

GUIDELINES
ON
ETHICAL CONDUCT
FOR MEDICAL & DENTAL PRACTITIONERS
REGISTERED WITH
THE SRI LANKA MEDICAL COUNCIL

SRI LANKA MEDICAL COUNCIL
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ADVERTISING BY DOCTORS AND INSTITUTIONS

1. GENERAL

- 1.1 It is ethical for doctors registered by the SLMC under section 29 of the medical ordinance to advertise the services they offer, subject to restrictions.
- 1.2 It is also ethical for institutions, where doctors registered by the SLMC under section 29 of the Medical Ordinance practice, to advertise the services they offer and professional qualifications of the doctors who provide these services, subject to restrictions.
- 1.3 As Sri Lanka does not have a referral system, both family physicians and specialists are available for "primary care" i.e. available for consultation by the public directly as well as following referral by other doctors or institutions. The paragraphs dealing with 'Advertising by Doctors' is applicable to both family physicians (with and without their own dispensing and laboratory facilities) as well as to specialists (whether working from their homes or from channel centres or private hospitals and whether in full time private or part time practice, being in employment with the government or other health services or defence services).

2. ADVERTISING BY DOCTORS

- 2.1 It is the duty of doctors to ensure the veracity of information that is published and that it conforms to these guidelines, whether such information is published by the doctor himself or has acquiesced in its publication by others.
- 2.2 Ideally, information about services available in a particular area should be made available to the public by organisations that may represent the interests of the public or those that represent the

interests of doctors. This information could be in the form of a list of doctors' names with their professional qualifications and the services they offer subject to principles set out in paragraphs 2.3 to 2.5.

- 2.3 Whether information is made available by organisations or by the doctors themselves, only factual information should be publicised. This should include the name, professional qualifications, and areas of specialisation and practice information such as place, days of week and times of availability.
- 2.4 All information should be factual, there should be no exaggerations or misleading statements, guarantees of cure, claims of superior qualifications, experience or skill. There should also be nothing disparaging about the services offered by other doctors (or institutions) or their qualifications, experience and skills. Information should not be presented in such a manner that it exploits the lack of medical knowledge of prospective patients. No person should claim that he is the sole authority on a particular subject or is the only person who could perform a particular surgical procedure.
- 2.5 Professional qualifications displayed should be restricted to those obtained by examination recognized by the Sri Lanka Medical Council.
- 2.6 A doctor should only use qualifications that have been registered with the Medical Council. Addition of "honours" and "classes" at the M.B.B.S examination is not permitted.
- 2.7 A specialty when mentioned should be one in which the practitioner has obtained Board Certification from the Postgraduate Institute of Medicine. Alternatively, he should have worked in a State hospital as a specialist in that field. University teachers occupying

positions of senior lecturer and above may be permitted to carry the title of specialist in the field in which they are Board Certified. Those in the private sector could inquire from the Medical Council whether they meet the criteria of a specialist.

- 2.8 Articles should be written as far as possible in lay language that the public could understand. Articles written for Medical Practitioners and other healthcare personnel may not be appropriate for publishing in the lay press.
- 2.9 Surgical operations and technical procedures shown on TV should be kept to a minimum. However, diagrams and anatomical models could be used for illustration when needed.
- 2.10 In television and radio broadcasts, the announcing of names, specialties and registered qualifications of the participants, should be confined to the commencement and the end of the programme.
- 2.11 In discussion on TV and radio it is preferable if more than one doctor participate in the programme.
- 2.12 No doctor should advertise his successes in treatment.
- 2.13 The place of work of the doctor should not be mentioned unless this is relevant to the subject, as this may be construed as a form of advertising.
- 2.14 Pictures shown on TV or published in newspaper articles should not be repulsive or unpleasant to the public eye.
- 2.15 Those who write articles or are interviewed by the press should refrain from publishing their photographs.

3. ADVERTISING BY INSTITUTIONS

- 3.1 Institutions such as hospitals and nursing homes, consultation, diagnostic and treatment clinics etc. may advertise the services they offer to public. Such information should be factual and conform to principles set out in paragraphs 2.3 to 2.5 above concerning services provided by doctors.
- 3.2 The names of doctors who practice in any institution may be advertised in the form of lists of names with professional qualifications and specialties. Such lists in private institutions containing names of doctors should not include the names of government institutions where they may also be practicing. Days and times when they are available may also be stated. The principles set out in paragraphs 2.3 to 2.5 apply.

