Professional Accountability
Legal responsibility of Registered Medical Practitioners

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Medicine, Doctors & The Law

• The practice of medicine is regulated by:
  – Medical Ethics *ethical standards* 
  – Law *legal standards*.
• Medical Ethics and Medical Law are concerned with the responsibilities of the medical profession:
  – their work, conduct and performance.
Doctors are expected at all times:
- To perform their **Duties**
- Carry out their **Responsibilities**
- Not to Abuse their **Privileges**
- Not to betray the **Trust** endowed by Society.

**Medicine is a highly regulated Profession**

**STATUTES REGULATING MEDICAL PRACTICE**

- Medical Registration Act (MRA)
  - Medical Registration Regulations (MRR 2010)
- Private Hospitals and Clinics Act
- Coroners Act
- Medicines Act
- Infectious Diseases Act
STATUTES AFFECTING PRACTICE OF MEDICINE

- Mental Capacity Act
- Advanced Medical Directive Act
- Termination of Pregnancy Act
- Human Organ Transplant Act (HOTA)
- Mental Health (Care and Treatment) Act
- Misuse of Drugs Act
- Medical (Therapy, Education and Research Act (METRA)
- Criminal Procedure Code

Regulations & Professional Accountability – what is the basis

- The Social Contract
  - The public expect that every Registered Medical Practitioner should be appropriately Qualified, Competent and maintain Professional standards of performance in their work in return for doctor’s to have exclusive right to practice medicine.
- Educators, Regulators & Employees to ensure this by Statutes and Regulations
Medical Professionals & The Social Contract with Society

- Medical Registration Act (MRA)
- Private Hospitals and Clinics Act (PHMC)
- Singapore Physician’s Pledge
- SMC Ethical Code and Ethical guidelines
- Professional bodies – membership

- Professional status is not an inherent right but one granted by society

SMC Physician’s Pledge
- a professional’s profession

- I solemnly pledge to:
- dedicate my life to the service of humanity;
- give due respect and gratitude to my teachers;
- practise my profession with conscience and dignity;
- make the health of my patient my first consideration;
- respect the secrets which are confided in me;
- uphold the honour and noble traditions of the medical profession;
- respect my colleagues as my professional brothers and sisters;
- not allow the considerations of race, religion, nationality or social understanding to intervene between my duty and my patient;
- maintain due respect for human life;
- use my medical knowledge in accordance with the laws of humanity;
- comply with the provisions of the Ethical Code; and
- constantly strive to add to my knowledge and skill.
- I make these promises solemnly, freely and upon my honour.”
The Social Contract comes with Duties and Privileges Society

- Privileges of Registered Medical Practitioners
  - Protection of title
  - Monopoly to use drugs and instruments
  - Issue certificates
  - Ability to practice medicine without interference
  - Ability to charge a Fee

Social Contract & Professional Accountability

- Registered Medical Practitioners as Professionals can be called upon to justify their professional actions, behaviours and performance.
- The standards against which they can be held accountable are embodied in the Professional standards of the profession and the law.
What is The Professional Standard

The Legal Standard of Care
The Professional Standard of Conduct

• A Standard of performance used in negligence, which delineates the degree of care that a reasonable person of ordinary skill would exercise in similar circumstances.
• A Standard of Conduct approved by members of the profession of good repute and competency

Professional Accountability

Professional standards
  • Written and Unwritten
  • These standards are expressed in
    • Clinical Practice guidelines
    • Ethical codes and Guidelines
    • By Expert witness testimony
  • They are also embodied in law
    • Statute Law
    • Common Law
    • Secondary Law
Professional Standards and Duty

- Legal Duty of Care
- Ethical Duty of care

- Legal Standard of Care
- Professional Standard of Care

Legal Duty of Care – Common Law

R v Bateman (1925) 94 LJ KB 791

- “If a doctor holds himself out as possessing special skill and knowledge, and is consulted, as possessing such skill and knowledge, by or on behalf of the patient, he owes a duty to the patient to use due caution in undertaking the treatment.

- If he accepts the responsibility and undertakes the treatment accordingly, he owes a duty to the patient to use diligence, care, knowledge, skill and caution in administering the treatment. No contractual relation is necessary, nor is it necessary that the service be rendered for reward.”
The Scope of the Duty of Care

Clinical care of the Patient

- Duty to Diagnose
  - Accurate Assessment
- Duty to Treat
  - Appropriate therapy
  - Timely treatment
- Duty to Inform
  - Shared decision making
  - Disease and therapy
  - Warn of risk
- Duty to Attend
  - Availability
  - Attend when called
  - Do not delegate critical duties
- Duty to Refer
  - Timely and appropriate referral
- Duty to maintain Confidentiality

The Legal (Professional) Standard
- Bolam- Bolitho Test

- The test is the standard of the ordinary skilled man exercising and professing to have that special skill; … it is sufficient if he exercises the ordinary skill of an ordinary competent man exercising that particular art.

- A doctor is not guilty of negligence if has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art ...

- Putting it the other way round, a doctor is not negligent, if he is acting in accordance with such a practice, merely because there is a body of opinion that takes a contrary view."
The Legal Standard of Bolam-Bolitho Test

- Standard of Care determined by a body of responsible, reasonable & respectable body of medical men. *(Profession sets the standard)*
- Standard articulated is to be Logical, shows Internal consistency and up to date with advances in medical practice

- *KJ v Gunapathy Muniandy* (2001) affirmed that Bolam’s test with the Bolitho test is applicable in Standard of care in Assessment (diagnosis) and Treatment in Singapore.
- *D’Conceicao Jeanie Doris v MCT* (2011) accepts Bolam’s Test as applicable for the Standard of Care in Disclosure in Informed consent

Court can set the Standard of Duty of Care

- **Duty to Refer**
  - *YeoPHH v Pai Lily* (2001) Failure to warn of the importance of urgency of referral and refer immediately as an emergency in view of the problem of worsening visual acuity

- **Duty to Attend**
  - *THH v Denis Harte* (2000) Failure to attend when patient developed pain and swelling in the testes after a fall in the hospital.
  - *EGKS v SMC* 2010 SGHC 325 Failure to attend personally and delegated critical duties to a junior doctor
Legal definition of Professional Misconduct
-LCH v Singapore Medical Council (2008) 3 SLR 612

