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Medical Ethics & Advertising Since 1959

By Dr Clarence Tan Tiong Tee

The Singapore Medical Association (SMA) Ethical Code was formulated and approved by the general body soon after its inception 25 years ago. A few years later, the Ethics Committee under the chairmanship of Dr Gwee Ah Leng was formed to deal with ethical problems. Since then, this committee has remained one of the most active sub-committees of the Association. Numerous ethical issues have been discussed and revisions and amendments to the Ethical Code proposed over the years.

In March 1969, a public forum on "Medical Ethics" was held at the Pathology Lecture Theatre. Four eminent speakers addressed a full house. Dr Arthur Lim spoke on "Medical Ethics and the Singapore Medical Association". In his talk, he noted that one of the problems facing Singapore was that medical ethics was not adequately taught in University. He recommended the introduction of systematic instruction on medical ethics to undergraduates preferably by the SMA "as a logical way to impress ethical ideas upon the younger generation while they are in an impressionable stage of their careers." Dr Lim also stated that the least desirable method of maintaining a standard of medical ethics is punishment because "ethics and moral consciousness in the last analysis is a personal responsibility and no amount of discipline and punishment can maintain high standards. However,...there are always a few who do not understand or who do not wish to understand the importance of maintaining a high standard of medical ethics. The profession has no alternative but to deal firmly with these members."

At the forum, Dr Gwee Ah Leng spoke on "Ethical Problems Encountered in Singapore and Malaysia". Some of the problems discussed were on professional secrecy, abortion, fees and charges, and advertising. On ethical offences, Dr Gwee said that such offences like crime "are committed more often than have been brought to book, and the number of cases known or established like the exposed part of a submerged ice-berg must represent a small fraction of the total number of offences. It is readily appreciated that the disciplinary body, namely the Medical Council, cannot act because of the regulations of the ordinance, until it receives a complaint filed as a sworn affidavit, and that there is no official watch-dog of ethics except the individual in the

population of doctors at large. In general doctors adopt a live and let live policy, especially out in the east where people tend not to wish to do harm to others, and hence public ethical offences frequently cause a lot of indignation but result in very little positive action". Other speakers at the forum were Mr Yeoh Ghim Seng on "Function of the Singapore Medical Council in relation to Ethics" and Mr David Marshall on "Legal Aspect of Medical Ethics".

In the early seventies, one of the main ethical controversies was that of advertising. Questions were raised on the criteria for allowing doctors to appear in the mass media, and the ethics and guidelines for signboards was discussed. There was a call for a watch-dog committee by a member to enforce the Ethical Code. Dr Tan Joo Liang, then Chairman of the Ethics Committee, writing in the SMA Newsletter stated that such a committee would be "duplicating the functions of the Singapore Medical Council and it is surely not the function of the SMA to exercise a punitive effect on its members. Without any punitive powers, the SMA Council and its Ethics Committee have over the years maintained a high standard of ethics and this has been done, with only advice, warnings and frequent reminding of our duties and obligations. This I maintain, should do without taking on itself functions suitable only for a statutory body."

In 1978, at an extraordinary general meeting, major amendments to the Ethical Code were passed. The Declaration of Helsinki and the Commonwealth Medical Association Ethical Code were incorporated into our Ethical Code. On professional secrecy, an amendment was adopted that evidence given under protest (in a court of law) should be restricted to information directly related to the case. Footnotes were added to clarify what one could put on a doctor's name plate and a very important amendment concerning signboards stated that they should only contain words which do not advertise the expertise or skills of the doctor. Ethics in Contract Practice was included in the Code. Another amendment allowed press publicity for doctors only in connection with State Awards.

In the eighties, interest in medical ethics continued unabated. In 1981, Dr Arthur Lim delivered his SMA Lecture on "Ethics, the Profession and the Nation". He noted that technological progress had "enabled

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Publicity and the Doctor

By Dr Gwee Ah Leng, Chairman, Ethics Committee

Medical ethics forbid advertisement, but many doctors find that at times, it cannot be avoided. A doctor working in an institution or associated with an organisation may have to make statements or releases. Any doctor communicating his findings or opinion may be quoted, at times out of context, by the public media. To avoid difficulties, it is well to bear in mind the following:

1. Publicity is to enhance the image of medicine or an institution, and to disseminate information of value to the public.
2. Undesirable publicity enhances the image of the doctor making the release.

Hence, a finding that a line of treatment by Doctor A is of benefit in peptic ulcer can be announced **if required, to be in public interest** properly this way: "Peptic ulcer may be benefitted by this line of treatment using such and such a method, according to a local study **made in such an institution by Dr A** (if the portion scored can be omitted, it would be better). It can be on the other hand announced improperly thus: "Local doctor makes great

discovery. Dr A, Professor of XYZ and Head of Department Y found a new treatment after years of serious study and complicated research. This treatment will benefit many peptic ulcer victims."

Or information of an operation may be released properly thus: "A successful reattachment of toenail, the first in Singapore, is made in such an institution. This is a new development which will bring local institutions in line with the best hospitals. **Dr A, B and C reported the above** (scored part preferably omitted); and improperly thus: "Dr A, senior specialist, Dr B, outstanding Fellow of such a college, and Dr C, a researcher of repute announce their success in reattachment of toenails. The patient is doing well, and the three doctors who performed the delicate and complicated operation are satisfied with the outcome, and are fighting for the life of the patient."

Hence in any publicity whether in the public or private sector, a doctor should constantly ask himself if the statement or appearance he is making is enhancing his own image and therefore undesirable, or is conveying vital information and therefore in public interest. ■

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doctors to carry out procedures which have for decades remained impossible. Some of these have considerable ethical implications." Such new issues include test tube babies, artificial insemination, sex inversion and organ transplantation. Dr Lim also mentioned some social transformations in Singapore directly affecting medical ethics. These included the legalising of abortion, professional secrecy relating to notification of drug addiction and barbiturates and the amendment to the Medical Registration Act enabling the Medical Council to remove a medical practitioner from the Register if he has signed a bond to serve the government as a student and then subsequently fails to fulfil the requirements of the bond. Dr Lim concluded: "Ethics and the medical profession will be a part of the great change that will sweep Singapore in the next 20 years. These changes may pass unnoticed and leave us quite oblivious of the possible impact – it is only when these changes become effective

that they take us by surprise and generate uncertainties from which we cannot escape – and to which we must adapt...By the year 2000, major changes will be imposed on the medical profession. The impact of such transformation can be absorbed only if we are prepared for them."

The need to continually develop and adapt medical ethics has been a constant theme in the history of ethics in the SMA. Medical ethics has featured prominently in many SMA Conventions and is once again being discussed in this year's Silver Jubilee National Medical Convention. The philosophy of medical ethics was perhaps best expressed by Dr Tan Joo Liang in 1969 when he wrote that "ethics in a profession like medicine is continually developing and adapting not only to changing modes of thought in the profession itself but also to changing social and legal concepts. If this is not so, our Ethical Code will one day be a dead Code, there only in name and for embellishment, but treated as of no consequence by our members." ■