



MYANMAR MEDICAL COUNCIL

**Ethics and
Code of Professional Conduct
for Medical Practitioners**

**2nd EDITION
February 2020**

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Foreword

One of the main objectives of the Myanmar Medical Council, is to supervise the abidance and observance of the medical practitioners to be in conformity with the moral conduct and ethics of the profession. To fulfill this objective, the Myanmar Medical Council, since its inception by the new Myanmar Medical Council Law promulgated on 9th April 2015, formed an Ethics and Disciplinary Committee. This committee was duly assigned to revise and update the Myanmar Medical Council Guidelines on Medical Ethics for the Medical Profession issued since July 2003. Accordingly, the committee formed a task force for reviewing and revising the Ethics and Code of Professional Conduct for Medical Professionals, headed by Professor Aye Maung Han who is also the Chair of the Ethics and Disciplinary Committee. The other members of the task force comprised of Professor Rai Mra, President of the Myanmar Medical Association, Dr. Myo Thet Htoon, Executive Committee Member of the Myanmar Academy of Medical Science and Professor Aye Aung, Executive Committee Member of the Myanmar Medical Council.

This document “Ethics and Code of Professional Conduct for Medical Practitioners” is the valuable outcome of the effort and endeavours of the task force for which the Myanmar Medical Council truly appreciates. The present document encompasses the system of moral principles that apply values to the practice of clinical medicine which is in the process of continuing changes and development throughout the history of the medical profession.

The document is unique and comprehensive as its content includes the WMA Declaration of Geneva, WMA International Code of Medical Ethics, definitions of medical ethics and professional conduct, provision of good clinical care, maintenance of good medical practice and proper relationship with patients and

colleagues. In addition, with the increasing frequency of medically related activities online, an item on ethical standards of telemedicine is included. Concerning ethics in research, an emphasis has been placed on scientific paper writing.

These updated guidelines will help doctors to work in the best interest of the patients and also to fulfill the other objectives of the Myanmar Medical Council, deemed essential for effective and safe quality healthcare for all citizens of the country, thus creating a favorable health environment.
Congratulations to the Task Force!

Professor Samuel Kyaw Hla
President,
Myanmar Medical Council

Preface

Every doctor would remember the pledge that was taken on the graduation day which they had solemnly vowed to abide throughout their professional career. This originated from the Hippocratic Oath which appeared in the 4th Century B.C. and known to be the earliest expression of medical ethics. This had established many principles that remained as predominant foundation for all practicing doctors. The phrase “*Primum non nocere*” (Latin) is part of the original oath meaning “First do no harm” which is one of the fundamental codes of practice we adhere to when we treat patients. The oath also included a promise that healers must never divulge what they see or hear in the course of their profession to anyone and to hold this information as a holy secret. This is how medical confidentiality has been deemed paramount even at that time. Many expanded versions to this oath have been developed by many organizations later on.

Myanmar Medical Council had published its previous ethics guidelines for the Medical Profession in 2003. Since the societal values and advancements in medicine and technology have changed expeditiously in the past decade, it is imperative that an updated version of this guidance needs to be produced. This is written to be aligned with the values of professional conduct in the *Declaration of Geneva and the International Code of Medical Ethics* issued by the World Medical Association. The task force has also made references to the medical ethics guidelines of other regulatory bodies and adapted some to be in context with our cultural norms and the health care system. This guidance explicitly illustrates the standards of ethical and professional conduct expected to be observed by all registered doctors practising in Myanmar. Any conduct that violates these expectations or specific

duties and obligations is not acceptable ethically and is deemed unprofessional.

It is hoped that the guidance will be useful for the medical practitioners in developing good relationship with their patients and to build trust with confidence in provision of medical care. It is also crucial that we develop a system that will ensure doctors who are competent and fit to practise so as to protect health and safety of the public, the foremost responsibility of the Medical Council.

Professor Aye Maung Han
Chairperson of Ethics and Disciplinary Committee,
Myanmar Medical Council

Task force for reviewing and revising the Ethics and Code of Professional Conduct for Medical Practitioners

Professor Aye Maung Han	Executive Committee Member Myanmar Medical Council
Professor Rai Mra	President, Myanmar Medical Association and Executive Committee Member Myanmar Medical Council
Dr. Myo Thet Htoon	Executive Committee Member Myanmar Academy of Medical Science
Professor Aye Aung	Executive Committee Member Myanmar Medical Council

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WMA DECLARATION OF GENEVA

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948.

Fourth amendment at the 68th WMA General Assembly, Chicago, United States, October 2017

The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I solemnly pledge to dedicate my life to the service of humanity; **The health and well-being of my patient** will be my first consideration; **I will respect** the autonomy and dignity of my patient;

I will maintain the utmost respect for human life;

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I will respect the secrets that are confided in me, even after the patient has died;

I will practise my profession with conscience and dignity and in accordance with good medical practice; **I will foster** the honour and noble traditions of the medical profession;

I will give to my teachers, colleagues, and students the respect and gratitude that is their due;

I will share my medical knowledge for the benefit of the patient and the advancement of healthcare;

I will attend to my own health, well-being, and abilities in order to provide care of the highest standard; **I will not use** my medical knowledge to violate human rights and civil liberties, even under threat;

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

6th November 2017

WMA International Code of Medical Ethics

Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949.

Amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968

And the 35th World Medical Assembly, Venice, Italy, October 1983

And the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006

DUTIES OF PHYSICIANS IN GENERAL

A Physician shall always exercise his/her independent professional judgement and maintain the highest standards of professional conduct.

