far as possible, engage and explain the research to the minors in ways that they can comprehend, so that any concerns may be addressed to minimise possible distress.
- (8) If you are conducting research on persons who are under military command or other subordinate situations, you must take reasonable steps to ensure that they are not participating under coercion.
- (9) You must not engage in research on any method that is designed to injure or harm human beings as the primary objective.
- (10) If you know or reasonably believe that a colleague is engaged in scientific misconduct, you must report this to the relevant authorities.

B9. Complementary and alternative medicine

There are many systems for diagnosis and healing of the body that are based on theories and beliefs that are vastly different from conventional medicine. As a registered doctor, you are obliged to practise complementary and alternative medicine (“CAM”) in an ethical manner. This means:

- (1) If you practise or avail your patients of CAM, you must restrict this to only those modalities that are specifically approved by SMC.
- (2) If you practise SMC-approved CAM, you must be duly trained (through the full qualification courses that non-doctor practitioners have to undergo), certified and accredited.
- (3) You must not, through taking advantage of patients’ trust in your medical qualifications and SMC registration status, mislead patients as to the appropriateness of use and expected benefits of CAM.

- (4) You must not claim superiority of your service merely because you offer SMC-approved CAM alongside conventional medicine.
- (5) You must ensure that you are acting in patients' best interests and have medical reasons for offering SMC-approved CAM services to them. In addition, you must ensure that there are no medical contraindications to do so.
- (6) You must not use SMC-approved CAM on your patients in disregard of medical needs of your patients that are better met through conventional medicine. Harm caused to patients through failure to offer necessary conventional medical treatment is not defensible on the grounds that your management is legitimate under an alternative health system or philosophy.
- (7) You must give patients sufficient information about the SMC-approved CAM that you are offering them, for them to give informed consent.
- (8) If you avail your patients of SMC-approved CAM practised by non-doctors, you are regarded as having only delegated care. You must retain responsibility for the patients' overall care (unless patients discharge themselves from your care) and must send patients only to those CAM practitioners with approved credentials and of whom you have reasonable confidence in their competence.

B10. Aesthetic practice

Aesthetic practice differs from other areas of medical practice in that the objective is not the improvement of patients' health but appearance. Patients who seek aesthetic procedures may be more vulnerable than others. Ethical aesthetic practice means:

- (1) As aesthetic practice is not a recognised specialty, you must not mislead the public into thinking you are a specialist in aesthetic medicine. You must continue to make yourself known to the public only by the relevant SMC-approved designations.
- (2) If you engage in aesthetic practice, you must ensure that the aesthetic procedures you offer go beyond mere non-maleficence (doing no harm).

The treatments must be shown to be effective and safe and your practice must be licensed to provide them.

- (3) You must take reasonable care to ensure that your patients do not have psychological or psychiatric illnesses involving self and body image before you provide aesthetic procedures to them.
- (4) Because aesthetic practices do not cure or ameliorate disease and illness and aesthetic treatments are not medically necessary, the usual acceptable balance between benefit and harm to patients is modified and you must advise patients of side effects and adverse outcomes beyond those that are more common. For the purpose of obtaining consent, you must disclose risks that are lower than those required to be disclosed in conventional medicine.
- (5) As all aesthetic procedures are elective, for the more invasive and surgical procedures, there must be a reasonable “cooling off” period between patients giving consent and the treatment, the duration being proportional to the invasiveness of the procedures and whether deep sedation or general anaesthesia is needed.
- (6) You must not exploit patients’ vulnerabilities and insecurities about self-esteem and perception of body image. When advertising or advising on aesthetic procedures, you must recognise patients’ expectations and give objective and comprehensive information to patients about the procedures as well as what outcomes may be reasonably expected.
- (7) You must not offer to or perform aesthetic procedures on minors or persons with diminished mental capacity, unless you have independent professional assessments indicating that these procedures are indeed in these patients’ best interests.

C Relationships with patients

C1. Attitude towards patients

A good patient-doctor relationship requires doctors to display a high standard of professional conduct in their dealings and interactions with patients. This means:

- (1) You must treat patients with courtesy, consideration, compassion and respect and without coercion, discrimination, harassment or exploitation.
- (2) You must always respect patients' right to privacy and dignity.
- (3) You are not obliged to be subjected to abuse of any kind by patients or those with them. Yet, you must maintain a professional demeanour towards patients at all times. Except in cases of self-defence against physical harm, you must not retaliate but seek to end the engagement with the patients as quickly as possible.

C2. Good and effective communication

An important part of the patient-doctor relationship is good communication to support patient autonomy, facilitate decision making by patients and to maximise the potential for patient benefit. Communicating well with patients means:

- (1) You must engage in good communication with patients based on openness, truthfulness and honesty.
- (2) You must not communicate in such a manner that your patients' welfare becomes compromised, patients are deprived of autonomy or suffer harm as a result of poor communication.

