

REGULATIONS

Made Under

THE MEDICAL PRACTITIONERS ACT (ACT NO.16 OF 1991)

IN EXERCISE OF THE POWERS CONFERRED UPON ME BY SECTION 23 OF THE MEDICAL PRACTITIONERS ACT AND ON THE ADVICE OF THE MEDICAL COUNCIL, I MAKE THE FOLLOWING REGULATIONS:-

PART I

PRELIMINARY

- Citation. 1. These Regulations may be cited as the Medical Practitioners (Code of Conduct and Standards of Practice) Regulations 2008.
- Interpretation. Act No.16 of 1996. 2. In these Regulations,-
(a) "Medical Council" means the Medical Council of Guyana established by section 3 of the Medical Practitioners Act;
(b) "medical practitioner" means a person qualified to practice medicine or surgery, who is duly registered as a medical practitioner under the Act and whose name appears in the register kept by the Secretary of the Medical Council under the Act.
- Legal effect and status of notes. 3. The notes appended to these Regulations are explanatory in nature intended to guide the medical practitioners and the Medical Council and they are not to be construed as forming part of these Regulations.
Note.- Certain decisions and advice of the Medical Council are also incorporated in the notes for the guidance and compliance of the medical practitioners.

Hippocratic
Oath.

4. (1) The Hippocratic Oath of the medical practitioners is given in **Annexure I.**

(2) A medical practitioner is required to have adequate knowledge of the following :-

- (a) rapid advances in medicine and medical technology;
- (b) high cost of providing good basic health care;
- (c) medical certificates;
- (d) health information availability;
- (e) law and litigation aspects;
- (f) pro-choice legislation;
- (g) consent to medical treatment;
- (h) medical research issues;
- (i) wide range of treatment choices and alternatives;
- (j) importance of modern technology, including the use of high technology in the diagnostic process and assisted fertility and cloning;
- (k) end of life issues and assisted death;
- (l) definition of death;
- (m) tissue transplantation related issues;
- (n) role of religion and human rights; and
- (o) patients' charter of rights.

Note 1. - Professional ethics are those principles that regulate the conduct between professionals and others with whom the professionals come in contact with in the course of their work. In the case of medical practitioners this usually refers to patients, colleagues and other health professionals, Government departments, statutory bodies, courts, employers and third party payers. Observance of these principles has always been considered important as sick or disabled persons and their relatives may be vulnerable to

exploitation in their efforts to obtain a cure or relief from pain or suffering.

Note 2.- (i) The Hippocratic Oath represented an early attempt to codify the principles mentioned in Note 1. Although the language is archaic and the concepts somewhat different from current verbal expressions, the Hippocratic Oath does contain the basic tenets of good practice and sound ethics which still guide modern medical practitioners. These are-

- (a) building on professional interrelationships;
- (b) documenting in good faith;
- (c) reproductive health;
- (d) avoiding unnecessary or unsafe treatment; and
- (e) avoiding improper relationships with patients or their dependents.

(ii) Throughout the ages, the medical practitioners have considered it their duty to uphold these principles. The Medical Council has the statutory responsibility to uphold standards of professional conduct and competence, either by suspending or withdrawing the license of erring medical practitioners or by imposing any other penalty admissible under the Act. At the international level several bodies have attempted to codify what many medical practitioners generally regard it as an obligation to respect their patients' basic human rights. These are referred to as International Human Rights Instruments by the United Nations Commission for Human Rights and have been taken into consideration while making these Regulations. More importantly, in the course of their daily practice, the medical practitioners are often the first to become aware of abuse to human rights and therefore they should carry an even higher consciousness of what these rights represent.

International human rights instruments.

5. Every medical practitioner shall get himself aware of the various abuses to human rights and become acquainted with the international human rights instruments listed in **Annexure II**.

**PART II
JOINT CODE OF ETHICS**

Joint Code of
Ethics.
Annexure III

6. Every medical practitioner shall comply with the provisions of the Joint Code of Ethics given in Annexure **III**.

**PART III
RESPONSIBILITIES TO PATIENTS**

Note 1.-All patients are entitled to good standards of practice and care from their medical practitioners.

Note 2.-Essential elements of good standard of practice are professional competence, good relationships with patients and colleagues and observance of professional ethical considerations.

Standards of
care required.

7. (1) Every medical practitioner shall practice the art and science of medicine to the best of his ability and shall knowingly never expose patients to avoidable risks.

Annexure IV. (2) Every medical practitioner shall have due regard to the duties generally specified in **Annexure IV**.

(3) A good standard of care to be offered by a medical practitioner includes-

- (i) adequate assessment of the patient's conditions based on the history and symptoms and, if necessary, an appropriate examination;
- (ii) providing or arranging investigations and treatment as are necessary;
- (iii) taking suitable and prompt action, as and when necessary.

(4) A medical practitioner shall-

- (a) recommend only diagnostic procedures and therapy considered essential to assist in the care of a patient and shall recognize the responsibility to advise the patient of the findings and make recommendations which will help the patient to reach a mutually

agreeable decision that he is comfortable with;

(b) have the responsibility to acquire up-to-date knowledge of relevant developments in the field of his practice and the patients should not be subjected to risks from unnecessary or outdated procedures;

(c) recognize when his own professional knowledge, skill, competence and experience are inadequate and shall be willing to refer patients to suitably qualified and experienced colleagues as may be available;

(d) practice medicine in a manner which is above reproach and shall take neither physical nor emotional or financial advantage of the patient;

(e) listen to his patients, respect their views, and treat them with dignity and respect in a polite and considerate manner;

(f) recognize the patients' right to choose their medical practitioners freely, accept or refuse treatment after receiving adequate information and seek a second opinion, if they so desire;

(g) take steps to ensure the availability of medical care to his patients, and may only withdraw from the responsibility of continued care for his patients after adequate arrangements have been made for such continuity of care by another suitably qualified medical practitioner;

(h) recognize his responsibility to render medical service to any person regardless of race, colour, religious, sexual orientation, and age, place of birth or political beliefs or perceived -socioeconomic status;

(i) appreciate that his primary obligation is to save the life and relieve pain and suffering of his patients;

(j) ensure that their personal beliefs do not prejudice the care of their patients;

(k) be considerate to the anxiety of patients and their families,

and will cooperate with them to achieve the ultimate good health of the patient;

(l) develop superior communication skills to allow him to successively relate to his patient, regardless of the education or socio-economic level of the patient;

(m) provide care when cure is no longer possible and will allow death to occur with dignity, respect and comfort when the demise of the patient appears to be inevitable.

(5) A medical practitioner shall not expose his patients to risks which may arise from a compromise of their own health status (e.g. dependence on alcohol or other drugs, HIV infection, hepatitis and the like).

(6) A medical practitioner has the right to refuse to accept a patient except in case of emergency and when no other medical practitioner is available to attend to that patient.

(7) In providing non-urgent medical care, a medical practitioner in a private clinic setting shall be free to choose whom to serve on priority, with whom to associate, to whom he should refer his patients and the environment in which to provide appropriate medical services but this type of preferences shall not be extended to a public health care setting.

Points of
caution.

8. (1) Every medical practitioner shall be cautious that-

- (a) he may use any document or advice which could weaken physical or mental resistance of a human being only in the patient's interest;
- (b) he may use great caution in divulging discoveries or new techniques of treatment;
- (c) he should certify or testify only to that which he has personally verified.

(2) A medical practitioner shall-

- (a) prescribe drugs or treatment, including repeat prescriptions, only

where he has adequate knowledge of the patient's health and medical needs;

(b) report adverse drug reactions as required under the relevant reporting obligations and co-operate with requests for information from organizations monitoring the public health;

(c) in his daily practice take care in keeping clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed;

(4) The records in respect of the patients shall be kept in accordance with the requirements of the Health Facilities Licensing Act 2007.

Act No.26 of 2007.

Consent to treatment.

9. (1) Every patient has a right to receive all relevant information about his condition and proposed treatment.

(2) The medical intervention in respect of a person shall not be undertaken without his full, free and informed consent if he has the capacity to do so.

(3) Every medical practitioner has a responsibility to-

(a) fully disclose to the patient or his attendant the extent of any risk involved and be satisfied that the patient understands such risk;

(b) provide information about possible alternative interventions, which may be available and appropriate;

(c) inform the patient as to whether the proposed treatment or procedure is regarded as an experimental one or not;

(d) ensure that consent has not been given under duress.

(4) If the patient is unconscious or of unsound mind, or is a minor child or otherwise unable to give valid consent, the attending medical practitioner has a responsibility to obtain the consent of an appropriate relative or guardian but urgent treatment should not be withheld in such cases if there is an immediate threat to the patients' life or health.

(5) Every patient has a right to enquire from the medical practitioner on his experience and ability to treat and the medical practitioner shall be tolerant of attending to such queries and shall attempt to answer all such questions as simply and honestly as possible with patience and compassion.

Confidentiality.

10. (1) Unless otherwise required by law or by the need to protect the welfare of the individual or the public interest, a medical practitioner shall not divulge confidential information in respect of a patient.

(2) A medical practitioner may divulge confidential information derived from a patient or from a colleague regarding a patient only with the permission of that patient and in the event of the patient's incapacity, the information may be divulged only with the consent of the patient's spouse, parent or guardian, responsible close relative or the holder of a duly executed power of attorney.

(3) When confidential information is required to be disclosed without the patient's consent for reasons of public health, the following principles shall be observed-

(a) the disclosure of information should be strictly necessary and non-discriminatory;

(b) the patient or his attending relative should be told that the disclosure of information is intended;

(c) care should be taken to avoid any damaging consequences to the patient;

(d) care should also be taken to avoid interference with the human rights and dignity of the individuals concerned;

(e) disclosure of information should be done in a manner to avoid discrimination and stigmatization.

(4) Every medical practitioner shall take particular care to respect the confidence and rights of adolescents notwithstanding the tradition, which regards such information as the property of their parents or guardian.

(5) Every medical practitioner has an obligation to keep information about a patient confidential even after the death of the patient and the extent to which confidential information may be disclosed after a patient's death will vary in each case depending upon the circumstances.

(6) The circumstances referred to in paragraph (5) may include the nature of the information, whether the information is already in public knowledge and how long back the patient died.

Note. - Particular difficulties may arise when there is a conflict of interest between parties affected by the patient's death. For example, if an insurance company seeks information about a deceased patient in order to decide whether to make a payment under a life assurance policy or not. A medical practitioner should not release information without the consent of the patient's executor, or a close relative, who has been fully informed of the consequences of the disclosure of the information.

Special
vulnerable
groups.

11. (1) Every medical practitioner charged with the medical care of prisoners, detainees and other institutionalized patients (e.g. the mentally retarded) and other vulnerable groups has a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standards as are offered to those who are not in prison, detained or otherwise institutionalized.

(2) It is a contravention of medical ethics for a medical practitioner-

(a) to be involved in any professional relationship with prisoners, detainees or other institutionalized patients, the purpose of which is not solely to evaluate, protect or improve their physical or mental health;

(b) to provide experimental treatment in research protocols without the knowledge or consent of the patients and the patients shall be free to withhold their consent to such experimental treatment or procedures without fear of any threat of withholding treatment;

(c) to participate in any procedure to restrain a prisoner, detainee or other institutionalized person, unless such a procedure is deemed necessary by purely medical criteria for the protection of that person's physical or mental health or safety or that of his fellows or guardian and presents no hazard to his physical or mental health;

(d) to apply his knowledge and skills to assist in the interrogation of prisoners or detainees in a manner that may adversely affect the physical or mental health of such prisoners or certify or participate in the certification of their fitness for any form of treatment, punishment or interrogation which has the potential for such adverse effects;

(e) to engage actively or passively in acts which constitute participation in, complicity with, incitement of or any attempt to commit, torture or any other cruel, inhuman or degrading treatment or punishment.

Reproductive technologies and practices.

12. (1) A medical practitioner may regard artificial insemination, in vitro fertilization and organ donation as acceptable methods of treating infertility but these procedures should be carried out with due regard for the social and medical consequences, in particular, the risk of transmission of genetic defects, deformity and the general well-being of the resulting child.

(2) A medical practitioner participating in the procedures referred to in paragraph (1) shall acquaint himself with the international principles or guidelines and with any regulations that is in force in Guyana on such technologies.

(3) Every medical practitioner shall acquaint himself with the Medical Termination of Pregnancy Act of 1995 and should respect the choice, beliefs and customs of his patients' when discussing medical termination of pregnancy.

(4) A medical practitioner has a right to refuse to terminate pregnancy or participate in any such procedure when it is not in keeping with his personal or religious beliefs or custom of the community.

Act No.7 of 1995.

Sensitivity of language.