A Physician shall respect a competent patient's right to accept or refuse treatment.

A Physician shall not allow his/her judgement to be influenced by personal profit or unfair discrimination.

A Physician shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.

A Physician shall deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.

A Physician shall not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.

A Physician shall respect the rights and preferences of patients, colleagues and other health professionals.

A Physician shall recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.

- A Physician shall certify only that which he/she has personally verified.
- A Physician shall strive to undergo health care and attention if he/she suffers from mental or physical illness.
- A Physician shall respect the local and national codes of ethics.

DUTIES OF PHYSICIANS TO PATIENTS

- A Physician shall always bear in mind the obligation to respect human life.
- A Physician shall act in the patient’s best interest when providing medical care.
- A Physician shall owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician’s capacity, he/she should consult with or refer to another physician who has the necessary ability.
- A Physician shall respect a patient’s right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.
- A Physician shall give emergency care as a humanitarian duty unless he/ she is assured that others are willing and able to give such care.
- A Physician shall in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
- A Physician shall not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

DUTIES OF PHYSICIANS TO COLLEAGUES

- A Physician shall behave towards colleagues as he/she would have them behave towards him/her.
- A Physician shall NOT undermine the patient-physician relationship of colleagues in order to attract patients
- A Physician shall when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.

Introduction

Patient-doctor relationship is one of the most important pillars in giving medical care in the medical profession. This relationship is based on a patient's trust in the doctor's professionalism which can easily be lost if the doctor does not maintain his/her competence nor respect the code of conduct. The primary responsibility of the doctor is to act in the best interest of the patient and do him no harm.

Myanmar Medical Council has developed guidelines on "Ethics and Code of Professional Conduct" in order to give guidance to the doctors, the manner they are expected to behave and handle in the situations which will be related to ethical issues in their day-to-day medical practice. These are values and principles of professional practice and conduct that all Medical Practitioners and their colleagues registered with the Medical Council, are expected to follow and adhere to. Since the previous ethics guidelines for medical professionals was published in 2003, the Myanmar Medical Council has now updated the guidelines in the light of recent changes in societal values and the advances in modern technology. It is hoped that these updated guidelines will help doctors to work in the best interest of their patients.

1. Defining Medical Ethics and Professional Conduct

Ethics is a branch of philosophy dealing especially with the distinction between right and wrong, and also with the moral consequences of our actions based on moral principles, values and rules of conduct.

Medical ethics is a system of moral principles that apply values and judgments to the practice of clinical medicine and in doing scientific research. Medical ethics allow people, regardless of their race, gender, or religion to be given guaranteed quality

and principled care. They are based on a set of values that professionals can refer to when any *confusion or conflict arise*. These include beneficence, non-maleficence, as well as respect for autonomy and justice.

- **Beneficence** means helping patients by providing good medical care for their benefit. To ensure this, the medical practitioners need to be sufficiently educated and also trained in order to be competent in their appropriate fields of practice throughout their career.
- **Non-maleficence** means to “do no harm.” Medical practitioners must refrain from providing ineffective treatments or acting with malice toward their patients. They should be able to act in the best interest of patients at all times, so as to provide utmost benefit to them.
- **Respect of autonomy** is honoring the patient’s right to decide for himself/herself what treatment to accept and which to reject. In order to make informed decisions, it is the duty of the medical practitioners to provide the patients with relevant information and advice on the available alternative treatment options in addition to the benefits and risks involved in opting for them. The patient’s decision needs to be made voluntarily in a conducive environment and also providing him with sufficient time to understand the information and advice, in a setting free of coercion.
- **Justice:** Medical practitioners must treat patients fairly and equitably, according to their medical needs with neither preference nor prejudice. They need to work with the resources available (distributive justice), with respect for people’s rights (rights-justice) and in accordance with the existing laws of the country (legal justice).

Code of Professional Conduct is what is expected of all doctors registered to practice medicine to follow. These are principles that characterize good medical practice and makes explicit standards of ethical and professional conduct expected of doctors by their professional peers and the community.

1.1 Defining “Professional Misconduct” , “Poor Performance” and “Medical Negligence”

Professional Misconduct:

1. Includes not only conduct involving dishonesty and moral turpitude (corrupt, depraved or wicked behavior), but also
2. Any act, whether by commission or omission, which has fallen below the standards of conduct which is expected of members of the profession.
3. Any act which is reasonably regarded as disgraceful, dishonorable or unethical by medical practitioners of good repute and competency.

Poor professional performance means a failure by the medical practitioner to meet the standards of competence (whether in knowledge or skill or both) that can reasonably be expected of medical practitioners.

Medical negligence is defined as the negligent, improper, or unskilled treatment of a patient by a health care professional. Medical negligence happens when the medical practitioner fails to provide the care which is expected in each case thus resulting in *injury or death* of the patient.

This can include negligent care from a nurse, physician, surgeon, pharmacist, dentist or other health care workers. Medical negligence forms the basis for most **medical malpractice** claims where the victim is claiming injury from medical treatment.

When and how to apply Ethics and Code of Conduct

The medical practitioners registered with the Myanmar Medical Council are expected to follow these ethical principles and code of professional conduct during their practice and also while making clinical decisions for their patients. This guidance is intended to help them make good judgments on the current situation that arise when they see the patients. In doing so, doctors must act *in the best interest of their patients* without allowing religion, nationality, gender, race, ethnicity, age, political values, socio-economic grouping or disability to affect the care that is given to the patients, in any negative way.

