



**MEDICAL BOARD OF TRINIDAD AND TOBAGO**

**A CODE OF ETHICS  
IN THE  
PRACTICE OF MEDICINE**

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# **A CODE OF ETHICS IN THE PRACTICE OF MEDICINE**

ADOPTED BY THE MEDICAL BOARD OF TRINIDAD AND TOBAGO AND BY THE TRINIDAD AND TOBAGO MEDICAL ASSOCIATION AND ISSUED AS A GUIDE TO ALL DOCTORS PRACTISING MEDICINE IN TRINIDAD AND TOBAGO

## **INTRODUCTION**

The entrant to the profession of medicine joins a fraternity dedicated to the service of humanity. He will be expected to subordinate his personal interests to the welfare of his patients and, together with his fellow practitioners, to seek to raise the standard of health in the Community in which he practices.

## **GENERAL**

The nature of a doctor's work is such that, in order for him to do it properly, he must enjoy the confidence of the people on whom he practices his art and applies his science. He has a moral duty, therefore, to maintain the noble traditions handed down to him by his predecessors and to create, by his professional and social example, an honoured place in the esteem of the community in which he serves. He should be kind, thorough and diligent in his work; courteous in his social demeanour; honest in his business transactions; knowledgeable and confident when giving advice and honourable in his relationship with his colleagues.

The Trinidad and Tobago Medical Association acknowledges and accepts the INTERNATIONAL CODE OF MEDICAL ETHICS which was enunciated by the WORLD MEDICAL ASSOCIATION IN 1947 and was based on a modern restatement of the HIPPOCRATIC OATH, now known as the DECLARATION OF GENEVA.

## **DECLARATION OF GENEVA**

**At the time of being admitted as a member of the medical profession I solemnly pledge myself to consecrate my life to the service of humanity.**

**I will give my teachers the respect and gratitude which is their due.**

**I will practice my profession with conscience and dignity.**

**The health of my patient will be my first consideration.**

**I will respect the secrets which are confided in me.**

**I will maintain by all the means in my power the honour and the noble traditions of the medical profession.**

**My colleagues will be my brothers.**

**I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.**

**I will maintain the utmost respect for human life from the time of conception; even under threat I will not use my medical knowledge contrary to the laws of humanity.**

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

## **THE INTERNATIONAL CODE OF MEDICAL ETHICS**

### **(1) Duties of Doctors in General**

A doctor must always maintain the highest standards of professional conduct.

A doctor must practice his profession un-influenced by motives of profit.

### **(2) Duties of Doctors to the Sick**

A doctor must always bear in mind the obligation of preserving human life.

A doctor owes to his patient complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond his capacity he should summon another doctor who has the necessary ability.

A doctor shall preserve absolute secrecy on all he knows about his patient because of the confidence entrusted in him.

A doctor must give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

### **(3) Duties of Doctors to One Another**

A doctor ought to behave to his colleagues as he would have them behave to him.

A doctor must not entice patients from his colleagues.

A doctor must observe the principles of the DECLARATION OF GENEVA approved by the WORLD MEDICAL ASSOCIATION.

### **(4) The following Practices are Deemed Unethical**

- (a) Any self-advertisement except such as is expressly authorized by the Code of Medical Ethics;
- (b) Collaboration in any form of service in which the doctor does not have professional independence;
- (c) Receiving any money in connection with services rendered to a

patient other than a proper professional fee, even with the knowledge of the patient,

**(5) The Following Points of Caution are Emphasized**

- (a) Any act or advice which could weaken physical or mental resistance of a human being may be used only in the patient's interest.
- (b) A doctor is advised to use great caution in divulging discoveries or new techniques of treatment,
- (c) A doctor should certify or testify only to that which he has personally verified,

**DUTIES OF PHYSICIANS TO THEIR PATIENTS**

For the honourable physician the first consideration will always be the welfare of the sick. On his conscience rest the comfort, the health and the lives of those under his care. To each he gives his utmost in science, art and human helpfulness, Their confidences are safe in his keeping except in those rare instances when the safeguarding of society imposes a higher law and except when the physician is performing a service to his patient by submitting necessary information to a third party with the consent of the patient or a responsible relative or guardian.