13. (1) Every medical practitioner shall demonstrate sensitivity to his patients without having any prejudice and make every attempt to be sensitive, compassionate and temperate in his use of language and action so as to neither offend nor inflame the situation creating undue anxiety to the patients about their illness or disease.

(2) Every medical practitioner shall use "politically correct" terminology in sensitive situations, for example, "termination of 'pregnancy'" as opposed to "abortion".

Medical practitioners and biomedical research.

14. (1) Research involving human subjects shall be-

(a) based on generally accepted scientific principles and where relevant it shall be conducted with adequately performed laboratory and animal experiments;

(b) conducted by scientifically qualified persons under the supervision of a clinically competent registered medical practitioner, who shall remain responsible for the patient or subject;

(c) preceded by a proper assessment of the probable risk to the subject in comparison to the foreseeable benefits to the subject or to others.

(2) Every medical practitioner involved in biomedical research shall consider himself to be the protector of the individual patient's life and health at all times and shall also be prepared to discontinue the research or withdraw patients from the investigation, if it is his reasoned view that any continued involvement may be harmful to the individual or the group.

(3) The design and performance of experimental procedures involving human subjects shall be clearly formulated in a research protocol which shall be approved by an appropriate Ethics Committee of the MOH? Medical Council, which is independent of the investigator and sponsor of the research.

(4) Before initiating any clinical research involving human beings, the medical practitioner shall have a duty to ensure that the research protocol has been submitted for review by an appropriate Ethics Committee of the Medical Council and in case of any doubt the Medical Council shall be consulted.

(5) A medical practitioner shall-

(a) not engage in human research unless he is satisfied that the hazards involved are predictable;

(b) be prepared to discontinue a research if the risks appear to outweigh the potential benefit;

(c) ensure that-

(i) the interests of the subject prevail over those of science or the society;

(ii) the right of the subject to safeguard his integrity, including the withdrawal of consent is respected;

(iii) all precautions are taken to safeguard the individuals' physical and mental well being as well as his privacy and personality.

(d) be free to use new diagnostic or therapeutic modalities when in his judgment it offers hope of saving life, alleviating suffering or restoring health and the potential risks, benefits and discomforts of such modalities are considered against those of the best available standard techniques.

(6) A medical practitioner may combine medical research with his professional care of the patient as long as it is justified by the potential for diagnostic or therapeutic value to that patient.

(7) Each potential subject of human research as well as the legal guardian in situations where the subject may not be legally competent to give his own consent, must be adequately informed of the aims, objectives methods, potential risks and benefits of the study and of any discomfort or side effects it may entail.

(8) The person subjected to research shall also be informed that he is at liberty to abstain from participation or withdraw from the study at any time and the consent should always be obtained in advance in writing.

(9) Where a minor child is intellectually capable of understanding the risks and benefits of the research the consent of the child must be obtained besides that of the legal guardian.

(10) Every medical practitioner shall be-

(a) cautious when obtaining consent from the patients who may be held to have consented under duress (e.g. prisoners) or who may be in a dependent relationship to the researcher;

(b) careful to preserve the integrity of the results in publication of research findings.

(11) The refusal of a patient to participate in a study should not prejudice the future treatment of the patient or interfere in any way with the ongoing relationship between the medical practitioner and his patient.

(12) The research protocol shall contain a statement of the ethical considerations involved and indicate compliance with the principles enunciated in these Regulations and the United Nations "*Declaration of Helsinki*".

Human organ transplantation.

15. (1) Subject to written law, organs may be removed from the bodies of deceased persons for the purpose of transplantation but such removal should occur only if-

(a) all legal requirements have been met, as per tissue transplantation or cadaver harvesting relevant to hospital policy and the law, if any, on the subject;

(b) written living-will donation of the deceased;

(c) written consent has been obtained from the spouse or in his absence, parents or other close relative of the deceased, in that

order or precedence; and

- (d) there is no reason to believe that the deceased person objected to such removal.

(2) A medical practitioner certifying the death of a potential donor of any organ shall not be directly involved in the organ removal of the organ, subsequent transplantation procedures or the care of potential recipients of such organs.

(3) An organ may be transplanted from the body of an adult living-donor if that donor gives free consent and is competent to give such consent.

(4) A medical practitioner involved in the transplantation of human organs shall ensure that the potential donor is free of any undue influence or coercion and capable of understanding the risks, benefits and consequences of consent.

(5) A medical practitioner shall not engage in transplantation of any human organ where he has reason to believe that the organ concerned has been the subject of commercial transaction or has been obtained through illegal means such as after offering payment, reward or other compensation.

Medical certificates.

16. (1) Medical certificates given to patients for presentation to employers, school authorities, examination boards and the like shall specify the date and time of examination and fitness or unfitness of the individual concerned on medical grounds and if required by the individual, mention the nature of the medical condition.

(2) In all cases of issuance of medical certificates, the medical practitioner shall disclose his full identity and maintain confidentiality about the patient to the extent possible.

Medical reports.

17. (1) Medical reports contain data and statements made about a patient's medical condition, with the patient's consent, and are usually meant for presentation to a third party, e.g., employer, pension authority, school, insurance company, legal representative, etc.

(2) A medical practitioner may charge fee for issuance of a medical report and different rates of fee may be charged for different kinds of medical

certificates, depending on the examination and clinical or laboratory examination required and rates of such fee should be displayed or otherwise made available to the patients in advance.

**PART IV
WORKING WITH OTHERS-SHARING RESPONSIBILITIES
WITHIN THE MEDICAL PROFESSION AND OTHER
HEALTHCARE PROFESSIONALS**

Note 1. - The Medical Council has recognized the fact that healthcare is increasingly provided by multi-disciplinary teams and appreciated the increasing contribution made to healthcare by other healthcare professionals.

Note 2.- The Medical Council has further recognized the fact that leading or working in a team would not change the medical practitioner's personal accountability for his professional conduct and the care he should provide.

Note 3.- The Medical Council has also recognized that in many areas of professional practice a medical practitioner cannot at all times attend himself to all his patient's and therefore it is both necessary and desirable that arrangements should be made whereby the professional responsibilities of a medical practitioner may be undertaken during his absence from duty by a suitably qualified professional colleague. The standards of conduct for the inter-professional relationships that are thus developing among medical practitioners and between medical practitioners and other healthcare professionals are dealt with in this Part.

Delegation and referral. **18.** (1) When a medical practitioner delegates care or treatment of any patient

to a colleague health professional, the medical practitioner shall ensure that the person to whom he delegates is competent to carry out the procedure or provide the therapy involved and take care to always pass on sufficient information about the patient and the treatment needed and the medical practitioner who had delegated the care or treatment shall continue to be responsible for the overall management of the patient.

(2) A medical practitioner may refer a patient to another medical practitioner

and if this is not the case, the medical practitioner shall satisfy himself that any health care professional to whom he refers a patient is accountable to the relevant statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility of the healthcare of the patient.

(3) For the purposes of this regulation and regulation 23, -

(a) “delegation” includes asking a nurse, medical practitioner, medical student or other health care worker to provide treatment or care on the behalf of the attending or treating medical practitioner having the overall responsibility;

(b) “referral” includes transferring some or all of the responsibilities of the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside the competence of the attending medical practitioner.

Working in a medical team. **19.** When working as a member of a medical team, a medical practitioner shall-

- (a) respect the skills and contributions of his colleagues;
- (b) maintain professional relationship with patients;
- (c) communicate effectively with colleagues within and outside the team;
- (d) make sure that his patients and colleagues understand his specific professional status and specialty, his role and responsibilities in the team and as to who is responsible for each aspect of the patients' care;
- (e) participate in regular reviews and audit of the standards and performance of the team and take steps to remedy any deficiencies;
- (f) be willing to deal openly and supportively with problems in the performance, conduct or health of members of the team.

Responsibilities **20.** If a medical practitioner leads a medical team, he has the responsibility to

in leading a
medical team.

ensure that-

- (a) the members of the medical team meet the standards of conduct and care set in these Regulations;
- (b) any problem that might prevent his colleagues from other professions following guidance from their own regulatory bodies are brought to his attention and addressed;
- (c) all members of the team understand their personal and collective responsibility for the care and safety of patients, and for openly and honestly recording and discussing problems;
- (d) each patient's care is properly co-ordinated and managed and that the patients know whom they have to contact if they have any question or concerns;
- (e) arrangements are in place to provide cover at all times;
- (f) regular reviews and audit of the standards and performance of the team are undertaken and all deficiencies are addressed and remedial measures taken;
- (g) systems are in place for dealing supportively with problems in the performance, conduct or health of members of the team.

Sharing of
medical
information
with colleagues.

21. (1) A medical practitioner shall always ensure that the patients are informed about how medical information is to be shared within a medical team and between those who will be providing their care.

(2) If a patient objects to any disclosure of his medical information amongst the members of a medical team attending the patient, the medical practitioner shall explain to him the benefits to their care in the information being shared, but shall not disclose any information if the patient after understanding the clarification continue to maintain the objection.

Nurses and
nursing.

22. (1) The services provided by the nursing profession in the care and prevention of illness are essential and complementary to the work of the

medical practitioners.

(2) It is the duty of a medical practitioner to support and, wherever necessary, guide the work of nurses to the end that both professions, while remaining true to their respective codes of ethics and obligations of professional standards, will cooperate as a harmonious team in providing an optimal service to all patients under their care.

Prescriptions and medication. **23.** For a medical practitioner, prescribing drugs or providing treatment is not an isolated action, but a part of a global pharmaco-therapy plan, *inter alia*, requiring-

(a) adequate knowledge of the health and medical needs of the patient, based on thorough assessment of the patient's then existing condition and symptoms, as well as the patient's history and record of the patient;

(b) giving clear and understandable instructions to the patient, when possible in plain language, including informing him on the possible side effects and on their own responsibility, both in following the prescribed medication and treatment according to instructions and in reporting any undesirable secondary effects;

(c) close collaboration with other healthcare professionals, including through documentation of the prescribed treatment plan in the patient's record and the transfer of clear instructions in case of delegation or referral.

Group practice. **24.** (1) A medical practitioner shall not practice medicine or surgery in partnership with any person who is not duly registered to practice medicine or surgery.

(2) When a medical practitioner is practicing in association with other medical practitioners in a group, he shall insist that the standards and code of ethics enunciated in these Regulations are adhered to by all the members of the group.

(3) A medical practitioner may enter into a contract with an organisation only if the organisation allows the maintenance of professional independence and integrity.

(4) When documenting on behalf of a third party, the medical practitioner shall ensure that the patient understands the medical practitioner's legal responsibility to the third party before proceeding with examination or treatment or both.

Note.- Whatever is right and becoming for a medical practitioner is equally applicable while working in association with other medical practitioners in clinics or other groups; and whatever is obligatory upon the individual medical practitioner is equally obligatory upon the group.

Working with
colleagues in
consultation.

25 (1) It is the duty of every medical practitioner attending to a patient to accept the opportunity of a second medical opinion, if available, in any illness that is serious, obscure or difficult or when consultation is desired by the patient or by any person authorized to document on behalf of the patient.

(2) The attending medical practitioner may request the opinion of an appropriate colleague acceptable to the patient when diagnosis or treatment requires specialist input or if the patient requests for it.

(3) While the medical practitioner should name the consultant he prefers, he should not refuse to meet the medical practitioner of the patient's choice, though he may urge, by voicing his opinion, if he thinks so, that such consultant does not have the qualifications or the experience that the existing situation demands.

(4) The attending medical practitioner shall make available all relevant information and should indicate clearly whether the consultant is to assume the continuing care of the patient during the illness.

(5) Consultants in turn are expected to report in detail all pertinent findings and recommendations to the attending medical practitioner, and may outline an opinion or options to the patient and shall continue the care of the patient

only at the request of the attending medical practitioner and with the consent of the patient.

(6) In the following circumstances it is desirable that the attending medical practitioner, while dealing with an emergency, should, whenever possible, secure consultation with a colleague-

- (a) when the propriety of performing an operation or of adopting a course of treatment which may entail considerable risk to the life, abilities or capacities of the patient has to be considered and particularly when the condition which it seeks to relieve by the treatment in itself is not dangerous to life;
- (b) when operative measures involving the death of a foetus or of an unborn child are contemplated particularly if labor has not begun;
- (c) when there are grounds for suspecting that the patient has been subjected to an illegal operation, or is the victim of criminal poisoning.

(7) Since consultation is designed wholly for the benefit and good of the sick person, there should not enter any trace of insincerity, rivalry or envy between the attending medical practitioner and the consultant and before seeing the patient, the consultant should be given a brief history of the case by the attending medical practitioner.

(8) After consultation, the joint decision should be communicated to the patient and his family by the attending medical practitioner, supplemented, if necessary, by the consultant.

(9) If agreement between the consultant and the attending medical practitioner as to diagnosis and treatment is not possible, and if the consultant is convinced that the future well-being of the patient is the source of concern, he should inform the patient and his family in the presence of the attending medical practitioner of the points of disagreement, with substantiation.