The overriding duty of the registered Medical Practitioners: In order to maintain their licence to practice, the medical practitioners must demonstrate that they are maintaining a high standard of professional conduct to uphold public trust in the competence and integrity of the profession. To keep up with these standards, they must be working in line with the principles and values set out in this guidance. Any serious or persistent failure to follow this guidance will put their registration at risk.

The Executive Committee of Myanmar Medical Council is empowered to take disciplinary action to the

registered medical practitioners who have committed breach of Ethics and Professional Code of Conduct according to the Myanmar Medical Council Law Section 12, article 45 ,(b),(c),(d) and (e).

Important terminologies used in this book:

The term “**You must**” is used where there is an absolute duty of the medical practitioner to comply with the principles that follows.

The term “**You should**” is used to describe best practice in most circumstances, accepting that it may not always be practical to follow the principles or that another approach may be appropriate in particular circumstances. They should use their ethical judgment in such cases.

2. Providing good clinical care

All patients are entitled to receive a good standard of medical practice and care from their doctors which would provide complete trust between the medical profession and the community. *Essential elements of a good standard of medical practice and care are:* (a) having professional competence and compassion, (b) maintaining good relationships with patients and colleagues, (c) Upholding professional ethics and fulfilling obligations.

2.1 Good clinical care means: doctors must,

- 2.1.1 Assess adequately the patient's condition that is based on good history taking, adequate clinical examination, (and other relevant) laboratory tests and appropriate diagnostic examinations
- 2.1.2 Give suitable and prompt treatment whenever necessary
- 2.1.3 Recognize and work within the limits of one's professional competence
- 2.1.4 Provide a standard medical care that is rational and based on a balance of evidence and accepted good clinical practice
- 2.1.5 Referring the patient to another practitioner or service when this is in the patient's best interests
- 2.1.6 Consult and take advice from colleagues when appropriate
- 2.1.7 Take steps to alleviate pain and distress whether or not a cure is possible

2.2 Continuing Professional Development

- 2.2.1 Keep abreast with the current knowledge and skills throughout their working life. In particular, doctors must take part regularly in continuing medical educational activities which are aimed at developing their competence and performance.
- 2.2.2 Be familiar with up-to-date clinical guidelines and current standard of care.
- 2.2.3 Observe the laws and regulations and keep up to date with the laws and statutory codes that govern medical practice.
- 2.2.4 Respond constructively to assessments and appraisals of your professional competence and performance.

2.3 Keeping records

- 2.3.1 Keep medical records clearly and accurately which must include relevant clinical information, the information given to patients, medications prescribed or other investigations or treatment given.
- 2.3.2 Ensure that these records are kept securely and confidentially to protect the patients' privacy.
- 2.3.3 Provide the patients with their medical information in a way that best suits their needs when requested e.g. a medical summary or a report.

2.4 Fitness to practice

- 2.4.1 It is important for doctors to be physically and mentally capable of giving appropriate care to patients.
- 2.4.2 If the doctor's health is impaired either physically or mentally, he/she must ensure that this impairment does not cause harm or distress to patients. The doctor must:
- (a) Seek appropriate medical or professional intervention and treatment so that the condition can be reviewed, monitored and assessed.
 - (b) Notify the MMC of the condition, together with a report by the treating doctor.
 - (c) If one of your colleagues has physical or mental impairment to such an extent that patients have been harmed or are at immediate risk of harm, you must initially approach him/her to counsel them to self-report. Failing this, you are obliged to report to the relevant authorities even without their consent.

2.5 Providing unconventional treatment

- 2.5.1 Alternative medicine is a very broad subject and it encompasses all forms of medicine and clinical practices that fall outside allopathic medical practice (conventional medicine). Doctors registered with the Myanmar Medical Council (MMC) must practice only those

treatment and clinical procedures that are approved based on generally accepted best practice guidelines.

- 2.5.2 This ethical standard has been set for patient safety and to prevent patients from being misled regarding the appropriateness and benefits of certain treatment related to alternative medicine.

2.6 End of life care

- 2.6.1 During end-of-life care, doctors must ensure that patients' welfare is not compromised and that his autonomy is preserved when and wherever possible. It is very important that their best interests are upheld and that they do not suffer harm inappropriate to their clinical conditions and the natural course of disease. A smooth transition has to be made from managing a patient with intent to cure and to get to a stage of providing palliative care.
- 2.6.2 The doctor has an ethical responsibility to ensure that the patient dies with dignity and in comfort with as little suffering as possible. The patient and his family should be explained in an open and sensitive manner about the circumstances of the patient's death especially when the cause of death is likely to cause distress.
- 2.6.3 It is neither ethical nor legally acceptable in Myanmar to assist death nor to also hasten

death (physician assisted death) or to carry out euthanasia (i.e. active participation in deliberately killing the patient).

3. Maintaining Good Medical Practice

This section will be focusing on the doctors' conduct and obligations when practising or discharging his/her duties in the health care system. This will include writing of prescriptions, certificates, references and recommendations for the patients and working colleagues which must be clear, truthful and unbiased. This section also reminds doctors how to be within the ethical boundaries when dealing with the business industry (Pharmaceutical firms and Medical device companies) and make sure they work in the best interest of the patients.

3.1 Prescribing medicines

- 3.1.1 Prescribing medicines to patients is one of the most important responsibilities of a doctor and this must be done with utmost care. Prescriptions for medicines must not be issued without examining the patient and assessing their health condition.
- 3.1.2 The medicine prescribed must be related to treating the health condition of the patient, justified and made in the best interest of the patient without causing harm in any way.
- 3.1.3 It must be based on clear medical grounds obtained from sufficient clinical information which conforms to the current evidence or guidelines accepted as good medical practice.