He does not multiply costs without need, or raise needless fears or allay fears without full consideration. Even when he cannot cure he will alleviate pain and discomfort and will be a counsellor and friend.

It is a special duty for one who stands guard over the lives of men to keep his art and his science in good repair, to enlarge and refresh his knowledge constantly and to give his patients treatment that is not only sympathetic, but the best possible in the circumstances. To this end he will be ever anxious, by reading and post-graduate training, to keep abreast of modern advances in medicine. Also, he will always be willing to check and supplement his diagnosis, treatment and prognosis by consultation. No excellence in one respect can excuse slipshod, ignorant or outdated service.

Every physician should practice the art as well as the science of medicine. To this end every patient is entitled to a careful history and a thorough physical examination, as well as having made available all the procurable aids that science has developed for use in diagnosis and treatment, whenever in the judgement of his physician these are indicated.

## **DUTIES OF PHYSICIANS REGARDING CONSULTATIONS**

It is the duty of the attending physician to accept the opportunity of a second opinion in any illness that is serious, obscure or difficult or when consultation is desired by the patient or by persons authorized to act on the patient's behalf. While the physician should name the consultant he prefers, he should not refuse to meet the physician of the patient's choice, though may urge, if he thinks so, that such consultant has not the qualifications or the experience that the existing situation demands.

In the following circumstances it is particularly desirable that the attending physician, while dealing with an emergency when this exists, 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, activities or capacities of the patient has to be considered, and particularly when the condition which it is sought to relieve by this treatment is in itself not dangerous to life.
- (b) When operative measures involving the death of a foetus or of an unborn child are contemplated, particularly if labour has not begun.
- (c) When there are grounds for suspecting that the patient
  - (i) has been subjected to an illegal operation, or
  - (ii) is the victim of criminal poisoning.

Since consultation is planned wholly for the good of the sick person, there should enter into it no trace of insincerity, rivalry or envy. Before seeing the patient, the consultant should be given a brief history of the case by the attending physician.

After consultation the joint decision should be communicated to the patient and his family by the attending physician, supplemented, if necessary, by the consultant.

If agreement as to diagnosis and treatment should not be possible, and if the consultant is convinced that the future well-being of the patient is concerned in his so doing, he should inform the patient and his family in the presence of the attending physician of the points of disagreement.

The consultant's conduct must be specially careful and tactful, and when circumstances make it necessary for him to perform his examination in the absence of the attending physician, he should communicate his opinions and suggestions for treatment directly to the attending physician and not to the patient. Responsibility for the patient's care rests with the physician in attendance.

When the attending physician desires to refer a patient to a consultant's rooms he should ensure that an adequate history and a note of what he desires to be done is made available to the consultant.

If the consultant is requested to advise on diagnosis and treatment, he should limit himself to this only and should not treat the patient except specifically asked to do so.

### **REFERRALS TO HOSPITAL**

When a patient has been sent for admission to hospital under a consultant's care, it is the duty of the referring physician to give as much information as possible to the consultant. It is also the duty of the consultant to report his findings to the referring physician. Hospital physicians should see that findings or suggestions of value concerning any patient at the time under their care in hospital are sent to the physician usually in attendance on that patient.

### **EXAMINING MEDICAL OFFICERS**

It often happens that a doctor'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 or superannuation, entry into certain employment, litigation, or requests from the police. The doctor representing the interested third party is the EXAMINING MEDICAL OFFICER.

The following is the approved code of conduct for such EXAMINING MEDICAL OFFICERS:

- I. An examining practitioner must be satisfied that the individual to be examined consents personally or through his legal representative, to submit to medical examination and understands the reason for it, except in special cases where statute law makes such examinations mandatory.
- II. When the individual to be examined is under medical care the examining practitioner shall cause the attending physician to be given such notice of the time, place and purpose of his examination as will enable the attending physician to be present should he or the patient so desire.
  - i. Exception may be taken to the above procedure only where circumstances justify an immediate examination. Where the examining practitioner undertakes such immediate examination he shall promptly inform the attending physician of the fact of his visit and the reason for his action.