(10) The consultant must be specially careful and to document, if and when,

the circumstances which made it necessary for him to perform his examination in the absence of the attending medical practitioner and he should communicate his opinions and suggestions for treatment directly to the attending medical practitioner and not to patient.

(11) Despite making consultation with Specialists, the responsibility for the patient's care rests with the medical practitioner in attendance.

(12) Every medical practitioner shall work with his colleagues in a manner that best serve the interests of the patients.

(13) A medical practitioner shall not discriminate against colleagues because of personal views about their lifestyle, culture, beliefs, race, colour, sex, sexual preferences or age, and should not make unnecessary or unsubstantiated comments about them.

Emergency
calls.

26. When a medical practitioner is called in the absence of the attending medical practitioner, or in emergency he will, on arrival of the attending medical practitioner hand over all care and responsibility and retire from the case.

Care of
colleague
medical
professionals.

27. (1) A medical practitioner shall, while providing medical services to a colleague or any dependent of his colleague, be guided by the principles previously enunciated in these Regulations for the care of patients in general.

(2) Every medical practitioners shall appreciate that –

(a) professional courtesy is a privilege and not a right and is extended only at the wish of the attending medical practitioner;

(b) many services may actually incur a significant cost to the attending medical practitioner;

(c) self-treatment or treatment of his own first degree relatives and dependents should be limited to minor or emergency services only and such treatments should normally be done without charging any

professional charges or fee.

PART V
RESPONSIBILITY TO THE PUBLIC

Working with the community. **28.** (1) In documenting clinical practice, the medical practitioners shall include the promotion of healthy lifestyles and the education of their patients in disease prevention.

Note.- Medical practitioners by reason of their training, expertise and status in the community are in an exceptionally favorable position to draw attention to an increasing number of hazards to the health of the country's population.

(2) Every medical practitioner shall strive to improve the standards of medical services in the community and accept a share of the responsibility of the medical profession to the public in matters relating to the health and safety of the public and implementing legislation affecting the health or well-being of the community.

(3) Every medical practitioner shall respect the laws of Guyana and shall also recognize a responsibility to seek changes in those legal requirements, which may be contrary to the best interest of patients, the environment or the community.

(4) A medical practitioner shall not only be content with the practice of medicine alone, but also like any other citizen should strive to make a contribution towards the well-being and betterment of the community in general.

Referral to hospital. **29.** (1) When a patient has been sent for admission to hospital under a consultant's care, it is the duty of the referring medical practitioner to give as much information as possible to the consultant.

(2) It is the duty of the consultant to report his findings to the referring medical practitioner.

(3) The medical practitioners practicing in hospitals shall ensure that findings or suggestions of value concerning any patient at the time under their care in the hospital are sent to the medical practitioner usually in attendance on that

patient.

Code of
conduct of
examining
Medical
Officers.

30. The following shall be the additional code of conduct for Examining Medical Officers -

- (a) an examining medical practitioner must be satisfied that the individual to be examined consents personally or through his legal representative or in the case of a minor child, his guardian to submit to medical examination and understands the reason for it except in special cases where the written law makes such examination mandatory;
- (b) when the individual to be examined is under medical care, the examining medical practitioner shall cause the attending medical practitioner to be given such notice of the time, place and purpose of his examination as will enable the attending medical practitioner to be present should he or the patient so desire;
- (c) exception may be taken to the procedure laid down in paragraphs (a) and (b) only where circumstances justify an immediate examination and where the examining medical practitioner undertakes such immediate examination he shall promptly inform the attending medical practitioner of the findings of his visit and the reason for his conclusions;
- (d) if the attending medical practitioner fails to attend at the time arranged for immediate examination, the examining practitioner shall be at liberty to proceed with the examination;
- (e) an examining medical practitioner shall avoid any word or indication which might disturb the confidence of the patient in the attending medical practitioner, and must not, without the consent of the latter proceed to do anything which involves interference with the treatment of the patient;
- (f) the examining medical practitioner shall confine himself strictly to such investigation and examination as are necessary for the purpose

indicated by the third party and agreed to by the patient;

- (g) any proposal or suggestion which an examining medical practitioner may wish to put forward regarding treatment shall be first discussed with the attending medical practitioner;
- (h) when in the course of the examination there are material clinical findings of which the attending medical practitioner is believed to be unaware, the examining medical practitioner shall, with the consent of the patient, inform the attending medical practitioner of the relevant details;
- (i) an examining medical practitioner shall not utilize his position to influence the person examined to choose him as his medical attendant;
- (j) when the terms of reference of his employing body interfere with the free application of the code of conduct laid down in these Regulations, an examining medical officer shall make honest endeavor to obtain, the necessary amendment of his contract himself or through the Medical Association.

Note. - It often happens that a medical practitioner's patient has to be examined for some particular purpose by a medical officer representing an interested third party. These examinations may occur in connection with life insurance, grant of invalid pension, superannuation, entry into certain employment, litigation, medico-legal cases, and requests from the police or the like reasons. The medical practitioner presenting the interested third party is the Examining Medical Officer in such cases.

Industrial
medical
officers.

31. (1) A medical practitioner appointed to work in any industrial establishment (hereafter referred to as the **industrial medical officer**) needs to exercise constant care in his relationship with the management.

(2) While an industrial medical officer holds his appointment from

management, his duties primarily concern the health and welfare of the workers individually and collectively and in the course of his duties he will constantly be dealing with patients of other medical practitioners.

(3) As his contribution towards achieving and maintaining his vital relationship with his colleagues, the industrial medical officer shall be guided by the following:-

- (a) save in emergency, an industrial medical officer is required to undertake treatment which is normally the responsibility of the worker's general medical practitioner only in cooperation with him and this procedure applies both to treatment personally given and to the use of any special facilities and staff, which may exist in his department;
- (b) when the industrial medical officer makes findings which he believes should in the worker's interests be made known to the general medical practitioner or similarly, when details of treatment given should be passed on he should communicate with the general medical practitioner;
- (c) if, for any reason the industrial medical officer believes that the worker should consult his general medical practitioner, he should advise him to do so;
- (d) save in emergency, the industrial medical officer should refer a worker direct to hospital only in consultation or by prior understanding with the general medical practitioner;
- (e) it is normally the function of an industrial medical officer to verify justification for absence of a worker from work on grounds of sickness;
- (f) If the industrial medical officer proposes to examine a worker who is absent for health reasons he should inform the general medical practitioner concerned of the time and place of his intended examination and a failure to receive a reply from the worker's

medical general practitioner within a reasonable time can be assumed to indicate no objection by the general medical practitioner to the intended examination of the industrial medical officer;

(g) the industrial medical officer should not, without the consent of the parties concerned express an opinion as to liability in accidents at work or industrial or occupational diseases except when so required by a competent court or tribunal;

(h) the industrial medical officer shall not influence any worker in his choice of a general medical practitioner;

(i) the personal medical records of workers maintained by the industrial medical officer for his professional use are confidential documents and access to them must not be allowed by any other person save with the medical practitioner's consent and that of the worker concerned or by order of a competent court, tribunal or authority.

(j) the industrial medical officer is solely responsible for the custody of his records, which, on termination of his appointment he should hand over only to his successor in office and if there is no successor he should retain the responsibility for the custody of these records;

(k) the industrial medical officer shall not in any circumstance disclose knowledge of industrial process acquired in the course of his duties except with the consent of the management or by order of a competent court or tribunal.

Note.-The industrial medical officer and the general medical practitioner have a common concern that is the health and welfare of the individual workers coming under their care. Less often this concern may be shared with the hospital's medical practitioner, the medical officer of health or some other professional colleague. As in all cases where two or more medical

practitioners are so concerned together the greatest possible degree of consultation and co-operation between them is essential at all times, subject only to the consent of the individual concerned.

PART VI PROFESSIONAL CONDUCT AND DISCIPLINE

A. PROFESSIONAL CONDUCT

Note. - It is the duty of the Medical Council to ensure that proper standards of professional conduct in the medical profession and proper standards of general fitness to practice medicine or surgery are adhered to and followed by the medical practitioners registered under the Act.

Improper
conduct.

32. It shall be deemed to be an improper conduct for a person registered under the Medical Council, if-

- (a) for the purpose of procuring his registration, he makes a statement which is false in any material particular;
- (b) in any institution, being a person engaged within or about that institution in the practice of medicine or surgery and documenting concert with any other person so engaged, refuses without reasonable excuse to render treatment to any patient needing treatment; or
- (c) he is otherwise guilty of willful negligence or incompetence in the performance of his functions as a medical practitioner or of serious professional misconduct.

Serious
professional
misconduct.

33. (1) For the purposes of paragraph (c) of regulation 32, "serious professional misconduct" includes any document prepared or thing done by a person registered under the Act that is contrary to the generally recognized duty and responsibility of such a person to his patient or that is contrary to medical ethics, or the failure to do any thing with respect to a patient in accordance with generally recognized medical ethics and practice and, without limiting the generality of the foregoing, includes-

- (a) improper conduct or association with a patient;
- (b) any unethical form of advertising, canvassing or promotion, either directly or indirectly, for the purpose of obtaining patients or promoting his own professional advantage;
- (c) willful or deliberate betrayal of a professional confidence;
- (d) abandonment of a patient in danger without sufficient cause and without allowing the patient sufficient opportunity to obtain the services of another medical practitioner;
- (e) knowingly giving a certificate with respect to birth, death, state of health, vaccination, disinfection or with respect to any other matter relating to life, health, disease or accidents which the medical practitioner knows or ought to know is untrue, misleading or otherwise improper;
- (f) the division with any person who is not a partner or assistant of any fees or profits resulting from consultations or other medical or surgical procedures without the patient's knowledge or consent;
- (g) the abuse of intoxicating liquor or drugs;
- (h) the impersonation of another medical practitioner;
- (i) association with unqualified or unregistered persons whereby such persons are enabled to practice medicine or surgery;
- (j) the holding out directly or indirectly by a medical practitioner to the public that he is a specialist or is specially qualified in any particular branch of medicine unless he has taken a special course in that branch and such special qualification has been registered in accordance with the provisions of the Act or any other written law on medical practitioners' qualifications;
- (k) any willful or negligent misrepresentation as to the curative efficiency possessed by a drug or any substance whether inherently or by administration or application thereof;

- (l) knowingly practicing medicine or treating a patient other than in a case of emergency while suffering from a mental or physical condition or while under the influence of alcohol or drugs to such an extent as to constitute a danger to the public or a patient;
- (m) the doing of or failure to do any document or thing in connection with his professional practice, which is in the opinion of the Medical Council unprofessional or discreditable; and
- (n) conviction on an indictable offence.

(2) Any disclosure of confidential information pertaining to a patient by a medical practitioner shall not be deemed to be willful or deliberate where such disclosure is required by any law for the treatment of that patient or for the subserving the common good or protection of others against any epidemic, infectious or contagious disease or serious injury or health hazard.

Forms of professional misconduct, which may lead to disciplinary proceedings.

34. (1) In discharging their respective duties, the Medical Council, the seating on a hearing procedure and the Disciplinary Committee shall proceed as an unbiased body and follow the principles of natural justice.

Note.- (i) The listing of the types of professional misconduct does not seem to be a complete code of professional ethics and does not specify all criminal offences or forms of professional misconduct, which may lead to disciplinary documentation. With the changing circumstances, the Medical Council may take note of new forms of professional misconduct.

(ii) Any abuse by a medical practitioner of any privileges and opportunities afforded to him or any grave dereliction of professional duty or serious breach of medical ethics may give rise to a charge of serious professional misconduct.

(2) Only after considering the evidence tendered before the Disciplinary Committee in each case the Medical Council shall determine the gravity of the alleged misconduct of the medical practitioner and decide whether his behavior amounts to serious professional misconduct.

(3) A medical practitioner who seeks detailed advice on professional conduct in particular circumstances should consult the Medical Council in writing.

(4) The areas of professional conduct or personal behavior which need to be considered are broadly as under-

- (a) neglect or disregard by a medical practitioner of his professional responsibilities to patients for their care and treatment;
- (b) abuse of professional privileges or skills by a medical practitioner.
- (c) personal behavior: conduct derogatory to the reputation of the medical profession or a conduct of unbecoming of a medical practitioner;
- (d) self-promotion, canvassing and related professional offences.

Note.- These broad classifications have been adopted for convenience, but such classifications can only be approximate and not exhaustive. In most cases the nature of the offence or misconduct will be readily apparent. In some cases, such as those involving personal relationships between medical practitioners and patients or questions of advertising, medical practitioners may experience difficulty in recognizing the proper principles to apply to various circumstances.

Neglect of personal responsibilities to patients.