• Infamous conduct replaced with the term Professional misconduct
• In at least two situations:
  – Intentional deliberate departure from standards observed or approved by members of the profession of good repute and competency
  – There has been a serious negligence that it objectively portrays abuse of privileges which accompany registration as a medical practitioner

Professional Accountability & Risk

• To the Court of Law
  • Legal responsibilities
    ▪ Civil Negligence
      ➢ Financial loss
      ➢ Reputation at risk
    ▪ Criminal Negligence
      ➢ Imprisonment and Fines
      ➢ Referral to Licensing body
    ▪ Coroner’s Court
Professional Accountability & Risk

• To the Licensing Body- S.M.C

• Ethical or Professional responsibilities
  ▪ Risk of suspension or erasure of license
  ▪ Financial risk - Fines
  ▪ Risk to status of Good standing

Breach of Professional Duty

• Under the amended Medical Registration Act (MRA) 2010, the substantive grounds on which the Singapore Medical Council (SMC) Disciplinary Tribunal may find a medical practitioner liable include the practitioner having:
  • (a) to have been convicted in Singapore or elsewhere of any offence involving fraud or dishonesty;
  • (b) to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession;
  • (c) to have been guilty of such improper act or conduct which, in the opinion of the Disciplinary Tribunal, brings disrepute to his profession;
  • (d) to have been guilty of professional misconduct; or
  • (e) to have failed to provide professional services of the quality which is reasonable to expect of him.

• The MRA does not provide any definition nor assistance to give a definition or meaning to the above phrases or on professional misconduct.
Professional Accountability & Risk

Medical professionals are held accountable for their work, actions and words

- **To the Employer and Institutions**
  - Risk to Loss of Accreditation
  - Loss of Privileges to Practice
  - Risk to employment
  - Risk of future employment

- **To the Patient and Family**
  - Risk of complaints
  - Risk to reputation & practice

Is This Multiple Jeopardy?

- When a Medical Practitioner fails in his duties?
  
  *Trial and Punishment at several "courts" for the same failure*

Registered Medical Practitioners are held to a higher Standard of Accountability than the average Citizen
Accountability at the Coroner’s Inquiry

“CORONER’S INQUIRY INTO THE DEATH OF FRANKLIN HENG”
Franklin Heng, 44, had gone for a liposuction procedure by Dr J W at Reves Clinic on 30 Dec 2009. He was sedated with Propofol. He became pale and unresponsive shortly after the procedure and died. Dr W was a general practitioner. The cause of death was found to be due to multiple punctures of the intestines as well as the abdominal wall caused by the liposuction procedure. During the Coroner’s Inquiry, many experts gave testimonies on the appropriateness of the liposuction procedure performed by Dr Wong, including the use of Propofol.

The Coroner ruled that Franklin Heng died from asphyxia due to airway obstruction following a liposuction procedure. The Coroner also made several findings of fact relating to the liposuction procedure.

Duties and Conduct of Registered Medical Practitioner in Certification of Death

• When certifying Death the Registered Medical Practitioner is acting in the role of a Forensic Examiner, collecting and collating information and making an expert professional judgement as to the Cause of Death.

• This role and duty in certification has been given to Registered Medical Practitioners in trust by the Law - Coroner’s Act

• Professional demeanour as to maintain the best reputation and trust in the profession.
Professional Regulation & Accountability
Medical professional must be accountable for their work and actions

- To the Patient & Family
- To the Employer
  - Department, Hospital
- To the Licensing Body
- To the Court of Law
  - Negligence
  - Criminal
  - Coroners
- Complaints
- Hospital Peer Performance Review
- Medical Council Complaints
- SMC Disciplinary Hearing
- Malpractice Claims
- Inquiry and Inquests
- Criminal investigations
- Trial by Media

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NAMASTE
THANK YOU
Legal Responsibility to Maintain Confidentiality

Ms Kuah Boon Theng
Advocate & Solicitor

Basis of the Duty of Confidentiality

• Fundamental duty in medical ethics
• Spelt out in the SMC Ethical Code & Ethical Guidelines
• But also often stated in our laws
Records

Reg 12. — (1) Every licensee of a private hospital, medical clinic or healthcare establishment shall keep and maintain proper medical records and shall in addition cause to be recorded therein in respect of each patient such particulars as may be specified in any guidelines issued by the Director from time to time.

(1A) The licensee under paragraph (1) shall —

(a) take all reasonable steps, including implementing such processes as are necessary, to ensure that the medical records in paragraph (1) are as accurate, complete and up-to-date as are necessary for the purposes for which they are to be used;

(b) implement adequate safeguards (whether administrative, technical or physical) to protect the medical records against accidental or unlawful loss, modification or destruction, or unauthorised access, disclosure, copying, use or modification;

(c) periodically monitor and evaluate the safeguards in sub-paragraph (b) to ensure that they are effective and being complied with by the persons involved in handling the medical records;

(d) ensure that each person handling the medical records is aware of his role and responsibility in maintaining the confidentiality, integrity and availability of the medical records; and

(e) take reasonable care in the disposal or destruction of the medical records so as to prevent unauthorised access to the records.
PHMC Regulations

Reg 12. — (2) Every licensee of a clinical laboratory shall keep and maintain laboratory records of all specimens received and examinations conducted by him and the results thereof.

(3) The records referred to in paragraphs (1) and (2) shall be retained by the licensee of the private hospital, medical clinic, clinical laboratory or healthcare establishment for such periods as may be required by the Director.

Section 7 Termination of Pregnancy Act

Privilege against disclosure of matters relating to treatment for termination of pregnancy

7.—(1) No person who —
(a) is concerned with the keeping of medical records in connection with treatment to terminate a pregnancy; or
(b) participates in any treatment to terminate a pregnancy,
shall, unless the pregnant woman expressly gives her consent thereto, disclose any facts or information relating to the treatment except to such persons and for such purposes as may be prescribed.