C3. Personal beliefs

Doctors, as with all individuals would have your own personal beliefs. However, patients expect you to be objective when you provide medical care. This means setting aside prejudices when exercising clinical judgment. Responsibly handling your personal beliefs means:

- (1) You must not foist your personal beliefs upon patients or express your beliefs in ways that exploit patients' vulnerabilities or are likely to cause distress or offence.
- (2) If you have beliefs or conscientious objections that interfere with your ability to offer otherwise legitimate or legal treatments, you must explain this to patients in an inoffensive and non-judgmental manner and inform them that they are free to seek medical treatment elsewhere. You may offer information to patients to help them if they request, so as not to leave them with nowhere to turn.
- (3) In general, it is better not to personally provide spiritual counselling to your patients, to prevent misunderstanding and loss of objectivity. But if patients request it from you and you decide to personally provide spiritual counselling or support to your patients, you must ensure that your objectivity, judgment and professionalism in medical decision making are not compromised to patients' detriment.
- (4) If patients out of their own beliefs request treatment which you deem not to be in their best interests or decline treatments which you deem to be in their best interests, you must first ensure that they have sufficient information to base their decisions upon. If patients continue to refuse necessary treatment despite your explanations, you must respect their decisions.
- (5) If despite your best explanations patients persist in demanding treatment that you strongly disagree with, you may find yourself unable to continue providing care. In such a situation, you may terminate your relationship with the patients and offer to refer them to other doctors.

C4. Propriety and sexual boundaries

In order to uphold the trust that patients and the community repose in doctors, it is critical that you maintain propriety and observe appropriate boundaries in your relationships with patients. Having an inappropriate or sexual relationship with patients is unprofessional as it exploits the patient-doctor relationship and may cause profound psychological harm to patients and compromise their medical care. Maintaining propriety means:

- (1) You must not breach sexual boundaries with your patients by inappropriate physical contact or any sexualised behaviour of any kind through words, gestures, actions or other behaviour designed to arouse sexual feelings or desires.
- (2) When you need to ask intimate questions or examine intimate parts of the body, you must explain the need to do so and be sensitive to any discomfort or hesitancy on patients' part and reconsider your approach if they express discomfort.
- (3) You must ensure that during clinical examination, your approach would leave reasonable patients feeling safe, secure and comfortable in your presence, without any misconception or fear that their modesty is being compromised or that you are taking advantage of them for your own gratification.
- (4) If your patients indicate that they would be more comfortable having a chaperone for clinical examination, or you assess them to be so, you must have a chaperone present. If in your judgment of the situation you are better protected if there is a chaperone, you may insist on having one present. If despite your explanations and reassurances patients object, you may decline to examine them until a mutually acceptable chaperone is available.
- (5) When you need patients to undress for clinical examination, you must ensure their privacy.
- (6) If patients exhibit sexualised behaviour towards you, you must not reciprocate. You must discourage such behaviour and if ultimately necessary, you may formally end the patient-doctor relationship.

C5. Patients' right to information and self-determination

Patient autonomy is a fundamental principle in medical ethics and must be respected. Patients are entitled to have accurate and sufficient information to be able to make their own decisions about their medical management. Respecting patients' autonomy means:

- (1) You must provide adequate information in a manner that patients can understand so as to allow them to make informed choices.
- (2) You must accept patients' decisions whether to accept any of the management options you offer even if you disagree with them, but you must ensure that patients have sufficient information to understand the consequences of their decisions.
- (3) You must not deliberately deceive patients on any aspect of their diagnosis or management, but you must ensure that the information you give is presented in terms and at a pace that allows patients to assimilate, thereby enabling them to make informed decisions about their management.
- (4) If family members request withholding of information from patients, you must not do so unless you assess that the patients will react in an extreme way which would cause them serious harm. You must explain to the family members your obligation not to deceive patients while being sympathetic to their concerns and assuring them of your sensitivity in how you divulge information.

C6. Consent

- (1) 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.
- (2) 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.
- (3) 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.

- (4) 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.
- (5) 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.
- (6) 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.
- (7) 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.
- (8) 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.
- (9) 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.

- (10) 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.
- (11) 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.
 - (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.
 - (b) Otherwise, you must proceed according to your professional judgment and act in the patient's best interests.
- (12) 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.