35. (1) In accordance with its primary duty to protect patients and the public at large, the Medical Council may institute disciplinary proceedings when a medical practitioner *prima facie* appears to have seriously disregarded without adequate reasons or neglected his professional duties, for example, by failing to visit or to provide or arrange treatment for a patient when necessary.

(2) A registered medical practitioner is expected to afford and maintain a good standard of medical care to the persons seeking his medical care and attention.

Standards of medical care.

36. (1) The standards of medical care required to be provided by a medical practitioner include-

- (a) conscientious assessment of the history of symptoms and signs of a patient's condition;
- (b) sufficiently thorough professional attention, examination and, where necessary, diagnostic investigation;
- (c) competent and considerate professional management;
- (d) appropriate and prompt documentation upon evidence suggesting the existence of a condition requiring urgent medical intervention;
- (e) readiness, where the circumstances so warrant, to consult professional colleagues; and
- (f) the patient's right to have access to information from his medical records.

(2) The patient's access to medical information may be refused if in the considered opinion of the medical practitioner that it will cause comparatively more harm to the patient or compromise to a third party.

(3) A comparable standard of practice is to be expected from every medical practitioner, whose contribution to a patient's care is indirect, for example, those in pathological laboratory and radiological specialties.

(4) The Medical Council shall be concerned with errors in diagnosis or treatment, and with the kind of matters which give rise to action in civil courts for negligence and only when the medical practitioner's conduct in the case has involved such a disregard of his professional responsibility to patients or such a neglect of his professional duties as to raise a question of serious professional misconduct, the Medical Council may intervene.

(5) A question of serious professional misconduct may also arise from a complaint or information about the conduct of a medical practitioner, which suggests that he has endangered the welfare of patients by persisting in unsupervised practice of a branch of medicine in which he does not have the appropriate knowledge and skill and has not acquired adequate experience,

which is necessary.

(6) Apart from the personal responsibility of a medical practitioner to his patients, the medical practitioner who undertake to manage, direct or perform clinical work for organizations offering private medical services should satisfy himself that those organizations provide adequate clinical and therapeutic facilities for the services offered.

(7) A medical practitioner who improperly delegates to a person who is not a registered medical practitioner any function requiring the knowledge and skill of a medical practitioner shall be liable to disciplinary proceedings.

(8) The Medical Council may institute disciplinary proceedings against a medical practitioner who employs any assistant who is not qualified to conduct his practice.

(9) The Medical Council may proceed against a medical practitioner who, by signing certificates or prescriptions or in any other way enables persons who are not registered as medical practitioners, to treat patients as though they were so registered.

(10) The prescription of controlled drugs is reserved to members of the medical profession and of certain other professions, and the prescribing of such drugs is subject to statutory restrictions.

(11) The Medical Council may regard the prescription or supply of drugs of dependence otherwise than in the course of bona fide treatment as a serious professional misconduct.

(12) The Medical Council may also take disciplinary action against medical practitioners convicted of offences against the laws which control drugs where such offences appear to have been committed in order to gratify the medical practitioner's own addiction or the addiction of other persons.

Medical
certificates.

37. (1) Any Medical practitioner who in his professional capacity signs any certificate, report or similar document containing statements which are untrue, misleading or otherwise improper renders him liable to disciplinary

proceedings.

Note.-A medical practitioner's signature is required on certificates for a variety of purposes on the presumption that the truth of any statement, which the medical practitioner may certify, can be accepted without question.

(2) Every medical practitioner shall exercise due care and diligence in issuing certificate and similar documents and shall not certify statements, which he has not verified or has reason to disbelieve.

Termination of pregnancy.
Act No.7 of 1995.

38. In the matter of medical termination of pregnancies, the medical practitioners are required to be guided by the provisions of the Medical Termination of Pregnancy Act 1995.

Life savings in case of medical surgical treatment.

39. (1) Where any person does an act in good faith, for the purposes of medical or surgical treatment, an intention to cause death shall not be presumed from that treatment or the surgical procedure used.

(2) Any act which is done, in good faith and without negligence, for the purposes of medical or surgical treatment of a pregnant woman is justifiable, although it causes or is intended to cause abortion or miscarriage, or premature delivery, or the death of the child.

Abuse of privileges conferred by custom.

40. (1) The patients may grant medical practitioners privileged access to their homes and confidences.

(2) Good medical practice may depend upon the maintenance of trust between medical practitioners and their patients and the families of the patients, and the understanding by both that proper professional relationships will be strictly observed.

(3) In the circumstances mentioned in paragraph (2), the medical practitioners shall exercise great care and discretion in order not to damage this crucial relationship and act by a medical practitioner, which breaches this

trust, may be treated as an act of serious professional misconduct.

(4) The following areas may be identified in which the trust between the medical practitioners and their patients may be breached-

- (a) a medical practitioner may improperly disclose information, which he had obtained in confidence from or about a patient;
- (b) a medical practitioner may improperly exert influence, upon a patient to lend him money or to alter the patient's will in his favor; and
- (c) a medical practitioner may enter into an emotional or sexual relationship with a patient (or with a member of a patient's family) which disrupts that patient's family life or otherwise damages, or causes distress to, the patient or his family.

Conduct derogatory to the reputation of the profession.

41. The following areas of personal behaviour may be identified as act of unbecoming of a medical practitioner which may occasion him liable to disciplinary proceedings -

- (a) personal misuse or abuse of alcohol or other drugs;
- (b) dishonest behavior;
- (c) indecent or violent behaviour.

Note.- The public reputation of the medical profession requires that every member of the profession should observe proper standards of personal behaviour, not only in his professional activities, but also at all times. This is the reason why a medical practitioner's conviction of a criminal offence may lead him liable to disciplinary proceedings even if the offence is not directly connected with the medical practitioner's profession.

Personal misuse or abuse of alcohol or other drugs.

42. A medical practitioner –

- (a) who treats patients or performs other professional duties while under the influence of alcohol or narcotic drugs; or

(b) who is unable to perform his professional duties because he is under the influence of alcohol or narcotic drugs,
is liable to disciplinary proceedings.

Note.- In the opinion of the Medical Council, convictions for drunkenness or other offences arising from misuse of alcohol or narcotic drugs (such as driving a motor car when under the influence of alcohol) indicate habits, which are discreditable to the profession and may be a source of danger to the patients of the medical practitioner. After the first conviction for drunkenness, a medical practitioner may be given a warning letter. Further convictions may lead to an inquiry by the Medical Council leading to further disciplinary action.

Improper
financial
transactions.

43. (1) A medical practitioner is liable to disciplinary proceedings if he is convicted of criminal deception (obtaining money or goods by false pretences), forgery, fraud, theft or any other offence involving dishonesty, or any conviction for commission of an indictable offence.

(2) The Medical Council may take a serious view of preparation of documents dishonestly committed in the course of a medical practitioner's professional practice, or against his patients or colleagues and such action, including knowingly and improperly seeking to obtain from an insurance company, any payment to which the medical practitioner is not entitled, if reported to the Medical Council, may result in disciplinary proceedings.

(3) The Medical Council may take a serious view of the prescribing or dispensing of drugs or appliances by a medical practitioner for improper motives.

(4) A medical practitioner's motives may be regarded as improper if he has prescribed a product manufactured or marketed by an organization from which he has accepted an improper inducement or illegal gratification.

(5) The Medical Council shall regard with concern arrangements for fee splitting under which one medical practitioner would receive part of a fee paid

by a patient to another medical practitioner and the association of a medical practitioner with any commercial enterprise engaged in the manufacture or sale of any medicine or equipment which is claimed to be of value in the prevention or treatment of disease but is of undisclosed composition or nature.

Indecency and violence.

44. (1) Indecent behavior to or a violent assault on a patient by a medical practitioner shall be regarded as a serious professional misconduct.

(2) Any conviction for assault or indecency shall render a medical practitioner liable to disciplinary proceedings and shall be regarded, with particular gravity, if the offence were committed in the course of the professional duties of the medical practitioner or against his patients or colleagues.

Self-promotion, canvassing and related professional misconduct.

45. (1) For the purposes of this regulation, the term "advertising" means the provision of information about medical practitioners and their services, in any form, to the public or other members of the profession.

(2) Advertising in health matters shall be considered as an integral part of modern medicine and it helps in the patient-medical practitioner relationship and in the patient's knowledge of diseases and health care.

(3) In assessing the nature of advertisement, consideration shall be given to-

- (a) the need for patients to be informed of the rapid advances in the diagnosis and treatment of diseases;
- (b) the needs for patients to be informed of the diverse spectrum, disease profile and the medical practitioners' portfolio within a given medical specialty;
- (c) the need for, and the use of, mass media medical health programmes at the local and national levels, for health promotion.

Note 1. - The Medical Council may encourage medical practitioners to provide factual information about their qualifications, experience and services as a

general requirement and any advertising must be legal, decent, honest and truthful. The Medical Council may impose additional restrictions on the advertising of the services of the medical practitioners in order to ensure that the public is not misled or put to risk in any way.

Note 2.- It is the duty of all medical practitioners to satisfy them that the content and presentation of any material published about their qualifications, experience and services, and the manner in which it is distributed, conforms to the provisions of this Part. This applies irrespectively of whether a medical practitioner personally arranges for such publication or permits or acquiesces in its publication by others. Failure to abide by these Regulations and Medical Council's guidance may call for the medical practitioner's professional conduct into question.

(4) A medical practitioner shall not distribute any advertising material so frequently or in such a manner as to put recipients, including prospective patients, under pressure to consult them or take treatment from them.

Comments
about
professional
colleagues.

46. (1) A medical practitioner may make honest comment on a colleague provided that it is carefully considered, fair and truthful and can be justified that it is offered in good faith and that it is intended to promote the best interests of patients.

Note. - Medical practitioners are frequently called upon to express views about a colleague's professional practice. This may, for example, happen in the course of a medical audit or peer review procedure, or when a medical practitioner is asked to give a reference about a colleague. It may also occur in a less direct and explicit way when a patient seeks a second opinion, specialist advice or an alternative form of treatment.

(2) It is the duty of a medical practitioner, where the circumstances so warrant, to inform an appropriate person or body about a colleague whose professional conduct or fitness to practice may be called in question or whose professional performance appears to be in some way deficient or questionable.

(3) A gratuitous and unsustainable comment of a medical practitioner which, whether directly or by implication, sets out to undermine trust in the knowledge or skills of a professional colleague and such a comment is unethical and is prohibited.

Determination of the nature of serious professional misconduct or malpractice. **47.** (1) The Medical Council may, after considering the evidence in each individual case, determine, in accordance with section 17 of the Act, as to whether an alleged professional conduct or action by a medical practitioner is a serious professional misconduct or malpractice requiring disciplinary action.

(2) Paragraph (1) applies equally to the categories of professional misconduct described in **regulations 32 to 46** (both inclusive) and to the situations contemplated in **regulations 57 and 59** (both inclusive).

B. DISCIPLINARY PROCESS

Complaints against improper conduct. **48.** A complaint that a medical practitioner registered under the Medical Council has been guilty of improper conduct or malpractice may be made to the Medical Council in writing by any person and shall have the date, full postal address, email address and phone number(if any) and the signature of the complainant but subject to this, there shall in no particular form for the complaint.

Complaint hearings and suspension of registration. **49.** (1) Where a complaint is made to the Medical Council directly, the Medical Council may convene a specific hearing, to be known as the complaint hearing, to examine the complaint.

(2) Where a complaint against the conduct of a medical practitioner has been referred to the Medical Council, the Medical Council shall make such preliminary investigations into the matter as the Chairperson may deem it advisable and shall, as soon as possible, advise the Disciplinary Committee of the preliminary findings of the Council.

(3) The Secretary to the Medical Council shall notify the alleged medical practitioner against whom the complaint is made of the nature of the complaint and call upon him to state in writing not less than fourteen days before a specified day (which day shall allow a reasonable interval for the purpose) any explanation or representation he may wish to make in respect of the complaint.

(4) The complaint hearings by the Medical Council having regard to any explanation or representation made by the person against whom the complaint is made may-

(a) determine that the complaint is not established and that no further inquiry need be held; or

(b) refer the matter in whole or in part to the Disciplinary Committee.

(5) If, during the complaint hearings, the Medical Council determines that no inquiry shall be held, the Secretary to the Medical Council shall inform the complainant and the person against whom the complaint is made of the decision in such manner as the Medical Council may direct.

(6) Where the Medical Council is of the opinion that a complaint so made might, if factually established, call for the application of disciplinary measures, the Medical Council shall refer the matter to its Disciplinary Committee to hear and report its findings and recommendations to the Medical Council to determine the case.

(7) If the Medical Council is of the opinion that it is inexpedient or dangerous or not in the public interest that a person under inquiry should continue to practice during the pendency of a disciplinary proceeding, the Medical Council may, by order in writing, suspend the registration of the medical practitioner, pending the outcome of the inquiry.