- 3.1.4 Careful consideration of the drug efficiency and safety, including drug interactions and allergies must be done before prescribing medicines to patients.
- 3.1.5 The doctor must also have the necessary qualification to prescribe the controlled drugs and those restricted for specialist use (only) according to the drug legislations.
- 3.1.6 Prescriptions should be written legibly, dated and signed. Name and the MMC licence number of the doctor prescribing the medications, must be included.
- 3.1.7 Only medicines that are approved and registered with the Myanmar FDA or authorized by the Drug Advisory Committee (DAC) must be prescribed.
- 3.1.8 It is unethical to sell prescriptions and doctors must not be influenced by inducements provided by pharmaceutical and medical device companies.
- 3.1.9 In prescribing medicines, doctors must weigh the benefits and adverse effects of the medications to ensure patient safety as the first priority.

3.2 Performing interventional and surgical procedures

- 3.2.1 A doctor who performs any surgical or interventional procedure must have enough skills and competency.

3.2.2 In treating high risk patients, the likelihood of high morbidity and mortality must be let known to the patient or family before the procedure.

3.2.3 In such patients, if the benefits outweigh the adverse effects, the doctor should proceed with the knowledge and consent of the patient or the relatives.

3.3 Referral, Delegation and Transfer of patients

3.3.1 Referral involves transferring some or all of the responsibility regarding the patient's care to other doctors. This should be done in the best interest of the patient. It is an ethical responsibility of the medical practitioner to refer the patient to another doctor who is more skilled and competent to treat the patient's underlying health problem. All the relevant patient's records must be made available to the doctor whom he is referred to.

3.3.2 Referrals can be temporary, for example, to obtain second opinion, or for a specialized investigation or for specific treatment, or for substantial or full responsibility for the care of the patient.

3.3.3 It is imperative that all relevant information including investigations and treatment should be provided. The patient needs to be informed about the reason for the referral and the relevant information of the doctor he is being referred to.

3.3.4 Paying or accepting fees for referrals is an unethical practice and as such must be avoided.

3.4 Signing medical certificates and other documents

3.4.1 Certificates, reports, prescriptions and other formal documents must be accurate and legible. Reasonable steps for the verification of false or a misleading statement and a review of a patient's condition should be done before signing.

3.4.2 The signing doctor must always include his Medical Licence Number whenever he issues any formal documents.

3.5 Providing References, Certificates and Recommendations

3.5.1 When providing references either for a colleague or a student, the comments must be honest and justifiable. All relevant information which has a bearing on the colleague or a student's competence, performance, reliability and conduct must be stated clearly.

3.5.2 Certificates and recommendations are to be given only after reviewing and should be accurate and truthful.

3.6 Advertising

3.6.1 The information that doctors provide in medical advertising about medical practitioners and their services must be consistent with the noble image and dignity of the medical profession.

- 3.6.2 It is obligatory not to advertise anything that would mislead patients, undermine their trust, demean the profession, or exploit a patient's vulnerabilities, fears or lack of knowledge.
- 3.6.3 Advertising must be truthful and verifiable.
- 3.6.4 Doctors should provide neutrally toned information about their registered qualifications with the MMC, their specialty area of practice and their expertise.
- 3.6.5 They must avoid including information that could mislead the public as to their credentials. Extravagant and undue persuasive claims are not allowed nor accepted.
- 3.6.6 It is also inappropriate to advertise using elements involving leisure activities, glamour, famous locations, associating with celebrities and entertainment or with the fashion world.
- 3.6.7 Doctors must not offer prizes, gifts and financial inducements such as free or discounted examinations or treatments (outside of legitimate non-commercial health promotion activities).
- 3.6.8 Subjective praise and compliments about the doctor's services have no place in advertising. Testimonials are subjective and should not be used in advertising on any media. Equally, doctors must not ask or induce patients or anyone to write positive testimonials about them in any media.

- 3.6.9 Information about services either in the form of publication or broadcasting must be factual and verifiable.
- 3.6.10 It must be published in a way that conforms to the law.
- 3.6.11 The information that is published must not make claims about the quality of their services and must not compare them with those of their colleagues who are providing the same type of medical care.
- 3.6.12 Guarantees of cures, and exploiting patient's vulnerability as a result of lack of medical knowledge should not be offered or provided.
- 3.6.13 The information published about the doctor's services must not put pressure on the patient or community to use his service, for example by arousing ill-founded fears for their future health issues.
- 3.6.14 Similarly, one must not advertise one's services by making home visits, telephoning or emailing prospective patients, either in person or through a deputy.
- 3.6.15 The sign board of a doctor should ONLY indicate the name (rank or title if any), degree (qualifications) and specialty recognized by the Myanmar Medical Council.

3.6.16 Degrees, diplomas and memberships not recognized by the Myanmar Medical Council must not be indicated next to the name of the doctor.

3.6.17 Failure to comply with these would be liable to punishment by article 45(f) of the Myanmar Medical Council Law.

3.7 Conflict of interest: financial and commercial dealings

3.7.1 Medical Practitioners are obliged to always place a patient's interest above their own personal or any business or financial considerations. Exerting undue influence upon the patients to enter into transactions in which they or anyone close to them have a material interest must be avoided.

3.7.2 If a doctor has any financial or commercial interest in hospitals, nursing homes and other medical organizations that are providing health care or in a pharmaceutical, biomedical and medical device company, having commercial interest must not affect the way the doctor provides treatment or in referring patients.