C7. Medical confidentiality

Patients have a right to expect that any information provided to you in the context of clinical care be kept confidential, unless there are very good reasons for sharing the information. Upholding medical confidentiality means:

- (1) You must maintain medical confidentiality unless patients consent for specific disclosure to other parties, save where the exceptions below apply.
- (2) You must take reasonable care to ensure the security of the systems you use for storing medical records. If you are not in control of the systems, your duty is to use the systems responsibly and comply with all the security protocols in place.
- (3) You must not access confidential patient information if you are not involved in any aspect of the patients' care.
- (4) You must not allow patients' confidential information to be disseminated knowingly or unknowingly through your carelessness or through your participation in social media.
- (5) You must have sound justifications if you decide to disclose patients' information without consent. Disclosure without consent is generally defensible when it is mandated by law, it is necessary in order to protect patients or others from harm, when the involvement of parents and legal guardians is beneficial to minors or where such disclosure is in patients' best interests.
- (6) When you disclose medical information, as you often must, in any court of law or SMC disciplinary proceedings or formal inquiries, you must do so only to the extent it is relevant to the discussion at hand. You must not disclose anything more than is necessary in the context of the case and must not use such information as a means to embarrass or otherwise pressurise any party involved.
- (7) You must not refer to your patients' information beyond what is reasonable and relevant when you need to defend your reputation in the public domain.
- (8) In the recruitment for and conduct of research, you must abide by the confidentiality requirements imposed by the Institutional Review Boards,

and any other requirements under the ECEG, when handling information relating to research subjects.

- (9) In teaching, you must make every reasonable effort (such as by clear briefings and instructions as to their obligations) to ensure that students or trainees only access patients' information for legitimate educational purposes. However, you must respect the rights of patients, or those legally responsible for making decisions for them, to decline to participate in teaching or give access to their information.
- (10) Patients' information may be shared between those involved in their care to facilitate the best possible care. This includes providing information to one another when you delegate or refer patients, or when you give replies to your referring colleagues.
- (11) If patients request withholding of information from those involved in their care, you must advise them of the possible adverse consequences of doing so. If they are adamant, you must comply unless it is necessary to disclose this information to prevent harm to the patients, other healthcare professionals or the public.
- (12) You must maintain the medical confidentiality of deceased patients except when: next-of-kin or executors of the estates ask for information and you have no reason to believe that this would be against the wishes of the patients to divulge it; disclosure is required for legitimate clinical audit, education or research or disclosure is required in connection with Coroners' or other official inquiries.

C8. Caring for minors (persons below age 21)

Caring for minors comes with additional responsibilities due to concerns over their lack of ability to understand medical diagnoses and advice. This may affect their ability to make informed decisions on their care and to give valid consent. Minors may also be vulnerable and need protection. Providing good care to minors means:

- (1) You must respect and uphold the minors' desire for privacy, their need to know about their medical conditions, to be heard, and to participate in decisions on their care.
- (2) You should, whenever possible, facilitate the minors' understanding together with parents or legal guardians, give them time to express themselves and then make decisions based on their best interests.
- (3) You must maintain the medical confidentiality of minors except when you deem that it is in their best interests for their parents or legal guardians to be informed.
- (4) If you have reasonable grounds to believe that the minors under your care are suffering from abuse or neglect, or while managing adult patients realise that minors in their care are so suffering, you must take steps necessary (such as reporting to the relevant authorities responsible for child protection) to protect the minors.

C9. Caring for patients with diminished mental capacity

Caring for patients with diminished mental capacity comes with additional responsibilities. Apart from their increased vulnerability arising from their diminished mental capacity, they may have fluctuating mental capacity (as opposed to an irreversible loss of such capacity) and this needs to be taken into account when decision making is required. Providing good care to patients with diminished mental capacity means:

- (1) You must treat patients with diminished mental capacity with respect and recognise their rights, values and preferences.
- (2) You must assess how much patients can understand given that they may have fluctuating or residual cognitive function that may well be sufficient to allow them to participate in decision making.
- (3) If you determine that patients do not have sufficient cognitive function, you may consider the views of family, carers or those with legal authority to represent them, but in all cases, you must ascertain as best as you can what is in the patients' best interests and decide accordingly.
- (4) You must be aware of the vulnerability of such patients to abuse, neglect or self-harm and if you have reasonable grounds for suspicions, you must either offer assistance to rectify this or report this to the relevant authorities.