Disciplinary
Committee.

50. (1) For the purposes of regulation 49, the Medical Council shall appoint a Disciplinary Committee, consisting of a sitting or retired Justice of the Supreme Court (who shall be nominated by the Chief Justice and shall be the

Chairperson of the Committee) and two members of the Medical Council.

(2) In dealing with the complaints, the Disciplinary Committee shall decide its own procedure but shall have due regard to principles of natural justice.

Powers and functions of the Disciplinary Committee. **51.** (1) For the purpose of its inquiry, the Disciplinary Committee of the Medical Council shall have the same powers as of the Medical Council has to

summon witnesses, call for the production of books and documents and examine witnesses and parties concerned on oath or any person it deems necessary to establish the facts of the case, especially patient records and regardless of the character, private or public of the healthcare facility from which such documentation is required.

(2) The Disciplinary Committee of the Medical Council shall hear all the complaints referred to it by the Medical Council and in dealing with the complaints the Committee shall ensure that-

- (a) adequate notice of the proceedings is given to the person complained against;
- (b) the complaint against the medical practitioner concerned is specified in the form of a charge in such notice;
- (c) any party to the proceedings may, if he so desires, be heard by the Disciplinary Committee either in person or by a counsel and attorney-at-law of the choice of the party concerned.

(3) Except with the consent of the person complained against, the date for hearing shall not be fixed for a date earlier than fourteen days after the notice has been served on him.

(3) The notice of hearing shall be served personally or by prepaid registered post at the address shown on the Medical Register or at his last known address, if that address differs from that on the Medical Register.

(4) In any case where there is a complainant, a copy of the notice of hearing

shall be sent to the complainant.

(5) The person complained against shall be entitled to receive free copies of or be allowed access to and inspect any documentary evidence relied on for the purpose of the hearing and he shall also be given upon request a copy of the evidence (including copies of documents tendered in evidence) after the hearing is completed.

(6) The person complained against shall have the right to be represented by a counsel and attorney-at-law of his choice in any disciplinary proceedings instituted against him.

(7) If the person complained against does not appear on the date and time fixed for hearing of the case, the Disciplinary Committee may, if it is satisfied that a notice of hearing has been served on the person, proceed with the hearing *ex parte*.

(8) If witnesses are called by the Disciplinary Committee for giving evidence, the person complained against shall be given an opportunity of putting questions to the witnesses on his behalf.

(9) No documentary evidence shall be used against the person complained against unless he has previously been supplied with copies thereof or given access thereto and he shall be permitted to give evidence, call witnesses and make submissions orally or in writing on his behalf.

(10) The Disciplinary Committee may call additional witnesses and may adjourn the proceedings to another convenient date and time or place as it may consider appropriate.

(11) If, after having heard the evidence in support of the charges, the Disciplinary Committee is of the opinion that the evidence is insufficient, it may recommend to the Medical Council to dismiss all or any of the charges without calling upon the person complained against for his defense.

(12) If at the conclusion of the hearing, the Disciplinary Committee is of the opinion that the person complained against is not guilty of professional misconduct or malpractice it shall dismiss the complaint and accordingly

report the matter to the Medical Council.

(13) If at the conclusion of the hearing, the Disciplinary Committee finds that the person complained against is found guilty of any misconduct or act of malpractice, the Disciplinary Committee shall make its findings and by way of an inquiry report make its recommendations to the Medical Council for imposing on the medical practitioner concerned appropriate penalty in accordance with section 17 of the Act.

Action on the report of the Disciplinary Committee.

52. (1) Having established that a medical practitioner is guilty of improper professional conduct or malpractice, the Disciplinary Committee shall recommend to the Medical Council such action of a disciplinary nature as it thinks fit, in accordance with section 17 of the Act.

(2) Every recommendation made by the Disciplinary Committee to the Council shall be prefaced by a statement of the Committee's findings on each charge with respect to the facts of the case and shall be signed by the Chairperson of the Disciplinary Committee.

(3) The Medical Council may, on consideration of the findings and recommendations submitted to it by the Disciplinary Committee, and if it is considered necessary, after giving the medical practitioner a further opportunity of being heard, by order, -

- (a) censure the medical practitioner;
- (b) direct the Secretary to the Medical Council to proceed to remove the medical practitioner's name from the Register;
- (c) suspend the registration of the medical practitioner for a period not exceeding one year;
- (d) order the payment of penalty of costs or of such sum as the Medical Council may consider a reasonable contribution towards the cost incurred in connection with those proceedings.

(4) If the Medical Council is satisfied that it is necessary for the protection of members of the public or would be in the best interest of that person or the medical profession to do so, it may make an order for the removal of the name

of the medical practitioner from the register or for the suspension of his registration.

(5) Every order of the Medical Council under this regulation shall take effect from the date of its issue or a subsequent date as specified in the order or in accordance with this regulation as under-

- (a) where no appeal is brought against the order, within the period of limitation permissible for filing of the appeal, on the expiration of that time;
- (b) where an appeal is brought and is withdrawn or struck out for want of prosecution, on the withdrawal or striking out of the appeal;
- (c) where an appeal is brought and is not withdrawn or struck out, if and when the appeal is determined by the upholding of the order, and not otherwise.

Appeal against the orders of the Medical Council. **53.** (1) Any person aggrieved by an order of the Medical Council under regulation 52 may prefer an appeal under section 19 of the Act to a Judge of the High Court in Chambers within six weeks of the communication of the decision of the Medical Council to him.

(2) The Judge of the High Court in Chambers may issue directions to terminate any suspension of registration of a medical practitioner including a direction as to the cost of the appeal.

Removal of name from register. **54.** (1) The Secretary to the Medical Council shall remove the name of any registered medical practitioner from the Register of Medical Practitioners-

- (a) upon the application of that person; or
- (b) upon the taking effect of a disciplinary order of the Medical Council.

(2) Where the name of any person has been removed from the Register or his registration has been suspended, any license issued to him shall cease to have

effect for as long as his name remains off the Register or for the period that the suspension continues in force.

(3) Where the name of any person has been removed from the Register, the Medical Council may, in writing, direct the person concerned to return his license to the Secretary to the Medical Council within such time as may be specified in the direction and the person concerned shall comply with that requirement.

Restoration of registration. **55.** (1) The Medical Council may, at any time, upon application made by any person whose name has been removed from the Register or whose registration has been suspended, determine, if it thinks fit, that such person's name shall be restored to the Register or that his suspension shall cease to have effect from such date as the Medical Council may appoint, and shall forthwith give notice of any such decision to the Secretary to the Medical Council.

(2) On receipt of notice of an order made by the Medical Council under paragraph (1), the Secretary to the Medical Council shall forthwith cause the name of the medical practitioner in question to be restored to the Register or, as the case may be, cause a note of the cessation of the suspension to be entered therein.

Appeal to High Court against non-registration. **56.** (1) Any person aggrieved by the failure or refusal of the Medical Council to register him under the Act may prefer an appeal to a Judge of the High Court in Chambers in accordance with section 19 of the Act.

(2) The decision of the Judge shall *mutatis mutandis* apply as if the matter in respect of which the appeal is brought were a judgment or order of the High Court.

C. ADVICE ON STANDARDS OF PROFESSIONAL CONDUCT AND ON MEDICAL ETHICS.

Duties of the Medical Council to render advice on certain matters.

57. The Medical Council shall to give general advice on-

- (a) personal relationships between medical practitioners and patients;
- (b) professional confidence;
- (c) the reference of patients to and acceptance of patients by specialists;
- (d) circumstances in which difficulties in relation to self promotion by medical practitioners most commonly arise; and
- (e) relationship between the medical profession and the pharmaceutical and allied industries.

(2) The Medical Council may also respond to inquiries from individual medical practitioners about questions of professional conduct, at their discretion, although in some instances medical practitioners may be advised to consult their professional association or other counsel.

Personal relationship between medical practitioners and patients.

58. (1) Medical practitioners shall exercise great care and discretion in not damaging the crucial relationship between medical practitioners and patients, and shall identify the areas in which experience shows that this trust is liable to be breached.

(2) Where a medical practitioner indecently exposes himself to a patient while attending him professionally, the medical practitioner may render himself liable to criminal proceedings besides being proceeded against by the Medical Council for such action as a serious professional misconduct on preponderance of probability, even in the absence of a criminal conviction by a court of law.

Note 1. - The Medical Council may take a serious view of a medical practitioner who uses his professional position in order to pursue a personal relationship of an emotional or sexual nature with a patient or the close relative of a patient. Such abuse of a medical practitioner's professional position may be aggravated in a number of ways. For example, a medical

practitioner may use the pretext of a professional visit to a patient's home to disguise his pursuit of a personal relationship with the patient (or, where the patient is a child, with the patient's parent) or he may use his knowledge, obtained in professional confidence, of the patient's marital difficulties to take advantage of that situation. But these are merely examples of particular abuses.

Note 2. - The trust which should exist between a medical practitioner and his patients can be severely damaged when, as a result of an emotional relationship between a medical practitioner and a patient, the family life of that patient is disrupted. This may occur without sexual misconduct between the medical practitioner and the patient.

Note 3. - Note 2 refers to personal relationship between medical practitioners and their patients or the close relatives of patients and not with others.

Note 4. - Innocent medical practitioners are put to inconvenience or are subjected to anxiety by unsolicited declarations of affection by patients or threats that a complaint will be made on the grounds of a relationship which existed only in the patient's imagination. All complaints received by the Medical Council are, therefore, to be screened most carefully and action is to be taken only when the evidence received is sufficient to require investigation.

Professional
confidentiality.

59. (1) Except in the cases mentioned in paragraph (3), it is a duty of a medical practitioner to strictly observe the rules of professional secrecy by refraining from disclosing voluntarily to any third party information about a patient, which he has learnt directly or indirectly in his professional capacity as a registered medical practitioner.

(2) The death of the patient does not absolve the medical practitioner from his obligations under this regulation.

(3) The circumstances where exceptions to the rule of professional secrecy in respect of confidential information about a patient may be permitted are as follows-

- (a) if the patient or his legal adviser gives written and valid consent, information to which the consent refers may be disclosed;
- (b) confidential information may be shared with other registered medical practitioners who participate in or assume responsibility for clinical management of the patient to the extent that the medical practitioner deems it necessary for the performance of his particular duties;
- (c) confidential information may also be shared with other co-professionals such as nurses, radiologists and other health care professionals who are assisting and collaborating with the medical practitioner in his professional relationship with the patient and it is the medical practitioner's responsibility to ensure that such individuals appreciate that the information is being imparted in strict professional confidence;
- (d) if in particular circumstances the medical practitioner believes that it undesirable on medical grounds to seek the patient's consent, information regarding the patient's health may sometimes be given in confidence to a close relative or a person in a similar relationship to the patient;
- (e) if in the medical practitioner's opinion disclosing of any information about a patient to a third party other than a relative would be in the best interests of the patient, it is the medical practitioner's duty to make every reasonable effort to persuade the patient to allow the information to be given and if the patient still refuses to give his consent, then only in exceptional cases should the medical practitioner feel himself entitled to disregard the refusal of the patient;
- (f) information about a patient may be disclosed to the

appropriate authority in order to satisfy a specific statutory requirement, such as notification of an infectious or contagious disease;

- (g) if the medical practitioner is directed to disclose information about a patient by a judge or other presiding officer of a court before whom he is appearing to give evidence, information may, at that stage, be disclosed;
- (h) information about a patient may also be disclosed to a coroner or his nominated representative to the extent necessary to enable the coroner to determine whether an inquest should be field;
- (i) where litigation is in prospect, unless the patient has consented to the disclosure or a formal court order has been made for disclosure, information about the patient should not be disclosed merely in response to demands from other persons such as another party's counsel or attorney-at-law or an official of the court without lawful authority of a court.
- (j) the disclosure may rarely be justified on the grounds that it is in the public interest or health of the community at large which, in certain circumstances such as, for example, investigation by the police of a grave or very serious crime, might override the medical practitioner's duty to maintain his patient's confidence;
- (k) information may also be disclosed if necessary for the purpose of a medical research project, which has been approved by a recognized Ethical Committee of the Medical Council.

(4) A medical practitioner shall, always be prepared to justify his actions, if he has disclosed confidential information in respect of a patient.

(5) If a medical practitioner is in doubt as to whether any of the

exceptions mentioned in this regulation would justify him in disclosing information in a particular situation he may seek advice from the Medical Council or a professional association.

(6) Where an individual below the age of sixteen years consults a medical practitioner for medical advice or treatment, and is not accompanied at the consultation by a parent or a person in *loco parentis*, the medical practitioner should particularly have in mind the need to foster and maintain parental responsibility and family stability.

(7) Before offering advice or treatment to any person, the medical practitioner shall satisfy himself, after careful assessment, that the individual has sufficient maturity and understanding to appreciate what is involved.