3.7.3 If a doctor receives financial support or any other resources from a pharmaceutical, biomedical or medical device company, he/she needs to address the issue of "potential conflict of interest" by informing the relevant parties about this issue in a transparent manner.

3.7.4 A doctor must act in the patient's best interests when arranging treatment, providing care and when making referrals. It is inappropriate to ask for or accept any inducement, gifts, financial payments or hospitality which may affect or be seen to affect the doctor's judgment and treatment.

3.7.5 Such inducements should also not be offered to any other colleague.

3.8 Professional relationship in dealing with pharmaceutical, biological and medical device companies

Organizing Events and Meetings

3.8.1 Professional bodies and Academic Institutions may accept support to organize symposia, congresses and educational meetings that are sponsored either by pharmaceutical or medical device companies but such events should be for providing scientific knowledge and educational information only and not for promotion of their products.

Sponsorship of Medical Practitioners to attend Educational events

3.8.2 Doctors may attend educational events sponsored by pharmaceutical and medical devices/servicing companies, but need to act ethically and must not show, or appear to show favoritism to the companies that provide such sponsorships. They should be aware that even

low-value promotional materials can influence the prescribing and treatment decisions.

- 3.8.3 Any financial reimbursement or honoraria that doctors receive for their roles as expert participants in educational events must be fair, reasonable and commensurate with the time and expertise provided.

When **accepting sponsorships for legitimate educational events**, the *following general principles* would apply:

- 3.8.4 The programmes sponsored for should be primarily for education and research, and should not be focused on extravagant meals, entertainment or any other kind of leisure activities.
- 3.8.5 The sponsorship must be directed towards facilitating his/her attendance of the programmes including reasonable logistic support.
- 3.8.6 The greatest proportion of time should be spent attending the formal content of the programmes rather than on unrelated activities.
- 3.8.7 Expenses for any other hospitality that are not related to educational event e.g. touring, site seeing, personal dinners and entertainments must be borne personally including costs for unrelated activities like extension of stay before or after the period of formal programme.

- 3.8.8 The sponsorship must only be for your own participation and not for any accompanying persons, unless there is insignificant or no additional cost (for example, sharing a hotel room at no extra charge). Meals and other costs incurred by accompanying persons should be paid for personally.

3.9 Gifts and other items

- 3.9.1 A doctor must not let financial conditions influence his/her management of patients. He/She should not ask or accept material gifts (except those of insignificant value) or ask for financial loans from companies that sell or market drugs or medical appliances.
- 3.9.2 He/She should not ask fees for agreeing to meet sales representatives of the companies.
- 3.9.3 Doctors are allowed to accept non-monetary items that are related to work and for the healthcare of patients. These should be of minimal value and quantity that is provided by the pharmaceutical or medical device companies. Examples of such items are: pens, calendars and note pads. Items of medical utility (i.e. anatomical models, medical text books) can also be accepted on condition that it is of modest value).
- 3.9.4 Payments in cash or its equivalent (e.g. gift certificates) must not be accepted; neither can other promotional items intended for personal

benefit such as electronic gadgets (computers, phones, DVD or CD players) and paintings.

- 3.9.5 Accepting food baskets offered as a customary gift are allowed on occasions that are celebrated either on religious grounds or local customs such as at the end of lent (Thadingyut) or New Year. In addition, gifts provided when carrying out hospital visits in times of sickness and floral tributes at funerals may also be accepted.
- 3.9.6 It is not appropriate for doctors to attend any entertainment or sports events that are paid for by pharmaceutical or medical device companies.
- 3.9.7 A doctor can be given a contract by a pharmaceutical or medical device company as a consultant or as an advisor to speak or chair a meeting. A contracted service with a doctor can be made also to carry out scientific studies, clinical trials, training and attendance at advisory board meetings.
- 3.9.8 However, the hiring of doctors for their relevant expertise and experience by pharmaceutical and medical device companies must not be an inducement to prescribe, recommend, purchase, supply or administer any medicine or medical equipment.

3.10 Disclosure of criminal acts carried out by a patient

- 3.10.1 Information associated with the patient that would help prevent, detect or prosecute criminal

activity should be disclosed to the relevant authorities only on legitimate demands for legitimate reasons.

3.11 Legal matters in medical practice

Giving evidence in legal proceedings

- 3.11.1 A registered doctor must be honest and trustworthy when giving evidence to courts or tribunals. He/she must cooperate with formal inquiries and complaint procedures and must offer all relevant information while following the guidance in Confidentiality. (see below)
- 3.11.2 A doctor must make clear about the limits of his/her competence and knowledge when giving evidence or acting as a witness.
- 3.11.3 When the court orders disclosure of a patient's information under the law, either as a plaintiff, defendant or an accused, confidentiality can be breached and relevant information on the case can also be disclosed. Should medical records of other patients be important to support the legal proceedings, a court waiver of consent for the use of this medical record is needed.
- 3.11.4 It is also obliged to limit your disclosure to the extent that it is relevant to the context of the case.
- 3.11.5 A doctor who have been charged with or found guilty of a criminal offence or suspended by an organisation from a medical post, or have

restrictions placed on his/her practice, must inform the matter to the Medical Council without delay.

4. Relationship with Patients and Colleagues

It is the doctors' professional responsibility to work in partnership with their patients, listen to them and respond to their concerns and preferences. The patients must be given the information they want or need and make sure that it is provided in the way they can understand. It is also important to respect their right to reach decisions with the doctor in their treatment and care. The patients should also be supported in caring for themselves in order to improve and maintain their health.