C10. Visual or audio recordings of patients

Visual or audio recordings of patients are often made for legitimate purposes such as medical records, research or education. Ethical handling of such recordings means:

- (1) You must ensure that visual or audio recordings do not compromise patients' privacy, dignity, confidentiality and autonomy.
- (2) You must obtain patients' consent for recordings except where the recordings are an integral part of clinical assessment or treatment. You must allow patients to view or hear the recordings if they wish. If patients modify or withdraw their consent, you must abide by this.
- (3) If you wish to use audio or visual patient recordings of patients for legitimate purposes that advance healthcare for the community, such as medical education and research, if there is any risk that patients can be identified, you must obtain specific consent. However, if you wish to use such recordings for these purposes without specific consent, you must take every reasonable measure to remove all identifiable characteristics and ensure that patient confidentiality and privacy will not be breached.
- (4) You must obtain specific consent if you wish to use audio or visual recordings of patients anywhere in the public domain (such as advertising, public lectures or any kind of media output). On top of the need to obtain specific consent for such use, unless patients further consent to be identifiable, you must ensure that patients' confidentiality and privacy will not be breached.
- (5) You must within your ability ensure that the storage or transmission of the recording is secure and that no unauthorised persons have access to it. Such recordings must be accorded the same level of confidentiality protection as medical records.
- (6) If patients are minors or have diminished mental capacity, you must where possible still obtain their consent. If that is not possible, you may obtain consent from parents, guardians or those with the legal authority to decide for them.
- (7) You must not make surreptitious recordings (without patient knowledge or consent) unless there are special circumstances and it is in patients' best interests.

- (8) You must not make surreptitious recordings of consultations or treatments with patients merely for the purpose of protecting yourself from possible complaints. If patients or accompanying persons ask to record your consultation, you may accede to this according to your judgment of the situation. If you suspect that you are being surreptitiously recorded, you have the right to refuse this.
- (9) Where this is under your control, you must not place security cameras where patients' privacy and dignity will be compromised. If you control the use of security cameras for routine surveillance, you must ensure that the presence of the cameras is obvious, in which case no specific consent need be taken from patients. You must ensure that access to the recordings is limited to authorised persons for legitimate purposes only (such as security staff or agencies) and that they keep the recordings confidential.

C11. Third parties in attendance

Occasionally, third parties may be present during your care of your patients. Such third parties must have legitimate reasons to be there. Responsible handling of such third party presence means:

- (1) You must ensure that patients are comfortable with the presence of third parties during your care of patients and that such presence would not disrupt the patients' care.
- (2) Unless the third parties are an obvious part of the healthcare team, you must explain to patients who the third parties are, why they are present and you must be sensitive to patients expressing discomfort about their presence and exclude the third parties if patients request to.
- (3) Chaperones are a special category of third parties in attendance. If in your judgment of the situation you want a chaperone present for clinical examinations, you may insist on having one present. If, despite your explanations and reassurances, patients object, you may decline to examine them until another time when chaperones acceptable to both you and the patients are available.

C12. Relationships with patients and those close to them

To merit the trust reposed in you by your patients, you must not take advantage of your patients but must display a standard of behaviour towards them and those close to them that warrants their trust and respect. This means:

- (1) You must not have personal relationships that are sexual, romantic or emotionally intimate with current patients.
- (2) You must not enter into such personal relationships with ex-patients when they are still vulnerable to your influence.
- (3) You must not discharge patients for the express purpose of entering into such relationships with them.
- (4) You must not use your patient-doctor relationships as the means of entering into exploitative associations with patients and those close to patients.
- (5) You must not breach professional boundaries by initiating social media relationships with your patients.
- (6) If you choose to accept social media relationships with your patients who initiate this, you must not compromise your patient-doctor relationship by sharing anything that would breach patient confidentiality or privacy or through inappropriate words or behaviour towards patients.
- (7) If you are active in social media, you must ensure that exposure of your personal life and your words and behaviour do not diminish your professional standing before patients or the public, or bring the profession as a whole into disrepute.
- (8) You must not allow any business or financial relationships with patients, their families or those close to patients to jeopardise the patient-doctor relationship.
- (9) You must not abuse or exploit the trust and confidence that patients, their families and those close to patients repose in you for your personal gain or gratification.

C13. Dealing with adverse outcomes and medical errors

When something goes wrong during your care of patients, you have a responsibility to put things right as quickly as possible. Responsible handling of such situations means:

- (1) When an adverse outcome is identified, you must ameliorate harm, openly and honestly inform patients as soon as possible of the adverse outcome and possible consequences, report the outcomes as appropriate and not allow any complaint or investigation to prejudice your further care of the patients.
- (2) You must take steps to understand the wider implications, if any, of the outcomes, and if possible, address them to prevent recurrences.
- (3) You must not apportion blame in advance of a formal inquiry and if one is called, you must cooperate with the investigation and the inquiry procedures.
- (4) If the patient's trust in you is lost due to an adverse outcome and it is the patient's wish, you may terminate the professional relationship. In such a situation, you must offer a smooth handover of care to another doctor.