(8) If a medical practitioner is satisfied of the individual's maturity and ability to understand as set out in this regulation, he should nonetheless seek to persuade the individual, if a child to involve a parent, or another person in *loco parentis*, in the consultation and if the child nevertheless refuses to allow a parent or such other person to be told, the medical practitioner must decide, in the patient's best medical interests, whether or not to offer any advice or treatment.

(9) If the medical practitioner is not so satisfied, he may decide to disclose the information learned from the consultation; but if he does so he should inform the patient accordingly, and his judgment concerning disclosure must always reflect both the patient's best medical interests and the trust the patient places in the medical practitioner.

Note.- Special problems in relation to confidentiality of information relating to a patient can arise in circumstances where medical practitioners have responsibilities both to patients and to third parties, for example in the practice of occupational medicine.

(10) An occupational medical practitioner should ensure that any employee whom he sees in that capacity understands the duty of the occupational medical practitioner in relation to the employer and the purpose of the

consultation.

(11) Where an occupational medical practitioner is asked by the employer to assess the fitness of an employee to work he should not undertake such assessment except with the informed consent of the employee.

(12) The extent to which disclosure of medical information after the death of a patient is regarded as improper shall depend on a number of factors such as-

- (a) the nature of the information disclosed;
- (b) the extent to which such information has already appeared in published material;
- (c) the circumstances of the disclosure, including the period which has elapsed since the patient's death.

(13) If the Medical Council is unable to specify an interval of years to apply in all such cases mentioned in paragraph (12) and a medical practitioner who discloses such information without the consent of the patient or a surviving close relative of the patient may be required to justify his action.

(14) The provisions of these Regulations on confidentiality shall apply not only to information which a medical practitioner has received in a clinical relationship with a patient, but also information which he has received, either directly from the patient or indirectly, in the course of administrative or non-clinical duties, for example when employed by a public or private health authority, commercial firm, insurance company or other comparable organization, or as a medical author or medical journalist.

(15) Where one medical practitioner shares confidential information with another medical practitioner, the interests of the patient require that the medical practitioner with whom the information is shared must observe the same rules of professional secrecy as the medical practitioner who originally obtained the information from the patient had to.

(16) Every medical practitioner connected with organizations offering clinical diagnostic or medical advisory services shall satisfy himself that the organization discourages patients from approaching it without first consulting

their own general medical practitioners.

(17) In expressing the views, the Medical Council shall recognise and accept that in some areas of practice specialist and hospital clinics customarily accept patients referred by sources other than their general medical practitioners and in these circumstances every specialist still has the duty to keep the general medical practitioner informed.

PART VII

PHYSICAL ARRANGEMENTS, ADVERTISING AND FINANCIAL RELATIONSHIPS

Premises of the health facilities. Act No. 26 of 2007. **60.** The medical practitioners shall preserve both the security of their patients as well as the dignity of their profession and satisfy the minimal standards set for every category of healthcare facility as prescribed in regulation 3 of the Health Facilities Licensing Regulations 2008 made under section 29 of the Health Facilities Licensing Act 2007 or any other written law.

Ethical advertising. **61.** (1) Good communication between medical practitioners and patients and between one medical practitioner and another is fundamental to the provision of good patient care, and the ethical dissemination of relevant factual information about medical practitioners and their services is required to be strongly encouraged.

(2) Paragraph (1) facilitates an informed choice by patients seeking medical care, enables a medical practitioner's existing patients to be aware of and to make best use of the services available and assists general medical practitioners in advising their patients on a choice of specialist.

(3) Good communication referred to in paragraph (1) is helpful for the professional standing of medical authors to be indicated in their books and articles, since that will assist the profession in fulfilling its duty to disseminate information about advances in medical science and therapeutics.

(4) Patients are best able to make an informed choice of a medical practitioner if they have access to comprehensive, up-to-date, well-presented

and easily understood information about all the medical practitioners practicing in Guyana.

(5) Lists including factual information presented in an objective and unbiased manner about the medical practitioners and their professional qualifications, the facilities available and the practice arrangements should be distributed by the Medical Council widely to the public and full use should be made of the places in each area where members of the public can expect to find local information.

(6) In the interest of the general public the material referred to in paragraph (5) may be published by a body with statutory responsibilities for primary care services or by some other body which has no reason to favour individual medical practitioners or their practices.

(7) As far as is possible, material published in the manner specified in paragraph (6) should provide the same items of information about each medical practitioner and his practice.

(8) The Medical Council shall ensure that persons seeking medical assistance are protected from misleading promotional advertising and improper competitive activities among medical practitioners.

(9) The persons seeking medical assistance are also entitled to expect that medical practitioners will help them to obtain comprehensive advice about their medical problems, including second opinions where appropriate and guidance on alternative treatments and failure to respect either of these entitlements can cause anxiety and distress, and can erode the trust between a medical practitioner and his patient on which good medical practice depends.

(10) Every medical practitioner shall be cognizant of the disadvantages or negative impact of his self-promotional material.

Note. - A medical practitioner who is the most successful at achieving publicity may not be the most appropriate for a patient to consult and people seeking medical attention and their families are often vulnerable to persuasive influence. This influence could be a source of danger to the public and in the

extreme cases raises illusory hopes of a cure.

(11) Medical practitioners publishing information about their services should not abuse the trust of patients or attempt to exploit their lack of medical knowledge, especially, they must not offer, guarantees to cure particular complaints.

(12) The advertising material should contain only factual information and shall not include any statement which could reasonably be regarded as misleading or as disparaging the services provided by other medical practitioners, whether directly or by implication.

(13) No claim of superiority should be made either for the services offered or for a particular medical practitioner's personal qualities, professional qualifications, experience or skill.

(14) The promotion of the medical practitioners medical services as if the provision of medical care were no more than a commercial activity is likely both to under-mine public trust in the medical profession and, over passage of time, to diminish the standards of medical care which patients have a right to expect and such advertising shall be considered by the Medical Council as unethical and may lead to a charge of serious professional misconduct.

Advertising and addressing the public. **62.** (1) Based on his ability, competence, integrity and personal credibility, a medical practitioner may build a professional reputation and may advertise professional services or make professional announcements as permitted either generally or specifically by the Medical Council.

(2) Every medical practitioner shall avoid advocacy of any particular product or service when identified as a member of the medical profession and shall avoid the implied use of secret remedies.

(3) Every medical practitioner shall recognize the responsibility to give consensus opinion when interpreting medical or scientific knowledge to the public and when presenting an opinion, which is contrary to that generally held by the profession; he should indicate this and avoid any attempt to

enhance his personal professional reputation.

Medical lectures to the public. **63.** Every medical practitioner who proposes to deliver a lecture at any function shall, before any particulars of his professional status or attainments are announced or made known to the public, request the Chairperson or the Presiding Officer, as the case may be, to circumspect the factual accuracy in any introductory remarks concerning him.

Press interviews. **64.** Every medical practitioner shall exercise the greatest caution in granting a press interview, and the same principle shall be applied to the publication of written articles.

Note.- A seemingly innocuous remark is often open to misinterpretation and may easily form the subject of a damaging headline. This may place the medical practitioner in a position of embarrassment and danger. In certain circumstances, it may be preferable to promise a prepared statement than to give an impromptu interview; or if an interview is to be granted, to ask for an opportunity to approve the statement in proof before it is broadcast or otherwise published.

Broadcasting, including television. **65.** (1) Medical practitioners taking part in public discussions in any medium, including radio and television should avoid any statements which may tend to give them personal professional advantage.

Note. - It is legitimate and even desirable that topics relating to both medical science and policy and to public health and welfare should be discussed by medical practitioners who can speak with authority on the question at issue. The medical practitioners should personally observe this rule and take care that the announcer, in introducing them, makes no laudatory comments and no unnecessary display of their medical qualifications and appointments. There is a special claim that medical practitioners of established position and authority should observe these conditions for their example must necessarily influence the actions of their less recognized colleagues.

(2) A medical practitioner serving in an official public capacity is in a different position, but he should also ensure that it is his public office, rather than himself, that is exalted.

Advertisements in the press. **66.** (1) The use of advertising columns of the lay press to publicize the professional activities of individual medical practitioners, even in case of absence of a name (e.g. by using a box number) is unethical.

(2) A particularly reprehensible form of advertising of the type mentioned in paragraph (1) is the submission to the press directly or through an agent of information concerning the personal movements, vacation or new appointments of a medical practitioner.

Association with commercial enterprises. **67.** (1) It is considered improper for a medical practitioner to be directly associated with any commercial enterprise engaged in the manufacture or sale of any substance which is claimed to be of value in the prevention or treatment of any disease and which is recommended to the public in such a fashion as to be calculated to encourage the practice of self-diagnosis or self-medication or is of undisclosed nature or composition.

(2) A similar view shall be taken by the Medical Council of tile association of a medical practitioner with any system or method of treatment which is not tinder medical control and which is advertised in the public press.

Information about organizations offering medical services. **68.** (1) The medical practitioners who have any kind of financial or professional relationship with any organization, or who use its facilities, are deemed by the Medical Council to bear some responsibility for the organization's advertising and this regulation shall also apply to medical practitioners who accept for examination or treatment patients referred by any such organization.

Note. - Medical services are offered to the public not only by individual medical practitioners but also by a wide variety of organizations such as hospitals, health centres, diagnostic centers, nursing homes, advisory bureaus

or agencies and counseling centers. Hence, the advertisements should not make invidious comparisons with other organizations, or with the services of particular medical practitioners, nor should they claim superiority for the professional services offered by them or for any medical practitioner connected with the organization.

(2) The medical practitioners shall, to acquaint themselves with the nature and content of the advertising of the organization offering medical services, and shall exercise due diligence in an effort to ensure that it conforms to these Regulations.

Note.- If any question arises as to a medical practitioner's conduct in relation to an organization offering medical services, it will not be sufficient for an explanation to be based on the medical practitioner's lack of awareness of the nature or content of the organization's advertising, or lack of ability to exert influence over it.

(3) Every medical practitioner shall avoid personal involvement in canvassing or promoting the medical services of any organization, for example, by public speaking, broadcasting, writing articles or signing circulars, and should not permit the organization's promotional material to claim superiority for their professional qualifications and experience.

(4) A medical practitioner shall not allow his personal address or telephone number to be used as an inquiry point on behalf of an organization offering medical services.

Information to
companies-
firms and
similar
organizations.

69. (1) A medical practitioner who wish to offer medical services such as medico-legal or occupational health services or medical examinations to a company, factory, firm, a school or club, or a professional practitioner or association may send factual information about his qualifications and services to a suitable person of the company, factory , firm or organization, as the case may be.

(2) A medical practitioner shall not use the provision of such services referred to in paragraph (1) as a means to put pressure upon any individual to

become his patient.

Information about association of medical practitioners.

70. Any association of medical practitioners which proposes to release lists of its members in response to requests made by the public shall first consult the Medical Council for guidance as to the form which the list should take.

Note. - Members of the public who are seeking medical advice or treatment occasionally approach an association of medical practitioners for a list of its members. Such a list may be released in response to a direct request, but it is essential that no list should imply that the persons mentioned the list are the only medical practitioners who are qualified to practice in a particular branch of medicine or that the inclusion of a medical practitioner's name in the list carries some form of recommendation. The lists, which are released, should include those medical practitioners who are eligible for registration by the Medical Council as having completed higher specialist or vocational training.

Financial relationships between medical practitioners and independent organizations providing clinical, diagnostic or medical advisory services.

71. (1) A medical practitioner who recommends that a patient should attend at, or be admitted to, any private hospital, health centre, nursing home or similar institution, whether for treatment by the medical practitioner himself or by another person, must do so only in such a way as will best serve, and will be seen best to serve, the medical interests of the patient.

(2) Every medical practitioner shall avoid accepting any financial or other inducement from such an institution which might compromise, or be regarded by others as likely to compromise, the independent exercise of his professional judgment and dignity of the profession.

(3) Where a medical practitioner has a financial interest in an organization to which he proposes to refer a patient for admission or treatment, whether by reason of a capital investment or a remunerative position, he should always disclose that he has such an interest before making the referral.

(4) The seeking of acceptance by a medical practitioner from an institution of any inducement of the nature referred to in paragraph (3) for the referral of patients to that institution, such as free or subsidized consulting premises or

secretarial assistance, may be regarded as improper.

(5) The offering of inducements to colleagues by medical practitioners who manage or direct such institutions as referred to in paragraph (3) may be regarded as improper.

Relationships
between the
medical
professions and
the
pharmaceuticals
and allied
industries.

72. (1) A medical practitioner prescribing medicines or appliances shall, while choosing medicines or appliances, ensure that the prescription is made on the basis of his independent professional judgment and having due regard to economy and to best serve the medical interests of his patient.