4.1 Establishing and maintaining trust with patients

Doctors must aim to establish and maintain trust with their patients. Relationship must be based on openness, trust and good communication so as to address their individual needs and develop a good partnership with the patients. In doing so doctors must be courteous, reasonable and respect the dignity and privacy of their patients.

4.2 Confidentiality

4.2.1 Confidentiality is central to the trust between medical practitioners and patients. Information obtained in the course of attending patients must **not be disclosed** without the patient's consent to third parties including:

- Family members
- Friends of the patients
- Employers
- Human resource personnel
- Insurance companies
- Lawyers

4.2.2 When taking a clinical history or examining a patient, the doctor must ensure that it is done in a way that will not compromise his/her confidentiality. The doctor's examination or the consultation room should have privacy as it is not ethical to examine or consult a patient in front of another patient or an outsider.

4.2.3 Visual or audio recordings of patients

Patients' consent for visual or audio recordings must be taken unless this is an integral part of clinical assessment or treatment. Doctors must make sure that patients' privacy, dignity, confidentiality and autonomy are not compromised in such recordings. It is the doctor's responsibility to make sure to remove all identifiable characteristics to uphold confidentiality and privacy of the patients.

4.2.4 Patients have the right to view or listen to the recordings if they wish. If they decide to modify or withdraw their consent, they have the right to do so, including to have the recordings erased.

4.2.5 A doctor who is not involved in the care of the patient should not have access to patient's confidential information.

4.3 Consent

Informed Written Consent

- 4.3.1 Informed consent is a process by which the health care provider gives a patient, appropriate information regarding the treatment to enable him/her to make a voluntary choice either to accept or refuse the treatment.
- 4.3.2 Informed consent for medical treatment is fundamental to both ethics and the existing laws. Patients have the right to receive information and ask questions about recommended treatment so that they can make well-informed decisions about their care.
- 4.3.3 Layman's terms must be used to make it understandable and clear to the patient.
- 4.3.4 Effective communication and mutual trust are crucial to making shared decisions.
- 4.3.5 An intelligent and well-informed adult cannot be forced to take any type of medical treatment or tests unless his health condition poses a serious threat to the health and wellbeing of the community.
- 4.3.6 In emergency situations where a patient is incapable of making decisions, his nearest relative has to be asked to give his/her consent.
- 4.3.7 If this is not possible, the doctor in attendance

will have to initiate treatment in the best interest of the patient. However, it is the duty of the doctor to inform the relatives and get their consent at the earliest opportunity.

4.4 Consent from minors

- 4.4.1 Children under the age of 18 are not permitted to give consent for medical procedures and treatments. Parents are typically the primary decision-makers for their children. Parents give permission for their child to undergo procedures and treatments.
- 4.4.2 The parent giving consent must be deemed competent i.e, be able to understand the information being presented. In the absence of biological or adoptive parents to give consent, legal guardians (appointed by the court) may have decision-making capabilities.
- 4.4.3 Children who are old enough to understand medical discussions are sometimes asked to give assent for care. Assent means that the child is agreeing to the treatment or procedure. Children can also dissent, which means they do not agree to participate. The age at which assent is requested in Myanmar is ten years and above.
- 4.4.4 Assent is not required by law, but many institutions require children who are developmentally and cognitively able, to participate in decision making.

4.4.5 If minors are too young to understand but there are no parents or legal guardians available within a reasonable time to give consent, the attending doctor may proceed according to his/her best judgment of the patients' best interests.

This is in accordance with the MMC Law, chapter 17, article (63).

4.5 Consent from patients with diminished mental capacity

4.5.1 Treating patients with diminished mental capacity must be done with due respect, taking into account their rights, values and preferences. Doctors are obliged to assess a patient's fluctuating mental capacity and cognitive function to determine whether the patient can understand and retain information sufficiently to participate in decision making.

4.5.2 If a patient does not have sufficient cognitive function, the views and opinions of his/her family members or those having legal authority need to represent them in order to ensure the patient's best interests. Otherwise it is the responsibility of the doctor who is treating the patient to proceed using his best judgment in the patient's best interest.

4.6 Disclosure of medical information without a patient's consent

4.6.1 There are circumstances when the doctor requires disclosing medical information without

the patient's consent. In order to do so, sound justifications are needed.

4.6.2 Medical confidentiality is not absolute and may be over-ridden when:

4.6.2.1 A patient's consent cannot be reasonably obtained after considering in the best interest of the patient.

4.6.2.2 Information can be disclosed according to the existing statutory laws and regulations including complying with the court orders.

4.6.2.3 Potential serious harm to the patient must be prevented by

- i. Persons involved in their medical treatment.
- ii. Other persons associated with the patients. (e.g. household members)
- iii. The community in public interest.

4.7 Disclosures for training and education

4.7.1 The patient must be informed if he/she would be involved in medical education and training of prospective doctors.

4.7.2 Should the patient have objections, his/her point of view need to be respected. He/She should not be burdened by excessive contact with students.

4.7.3 Sensitive information that would demean or

demoralize the patients should not be discussed in their presence.

4.8 Use of Chaperones in sensitive examinations and procedures

A chaperone is a person who acts as a witness for a patient and a health professional during a medical examination or procedure. Chaperone should be present in a location where he or she is able to assist as needed and observe the examination, therapy or procedure. They may be a health care professional or a trained unlicensed staff member. A family member may be present during sensitive examinations or procedures if it is the expressed desire of the patient but *should not serve* as a chaperone.