(2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $2,000 or to imprisonment for a term not exceeding 12 months or to both
Section 25 Infectious Disease Act

Protection of identity of person with AIDS, HIV Infection or other sexually transmitted disease

25.—(1) Any person who, in the performance or exercise of his functions or duties under this Act, is aware or has reasonable grounds for believing that another person has AIDS or HIV Infection or is suffering from a sexually transmitted disease or is a carrier of that disease shall not disclose any information which may identify the other person except—

(a) with the consent of the other person;

(b) when it is necessary to do so in connection with the administration or execution of anything under this Act;

(ba) when it is necessary to do so in connection with the provision of information to a police officer under section 424 of the Criminal Procedure 2010;

(c) when ordered to do so by a court;

(d) to any medical practitioner or other health staff who is treating or caring for, or counselling, the other person;

(e) to any blood, organ, semen or breast milk bank that has received or will receive any blood, organ, semen or breast milk from the other person;

(f) for statistical reports and epidemiological purposes if the information is used in such a way that the identity of the other person is not made known;

(g) to the victim of a sexual assault by the other person;

(h) to the Controller of Immigration for the purposes of the Immigration Act (Cap.133);
Section 25 Infectious Disease Act

(i) to the next-of-kin of the other person upon the death of such person;

(j) to any person or class of persons to whom, in the opinion of the Director, it is in the public interest that the information be given; or

(k) when authorised by the Minister to publish such information for the purposes of public health or public safety.

(2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding 3 months or to both

Confidential Information

- Does not just refer to written records
- Patient may disclose other private information
- The mere fact that the patient is seeking treatment with the doctor is in itself confidential
- However with computerization of medical records, and improved access to medical information across institutions, safeguarding medical records has become a key concern
Personal Data Protection Act

- The PDPA establishes laws on data protection that govern the collection, use, disclosure and care of personal data
- It recognizes both the rights of individuals to protect their personal data, including rights of access and correction
- But it also recognizes the legitimate needs of organizations to collect, use or disclose personal data provided they are for reasonable purposes
- One of the objectives of the Act is to address the concerns of individuals and to maintain their trust in organizations that manage personal data

Objectives of the Act

- The Act provides a baseline standard of protection for personal data across the economy and different specific industries and sectors
- It does not supersede existing laws (for eg the Banking Act, the Insurance Act etc) that continue to operate
- Organizations will have to comply with the PDPA as well as the common law and other relevant laws as they are to be applied to the specific industry when handling personal data in their possession
Key Concepts

- **Consent** – With some exceptions, the general rule is that organizations may collect, use or disclose personal data only with the individual's knowledge and consent.

- **Purpose** – Organizations may collect, use or disclose personal data where it is appropriate for the circumstances, and only if they have informed the individual of purposes for such collection, use or disclosure.

- **Reasonableness** – The purposes for which the organizations collect, use or disclose personal data must be considered appropriate to a reasonable person in the given circumstances.

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Personal Data Protection Act

Section 4(4):

"This Act shall not apply in respect of —

(a) personal data about an individual that is contained in a record that has been in existence for at least 100 years; or

(b) personal data about a deceased individual, except that the provisions relating to the disclosure of personal data and section 24 (protection of personal data) shall apply in respect of personal data about an individual who has been dead for 10 years or fewer."
Personal Data Protection Act

Section 24– SECURITY

"Protection of personal data - An organisation shall protect personal data in its possession or under its control by making reasonable security arrangements to prevent unauthorised access, collection, use, disclosure, copying, modification, disposal or similar risks."

Personal Data Protection Act

Section 23– ACCURACY

“An organization shall make a reasonable effort to ensure that personal data collected by or on behalf of the organization is accurate and complete, if the personal data---

(a) is likely to be used by the organisation to make a decision that affects the individual to whom the personal data relates; or

(b) Is likely to be disclosed by the organisation to another organisation.”
Personal Data Protection Act

Section 17– When data can be collected without consent

“An organisation may collect, use or disclose personal data about an individual, without the consent of the individual, only in the circumstances and subject to any condition in the Second, Third and Fourth Schedule.”

Fourth Schedule

Disclosure of Personal Data Without Consent

1. An organisation may disclose personal data about an individual without the consent of the individual in any of the following circumstances:

(a) the disclosure is necessary for any purpose which is clearly in the interests of the individual, if consent for its disclosure cannot be obtained in a timely way;

(b) the disclosure is necessary to respond to an emergency that threatens the life, health or safety of the individual or another individual;
Fourth Schedule
Disclosure of Personal Data Without Consent

(c) subject to the conditions in paragraph 2, there are reasonable grounds to believe that the health or safety of the individual or another individual will be seriously affected and consent for the disclosure of the data cannot be obtained in a timely way;

[Para 2: In the case of disclosure under paragraph 1(c), the organisation shall, as soon as may be practicable, notify the individual whose personal data is disclosed of the disclosure and the purposes of the disclosure.]

Fourth Schedule
Disclosure of Personal Data Without Consent

(d) the personal data is publicly available;

(e) the disclosure is necessary in the national interest;

(f) the disclosure is necessary for any investigation or proceedings;

(g) the disclosure is to a public agency and such disclosure is necessary in the public interest;

(j) the disclosure is necessary for the provision of legal services by the organisation to another person or for the organisation to obtain legal services;
Fourth Schedule
Disclosure of Personal Data Without Consent

(m) the personal data about the current or former patients of a healthcare institution licensed under the Private Hospitals and Medical Clinics Act (Cap. 248) or any other prescribed healthcare body is disclosed to a public agency for the purposes of policy formulation or review;

(n) the personal data is disclosed to any officer of a prescribed law enforcement agency, upon production of written authorisation signed by the head or director of that law enforcement agency or a person of a similar rank, certifying that the personal data is necessary for the purposes of the functions or duties of the officer;

(o) the disclosure is for the purpose of contacting the next of kin or a friend of any injured, ill or deceased individual;

(q) subject to the conditions in paragraph 4, the disclosure is for a research purpose, including historical or statistical research;
Research Exception

4. Paragraph 1(q) shall not apply unless —

(a) the research purpose cannot reasonably be accomplished without the personal data being provided in an individually identifiable form;

(b) it is impracticable for the organisation to seek the consent of the individual for the disclosure;

(c) the personal data will not be used to contact persons to ask them to participate in the research;