(2) Every medical practitioner shall avoid accepting any pecuniary or material inducement which is likely to compromise, or be regarded by others as likely to compromise, the independent exercise of his professional judgment in prescribing medicines, laboratory test and appliances.

(3) The medical practitioners shall not seek or accept any sums of money or gifts except ordinary exchange of gifts on festivals and special occasions from commercial firms manufacturing or marketing drugs, or diagnostic or therapeutic agents or appliances and any such action of unusual nature shall be considered as improper.

(4) A medical practitioner shall not be held responsible for any act of voluntary supply of samples of medicines or equipment by any manufacturing company or a medical representative.

Note 1. - The medical profession and the pharmaceutical industry have common interests in the research and development of new drugs of therapeutic value and in their production and distribution for clinical use. Medical practice owes much to the important advances achieved by the pharmaceutical industry over recent decades. In addition, much medical research and postgraduate medical education are facilitated by the financial support of pharmaceutical firms.

Note 2.- Advertising and other forms of sale promotions by individual firms within the pharmaceutical and allied industries are necessary for their

commercial viability and can provide information useful to the profession.

- Clinical trial of drugs. **73.** It may be improper for a medical practitioner to accept-
- (a) per capita or other payments from a pharmaceutical firm in relation to a research project such as the clinical trial of a new drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant ethical committee;
 - (b) per capita or other payments under arrangements for recording clinical assessments of a licensed medicinal product, whereby he is asked to report observations which he has observed in patients for whom he has prescribed the drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant ethical committee;
 - (c) payment in money or kind which could influence his professional assessment of the therapeutic value of a new drug.
- Gifts and loans. **74.** It is considered improper for any medical practitioner to accept from a pharmaceutical firm monetary gifts or loans or expensive items of equipment for his personal use except in case of a hire-purchase or grants of money or equipment by firms to institutions such as hospitals, health centres and university departments when they are donated specifically for purposes of research or for the welfare of poor people.
- Acceptance of hospitality. **75.** (1) It is considered improper for individual medical practitioners or groups of medical practitioners to accept lavish hospitality or travel facilities under the terms of sponsorship of medical postgraduate meetings or conferences or the like.

(2) The acceptance of hospitality at an appropriate level, which the recipients might normally adopt when paying for themselves whether by an individual medical practitioner of a grant, which enables him to travel to an international conference or by a group of medical practitioners who attend a sponsored postgraduate meeting or conference shall not be considered as improper under paragraph (1).

Professional
fees.

76. (1) Medical practitioners who are practicing otherwise than under obligation of an employment or contract are entitled to charge fees for consultations, special examinations such as laboratory tests, ECG examinations, etc. and for special procedures such as surgical operations, both minor and major, and for issuing medical reports.

(2) Issuance of medical certificates stating illness or fitness, per centage of incapacity and the like of a patient is an integral part of the consultation as are prescriptions for medicines and appliances, advice on diet, physical or rehabilitation exercises, rest and the like and the fee for issuance of such certificates when necessary are included in the consultation fee.

Note. - The medical practitioners should adopt general rules and standards regarding fees. It should be deemed a point of honor among medical practitioners to adhere to these standards with as much uniformity as varying conditions may allow.

PART VIII

ADVICE ON HIV AND AIDS

Note.- This Part deals with the guidance of the Medical Council on the ethical problems surrounding HIV and AIDS. It deals with the principles of the medical practitioner-patient relationship and the medical practitioner's duty towards patients. It also deals with specific matters, including the duties of medical practitioners who may themselves be infected and the need to obtain patients' consent to investigation or treatment. In all areas of medical

practice, the medical practitioners are required to make judgments, which they may later have to justify. This is applicable both of clinical matters and of the complex ethical problems, which arise regularly in the course of providing patient care because it is not possible to set out a code of practice which provides solutions to every such problem which may arise.

Relationship
between
medical
practitioners
and patients.

77. It is unethical for a medical practitioner-

(a) to refuse treatment or investigation for which there are appropriate facilities on the ground that the patient suffers or may suffer from a condition which could expose the medical practitioner to personal risk;

(b) to withhold treatment from any patient on the basis of a moral judgment that the behavior or lifestyle of the patient might have contributed to the condition for which the treatment was being sought.

Note 1. - The relationship between a medical practitioner and his patients is founded on mutual trust, which can be fostered only when information is freely exchanged between the medical practitioner and his patients on the basis of honesty, openness and understanding. Acceptance of that principle is fundamental to the resolution of the questions which have been identified in relation to AIDS.

Note 2. - The Medical Council has noted the significant increase in the understanding of AIDS and AIDS-related conditions, both within the medical profession and by the general public, which appears to have occurred. Although most medical practitioners are generally prepared to regard these conditions as similar in principle to other infections and life-threatening conditions and are willing to apply established principles in approaching their diagnosis and management rather than treating them as medical conditions quite distinct from all others, the Medical Council has concern about the level of knowledge at the individual level about the management of the disease.

Note 3. - The Medical Council expects that medical practitioners will extend to patients who are HIV positive or are suffering from AIDS the same high

standard of medical care and support which they would offer to any other patient. The Medical Council has serious concern at reports on medical practitioners have refused or neglected to provide such patients with necessary care and treatment.

Note 4. - It is entirely proper for a medical practitioner who has a conscientious objection to undertaking a particular course of treatment, or who lacks the necessary knowledge, skill or facilities to provide appropriate investigation or treatment for a patient, to refer that patient to a professional colleague.

Duties of
medical
practitioners in
certain infected
with HIV
infected cases.

78. (1) It is unethical for a medical practitioner who knows or believes himself to be infected with HIV to put patients at risk by failing to seek appropriate counselling or by failing to document upon it when given.

(2) A medical practitioner who knows that a health care worker is infected with HIV and is aware that the person has not sought or followed advice to modify his professional practice has a duty to inform the appropriate regulatory body and an appropriate person of the employing authority of the concerned health care worker who will usually be the senior- most medical practitioner.

Note 1.-Considerable public anxiety has been aroused by suggestions that medical practitioners who are HIV positive might endanger their patients. The risk is very small. It is imperative, both in the public interest and on ethical grounds, that any medical practitioner suspected of being infected with HIV should seek appropriate diagnostic testing and counseling and, if found to be infected, have regular medical supervision.

Note 2. - Medical practitioners who are HIV positive should also seek specialist advice on the extent to which they should limit their practice in order to protect their patients. Such advice will usually be obtained locally from a consultant in occupational health, infectious diseases or public health, who may in turn seek guidance on an anonymous basis, from the UK

Advisory Panel of the Expert Advisory Group on AIDS. Medical practitioners must document upon that advice which, in some circumstances, would include a requirement not to produce or to limit their practice in certain ways. No medical practitioner should continue in clinical practice merely on the basis of his own assessment of the risk to patients. This is intended to prevent the transmission of infection from medical practitioners to patients.

Rights of medical practitioners infected with HIV.

79. Medical practitioners who become infected with HIV are entitled to expect the confidentiality and support afforded to other patients and only in the most exceptional circumstances, where the release of name of the medical practitioner is essential for the protection of patients, may a medical practitioner's HIV status be disclosed without his consent.

Consent to investigation or treatment.

80. A medical practitioner shall treat a patient only on the basis of consent of the patient, his parent or guardian either explicit or in unavoidable circumstances by implicit consent.

Note1.- The medical practitioners are expected in all normal circumstances to be sure that their patients consent to the carrying out of investigative procedures involving the removal of samples or invasive techniques, whether those investigations are performed for the purposes of routine screening, for example, in pregnancy or prior to surgery, or for more specific purpose of differential diagnosis. A patient's consent may in certain circumstances be given implicitly, for example, by agreement to provide a specimen of blood for multiple analysis. In other circumstances it needs to be given explicitly, for example before undergoing a specified operative procedure or providing a specimen of blood to be tested specifically for a named condition. As the expectations of patients, and consequently the demands made upon medical practitioners, increase and develop, it is essential that both medical practitioner and patient feel free to exchange information before investigation or before the treatment is undertaken.

Need to obtain consent for

81. (1) In the case of a patient presenting with certain symptoms, which the medical practitioner is expected to diagnose, the process of obtaining consent

testing for HIV infection. should form part of the consultation.

(2) Where blood samples are taken for screening purposes, as in ante-natal clinics, there will usually be no reason to suspect HIV infection but even so the test should be carried out only where the patient has given explicit consent. Similarly, those handling blood samples in laboratories, either for specific investigation or for the purpose of research should test for the presence of HIV only where they know that the patient has given explicit consent.

(3) Testing without explicit consent of a patient can be justified only in most exceptional circumstances where a test is imperative in order to secure the safety of persons other than the patient and it is not possible to obtain the prior consent of the patient.

(4) It would not be unethical for a medical practitioner to perform a test without the patient's consent, provided that the medical practitioner is able to justify that documentation as being done is in the best interests of the patient.

Note 1. - The Medical Council has advised that the principle of having the consent of the patient for treatment and for conducting tests should apply generally, but it is particularly important in the case of testing for HIV infection, not because the condition is different in kind from other infections, but because of the possible serious social and financial consequences which may ensue for the patient from the mere fact of having been tested for the condition. These are problems which would be better resolved by developing a spirit of social tolerance than by medical action, but they do raise a particular ethical dilemma for the medical practitioner in connection with the diagnosis of HIV infection or AIDS. They provide a strong argument for each patient to be given the opportunity, in advance, to consider the implications of submitting to such a test and deciding whether to accept or decline it.

Note 2. - A particular difficulty arises in cases where it may be desirable to test a child for HIV infection and where, consequently, the consent of a parent, or a person in *loco parentis*, would normally be sought. However, the possibilities that the child having been infected by a parent may, in certain

circumstances, distort the parent's judgment so that consent is withheld in order to protect the parent's own position. The medical practitioner faced with such a situation must first judge whether the child is competent to consent to the test on his own behalf. If the child is judged competent in this context, then, consent can be sought from the child. If, however, the child is judged unable to give consent, the medical practitioner must decide whether the interest of the child should override the wishes of the parent.

Confidentiality
and HIV status.

82. (1) When a patient is seen by a specialist who diagnoses HIV infection or AIDS, and a general practitioner is or may become involved in the care of the patient, then the specialist should explain to the patient that the general practitioner cannot be expected to provide adequate clinical management and care without full knowledge of the patient's condition.

Note 1. - The medical practitioners are generally familiar with the need to make judgments as to whether confidential information should be disclosed or not in particular circumstances, and the need to justify their documentation where such a disclosure is made. The Medical Council has held the view that, where HIV infection or AIDS has been diagnosed, any difficulties concerning confidentiality which arise will usually be overcome if medical practitioners are prepared to discuss openly and honestly with patients the implication of their condition, the need to secure the safety of others, and the importance for continuing medical care of ensuring that those who will be involved in their care know the nature of their condition and the particular needs which they will have. The Medical Council has held the view that any medical practitioner who discovers that a patient is HIV positive or suffering from AIDS has a duty to discuss these matters fully with the patient. The Medical Council considers that the majority of the patients will readily be persuaded of the need for their general practitioners to be informed of the diagnosis.

(2) If the patient refuses to consent to the specialist for giving full knowledge about his condition to the general practitioner, then the specialist has two sets of obligations to consider and these are the obligations to the patient to maintain confidence, and obligations to other care-giver whose own health

may be put unnecessarily at risk.

(3) In the circumstances mentioned in paragraph (2), the patient should be counseled about the difficulties which his condition is likely to pose for the team responsible for providing continuing health care and about the likely consequences for the standard of care which can be provided in the future.

(4) If, having considered the matter carefully in the light of such counseling, the patient still refuses to allow the general practitioner to be informed then the patient's request for privacy should be respected except where the medical practitioner judges that the failure to disclose would put the health of any of the health care team at serious risk.

Note. - The Medical Council considers that, in a situation mentioned in paragraph (4) , it would not be improper to disclose such information, as that person needs to know. The need for such a decision is, in present circumstances, likely to arise only rarely, but if it is made, the medical practitioner must be able to justify his documentation. Similar principles apply to the sharing of confidential information between specialists or with other health care professionals such as nurses, laboratory technicians and dentists. All persons receiving such information must, of course, consider themselves under the same general obligation of confidentiality as the medical practitioner principally responsible for the patient's care.

Informing the patient's spouse or other sexual partner. **83.** (1) When a person is found to be infected in the manner specified in Note 1, the medical practitioner must discuss with the patient the question of informing a spouse or other sexual partner.

(2) In case of AIDs patients, the medical practitioners shall make their own judgments of the course of action to be followed in specific circumstances.

Note 1.- Questions of conflicting obligations also arise when a medical practitioner is faced with the decision whether the document that a patient is HIV positive or suffering from AIDS should be disclosed to a third party,

other than another health care professional, without the consent of the patient. The Medical Council is of the view that there are grounds for such a disclosure only where there is a serious and identifiable risk to a specific individual who, if not so informed, would be exposed to infection.