- III. If the attending physician fails to attend at the time arranged, the examining practitioner shall be at liberty to proceed with examination.
- IV. An examining practitioner must avoid any word or action which might disturb the confidence of the patient in the attending physician, and must not, without the consent of the latter, proceed to do anything which involves interference with the treatment of the patient.
- V. The examining 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.
- VI. Any proposal or suggestion which an examining practitioner may wish to put forward regarding treatment shall be first discussed with the attending physician.
- VII. When in the course of the examination there are material clinical findings of which the attending physician is believed to be unaware, the examining practitioner shall, with the consent of the patient, inform the attending practitioner of the relevant details,
- VIII. An examining practitioner shall not utilize his position to influence the person examined to choose him as his medical attendant,
- IX. When the terms of contract of his employing body interfere with the free application of this code, an examining medical officer shall make honest endeavour to obtain the necessary amendment of his contract himself or through the Medical Association.

## **INDUSTRIAL MEDICAL OFFICERS**

A doctor in industry needs to exercise constant care in his relationships, for while he holds his appointment from management, his duties 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 doctors.

The following notes have been prepared to assist him in avoiding difficulties. Where existing ethical custom fails to cover the circumstances, they will help to govern his professional relationships with medical colleagues in other branches of practice, with those workers under his care and with managements. The notes are intended for all doctors in industry whether they are working whole time or in a part-time capacity.

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

As his contribution towards achieving and maintaining this vital relationship with his colleagues, the doctor in an industrial appointment should be guided by the following:

1. Save in emergency, the doctor in industry should undertake treatment which is normally the responsibility of the worker's general practitioner only in co-operation with him. This applies both to treatment personally given and to the use of any special facilities and staff which may exist in his department. When he makes findings which he believes should, in the worker's interest, be made known to the general practitioner, or similarly, when details of treatment given should be passed on, he should communicate with the general practitioner.
2. If, for any reason, the doctor in industry believes that the worker should consult his general practitioner, he should urge him to do so.
3. Save in emergency, the doctor in industry should refer a worker direct to hospital only in consultation or by prior understanding with the general practitioner.
4. It is normally the function of a doctor in industry to verify justification for absence from work on grounds of sickness. If the doctor in industry proposes to examine a worker who is absent for health reasons, he should inform the general practitioner concerned of the time and place of his intended examination. Failure to receive a reply from the worker's general practitioner within a reasonable time can be assumed to indicate no objection by the general practitioner to the intended action of the industrial medical officer.
5. The doctor in industry should not, without the consent of the parties concerned, express an opinion as to liability in accidents at work or industrial diseases except when so required by a competent court or tribunal.
6. Doctors in industry should beware of influencing or appearing to influence any worker in his choice of general practitioner.

7. 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 officer's consent and that of the worker concerned or by order of a competent court or tribunal. The doctor in industry is solely responsible for the custody of his records which, on termination of his appointment, he should hand over only to his successor. If there should be no successor he retains responsibility for the custody of these records.
  
8. He should not in any circumstances disclose his knowledge of industrial process acquired in the course of his duties, except with the consent of management or by order of a competent court or tribunal.

## **THE DOCTOR'S PRACTICE**

### **Notices**

From time to time it may happen that a doctor, whether in general or consulting practice, wishes to make some formal announcement about his practice to his patients or his colleagues. A general practitioner, for example, may need to notify his patients of a change of address or of consulting hours, or the fact that he may be changing to consulting practice. In any such case the notification should be sent as a circular letter, under cover, to the patients of the practice, that is to those who are on its books and are not known to have transferred themselves to another doctor. There is no objection to a suitable notice being placed under the name plate.

On no account should the lay press be used for the purpose of making the announcement. Even if a rumour or an ill-informed statement in a newspaper appears to require correction the doctor should refrain from making any comment in the press.

A practitioner who wishes to draw the attention of his colleagues in the profession to the fact that he has recently commenced or intends to practice any particular branch of medical or surgical work, may do so in either or both of the following ways:

1. by calling upon practitioners already established in the area and giving a personal explanation of his arrangements and plans;
  
2. by sending a sealed notification to those practitioners who may be expected to be interested, provided such a communication contains no laudatory allusion to himself or his work.

## **Premises**

In selecting premises for his surgery a doctor should preserve the dignity of his profession and bear in mind certain ethical considerations. It is undesirable to establish a surgery in a hotel or in the same premises as occupied by a chemist's shop. There may be special circumstances in which a modification of this rule is justified, but even then a separate entrance should be arranged and there must not be inter-communication.