(d) linkage of the personal data to other information is not harmful to the individuals identified by the personal data and the benefits to be derived from the linkage are clearly in the public interest; and

(e) the organisation to which the personal data is to be disclosed has signed an agreement to comply with —

(i) this Act;

(ii) the policies and procedures relating to the confidentiality of personal data of the organisation that collected the personal data;

(iii) security and confidentiality conditions of the organisation disclosing the personal data;

(iv) a requirement to remove or destroy individual identifiers at the earliest reasonable opportunity; and

(v) a requirement not to use the personal data for any other purpose or to disclose the personal data in individually identifiable form without the express authorisation of the organisation that disclosed the personal data.
Personal Data Protection Act

Section 21 (Access to Personal Data):

• General rule—on request of an individual, an organisation shall, as soon as reasonably possible, provide the individual with—
  • Personal data about that individual that is within the possession or control of the organisation and
  • Information about the ways in which such personal data has been or may have been used or disclosed by the organisation within a year before the date of the request.

• But the organisation is not required to provide such information at the individual’s request in respect of matters in the Fifth Schedule

Fifth Schedule

1. An organisation is not required to provide information under section 21(1) in respect of —

(a) opinion data kept solely for an evaluative purpose;

(b) any examination conducted by an education institution, examination scripts and, prior to the release of examination results, examination results;

(d) personal data kept by an arbitral institution or a mediation centre solely for the purposes of arbitration or mediation proceedings;

(f) personal data which is subject to legal privilege;
Fifth Schedule

(g) personal data which, if disclosed, would reveal confidential commercial information that could, in the opinion of a reasonable person, harm the competitive position of the organisation;

(h) personal data collected, used or disclosed without consent, under paragraph 1(e) of the Second Schedule, paragraph 1(e) of the Third Schedule or paragraph 1(f) of the Fourth Schedule, respectively, for the purposes of an investigation if the investigation and associated proceedings and appeals have not been completed;

Fifth Schedule

(j) any request —
   (i) that would unreasonably interfere with the operations of the organisation because of the repetitious or systematic nature of the requests;
   (ii) if the burden or expense of providing access would be unreasonable to the organisation or disproportionate to the individual’s interests;
   (iii) for information that does not exist or cannot be found;
   (iv) for information that is trivial; or
   (v) that is otherwise frivolous or vexatious.
PDPA In Perspective

- Healthcare information is already subject to many of the rigorous requirements relating to collection, use, disclosure that the Act requires/will require.
- There should be existing strict protocols, policies and procedures in place in terms of how to safeguard security of patient information and ensure accountability of users.
- Hence hospitals are in a better position than some other industries to meet the requirements of the PDPA.
- Nevertheless it is essential for doctors and healthcare institutions to be familiar with the new statutory provisions of and ensure that their records keeping and systems are in compliance.

Q&A

Ms Kuah Boon Theng
Advocate & Solicitor
Coroner Act 2010

- Passed in Parliament in May 2010
- Came into effect Jan 2011
- According to Hansard (19 May 2010), bill contains **three key proposals**
Coroner Act 2010

• First, it changes the present fault-finding nature of a Coroner's Inquiry to a fact-finding one.
  • The purpose of an inquiry into the death of any person is to inquire into the cause of and circumstances connected with the death.
  • The Coroner will focus on ascertaining the facts and circumstances behind a death, instead of apportioning blame.

Coroner Act 2010

• Secondly, the Bill is to widen the technical expertise available to the Coroner.
  • This will be especially useful in cases involving medical negligence where medical and other technical expertise may be tapped by the investigators and the Coroner.
  • The third key proposal of the Bill re-scopes the Coroner's jurisdiction, giving it a clearer focus.
REPORTABLE DEATHS
– Second Schedule

1. Death in Singapore of a person whose identity is not known.
2. Death in Singapore that was unnatural or violent.
3. Death in Singapore that resulted or is suspected to have resulted, directly or indirectly, from an accident.
4. Death in Singapore that occurred, directly or indirectly, as a result of any medical treatment or care.
5. Death that occurred in Singapore while the person was in official custody, except death as a result of capital punishment.
6. Death that occurred in Singapore where the person was, before his death, in official custody and where the death was related, or suspected to be related to that custody.

7. Any death in Singapore occurring apparently or possibly as a consequence of law enforcement operations.
8. Any death occurring at any workplace, or as a result of any accident or dangerous occurrence at a workplace, as defined in the Workplace Safety and Health Act (Cap. 354A).
9. Any death in Singapore involving a public vehicle or commercial transport vehicle.
10. Any death on board a Singapore-registered vessel or a Singapore-registered aircraft while in flight.
11. Death in Singapore that was caused or suspected to have been caused by an unlawful act or omission.
12. Death in Singapore the manner or cause of which is unknown.
13. Death in Singapore that occurred under suspicious circumstances.
OBLIGATION TO REPORT DEATH
- In General i.e. Public

Section 5

(1) Any person who becomes aware of a death which is, or appears to be, a reportable death shall, as soon as reasonably practicable, make a report of the death to a police officer.

(2) Any person who, without reasonable excuse, the burden of proving which shall be on the accused in a prosecution, contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $1,500 or to imprisonment for a term not exceeding one month or to both.

WHAT ABOUT HOSPITALS AND MEDICAL PRACTITIONERS?
DUTY TO PRESERVE MEDICAL RECORDS BY PERSONS IN CHARGE OF HOSPITAL, MEDICAL CLINIC AND PLACE OF CUSTODY

Section 8
(1) Where a person dies —
(a) while in any hospital or medical clinic for medical treatment or care; or
(b) while he is in official custody,

the person in charge of the hospital, medical clinic or place of custody, as the case may be, shall preserve all medical records, health-care records and any other document pertaining to the medical treatment or care of the deceased as are in the possession of the hospital, medical clinic or place of custody for such period as may be prescribed.

(2) Any person who, without reasonable excuse, the burden of proving which shall be on the accused in a prosecution, fails to comply with subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding 12 months or to both.