C14. Termination of a patient-doctor relationship

You must strive to maintain good relationships with your patients where possible. In situations where it is impossible to continue your professional relationship with a patient, or if you are retiring or reducing your patient list, you may terminate the relationships properly. This means:

- (1) If the patient-doctor relationship is so compromised or rendered so ineffective that you feel unable to continue to provide care for the patients, you must explain this to patients before terminating the relationship.
- (2) You must offer to refer the patients to other doctors and facilitate a smooth handover of care by providing the new doctors with the necessary medical information and continuing to provide essential care, if patients want, until the care has been properly taken over.
- (3) If you are retiring or withdrawing from practice, or reducing your patient list, you must where possible ensure that patients that require continued care are informed in advance so that they can make arrangements to transfer their care to another doctor. You must offer to facilitate this process by transferring medical records (or providing medical reports), with patients' consent, to their new doctors and making provisions for continued care until such transfer is effected.

D Relationships with colleagues

D1. Collegiality

It is important that you maintain good collegial relationships with colleagues as this strengthens the patient-doctor relationship and enhances patient care. This means:

- (1) You must treat colleagues with dignity and fairness, accord them due respect and share information as necessary for the benefit of patients.
- (2) You must not discriminate unfairly against colleagues by allowing your personal views to affect your professional relationships.
- (3) You must manage and nurture colleagues under your supervision with professionalism and care.

D2. Respect for other doctors' patients

Good patient care is enhanced when there is mutual respect for one another's capabilities and responsibilities for patients. Such respect means:

- (1) You must not without legitimate reasons take over, or attempt to take over, or interfere with the management of patients who are under the care of other doctors, without the doctors' consent.
- (2) You must not persuade or induce patients to abandon or change doctors by denigrating their current doctors.

D3. Comments about colleagues

The trust and confidence the public has towards doctors could be damaged if doctors make inappropriate, unjustified and disrespectful comments about one another. There must be mutual respect among doctors, which means:

- (1) You must not make gratuitous, malicious or unsustainable comments, expressly or by implication, that could undermine patients' trust in your colleagues and reduce the patients and public's regard and respect for them.
- (2) You must not undermine public confidence in the profession through unsubstantiated comments against unnamed individuals or groups of doctors in the public domain.

D4. Colleagues' performance, medical fitness to practise and professional conduct

The welfare of patients may be put at risk if doctors are performing poorly or behaving badly. Mitigating such risks to patients means:

- (1) You must first consider the welfare of patients when deciding whether to act on concerns about your colleagues' performance, fitness to practise or professional conduct.
- (2) If you have a reasonable belief that your colleagues have issues of performance, medical fitness to practise or professional misconduct such that patients have been harmed or are at imminent risk of harm, you must report them to the relevant authorities.

D5. Colleagues under supervision

Teaching, supervising and mentoring junior doctors and other healthcare professionals is an important part of professional life and forms part of your obligation to improve the care of patients in the community. This means:

- (1) If you teach or supervise other doctors or healthcare professionals placed under your charge, you must ensure that you are able to do so competently, diligently and responsibly. If you are appointed to teach and supervise but are unable to meet these requirements, you must inform the relevant authorities so that you can receive help to meet the required standards.
- (2) You must not abuse your position as a teacher or supervisor to exploit supervisees for personal gain or gratification. You must not enter into emotionally intimate or sexual relationships with your supervisees while they are under your charge.
- (3) The formal appraisals and references that you write must be fair, honest, justifiable and accurate with respect to your colleagues' competence, performance and conduct, obtaining feedback from colleagues as necessary.

D6. Students in a healthcare setting

You are responsible for the nurturing of students in a healthcare setting as they are the future of healthcare in the community. Training and nurturing such students well means:

- (1) When you teach students, you must ensure that you are able to do so competently, diligently and responsibly. If you are appointed to teach students but cannot meet these standards, you must inform the relevant authorities so that you can receive help to meet the required standards.
- (2) You must treat students with due respect as junior colleagues, explain to them and to patients their roles in the clinical team and supervise them properly.

- (3) You must not enter into personal relationships with students that are sexual, romantic or emotionally intimate and you must not abuse your teaching relationship as a means of entering into exploitative associations with students and those close to them.
- (4) If you believe that a student is so impaired as to be a risk to the public as a student or ultimately as a healthcare professional, you must inform the relevant institutions.

D7. Professional behaviour in the healthcare team

You must be aware of the impact of your conduct on members of your practice team or colleagues and how that may affect the quality of care for patients. Good behaviour that supports high standards of patient care means:

- (1) You must endeavour to be a good role model and exemplify positive behaviour within your team.
- (2) You must not manifest behaviour that significantly interferes with or jeopardises patient care or poses risks of harm to colleagues or patients.