4. ADVERTISING IN THE MEDIA

In general, information regarding services offered by institutions and by doctors may be publicised in numerous ways: by means of notices (including name boards) displayed within or outside institutions or places where services are offered; by means of notices displayed or available in public places where the public may seek such information; in professional journals and newsletters intended for circulation to members of the medical profession; by means of circulars mailed to members of the medical profession; in newspapers and electronic media (subject to restrictions as in 4.3). In all instances, information published should be factual with no guarantees of cure or claims of superiority over other doctors or institutions. The principles set out in paragraphs 2.3 to 2.5 and 4.3.4 apply as appropriate.

4.1 Advertising to the general public (name boards and notices)

- 4.1.1 Name boards should not be ostentatious and should be restricted to names, professional qualifications, services offered and practice times.

4.1.2 Institutions may display the services they offer on boards visible to the public.

4.1.3 Doctors who work full time in their own clinics, surgeries, nursing homes etc. may display their names, professional qualifications, services offered and practicetimes on the same boards that display to the public the services offered by the institution or surgery (as set out in 3.2).

Where (part time) doctors are available only at specific times, as for example at consultation clinics and private hospitals and nursing homes, their names and times of availability should be displayed only within the premises. They should not state their designation e.g. house officer/ registrar/ MO/ SHO / children's hospital/ womens' hospital/ cardiology/ neurology/ oncology etc.

4.1.4 The public would be benefited information regarding the services available in their area is readily available to them. The services provided by the government health institutions in the area may be publicised by means of sign boards displayed at these institutions. They may also publicise the services available at institutions peripheral to them, such as dispensaries, MOH offices etc.

4.1.5 Directories of medical services and personnel should be made available to the general public at public libraries.

4.2 Advertising within the profession

4.2.1 Family physicians would be in a better position to advise their patients about the specialist, diagnostic and treatment services available in their areas if up to date and factual information about such services is made available to them.

This could be achieved by mailing circulars containing such information to the doctors in the area by the managers of institutions and clinics or by the doctors themselves if they practice from their own clinics.

4.2.2 The absence of prior information regarding the cost of diagnostic and treatment services often places patients and their relatives in difficult situations. Such information should be made available to patients through their family physician or directly by means of public notices or take away leaflets at the institutions offering these services.

4.2.3 It would be appropriate for associations of doctors to publish factual information about their members in the form of lists of names with professional qualifications, area of specialisation and practice information in newsletters and journals published by them. Directories containing the same information may also be published. These publications should be available to the profession at medical libraries.

4.3 **Advertising in newspapers and through the electronic media**

4.3.1 Doctors may not advertise in newspapers or the electronic media

4.3.2 Institutions may advertise the services they offer in newspapers without the names of service providers.

4.3.3 Institutions may advertise the services they offer in the electronic media without the names of service providers.

4.3.4 All information should be factual: no exaggerations or misleading statements, guarantees of cure, claims of superior qualifications, experience or skill of their staff are permitted.

There should also be nothing disparaging about the services offered by other institutions or the qualifications, experience and skill of their staff. Information should not be presented in such a manner that it exploits the lack of medical knowledge of prospective patients.

4.4 Articles, books, broadcasting by doctors

- 4.4.1 Books and articles written by doctors may include their names, qualifications, designation and details of other publications.
- 4.4.2 Similar information may be given where doctors participate in broadcast presentations or discussions on medical or related topics. Such information should not be broadcast frequently or presented in such a manner as to imply that the doctor concerned is especially recommended for patients to consult in general, identifying the doctor/s at the beginning and the end of the programme is sufficient.
- 4.4.3 Doctors in clinical practice may write columns or make broadcast presentations in programmes offering advice to the public on medical or health problems provided that such publicity does not result in material advantage to them.
- 4.4.4 Articles written by doctors should not be accompanied by advertisement of services referred to in such articles in the same publication.