## **Door Plates**

In General Practice the door plate or name plate on a doctor's house or branch surgery is the name by which he indicates his availability as a medical practitioner. It should be unostentatious in size and form, being no larger than 18" x 6" with lettering of maximum height of (to allow for capital letters). and it may bear the doctor's name, registrable qualifications and, in small letters not exceeding ½", his surgery hours.

The Specialist Medical Practitioner is allowed to have on his name plate:

- a) his name,
- b) the registrable qualifications,
- c) the speciality in which he practices provided that the specialist qualification has been approved by the Council of the Medical Board,
- d) Dr., Mr. or Miss before the name where appropriate and if desired.

Degrees and qualifications appearing on the name plates of medical practitioners should be confined to those relating to the practice of their profession.

Notices regarding special surgery hours for ante-natal care or the care of children are more appropriate in the waiting-room.

At night a doctor's name plate may be illuminated by subdued lighting and only during the time that he is available for consultation at the premises where the sign is displayed.

A doctor should not put up a name plate on premises he proposes to occupy at some future date.

## **Telephone Directories**

The entry of a doctor's name in the ordinary listing of a telephone directory must be in ordinary small type. The heavy type used for commercial and other business enterprises is not permissible for a doctor.

Professional telephones are rented at a business rate and the names of all doctors are listed in the Classified (Trade & Professional) Telephone Directory under the heading "MEDICAL PRACTITIONERS".

This is ethically permissible while the Telephone Company continues to publish, as at present, a complete list of doctors as appears in the Trinidad & Tobago Gazette and supplied by the Medical Board.

### **Fees**

General rules and standards regarding fees should be adopted by the profession. It should be deemed a point of honour among medical practitioners to adhere to these standards with as much uniformity as varying conditions admit.

Doctors are reminded that fees are chargeable for consultations, special examinations, e.g. laboratory tests, ECG examinations, etc., special procedures, e.g. operations, both minor and major, and for medical reports.

Certificates stating illness or fitness, incapacity etc. are an integral part of the consultation as are prescriptions for medicines, advice on diet, rest etc. Such certificates, when necessary, are included in the consultation fee.

### **Group Practice**

Whatever is right and becoming for a physician is equally right for any association of physicians in clinics or other groups, and whatever is obligatory upon the individual is equally obligatory upon the group.

It is illegal and not in keeping with the principles of medical ethics for medical practitioners to practice medicine in partnership with anyone not duly registered to practice medicine.

### **Emergency Calls**

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

In a case of sudden illness or accident when several physicians are called, the first to arrive should be considered to be in charge. However, he should withdraw in favour of the regular family doctor should he arrive, or of any other physician preferred by the patient.

### **Reports**

A medical report is a statement by a medical practitioner as to the nature of illness of a patient and may include information as to prognosis, treatment,

history of past illnesses etc. All such information is confidential between doctor and patient and may be disclosed to third parties only with the consent of the patient or a guardian in the case of a child. If the patient is unable, by virtue of incapacity, to give such consent, the doctor may disclose the information on the authority of a responsible relative provided the disclosure is, in the doctor's opinion, in the interest of the patient.

Unless these conditions are satisfied the doctor is under an ethical obligation to guard such information unless he is compelled to disclose it by a properly constituted court or tribunal.

In all forms where medical reports are to be filled in by a physician there should be included a declaration to be signed by the patient or a responsible relative or guardian stating that assent is given to the physician to supply the information requested. It is strongly recommended that these forms and/or declarations be supplied in duplicate to permit the physician to retain a copy.

### **CONTRACT PRACTICE**

While not in itself unethical, contract practice becomes so if there is solicitation for patients, underbidding, interference with the choice of physicians, or if the compensation is so low that adequate service cannot be given, or if professional services are made to yield profits to lay controlling groups.

### **ABORTION**

The induction or procuring of abortion involves the destruction of life. It is a violation of both the moral law and Criminal Code of Trinidad and Tobago except when there is justification for its performance.

The only justification in law at present is that the continuance of the pregnancy would imperil the mental or physical health of the mother.

It is appreciated, however, that there are certain faiths which, on religious grounds, do not recognize this exception.