DUTY TO PRESERVE MEDICAL RECORDS BY PERSONS IN CHARGE OF HOSPITAL, MEDICAL CLINIC AND PLACE OF CUSTODY

Section 17
(1) A forensic pathologist making an investigation under section 16 may —
(a) view the body at the place where the body is lying or order the body to be removed to some more convenient place and view the body at that place;
(b) require any medical practitioner or health-care practitioner to furnish, within such time as the forensic pathologist may specify
(i) a detailed report, to the best of the medical practitioner’s or health-care practitioner’s knowledge, on the medical treatment or care rendered to the deceased before that person’s death;
(ii) such medical records or health-care records pertaining to the medical treatment or care of the deceased as the forensic pathologist may require; and
(iii) any other information which the forensic pathologist considers necessary; and
(c) request the Coroner to direct the police to provide such assistance as the forensic pathologist may require to investigate the cause of and circumstances connected with the death.
DUTY TO PRESERVE MEDICAL RECORDS BY PERSONS IN CHARGE OF HOSPITAL, MEDICAL CLINIC AND PLACE OF CUSTODY

Section 17 (cont’d)
(2) Any medical practitioner or health-care practitioner who is required by a forensic pathologist under subsection (1)(b) to provide any information or records and who —

(a) fails to provide such information or records;
(b) provides any information or records which he knows or believes to be false or incomplete; or
(c) tampers or destroys, or causes or permits the tampering or destruction of, any record pertaining to the medical treatment or care of the deceased,

shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding 12 months or to both.

FIRST SCHEDULE
– Services Provided By Health-care Practitioner

1. Medical, dental or nursing services
2. Pharmacy services
3. Ambulance services
4. Services provided by optometrists and opticians.
5. Services provided by traditional Chinese medicine practitioners
6. Services provided by podiatrists, chiropractors, osteopaths, physiotherapists, acupuncturists, naturopaths and services in other alternative health-care fields
TAKE HOME MESSAGE

• Report to the Coroner all deaths which are:
  – of unknown persons;
  – unnatural, violent;
  – of persons who die while in custody;
  – of unknown cause;
  – sudden & unexpected;
  – related to medical / surgical therapy

So when can I certify death and do not need to refer case to Coroner?
CERTIFICATION OF DEATH -
Prerequisites

- **TWO BASIC REQUIREMENTS**
- There must be a natural **medical condition** that can lead to (cause) death in the **ordinary course of nature**
- This medical condition must be **correlated with the circumstances of the death** ie no trauma, violence, unnatural or suspicious circumstances.
- **IF ANY ONE OF THE ABOVE CRITERIA IS NOT SATISFIED, DO NOT ISSUE CCOD**

Are there guidelines?

- MOH Professional Circular 14/2012
- “Certificate of Cause of Death” responses from MOH and a forensic pathologist. SMA News August 2003 Vol 35 (8): 4,6
CERTIFICATION OF DEATH

• Legal and social responsibility of physicians (registered medical practitioner)
• Certification of death is a judgment call
• It is analogous to medical diagnosis
• Judgment implies need for deliberation and consideration of available and verifiable data supported by sound principles and guidelines, based on a firm foundation in medicine and pathology

CERTIFICATION OF DEATH

• Pronounced death
• Confirm identity of the deceased
• Cause of death must contain anatomical and pathological elements
• Avoid modes and mechanisms of death
• Check the body for injuries and marks that are conflicting to the reported mechanism and circumstances of death
CERTIFICATION OF DEATH

• Referring the case to Coroner does not imply ignorance or incompetence on the part of the doctor to certify death
• It does not imply any guilt or wrongdoing on the part of the team managing the patient
• There is now law (Second Schedule of the Act) which governs the categories of cases required to be referred to the Coroner
• Judgment is required when one decides if a case merits referral or not
• In the end, it is an exercise and judgment call
• If you sign the CCOD be prepared to defend it (in court)

CERTIFICATION OF DEATH

• Confusing terms -
  – MODE of death
  – MECHANISM of death
  – CAUSE of death
  – MANNER of death
MODE OF DEATH

• Describes the way the patient had died
• Or the form by which death has taken place
• Examples
  – Cardiac failure
  – Cardiorespiratory failure
  – Cardiac arrest
  – End stage renal failure
  – Liver failure
  – Multiorgan failure
  – Sudden cardiac death

MECHANISM OF DEATH

• Describes the pathophysiological sequence or steps leading to death
• Examples
  – Cardiac arrhythmia
  – Haemorrhage
  – Shock
  – Sepsis
  – Fluid and electrolyte balance
CAUSE OF DEATH

• Anatomical and pathological
• The medical diagnosis and condition that had led to death
• Has to be differentiated from mode, mechanism and manner of death
• Examples
  – Acute Myocardial Infarction
  – Cerebrovascular Accident (Stroke)
  – Pneumonia

MANNER OF DEATH

• Legal element and interpretation
• Refers to whether death was “Natural” or “Unnatural” according to circumstances
• Medical interpretation is different from legal interpretation
• One might have died from a natural cause as far as medical opinion stands, but the manner might be unnatural
Decapitated body found in Sungei Whampoa

SINGAPORE — The body of a woman was found in Sungei Whampoa today (Dec 12), the police said.

SINGAPORE — The body of a woman was found in Sungei Whampoa today (Dec 12), the police said.

The police received a call at about 7.30am today and retrieved the body from the canal near Sengkang Road and Boon Keng MRT station, pronouncing the woman dead at 8.30am.

It is understood she was decapitated.

Part of the area near block 110 Woodland Rd, next to the canal, has been cordoned off and SCDF divers are continuing to search the canal.

Police are investigating the case as one of unnatural death.

Boy found dead at Tampines St 91

SINGAPORE — An eight-year-old Chinese boy was found dead at Block 934, Tampines Street 91 this morning (July 21) just after midnight, and police are investigating the case as unnatural death.

BY WONG WEI HAN • 21 JULY

SINGAPORE — An eight-year-old Chinese boy was found dead at Block 934, Tampines Street 91 this morning (July 21) just after midnight, and police are investigating the case as unnatural death.

A police spokesperson said they received a call at 12.13am today, requesting for assistance at the location. Upon their arrival, a male body was found at the foot of the block. SCDF further confirmed that the subject was pronounced dead at the scene.