E Maintaining health and fitness to practise

You must maintain your own health and well-being so that you are able to give of your best to patients under your care. You have an obligation not to allow your physical or mental incapacity, or those of your colleagues, to harm patients. This means:

- (1) If you know that you are physically or mentally impaired to practise in some way, you must ensure that your impairment does not cause harm or distress to patients.
- (2) If you know that you are impaired in your ability to practise, you must seek intervention or treatment. You must notify SMC of your condition and provide medical or other reports as appropriate.
- (3) If you are treating colleagues who are physically or mentally impaired to the extent that patients have been harmed or are at imminent risk of harm, you must first counsel them to self-report, failing which you must report them to the relevant authorities even without their consent, in which case your obligation to patient confidentiality is waived.

F Probity

F1. Disclosure of personal information and cooperation in inquiries

It is an aspect of probity as a doctor that you must be open and honest about previous criminal convictions or disciplinary actions taken against you, or when you are part of inquiries. This means:

- (1) You must be honest and inform the SMC and any organisation that you work for if you have been found guilty by a tribunal or court anywhere in the world in relation to professional or criminal issues (this excludes offences that have been settled by the payment of composition fines in lieu of prosecution, such as traffic offences), suspended from or had restrictions placed on your practice, or been dismissed from employment or practice or resigned due to disciplinary, ethical, professional or competence issues.
- (2) You must cooperate with and not obstruct formal inquiries into your practice or other doctors' practices. You must participate in the inquiries honestly, truthfully, openly, fairly and objectively.

F2. Doctors as expert witnesses

You may occasionally be required to give medical evidence as expert witnesses in tribunals and courts. This is an important responsibility. Performing such a role responsibly means:

- (1) You must ensure that you are competent, objective and impartial when giving your expert opinion as an expert witness to a court or inquiry.
- (2) You may disclose confidential information on the patient that you received as a result of such engagement to the extent it is relevant to the discussion at hand. You must not disclose anything more than is necessary in the context of the case and you must not use such information as a means to embarrass or otherwise pressurise any party involved.
- (3) You must ensure that you have sufficient information to give your expert opinion and if not, you must qualify your opinion.

G Advertising

G1. General principles

You can validly provide information about the services you provide to both colleagues and members of the public to help them make informed healthcare choices. The information provided must be of a high standard. This means:

- (1) The information you provide must not mislead or through excessive persuasion unduly induce the public to seek healthcare services which they may not need.
- (2) You must not in medical advertising exploit patients' vulnerabilities, fears or lack of knowledge.
- (3) The nature of your advertising must be appropriate to the honour and dignity of the medical profession and contain nothing that brings the profession into disrepute.

G2. Standards required of advertising information

The standards of medical advertising must be high to maintain the public's trust in and respect of the profession. Upholding these standards means:

- (1) Medical advertising and the provision of information in the public domain must meet the following standards:
 - (a) Factual.
 - (b) Accurate.
 - (c) Verifiable.
 - (d) Not misleading.
 - (e) Not unduly persuasive.
 - (f) No extravagant claims.
 - (g) Not sensational.
 - (h) Not enticing or alluring.
 - (i) No financial inducements.
 - (j) Not laudatory.
 - (k) Not comparative.
 - (l) Not disparaging.

- (2) You may advertise by providing neutrally toned and objective information about your SMC-registered qualifications, experience, areas of practice and your expertise in procedures. You must not include information that could mislead the public as to your registered qualifications, experience or expertise.
- (3) You must not use “before” and “after”, or even only “after” images or information for medical advertising in the public domain as anecdotal cases create unjustified expectations of the results of treatment, which may vary.
- (4) Advertising must not seek to unduly persuade beyond logic and reason through arousing intense curiosity or interest, or stimulating strong emotional reactions that may impair rational decision making about whether to seek healthcare services.
- (5) Advertising must not seek to induce ill-founded fear or insecurity about health or longevity, nor play on the public’s sense of self-esteem or generate overly critical perceptions or dissatisfaction with self, body image or physical attractiveness. You must not advertise using elements of glitz, glamour, style, famous locations, associations with celebrities and the entertainment or fashion world.
- (6) You must not offer financial inducements such as free or discounted examinations or treatments (outside of legitimate non-commercial health promotion activities). You must not lure patients through time-limited special offers, tie-ups with unrelated commercial entities (such as credit cards) or offering gifts or other material incentives, to persuade them to take up your services. You must not offer medical services and products as prizes or gifts in any context.
- (7) Testimonials are subjective and must not be used in advertising on any media where you have any control over the content about yourself. You must not ask or induce your patients or anyone to write positive testimonials about you in any media.
- (8) You must not disparage other doctors or their practices in your advertising and you must not give any impression that you and your practice are superior in any way compared to other doctors who provide similar services.