Such an operation should never be undertaken unless the attending physician and consultant agree as to the necessity for such an action. The recommendation of the latter should be put in writing.

It is strongly advised that such an operation be performed in a hospital when such facilities are available and that the superintendent or head of the institution be notified in advance.

## **ATTENDANCE UPON COLLEAGUES**

Every effort should be made to maintain the traditional practice of the medical profession whereby attendance by one doctor upon another or upon his dependants is without a direct charge.

## **A MEDICAL PRACTITIONER AS A VISITOR**

When, as a friend, a medical practitioner meets the patient of another medical practitioner, or calls upon such a friend when the latter is ill, he must be careful not to be drawn into interference through suggestions or opinions. These should never be expressed except when he has been called in consultation in the authorised way.

## **ACCEPTANCE OF PATIENTS**

In the light of existing conditions of medical practice in Trinidad and Tobago at present, it may not be possible to adhere to the guidelines listed below and formerly applicable in this society. They are nevertheless stated as a reminder to doctors of an ideal that has been found commendable.

The examination of another doctor's patient may occasionally result in the patient being attracted to the examiner's own practice. A practitioner ought not to accept as his patient, save with the consent of the colleague concerned –

- 1) Any patient whom he has previously attended either as a consulting practitioner or as a deputy for a colleague in the preceding six months:
- 2) any patient whom he has attended within the previous six months in the capacity of assistant or locum tenens,
- 3) any patient who at the time of the application is under active treatment by a colleague, unless he is personally satisfied that the colleague concerned has been notified by the patient or his representatives that his services are no longer required;
- 4) any patient who so applies because his regular medical attendant is temporarily unavailable. In such a case he should render whatever treatment may, for the time, be required and he should subsequently notify the patient's regular attendant of the steps he has taken.

## **UNDISCLOSED SHARING OF FEES**

A practice which on occasions has brought the profession into disrepute is that of dichotomy. i.e. the secret division, by two or more doctors, of fees on a basis of commission or other defined method. Any undisclosed division of professional fees, save in the medical partnership publicly known to exist, is highly improper.

## **PAID ADVOCACY**

The paid advocacy of any commodity, whatever its merits, cannot be reconciled with the ideals of a medical practitioner. The practitioner must be free to choose from all elements those best for his patient and must not promote one particular element for gain. It is precisely because he is a physician that his advocacy is held in high esteem and he must avoid the danger of applying it to commercial rather than purely professional entities.

## **ADVERTISING**

### **Definition**

The word "advertising" in connection with the medical profession must be taken, in its broadest sense, to include all those ways by which a person is made publicly known, either by himself or by others without objection on his part, in a manner which can fairly be regarded as for the purpose of obtaining patients or promoting his own professional advantage.

### **Rule**

The practices by a medical practitioner

- (1) of advertising whether directly or indirectly for the purpose of obtaining patients or promoting his own professional advantage; or for any such purpose, of procuring or sanctioning or acquiescing in the publication of notices commending or directing attention to the practitioner's professional skill, knowledge, services or qualifications, or depreciating those of others; or of being associated with, or employed by those who procure or sanction such advertising or publication; and
- (2) of canvassing or employing any agent or canvasser for the purpose of obtaining patients; or of sanctioning or being associated with or employed by those who sanction such employment

are discreditable to the medical profession and are contrary to the public interest. Any practitioner resorting to any such practice is guilty of professional misconduct and liable to erasure.

### **Publicity**

- (1) Anonymity should be observed by the medical profession as a general principle. Departure from the principle is permissible only when the objective of the publicity for the doctor or the group of doctors is apparent and justifiable:
  - (a) in the interests of the general public, or
  - (b) in the interests of the medical profession, or

- (c) as an essential part of providing authoritative information when necessary for the general public.

In these circumstances anything that could be construed as advertising of the doctor himself should be incidental and reasonably unavoidable for the attainment of the objective.