TODAY arrived at Block 934 this afternoon at 3pm, and confirmed that the boy’s body was found at a playground facing Tampines Avenue 1.

Residents TODAY spoke to said that the eight-year-old victim lived with his parents and two siblings in one of the units on level 14 of Block 934, and was a student at the nearby Jurong Primary School. He was the second child of the family.

Both the family of the victim and Jurong Primary School declined to comment, but residents expressed their shock at the tragedy.

A neighbour, Ms Ng, 39, said she did not know about the incident until police came knocking at around 1 am. “The police showed a photo of the boy’s family and asked me to identify them. That was when I found out,” she said.

A school bag was seen beside the body, said another resident Ms Low, 47, who witnessed the scene as the police arrived. “It is very sad... I can only hope that the parents will stay strong for their remaining children.”
WORDING THE COD

• Primary cause
  – Main pathological condition that led to death
  – This can be a standalone condition if it fulfils the anatomical and pathological components eg AMI
  – Requires further qualification if this is a mode or mechanism of death eg septicaemia, liver failure

• Secondary causes/tertiary causes
  – These are conditions that has directly resulted in the primary cause

• Contributory causes
  – Additional medical conditions that impacted on the outcome of death but could not be added into the logical sequence of wording in the primary and secondary causes
  – Test – “Without which”
WORDING THE COD - EXAMPLES

1a) ACUTE MYOCARDIAL INFARCTION
2) DIABETES MELLITUS

1a) SEPTICAEMIA
1b) PNEUMONIA
2) CEREBROVASCULAR ACCIDENT (STROKE)

1a) SEPTICAEMIA
1b) PERITONITIS
1c) RUPTURED APPENDICITIS

CERTIFICATE OF CAUSE OF DEATH
CERTIFICATE OF CAUSE OF DEATH

<table>
<thead>
<tr>
<th>Disease or condition directly leading to death. (This does not mean the mode of dying, e.g. heart failure,ànhnomia etc. It means the disease, injury or complication which caused death).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAUSE OF DEATH</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1.</th>
<th>due to (or as a consequence of)</th>
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<tbody>
<tr>
<td>Antecedent causes, morbid conditions, if any, giving rise to the above cause of death. State the underlying condition last.</td>
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<table>
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<thead>
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<th>5.</th>
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</table>

<table>
<thead>
<tr>
<th>6.</th>
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</thead>
<tbody>
<tr>
<td>Antecedent causes, morbid conditions, if any, giving rise to the above cause of death. State the underlying condition last.</td>
<td></td>
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</tbody>
</table>

**Other significant conditions contributing to the death but not related to the disease or condition causing it:**

<table>
<thead>
<tr>
<th>7.</th>
<th>due to (or as a consequence of)</th>
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</thead>
<tbody>
<tr>
<td>Antecedent causes, morbid conditions, if any, giving rise to the above cause of death. State the underlying condition last.</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>8.</th>
<th>due to (or as a consequence of)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antecedent causes, morbid conditions, if any, giving rise to the above cause of death. State the underlying condition last.</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Practitioner/Authorised Officer**

**Date**

**Signature**

**Note 1**

If the death of the person has arisen from an infectious disease, the Certifying Officer is required under the Infectious Diseases Act (Cap 139) to notify the case to the appropriate Authorities. (e.g. Commissioner of Public Health, Ministry of Health, National Environment Agency, or the Division of Medical Services, Ministry of Health).

**Note 2**

This Certificate is required by law for the use of the Registrar of Deaths, and it should be evidenced by the person giving information to him of the particulars required by law to be registered concerning the death. Failure to deliver this Certificate will render the person liable to penalties.

---

Date: 27/1/2014

Signature
TAKE HOME MESSAGES

• Certify a natural cause of death.
• Identify the anatomical pathological condition that has cause death primarily.
• Distinguish a cause from mode, mechanism and manner.
• Physically examine the body to exclude any signs that alert to unnatural manner of death

REFERENCES

• MOH Professional Circular 14/2012
• SMC Judgment on Dr Kwan Kah Yee.
• “Certificate of Cause of Death” responses from MOH and a forensic pathologist. SMA News August 2003 Vol 35 (8): 4,6
Legal Responsibilities Under the Criminal Procedure Code

Ms Kuah Boon Theng
Advocate & Solicitor

Legal Duty to Report

- A crime has been committed or is about to be committed. Your patient is the victim or the perpetrator
- Doctor owes the patient a duty of confidentiality, yet at the same time must consider legal/statutory obligations to report the crime
Key Issue

Confidentiality and Privacy

vs

Legal Duty to Report Crimes and/or Safeguard the Vulnerable Patient

Section 424 Criminal Procedure Code

Section 424-- Duty to give information of certain matters

424. Every person aware of the commission of or the intention of any other person to commit any arrestable offence punishable under Chapters VI, VII, VIII, XII and XVI of the Penal Code (Cap. 224) or under any of the following sections of the Penal Code:

Sections 161, 162, 163..... 489C, 489D and 506,

shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer of the commission or intention
Chapter XVI Penal Code

List of offences:
- Murder & Culpable homicide
- Causing death by rash or negligent act
- Abetment of suicide of child or insane person
- Abetment of suicide
- Attempted murder/suicide/culpable homicide
- Infanticide
- Causing miscarriage/child destruction before or immediately after birth
- Exposure or abandonment of child under 12 years
- Concealment of birth by secret disposal of body

Chapter XVI Penal Code

- Causing hurt/grievous hurt
- Acts endangering life or personal safety of others
- Wrongful constraint and wrongful confinement
- Force/criminal force/assault
- Kidnapping/abduction
- Slavery
- Buying or selling minor for purposes of prostitution
- Unlawful compulsory labour
Chapter XVI Penal Code

Sexual Offences:
- Rape, including statutory rape (under 14 years)
- Sexual assault by penetration/sexual penetration of minor under 16
- Commercial sex with minor under 18
- Procurement of sexual activity with person under mental disability
- Incest
- Necrophilia
- Outraging modesty

Legislative History

- New version of the Criminal Procedure Code came into effect from Jan 2011, but Section 424 is similar to the previous Section 22 in the now repealed old Code
- This legal duty has in fact been in force for many years
- Only in more recent times has there been more awareness of this section amongst healthcare professionals, particular as new sexual offences have been introduced in the last round of amendments to the Penal Code
Risk of Prosecution

- So far there are no cases of healthcare professionals being charged for failing to comply with this duty
- However this does not mean that there is no risk of prosecution

Other Jurisdictions

- Other countries such as UK, US, Australia and Canada have all accepted that such a legal duty exists, and have enforced the law especially in cases of unreported child abuse
- Criminal liability has been established against doctors, child protection services, police officers, and even Board members of a church
- There may also be resulting civil liability ie lawsuits seeking damages
Patient Confidentiality

- When this legal duty is applied to the medical profession, it may force doctors to violate patient confidentiality, and this may in turn erode or destroy the patient’s trust in the doctor.