G3. Platforms for advertising

If you advertise your medical services and practice, you must do so in an ethical manner, regardless of which platform of advertising you choose. This means:

- (1) Advertising must be consistent with the honour and dignity of the medical profession. You must not advertise in ways that are ostentatious, offensive, undignified or in bad taste, which would damage the reputation of the profession.
- (2) The content of your advertising is more important than the medium you choose. However, methods may be unacceptable if they detract from the dignity of the profession or are intrusive or aggressive. These include unsolicited visits, active distribution of advertising materials to the public, such as unsolicited emails, individually addressed messages, by viral distribution of advertising information through social media, faxed advertising or telemarketing and public canvassing for patients by yourself or your proxies.
- (3) Doctors who support good causes may receive appropriate recognition for such contributions in the public domain. Such recognition must not be done in a way that would constitute advertising of your medical services or bring disrepute to the profession.

G4. Talks, interviews and written articles

Part of your service to the community as doctors may involve giving talks, interviews or writing articles to increase public awareness of health issues to help improve the health of the community. Depending on how you do so, this may be a form of advertising and must be done ethically. This means:

- (1) When you give medical talks to colleagues or the public, or place information in the public domain, the information you provide must be objective. Any unsolicited information you provide about your practice must abide by the standards required of medical advertising.
- (2) If you are featured in the press or media, you must ensure that the statements you make and the information you provide abide by the standards required of medical advertising. Where you have the opportunity to do so, you must ensure, to the best of your ability, that the output is consistent with these standards.

- (3) If you use case studies, images (for example, photographs, videos, graphics, animation), devices, models or other props to illustrate or explain medical procedures or treatments or their outcomes, you must ensure that it is for educational purposes and not used gratuitously. These must not be used in such a way as to exaggerate the quality of your services or to mislead the public into thinking that you are making a claim or guarantee of your expected results.
- (4) If you or your organisation paid for the right of publication or broadcast in any media, or entered into an arrangement where paid advertising is a condition of publication or broadcast, or you have paid for what appears to be impartial information originating from a third party, you must disclose this prominently to your audience at the beginning of the article or broadcast in such a way that it is clear that these are your advertisements.

G5. Doctors associated with healthcare organisations

You may be associated in some way, whether professionally or in business, with healthcare organisations. Advertising ethically in such a context means:

- (1) If you have material financial, or significant professional, governance or management relationships with healthcare organisations, you must ensure that the information put out about yourself and your practice or your organisation's services abide by the standards required of medical advertising.
- (2) Even if you have little control over the healthcare organisations, if you participate in events, publications or media content disseminated by the organisations, you must ensure that the information you provide abides by the standards required of medical advertising.

G6. Professional announcements

Notices about changes in the arrangements or venue of your professional services may be disseminated but must be done ethically. This means:

- (1) You may notify patients, other doctors and other persons or parties with whom you have a professional or personal connection of any commencement or removal of a practice or any new practice arrangement. However, such notifications must abide by the standards required for the platforms and content of medical advertising.

G7. Advertising overseas

International marketing of medical services is becoming more common. Ethical behaviour in this context means:

- (1) Because you bear the reputation of Singapore registered doctors, if you, your practice or the healthcare organisation with which you have a material financial, or significant professional, governance or management relationship advertise your services or practice overseas, you must ensure that the advertisements conform to the standards of the ECEG as well as to the standards of the overseas jurisdiction.

H Finances in medical practice

H1. Fees for services

The community looks up to doctors as being part of a noble profession. As such, profit motives must be subservient to treating patients in their best interests. Where you have the ability to set fees, ethical charging means:

- (1) Because the practice of medicine is a profession, the fees that you charge must be fair and reasonable and commensurate with the work actually done and the circumstances in which it is done.
- (2) You must not charge fees of a level that would bring the profession into disrepute. Therefore, you must exercise due consideration in setting your fees. The appropriateness of your fees is subject to the review of peers.
- (3) You must only charge fees for services directly rendered by yourself or those who are directly under your supervision. You may collect fees on behalf of other doctors who have assisted you in your overall care of your patients, but you must not take additional fees for yourself if you have not materially provided any part of the services of the other doctors.
- (4) The fees or range of fees you set must be transparent and made known to patients in advance of providing services. However, patients' acquiescence to your fees does not absolve you of the responsibility of charging reasonable fees. Your ethical obligation to charge fair and reasonable fees for services rendered operates over and above contractual and market forces and is not superseded by any agreement between you and your patients.
- (5) If you have material financial interest, or significant professional, governance or management responsibility for an organisation that sets fees from which you directly benefit, you must satisfy yourself that the fees abide by these ethical standards.