- 1) Any publicity by or on behalf of or condoned by a doctor which has as its objective the personal advertisement of the doctor is highly undesirable, unethical and in contravention of the code of ethics as adopted by the Medical Board of Trinidad and Tobago.
- 2) Therefore, no active steps should be taken by any registered or provisionally registered medical practitioner to achieve publicity as a doctor except as indicated in paragraph (1) above. A doctor should take all possible steps to avoid or prevent publicity where it can be shown to be unnecessary or to be to his advantage as a doctor.
- 3) Two forms of publicity that are particularly suspect are frequency of mention of the doctor's name and reference to his being skilled in some particular form or treatment or department of medicine, or in the use of some special apparatus or the performance of some particular operation.
- 4) A doctor who attempts to justify unduly frequent publicity on the grounds that it cannot benefit him professionally is doing a disservice in that he makes it more difficult to condemn similar activities on the part of others who do stand to gain thereby.

It is conceded that practitioners may properly place their views on medical subjects before the public when they can do so with authority. In so doing it behoves each one to avoid methods which could be fairly regarded as for the purpose of obtaining patients or otherwise promoting his own professional advantage. It should also be remembered that there are many things innocent in themselves which may, by the manner and frequency of their being done, gravely contravene the principle that medical practitioners should not advertise.

Discussion in the lay press or in broadcasting on controversial points of medical science and treatment should be avoided by practitioners. Such matters are more appropriate for medical journals and discussion in professional societies.

### **LETTERS, ARTICLES, CONTRIBUTIONS AND BOOKS FOR THE LAY PUBLIC**

The publication of contributions to the lay press and of books or articles on medical or semi-medical topics that are of general public interest requiring

medical knowledge for their proper presentation are recognised as ethically legitimate, subject to the avoidance of methods tending to promote the professional advantage of the author. The following points are emphasized:

- 1) Although it is permissible for the author's name to be published, this should not be done in large or heavy type.
- 2) There must not be any laudatory editorial reference to the author's professional status or experience.
- 3) Nowhere in the publication or related advertisements should the author allow references to identify privately-owned institutions with which he is professionally associated.
- 4) It is necessary to strictly observe those principles of medical etiquette which demand modesty concerning personal attainments and achievements and courtesy in reference to colleagues.
- 5) The author should avoid undue frequency of contributions on medical matters to the lay press.
- 6) The author should not enter into private correspondence with lay readers on clinical matters arising out of his contribution.
- 7) A medical practitioner should in no circumstances be a party to the publication in the lay press of medical articles of a sensational nature.

Irrespective of the views expressed above as to what could properly appear on the title page of books or the heading of an article, the Association is conscious of the fact that certain contributions cannot fail to promote the professional advantage of the author, who must shoulder the responsibility for any such result and be prepared, if challenged, to answer for it before a professional tribunal. The publications of books and articles by a named author who poses as an authority on the treatment of a disease may constitute self-advertisement and thus be unethical ab initio. Such material may lead to self-diagnosis by the reader, which is contrary to the public interest.

### **MEDICAL LECTURES TO THE LAY PUBLIC**

It is a wise precaution for a practitioner who proposes to deliver a lecture to request the Chairman before hand to be circumspect in any introductory remarks concerning his professional status or attainments. There is special reason for care in the presentation of material when it is known in advance that a press reporter or free-lance journalist will be present. Additional security might be obtained if the lecturer enquired whether press representatives were present. If so, he could intimate that he did not desire any report of his lecture to be published.

## **PRESS INTERVIEWS**

A practitioner should exercise the greatest caution in granting a press interview, and the same general principles applicable to the publication of written articles should be scrupulously observed. A seemingly innocuous remark is often open to misinterpretation and may easily form the subject of a damaging headline. This may place the 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 be granted, to ask for an opportunity to approve the statement in proof before it is published.

## **BROADCASTING, INCLUDING TELEVISION**

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 physicians who can speak with authority on the question at issue. Physicians 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. Not only should they personally observe this rule, but they should 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 physicians of established position and authority should observe these conditions. For their example must necessarily influence the actions of their less recognized colleagues. These remarks apply particularly to practicing physicians.

A physician serving in a public capacity is in a different position, but even he should see to it that it is his office, rather than himself, that is exalted.

## **CONDONATION OF PUBLICITY IN THE PRESS**

Exception cannot be taken to publication in the lay press of a doctor's name in connection with a factual report of events of public concern. On occasion, however, in press reports, articles or social columns, statements are made without previous consent, commenting favourably on the professional activities or success of medical practitioners. These statements cannot fail to place the named practitioner in a critical and embarrassing situation, and should not be allowed to pass unchallenged. In every case of this type the medical practitioner involved should send a letter of protest to the editor marked "Not for publication", demanding that statements concerning his professional activities be not published in future without previous personal consent, a copy of which should be sent to the Secretary of the Ethics Committee and also to the Council of the Medical Board.