4.8.1 Health professionals should only perform sensitive examinations, procedures or care in the presence of chaperones.

4.8.2 This is to promote respect and dignity of the patients in the professional nature of the examination.

4.8.3 The chaperone can also provide assistance to the health professional with the examination, procedure or care.

4.8.4 The presence of a chaperone may also provide protection to health professionals against unfounded allegations of improper behavior.

4.9 Professional relationship in dealing with patients

4.9.1 A doctor must keep patient-doctor relationship strictly professional. This relationship should not develop into an emotional, exploitative and a sexual one either with the patient or his or her spouse or immediate family members.

4.9.2 Likewise, if a patient exhibits sexual behavior towards a doctor, the doctor is obliged not to reciprocate and to do all he/she can to discourage such behavior.

4.9.3 Emotionally intimate relationship may impair the doctor's judgment and compromise the patient's care or cause psychological harm to him/her.

4.9.4 Such relationships even if consensual are strictly prohibited.

4.10 Dealing with adverse outcomes

4.10.1 If a patient under the care of a doctor is faced with an adverse event and has suffered harm, the doctor should act immediately to put matters right, acknowledge the event and minimize the harmful effects. The attending doctor should explain to the patient or to the family what had happened and the possible long and short-term harmful effects in detail.

4.10.2 The doctor should offer an apology as and when appropriate.

4.10.3 If a patient dies or has died, the doctor looking after the patient should provide this information immediately to the patient's spouse or next of kin, explaining the likely cause and circumstances leading to his/her death.

4.11 Ending a professional relationship with patients

4.11.1 A doctor has the primary responsibility to provide proper medical care to his patients. However, there may be situations where it is in the best interest of the patient for such medical care to be provided by another doctor. For example where the treatment requested is beyond the doctor's competence.

4.11.2 In some rare cases due to lack of trust and confidence, a doctor may need to end a professional relationship with a patient.

4.11.3 In such situations, you must be prepared to justify your decision. The patient should be informed, in writing if possible, why this decision has to be made. The attending doctor should also arrange for the patient's continuing care and forward the patient's records without delay.

4.12 Professional relationship in dealing with colleagues

It is also crucial to develop a harmonious working relationship with your colleagues. To establish this, you must treat your colleagues politely, considerately and maintain trust with them. Working in such

a way with colleagues will serve the patient's best interest also.

4.12.1 All colleagues must always be treated with dignity, respect and in all fairness.

4.12.2 One's view of lifestyle, culture, beliefs, race, color, gender, sexuality or age should not, in anyway, prejudice professional relationship with his colleagues.

4.12.3 He/She should not discriminate against colleagues on grounds of their sex, race or disability when applying for a job.

4.12.4 Professional relationships require doctors not to make malicious comments, verbally or insinuations that could undermine a patient's trust in his/her colleagues, thus reducing the patient's and public's regard and respect for them.

4.12.5 Any form of sexual harassment, bullying or undermining of colleagues should be avoided, particularly when one is in a position of authority or trust, like being a supervisor for a trainee, or have direct management responsibility for a colleague.

4.12.6 Professional support to colleagues including medical students, junior colleagues and less experienced doctors should be rendered to help them improve their capacity. Junior colleagues should not be asked to carry out tasks for which they are not fully competent, unless there is

direct supervision by senior colleagues.

4.12.7 Disputes between and among colleagues should be settled as quickly as possible so as they do not affect patient care.

4.12.8 If a doctor is the leader of a medical team he/she must:

4.12.8.1 Take responsibility for ensuring that the team provides care which is safe, effective and efficient.

4.12.8.2 Do the best to make sure that the whole team understands the need to provide a polite, responsive and accessible service, and to treat patient information as confidential.

4.13 Mentoring, teaching, training, appraising and assessing colleagues and students

4.13.1 Teaching and providing training for quality improvement of your colleagues and students is a professional responsibility. When you are involved in teaching you should demonstrate the attitudes, awareness, knowledge, skills and practices of a competent teacher.

4.13.2 Should demonstrate reflectiveness, personal awareness, the ability to seek and respond constructively to feedback and the willingness to share your knowledge and to learn from others.

4.14 Acting on concerns about colleagues compromising patient safety

4.14.1 If there is awareness that the conduct and competency of a colleague is not up to the accepted standards, and which could cause harm to a patient, it may be necessary to discuss tactfully to the doctor first about your concerns.

4.14.2 When this does not change the situation, it is one's ethical responsibility to report to a senior colleague or to another relevant authority.

4.14.3 If a colleague's professional competence is compromised due to ill health (psychological disorders) or alcohol/drug abuse, it is important to advise him/her to seek professional help.

4.14.4 If the advice is not accepted, for the patient's safety, the Medical Council should be informed, along with evidence supporting the concerns.

4.15 Financial relationship with patients, their families and colleagues

4.15.1 It is imperative not to ask or accept, from patients, colleagues or others, any gift or hospitality that may affect or be seen to affect the treatment of patient or giving referrals.

4.15.2 These inducements should not be offered for any reason.

5. Ethical standards when using Social Media

In the present era, social media has profound influence on human behavior, medical practice, research and public health. Medical professionals may use social media to have personal communications with friends and to share health information with the public. Doctors should remember that even when using social media, posts intended for friends or family may become widely available to the public. It is also important to understand that social media, sites cannot guarantee confidentiality whatever privacy settings are in place. In a professional manner doctors might also find it useful to communicate and do networking with their colleagues and trainees.