H2. Gifts from patients

Patients may well be grateful to you and your institution for the good care they received. To express their gratitude, some patients may offer you gifts or other forms of reward. Proper handling of such situations means:

- (1) You must not solicit any personal gifts, favours or other forms of gratuitous rewards from patients under your care.
- (2) You may accept grants or bequests from patients on behalf of organisations (but never directly to yourself) for the purposes of legitimate medical research, education or charitable causes.
- (3) However, you must not put pressure on patients to make such grants or bequests and you must not give patients the impression that the quality of their care depends on making such grants or bequests.
- (4) You may accept an occasional well intentioned and modestly valued gift in the patient-doctor relationship. You must refuse the kind of gifts or other forms of gratuitous rewards that reasonable observers would deem extravagant and likely to set up a sense of obligation and expectation that violates the objectivity of the professional relationship.

H3. Financial conflicts of interest

Patients trust that their doctors will act in their best interests when they give advice or offer treatment to them. When you have financial interests that compete with your professional duty towards patients, conflicts of interest arise. You must always resolve these conflicts in the best interests of patients. This means:

- (1) In managing your patients, you must always place patients' best interests above your personal interests and any business or financial considerations.
- (2) You must not let business or financial considerations influence the objectivity of your clinical judgment in your management of patients.

- (3) You must disclose your material interests, or those of anyone close to you, in organisations, companies or services to which you refer your patients. If patients request an alternative provider, you must not refuse to facilitate this.
- (4) You must not exert undue influence upon patients to undertake transactions in which you or those close to you have material interests.
- (5) You must not participate in “fee splitting” or “fee sharing” by offering gratuitous payments, gifts or other rewards for patients referred to you from any source. Similarly, you must not ask for or receive fee kickbacks, payments or any other compensation in kind for referring patients to other doctors, medical service professionals or healthcare facilities.
- (6) If you participate in legitimate managed health or insurance systems, you must not allow any financial constraints or pressures inherent in such schemes to influence the objectivity of your clinical judgment in managing patients such that you fail to provide the standard of care expected.
- (7) You may pay managed care companies, third party administrators, insurance entities or patient referral services fees that reflect their actual work in handling and processing the patients. Such fees must not be based primarily on the services you provide or the fees you collect and you must not pay fees that are so high as to constitute “fee splitting” or “fee sharing” or which render you unable to provide the required standard of care. In addition, if you pass on such fees to patients, you must disclose this to your patients.

I Doctors in business relationships

I1. Relationships with the medical industry

There can be mutually beneficial relationships between medical companies and doctors that improve patient care. However, given the potential for conflicts of interest to arise, these relationships must be handled with care. This means:

- (1) When accepting sponsorships for legitimate educational events, you must not show or be perceived by reasonable persons to show favouritism to the companies that provide such sponsorships.
- (2) Financial reimbursements or honoraria that you receive as an expert participant at educational events must be fair, reasonable and commensurate with your time and expertise provided.
- (3) If there is company support for your participation in educational events, you must disclose this to your audience.
- (4) If you are invited to participate in medical events, conferences, talks, publications or educational websites sponsored by medical companies, you must ensure that your participation does not occur in such a way as to appear to endorse their products or services.
- (5) If you are funded as a delegate to an educational event, you may receive support only to the extent that it facilitates your attendance, inclusive of reasonable logistic support.
- (6) When accepting sponsorships, you must ensure that the programme of the event is focused primarily on education or research and not on extravagant meals, stand-alone entertainment or any other kind of leisure activity.
- (7) You must personally pay for any unrelated activities, additional stay, or the costs of any accompanying persons.
- (8) You must not ask for or accept extravagant gifts, hospitality or other inducements from companies that could be seen by reasonable observers as potentially affecting your judgment in making decisions about patient

care. Accepting educational materials and items of medical utility of modest value are allowed if they improve patient care.

12. Relationships with non-medical companies

Doctors may be involved in trades or businesses outside of medicine. However, the trade or business should not detract from the proper practice of medicine. Your obligation as a doctor to observe the ethical standards in this code may also affect how you run or manage the other trade or business. This means:

- (1) You must not carry on a trade or business, or participate in any relationship with any company that brings your practice and the profession into disrepute.
- (2) You may be associated with non-medical companies, but you must not use your professional status to promote the products or services of these companies. You must not mislead the public into believing that such products or services are effective on medical grounds.
- (3) In public talks or other advertising platforms focusing on the non-medical products or services, you must not promote your medical practice and you must declare that you are speaking in a non-professional capacity.
- (4) You must not associate yourself with “health spas” or other parties that do not provide legitimate medical or medical support services in a way which could mislead the public into believing that any of the services are medically endorsed.
- (5) You may promote food, vitamins, tonics, health and nutrition supplements, health, weight loss or fitness programmes but you must only do so if there is sufficient scientific basis or if they are generally accepted by the medical profession. You must not participate in advertising by giving personal or your family’s testimonials in relation to such products.



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