Statements disclaiming responsibility for offending publicity should not be offered to the lay press for publication.

## **REPORTS ON SOCIAL GATHERINGS**

A doctor's name is frequently included in reports of a social occasion or gathering. It is unusual for exceptions to be taken to this. The more distinguished a man, the more often his name is likely to appear as an important guest at a function. Nevertheless, the name that is always occurring, sometimes in unlikely places, may well be suspect. It is not beyond the wit of man to manage to appear prominently and frequently in sufficient places for his name to become better known than would be the ordinary sequel of a good professional reputation, and doctors are well advised to avoid the circumstances inviting such suspicion.

## **ADVERTISEMENTS IN THE LAY PRESS**

The use of advertising columns of the lay press to publicize the professional activities of individual medical practitioners, even in the absence of a name (e.g. by using a box number) is unethical. A particularly reprehensible form of advertising of this type 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, for publication in the social columns.

## **PHOTOGRAPHS**

A practitioners' photograph appearing in connection with an interview or an article published in the lay press on professional subjects is a most undesirable form of publicity and every reasonable precaution should be taken to ensure that such photographs are not published.

## **HOLDING OF PUBLIC OFFICE**

It is the recognized duty of a medical man to take his share as a citizen in public life and to hold public office, should he so desire. But it is essential that the holding of public office is not used as a means of advertising himself as a doctor.

Publicity is necessary in carrying out the duties of Medical Officers of Health and other posts in the public health services. Provided that this is not used for the individual advancement in his profession, it may rightly be allowed.

## **ASSOCIATION WITH COMMERCIAL ENTERPRISES**

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 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.

A similar view is taken of the association of a medical practitioner with any system or method of treatment which is not under medical control and which is advertised in the public press.

While recognizing the right of a medical practitioner to be associated (save as above) with a legitimate business enterprise, if the enterprise concerns the sale of medicine or food, the practitioner should not allow his professional status or qualifications to be used for advertising purposes outside the medical press.

### **EXAMPLE OF SENIOR PRACTITIONERS**

There is a special duty required of practitioners of established position and authority to observe these conditions, for their example must necessarily influence the action of others.

### **NURSES AND NURSING**

The services provided by the nursing profession in the care and prevention of illness are essential and complementary to the work of the medical profession. Therefore, it is the duty of all doctors to support and, where necessary, guide the work of nurses to the end that both professions, while remaining true to their respective codes of ethics, will so co-operate as a harmonious team that there will be provided an optimal service to all patients under their care.

### **DIFFERENCES BETWEEN PHYSICIANS**

Differences between physicians which, after fair discussion, cannot be adjusted should be referred to the appropriate authority. Complaints of unprofessional conduct should be referred in writing either directly to the Medical Board or to the Ethics Committee of the Trinidad and Tobago Medical Association.

### **MEDICAL WITNESSES**

The medical witness should be actuated by a desire to assist the court on arriving at a just decision and not merely to further the interest of the party on whose behalf he has been summoned.

### **ILLICIT RELATIONS WITH PATIENTS**

All illicit personal relations involving a doctor are considered reprehensible. But such relations arising out of the occasion of a professional relationship constitute professional misconduct and are classified as infamous and

disgraceful. Such actions are punishable by severe censure or erasure from the Medical Register.

While it is well recognized that the doctor's role in relieving suffering and counselling of patients often exposes him or her to the risk of dangerous infatuation on the part of patients of the opposite sex, each medical practitioner has an obligation to be specially careful to detect any signs of such infatuation at its outset and to avoid any words or deeds which could either deliberately or unintentionally nurture such infatuation. Where a practitioner is in doubt as to the precise emotional esteem in which he is held by his patient, very strict professional protocol in the execution of his duties will often be of assistance.

Doctors are reminded of the risk of being accused of impropriety by patients who are examined in the absence of a nurse or an assistant. Such accusations are sometimes the result of mischief, or the failure of a doctor to respond to a patient's emotional advances. But they can also be the result of mental imbalance or genuine misunderstanding on the part of a patient.