- 5.1 It is imperative to understand that the same set of established standards and codes of ethics apply for any communication including those through the social media. It is vital that medical professionals preserve high standards of behavior in terms of core values of professionalism such as honesty, accountability, confidentiality, responsibility, compassion, honor, respect for others and above all others, placing the patient's interest first.
- 5.2 Abiding by the standards of ethical and professional commitments, it is absolutely essential to maintain the public trust of the medical professionals. Therefore medical practitioners should be cautious about the information they post online. Any ill-advised or impulsive post, even publicly viewable "likes" of other people's contents and comments, may undermine a clinician's reputation which may lead to a loss of trust or respect by the patients.

- 5.3 It is also crucial that doctors' behavior should be kept at the highest standard and care must be taken not to damage the respect and trust that the patients have on the medical profession as a whole.
- 5.4 A doctor must not disclose or share patients' confidential information (including pictures and anonymous data that can be traced to a patient) knowingly or unknowingly through carelessness or through his/her participation in the social media.
- 5.5 Initiating social media relationships with patients is a breach of professional boundary which doctors must try their best to prevent and uphold.
- 5.6 If you accept social media relationships initiated by your patients, care must be taken not to compromise your patient-doctor relationship by sharing anything that would breach patient confidentiality or privacy, or through inappropriate words or behavior towards them.
- 5.7 Doctors must not use publicly accessible social media to consult/discuss with the individual patient or the care of any other person.
- 5.8 Social media is not an appropriate medium for advertising any doctor's practice or posting any statement that could be deemed as self-promotion.
- 5.9 Doctors must be aware of (familiar with) the local laws relating to use of electronic media when using social media.

6. Ethical Standards for Telemedicine

- 6.1 Doctors must ensure that patients being managed through telemedicine are provided a high quality of service. i.e in the same quality and standard of care as in-person medical care. To be able to provide this, doctors need to have sufficient training and information in telemedicine. Otherwise, you should state the limitations of your opinion. In addition, communications and interactions with patients must be done appropriately, efficiently and reliably over telemedicine channels.
- 6.2 Information shared through telemedicine platforms may not be sufficient or of adequate quality especially when the performance of clinical examinations is not possible. In case you have not received sufficient information, you should wait to give a qualified opinion until more information is available.
- 6.3 When providing interpretations of medical data of patients via telemedicine, you should also do your best to ensure that important interpretations are communicated to patients in a timely manner so that they can seek medical help as necessary.
- 6.4 In performing guided medical procedures remotely or giving remote guidance to others to perform procedures, in general, both the person giving guidance and the person performing the procedure must be duly qualified and experienced.

- 6.5 Taking consent for telemedicine is conceptually no different from consent for any other medical test or treatment and you need to give patients sufficient information to consent to it. In addition, patients must be made aware of any limitations of telemedicine that may affect the quality of care in relation to their specific circumstances.
- 6.6 Patient confidentiality in telemedicine: Appropriate steps must be taken to ensure confidentiality of medical information shared through technology. This must be done in compliance with existing legislation and regulations governing personal data. It is important to be aware of limitations in information security of the telemedicine platforms.
- 6.7 All parties involved in care of the patients in Myanmar through telemedicine portals, must conform to the rules and regulations of the MMC.

7. Research

7.1 Ethics in Research

- 7.1.1 Doctors must conduct medical research with honesty, objectivity and integrity, not allowing commercial, financial or any other considerations to influence the integrity of patient recruitment methods, research protocols or in publishing the results of the research.
- 7.1.2 The doctor carrying out the research must check and make sure that the research protocol has been approved by the respective ethics committee. The researcher should always seek

additional clearance from the ethics committee when the research involves children and adults who are unable to make decisions by themselves. It is also equally important that the researcher strictly follows research protocol as approved by the ethics committee.

7.1.3 A doctor must not take part in a clinical drug trial or any other research involving patients or healthy subjects who are considered to be contrary or unacceptable to the current clinical practice or other existing guidelines on human biomedical research.

7.1.4 It is not enough that no harm has been done to the subjects in a study but it is equally important that these subjects or the community participating in the study, gain some benefits from the research findings. It is ethically acceptable to provide financial support to research subjects to cover costs for travel and meals or to provide gifts and educational materials that are related to maintaining healthy life styles.

7.2 Scientific paper writing

7.2.1 Plagiarism is presenting someone else's work or ideas as if it were one's own, without his consent or by incorporating it into his/her work without full acknowledgement.

7.2.2 Should there be any text or ideas borrowed from another person's work, these have to be accurately presented to the best of the author's

ability and acknowledged (referenced) so that the reader of the scientific paper is clear regarding who the originator(s) was.

Conclusion

Medical practitioners have a long-recognized responsibility to protect and promote the health of the public. When taking care of the patients, they should be aware of the ethics and code of professional conduct in order to meet the highest standards of professional practice and behavior.

Ethics in medical practice covers a wide spectrum that relates to human behavior and social conditions in the process of providing preventive, curative and rehabilitative care to the patients and the community. Medical practitioners also need to be conscious of the fact that ethical values are not limited to just the four principles of "Beneficence, Non-maleficence, Respect for Autonomy and Justice" but there are other important values to consider, such as truth-telling, transparency, showing respect to patients and families, and understanding the patients' values. Good communication skills are also an essential part of professional competence. Doctors should also be aware that majority of the ethical disputes arise not from incompetence of professional skills but usually from not giving enough time to listen and discuss about the patients' problems and respecting their wishes and rights. Many litigation issues could be averted if doctors have won the patient's confidence.

The Medical Council has given guidance on matters related to ethics and professional conduct for all registered doctors. It is anticipated that doctors will be able to serve their patients with utmost care and respect which is the key in building trust and confidence of the public as well as to uphold the dignity and integrity of the medical profession.

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