- Cases involving sexually active adolescents can be particularly challenging because while we allow patients to seek treatment (contraceptives or TOP) on a confidential basis, yet apparently we cannot completely respect their request for confidentiality whenever this legal duty applies.

Sexual offences

- Although the legal duty to report child abuse cases is often accepted without question, the legal duty to report sexual offences involving adolescents raises more difficult issues because the struggle to preserve the relationship of trust (also integral to upholding the patient’s best interests) is very real.

- And yet the law tells us that these are considered crimes because the adolescents are deemed to lack capacity to consent to sex.
Will Disclosure Harm the Child?

- Doctors may argue that disclosure and reporting may harm the child because the child may then stop seeking medical care, may self-harm, or may face social stigmas.

- However non-reporting may also potentially harm the child because the child may return to an environment where the physical or sexual abuse or unlawful sex is repeated, and in turn be put at continued risk of:
  - STDs including HIV/AIDS
  - Physical abuse
  - Psychiatric injury etc

The Legal Position in Singapore

- Although Section 424 imposes the legal duty, non-reporting may not be an offence if the doctor can establish a “reasonable excuse”

- However what constitutes a “reasonable excuse” has not been judicially defined

- One school of thought:--The legal position in Singapore will benefit from more guidance and input on prosecution discretion exercised by the Attorney General’s Chambers, as well as support eg from MCYS
MOH Circular No. 15/2012

• Issued on 17 Dec 2012 by the MOH, and co-signed by DMS and Director Ops, Singapore Police Force
• Seeks to “outline the types of cases to be reported and the mode of reporting”
• Includes road traffic accidents, industrial accidents, and all incidents occurring within the hospital premises that are associated with death or serious injury and are likely to lead to medico-legal action (i.e. medical negligence)
• Provides a Form A- Notification of Police Case

Form A- Notification of Police Case

☐ All serious accidents occurring within the hospitals including falls that are associated with serious injury and are likely to lead to complication and medico-legal action
Clarifications from MOH

- One hospital was concerned and sought clarifications from MOH as to why when unnatural deaths occurring in hospitals were already reportable under the Coroners Act, was there a need for hospitals to also report “serious injuries” with medico-legal implications to the police.

- MOH referred the query to the police.

- The police replied that though they are aware that some of the medico-legal cases may not involve criminal negligence but are to be treated as civil matters, they would still require cases to be reported to the police, and if the police feel that it is a civil case, they will send it to the SMC to investigate!

Effect of the MOH Circular + Clarifications

- Scope of cases that needs to be reported to the police now appears to extend beyond what Section 424 actually stipulates must be reported.

- Although it is unusual for medico-legal cases to constitute criminal offences within the meaning of the law, MOH would nevertheless expect hospitals to allow the police to determine whether the case should be investigated by the police, or by the SMC.
An Alternative View

• Healthcare professionals are in a unique position by virtue of their duty of confidentiality which can in some cases make it difficult to violate the patient’s trust, due to genuine concerns that it may hurt the patient. It would be more useful for the authorities to give the doctor more leeway and understanding on such matters, not less
• Widening the scope of cases that are subject to mandatory reporting beyond what is legally required, is unnecessary

In Conclusion

• There is admittedly a sound basis and justification to the legal duty to report crimes. Very often bringing the matter to the attention of the police allows action to be taken, and not only does this serve to bring perpetrators to justice, but can also protect the patient and victim
• This brings us back to the purposes and objectives of Section 424 of the CPC, which are:
  ▪ Promoting justice and reaffirming the social responsibility of individuals to report crimes
  ▪ Upholding safety to the public and protecting the victim
In Conclusion

• However, in the context of a doctor-patient relationship where the doctor is often entrusted with the patients’ secrets, there is also a need to uphold that trust. Even when reporting needs to be done, there are ways in which the institution can assist in ensuring that this task is performed by others and not necessarily the doctor.

• Being able to establish a dialogue with the authorities to work out such an understanding would have been helpful

• Instead, we appear to have chosen an approach where we prefer over-reporting and are happy to let the police evaluate cases for follow up action, instead of allowing the medical profession more discretion to exercise judgment

Q&A

Kuah Boon Theng
Advocate & Solicitor
17 Dec 2012

CEOs and CMBs of Restructured Hospitals
CEOs and Medical Directors of Community Hospitals
Directors of Specialty Centres
General Managers of Private Sector Hospitals

MINISTRY OF HEALTH AND SINGAPORE POLICE FORCE JOINT GUIDELINES ON REPORTING OF CASES TO THE POLICE

The Police frequently rely on public support to discover and locate people who are suspected of having been involved in criminal offences. As medical staff may come across such information in the course of their duties, especially those who attend to patients brought into emergency units, they can provide invaluable support to the Police. In general, the law also requires any person who is aware that a crime, particularly an offence affecting human life or personal safety, has taken place or might have been committed to inform the Police immediately.

2. To facilitate the reporting of such information, these guidelines outline the types of cases to be reported and the mode of reporting.

Legal Requirement

3. If the medical staff, especially the examining doctor, suspects that an offence mentioned in Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition) has taken place, he is legally obliged under Section 424 to notify the Police as early as possible.