Adultery arising out of a professional relationship is infamous and disgraceful.

## **ALCOHOL AND DRUGS**

Doctors who are found to be drunk while performing their professional duties are a disgrace to the profession. Doctors who are habitually drunk in public even when not performing professional duties are also a disgrace to the profession. The public has a right to expect that persons to whom their lives are often entrusted observe a minimal standard of sobriety at all times.

Because of a doctor's easy access to prohibited and addictive drugs a special warning on this question is necessary. Any doctor who takes any such drugs illicitly or illegally or becomes addicted to the use of such drugs is guilty of professional misconduct.

The punishment for abuse of alcohol or addictive drugs is severe censure and/or erasure from the Medical Register.

## **MEDICAL CONFIDENTIALITY**

A doctor is forbidden, except in the well defined circumstances outlined below, from breaking the rule of professional confidence.

The rule of medical professional confidentiality requires that all medical information obtained by a doctor about a patient in his professional relationship with that patient must remain confidential. The exceptions to this bond of secrecy are outlined below.

## **HOSPITAL MEDICAL RECORDS**

Medical confidentiality applies to hospital medical records and doctors must therefore protect their patient's medical records from being read by third parties. Certain other members of the health care team in a hospital will have access to medical records, eg. nurses, physiotherapists, radiographers, dieticians, records clerks etc. But the doctor in charge must ensure that these personnel recognize the need for confidentiality and their duty not to disclose information obtained from the medical records. The rule of confidentiality applies even after the death of the patient.

## **LEGAL REPRESENTATIVES**

Information about a patient's condition can be given to the patient's legal representatives only with the patient's permission. After a patient's death the doctor may release medical information to the deceased patient's legal representative, but not to a lawyer acting for the third party.

## **MEDICAL RECORDS IN INDUSTRY**

The medical records made by a doctor in industry are confidential between the doctor and the employee patient and cannot be made available to management without the patient's consent, preferably in writing. The medical records made by the doctor are not the property of the company and the doctor is fully responsible for their safe keeping,

## **EXCEPTIONS TO THE RULE OF CONFIDENTIALITY**

Doctors are exempted from the rule of confidentiality in the following circumstances: -

### **1. With the Patient's Consent**

It is a wise precaution to obtain such consent in writing whenever this is practical. This applies when making reports to such bodies as insurance companies and when disclosing information to the patient's legal representative.

## **2. For the Common Good**

Disclosures under this heading are protected by QUALIFIED PRIVILEGE.

If a patient is suffering from a medical condition which makes it dangerous to himself or to others for him to continue doing his ordinary work, the doctor has an ethical obligation to disclose the nature of the condition to the employer, but only if the patient refuses to voluntarily change his job.

## **3. By Statutory Requirements**

NOTIFIABLE DISEASES, GUN-SHOT WOUNDS and CAUSES OF DEATH in death certification must all be referred to the proper authorities in the manner prescribed by law for each. Notification to the coroner of unnatural or suspected unnatural causes of death, including accidents, falls under this category.

## **4. By Order of a Court of Law**

A doctor must give medical information to a court of law when he is directed to do so by the presiding judge or magistrate.

## **5. To Colleagues and Other Health Care Personnel**

As mentioned under MEDICAL RECORDS above other members of the health care team will have access to medical information about a patient. These would include other doctors who share in the management of the case, paramedical personnel and records clerks. Consent for this by the patient is implied in the patient's acceptance of admission to hospital or to care by the team.

## **6. To Relatives of the Patient**

In the case of an unconscious, a very ill or an elderly patient it may be necessary to discuss the case with close relatives. This may also be necessary, but not always, in the case of minors and doctors have to use their best judgement in these cases.

## **MEDICAL CERTIFICATES**

Medical certificates given to patients for presentation to employers, school authorities, examination boards, etc. may state fitness or unfitness on medical grounds, but must not indicate the nature of the medical condition. It is wrong therefore, to include a diagnosis in a medical certificate unless requested by the patient.

## **MEDICAL REPORTS**

Medical reports are statements made about a patient's medical condition, with the patient's consent, and are usually for presentation to a third party, eg., an insurance company, legal representatives and so on.

Fees are chargeable for medical reports at the discretion of the doctor making the report.