Note 2. - The Medical Council considers that most such patients will agree to disclosure in these circumstances, but where such consent is withheld the medical practitioner may consider it as his duty to ensure that any sexual partner is informed, in order to safeguard such persons from infection.

Note3. - It is emphasized that the advice set out in this Part is intended to guide medical practitioners in approaching the complex questions which may arise in the context of this infection. The instructions in this Part may be taken as only general guidelines and individual medical practitioners must always be prepared as a matter of good medical practice, to make their own judgments of the appropriate course of action to be followed in specific circumstances, and be able to justify the decisions which they make.

PART IX

MISCELLANEOUS

Action on
complaint
against medical
practitioners.

84. (1) Any person aggrieved by the non-compliance with any of the provisions of these Regulations by a medical practitioner by indulging in any professional misconduct or malpractice may make a written complaint to the Medical Council.

(2) Upon receipt of a complaint under paragraph (1) the Medical Council shall send notice to the medical practitioner concerned along with a copy of the complaint and afford him a reasonable opportunity to furnish his answer to the allegations made in the complaint.

(3) If upon receipt of the written reply to the complaint, the Medical Council is satisfied that the medical practitioner is found guilty of professional misconduct or indulged in malpractice it may by reasoned order impose a suitable penalty on the medical practitioner as it may deem just and proper in accordance with section 17 of the Act.

Penalty for
contravention of
regulations.

85. (1) Every person who contravenes any regulation shall on summary conviction be liable to a fine not exceeding twenty thousand dollars and in the case of a continuing offence a further penalty of two thousand dollars for each day during which the contravention continues.

(2) No prosecution under these Regulations shall be instituted without the previous sanction of the Medical Council.

ANNEXURE I**[See reg.4 (1)]****THE HIPPOCRATIC OATH**

I swear by Apollo the Physician, by Aesculapius, Hygeia and Panacea, and I take to witness all the gods and goddesses, to keep according to my ability and judgment of the following Oath:

To reckon him who taught me this Art as dear to me as my parents, to share my substance with him and relieve his necessities if required; to look on his offspring as my own brothers and to teach them this Art without fee or stipulation if they wish to learn it; that by precept, lecture and every other mode of instruction I will impart a knowledge of the Art to my own sons and the sons of the master who taught me and to disciples bound by stipulation and oath according to the law of Medicine, but to none others.

I will follow that system of regimen which according to my ability and judgment I consider best for the benefit of my patients and abstain from whatever is deleterious and mischievous I will give no deadly medicine to anyone if asked nor will I suggest any such counsel. In like manner I will not give a woman a pessary to procure abortion. Nor will I cut persons laboring under the Stone, but will leave this to men who are practitioners at this work.

With purity and holiness will I pass my life and practice my Art. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from all intentional ill-doing and especially from the pleasures of love with those I come into contact with therein, be they women or men, free or slaves.

All that may come to my knowledge in the exercise of my profession or daily commerce with men which ought not to be spread abroad I will keep secret and never reveal.

While I continue to keep this Oath inviolate may it be granted to me to enjoy life and the practice of the Art, respected by all men and in all times, but should I trespass and violate this Oath may the reverse be my lot!

ANNEXURE II**[See reg. 5]****INTERNATIONAL HUMAN RIGHTS INSTRUMENTS**

1. International Covenant on Economic, Social and Cultural Rights.
2. International Covenant on Civil and Political Rights.
3. Optional protocol to the International Covenant on Civil and Political Rights International.
4. Convention on the Elimination of all forms of Racial Discrimination.
5. International Convention on the Suppression and Punishment of the Crime of Apartheid.
6. International Convention against Apartheid in Sports.
7. Convention on the prevention and Punishment of the Crime of Genocide.
8. Convention on the Rights of the Child.
9. Convention on the Elimination of all forms of Discrimination against Women.
10. Convention on the Political Rights of Women.
11. Convention on the Nationality of Married Women.
12. Protocol amending the Slavery Convention of 1926.
13. Supplementary Convention on the Abolition of Slavery and Similar Institutions.
14. Convention relating to the Status of Refugees.

15. Protocol relating to the Status of Refugees.

ANNEXURE III

[See reg.6]

JOINT CODE OF ETHICS

Whereas the right to health is anchored in the Constitution of the Co-operative Republic of Guyana;

And whereas the National Health Plan of Guyana (2008-2012) recognises that regulation of Health Care Professions is a key element in improving the quality of care of health of the people of Guyana;

And whereas the health professionals acknowledge and respect the basic human rights to health and are aware of their responsibility to promote human rights to prevent diseases, to restore health and to alleviate suffering;

And whereas the major health professions emphasize their joint responsibility to ensure the best possible standard of professional conduct through the code of ethics that will serve as a common code for all medical practitioners, dentists, pharmacists, nurses and medex;

And whereas the Medical Council, Dental Council, Pharmacy Council and General Nursing Council and the Medical Board have agreed to this Joint Code of Ethics to be complementary to the specific Code of Conduct made under the relevant enactment governing the relevant health professions;

NOW, THEREFORE, the following Joint Code of Ethics is made:

Citation.

1. This Code may be cited as the Joint Code of Ethics for Health Professionals 2008.

Interpretation.

2. In this Joint Code of Ethics -

(a) “Council” means –

- Act No.16 of 1991. (i) the Medical Council of Guyana established by section 3 of the Medical Practitioners Act 1991;
- Act No.16 of 1996. (ii) the Dental Council established by section 3 of the Dental Registration Act 1996;
- Act No.9 of 2003. (iii) the Pharmacy Council incorporated under section 3 of the Pharmacy Practitioners Act 2003;
- Cap.137. (iv) the General Nursing Council for Guyana established under the Nurses and Midwives Registration Ordinance; or
- Cap.134. (v) the Medical Board established by section 16 of the Colonial Medical Service Ordinance;

(b) “health professional” means a person registered under-

- Act No.16 of 1991. (i) the Medical Practitioners Act 1991;
- Act No.16 of 1996. (ii) the Dental Registration Act 1996;
- Act No.9 of 2003. (iii) the Pharmacy Practitioners Act 2003;
- Cap.137. (iv) the Nurses and Midwives Registration Ordinance;

or

Act No.19 of 1978.

- (v) the Medex Act 1978.

Aims of health professionals.

3.The aims of the health professionals are-

- (a) to protect the patients;
- (b) to promote confidence in health professionals;

- (c) to serve as a strong partner in health care regulation and policy;
and
- (d) to promote health and well-being for everyone.

Health professionals to maintain code of ethics.

4. (1) Every health professional shall maintain the common code of ethics while discharging his functions by-

- (a) timely registering him in accordance with the requirements of relevant law for carrying on his profession;
- (b) delivering safe, competent care of patients;
- (c) setting standards of practice and conduct;
- (d) ensuring quality of health care professional education;
- (e) ensuring that the professional knowledge and skills are kept up-to-date;
- (f) strengthening patient protection;
- (g) encouraging receipt of feed-back from the patients regarding the services rendered;
- (h) developing awareness for the wider determinants of health.

(2) Every health professional shall observe this Joint Code of Ethics, maintain his integrity and honour and dignity of the health profession and encourage other health professionals to act similarly.

Principles to be followed by health professionals.

5. Every health professional shall be responsible for doing the following-

- (a) putting the interest of patients first and acting to protect them;
- (b) respecting the dignity of patients, their rights and choices;
- (c) protecting the confidentiality of information received;
- (d) cooperating with other health professionals in the interest of patients;
- (e) maintaining the required professional knowledge and

competence;

(f) acting with honesty, integrity and compassion; and

(g) advocating for health promotion at the individual, community and social levels.

Safeguarding interests of patients.

6. Every health professional shall carry out the principle of putting the interests of patients first and acting to protect them by-

(a) working within one's limits and referring to colleagues for second opinion or further treatment, if considered necessary;

(b) keeping accurate records concerning the patients and protecting the confidentiality of the records to the extent necessary;

(c) taking complaints from the patients seriously and reacting in an appropriate and sympathetic way;

(d) protecting the patients from risks arising from one's professional performance, behaviour or health status;

(e) not asking for or accepting any payment, gift or hospitality that may affect or appear to affect one's professional judgment;

(f) ensuring continuity of care in the event of closure of the health care facility or conflict with moral beliefs and referring the patient to appropriate care;

(g) observing generally accepted scientific standards for research involving patients and respecting the right of every patient to safeguard his integrity including withdrawal of consent.

Protection of dignity, etc, of patients.

7. Every health professional shall observe the principle of respecting the dignity, rights and choices of the patients by-

(a) listening to the patients with empathy and a sense of compassion;

(b) treating the patients politely and with respect to their dignity and rights as individuals and in accordance with the established procedure;

(c) delivering care without discrimination on the ground of sex, age,

race, ethnic origin, culture, spiritual or religious beliefs, lifestyle or any other irrelevant considerations;

- (d) recognizing and promoting the responsibility of patients to make decisions about their body and health including the terminally ill and in respect of the need for the consent of the patients;
- (e) giving appropriate and understandable information so that the patient can make independent decisions;
- (f) maintaining appropriate boundaries between the health professionals and the patients in their relationship and not abusing the relationship.

Protection of confidentiality of information.

8. Every health professional shall observe the principle of protecting the confidentiality of information received by him by-

- (a) treating all information given by the patients as confidential and using them only for the purpose for which it was given;
- (b) keeping the information secure at all times and prevent unauthorized access; and
- (c) getting appropriate advice, if the health professional needs to reveal confidential information in the interest of the public or the patient.

Principle of co-operation.

9. Every health professional shall co-operate with other health professionals by -

- (a) co-operating with the team members, colleagues and other health professionals and respecting their role and competence;
- (b) treating all team members and other colleagues fairly; and
- (c) sharing information, knowledge and skills with other team members and colleagues as are necessary in the best interest of the patients.

Maintenance of professional knowledge and

10. Every health professional shall strive to acquire and maintain professional knowledge and competence by-

- competence.
- (a) developing and updating his professional knowledge and skills throughout his working life;
 - (b) continuously reviewing the knowledge, identifying the gaps and understanding the limitations and strengths thereof and by getting involved in reviewing of the policies and procedures and staying abreast with the up-to-date knowledge and research;
 - (c) keeping oneself informed of and following the laws, regulations and guidelines that affect one's work, premises, equipment and business.

Trustworthiness. **11.** Every health professional shall –

- (a) act honestly and with integrity to justify the trust of the patients and the general public;
- (b) apply the principle of trustworthiness to all professional, educational and business activities;
- (c) maintain appropriate standards in all aspects of the health professional's private and public life; and
- (d) contribute to the prestige and reputation of the profession by complying with every code of conduct concerning the profession.

Promotion of health and well-being. **12.** Every health professional shall observe the principle of advocating for health and well-being at the individual, community and societal levels by-

(a) getting involved in health promotion and by advocating for well-being in the community and the betterment of society in general;

(b) promoting and facilitating healthy environments and lifestyles conducive to health;

(c) promoting and facilitating effective and appropriate health care systems according to the principles of the primary health care approach that enable equal, appropriate and affordable access to care;

(d) working for organizational structures and resources that ensure safety, support and respect for all health care professionals in their work setting; and

(e) promoting and protecting in particular health and well-being of vulnerable groups.

ANNEXURE IV**[See reg.7 (2)]****DUTIES OF A MEDICAL PRACTITIONER REGISTERED WITH THE
MEDICAL COUNCIL**

1. Patients must be able to trust medical practitioners with their lives and well being.

To justify that trust, the medical practitioners, being members of the medical profession, have a duty to adhere to the code of conduct and maintain good standard of practice and care and to show respect for human life.

2. In all these matters a medical practitioner must never discriminate unfairly against his patients or colleagues and a medical practitioner must always be prepared to justify his actions to the patients.

3. In particular, as a medical practitioner one must-

- (i) take the care of his patient as his first concern;
- (ii) treat every patient politely and considerately;
- (iii) respect the dignity and privacy of the patients;
- (iv) listen to the patients and respect their views;
- (v) give patients information in a way they can understand;
- (vi) respect the rights of patients to be fully involved in decisions about their care;
- (vii) keep one's professional knowledge and skills up to date;
- (viii) recognize the limits of one's professional competence;
- (ix) be honest and trustworthy;
- (x) respect and protect confidential information;
- (xi) ensure that his personal beliefs do not prejudice the care of patients;
- (xii) act quickly to protect patients from risk if the medical practitioner has good

reasons to believe that he or a colleague may not be fit to practice;

(xiii) avoid abusing his position as a medical practitioner; and

(xiv) work with colleagues in the ways that best serve patients' interests.

Made this day 2008.

Minister of Health.