---

1 A workgroup consisting of representatives from the Ministry of Health (MOH), Singapore Police Force (SPF), as well as the Restructured Hospitals, was formed to improve on the referral processes between hospitals and the Police Division Headquarters. Members of SPF involved in the drafting of these guidelines include: Nur Sharon Zaini, Former 2 Operations Officer, Ops Policy and Development Division, Operations Department; Gabriel Chen, 2 Operations Officer, Ops Policy and Development Division, Operations Department; Teo Yee Lay, Assistant Director, Ops Policy and Development Division, Operations Department; Lim Kok Thai, Director, Operations Department

2 Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition) provides as follows:

Every person aware of the commission of or the intention of any other person to commit any arrestable offence punishable under Chapters VI, VII, VIII, XII and XVI of the Penal Code (Cap. 224) or under any of the following sections of the Penal Code:
Types of Cases

4. While the law requires medical staff to report specific offences to the Police, medical staff are not expected or required to determine the particular offence that is suspected or disclosed. As a guide and subject to paragraph 5 below, the medical staff should refer the following cases to the Police:

a) Road Traffic Accidents;
b) Cases of unknown identity;
c) Industrial Accidents;
d) Attempted suicide;
e) Case of child / maid / spousal abuse;
f) Case of burns, poisoning, drowning or drug overdose;
g) Case of non-accidental scalds, assault, battery, gunshot wounds, inflicted wounds or injuries caused by other persons;
h) Cases admitted from institutions of detention like prison, Institute of Mental Health (IMH) or other custodial institution
i) All incidents occurring within the hospital premises that are associated with death or serious injury and are likely to lead to medico-legal action (i.e. medical negligence); and
j) Such other cases as the examining doctor deems fit in light of the information available.

5. In all instances, however, all medical staff shall apply their professional judgment in determining whether to report cases to the Police. For example, if the examining doctor professionally assesses that a patient’s injuries are sustained due to an accidental fall, or where the examining doctor has no reason to suspect that an offence has been committed, there is no need to report the case to the Police. In the case of an accidental fall, this would apply equally to falls that occur within the hospital setting as well as accidental injuries arising outside the hospital setting, for example, sports injuries.

Vulnerable patients

6. Examining doctors should take cognizance when interviewing young patients (i.e. children less than 16 years old), persons with limited mental capacity and the elderly (especially those with diminished cognitive abilities). The account of the vulnerable patient should be checked against the accounts of any accompanying adults.


shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer of the commission or intention.
Injuries sustained overseas

7. All patients, whether foreign or local, who are treated at a hospital in Singapore for injuries sustained overseas should be reported to the Police where the examining doctor suspects that an offence has been committed.

Declassifying a Police Case

8. Doctors cannot declassify a "Police Case" once it has been reported to the Police. If for any reason a doctor feels that a patient who is / was under his care no longer needs to be a Police Case, regardless of whether the patient is alive or dead, he should submit to the Police a memo setting out his opinions and any additional supporting evidence. This memo will be regarded as a medical report to the Police.

9. Medical staff need not notify the Police when a patient who was made a Police Case is discharged.

Administrative Details

10. Doctors are to refer cases to the Police as soon as possible, by completing Form-A Notification of Police Case (ANNEX A). The completed form should be faxed to the respective Police Division Operations Room (see ANNEX B), no later than 4 hours after the admission of the patient to the hospital. The examining doctor should sign off for cases reported to the Police. Hospitals may customize the form's design and layout to include their letterhead but all content must remain.

11. If a death was the result of or was contributed by an unnatural event or the death falls within any of the other categories of reportable deaths set out in the Coroners Act 2010, the death must be reported to the Police³, who will then report it to the Coroner. These should be made on Form C-Notification to Police of Reportable Deaths under the Coroners Act 2010 (issued in a separate circular). Please note that Form MD-400 should no longer be used to report Police and Coroner’s cases and should be replaced with Form-A Notification of Police Case and Form B-Notification to Police of Reportable Deaths under the Coroner’s Act 2010, by 15 January 2013.

12. In order for the Police to establish whether a case is an offence listed in section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition), doctors are required to briefly describe the injuries sustained as observed and the circumstances of the accident or incident as relayed by the patient. For example, for an attempted suicide case, the injury sustained could be a cut on the right wrist. Another example, for a case of assault, the doctor could have been informed by the patient that he was hit by his neighbour with a broomstick.

13. The location where the injuries were sustained is very important. This information is needed for Investigation Officers to promptly conduct follow ups at the accident or incident.

³ Sec 5 of the Coroners Act 2010 states: Any person who becomes aware of a death which is, or appears to be, a reportable death shall, as soon as reasonably practicable, make a report of the death to a police officer.
location. Doctors are strongly urged to assist the Police in obtaining this information as the location information is crucial for the investigation. Location information helps reduce the number of phone calls and Police officers assigned to investigate the case. As SCDF forms would contain information of the site of accident/injury, hospitals shall fax the SCDF Form together with the reporting form.

14. Police officers will not investigate all absconded cases (i.e. where patients leave the hospital without the examining doctor’s approval) unless there are implications related to risk to life or property, or the potential for a crime to be committed.

Summary

15. To provide a quick reference:

- If medical staff, especially the examining doctor, suspects that an offence mentioned in Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition) has taken place, he/she is legally obliged to notify the Police as soon as possible.
- Medical staff, especially the examining doctor, shall use professional judgment in all cases when determining whether cases should be reported to the Police.
- The examining doctor should be mindful when interviewing young patients, the elderly, and the mentally disabled. Their account should be checked against those of accompanying adults.
- All patients who are treated for injuries sustained overseas should be reported to the Police where the examining doctor suspects that an offence has been committed.
- The examining doctor shall complete Form-A Notification of Police Case (ANNEX A) and fax this to the respective Division Operations Room together with the SCDF form (if any).
- Reportable Deaths to the Coroner shall be reported in Form B-Notification to Police of Reportable Deaths under the Coroner’s Act 2010.
- In the Forms, describe the injuries sustained/observed, and in particular include the location where the injuries were sustained / observed, and the circumstances of the accident/incident.

16. This circular supersedes MOH Professional Circular No. 2/2005 dated 12 Jan 2005. Please ensure that a copy of this circular is circulated to all medical staff for their information and compliance.

Prof K SATKU  SAC LIM KOK THAI
DIRECTOR OF MEDICAL SERVICES  DIRECTOR, OPERATIONS
MINISTRY OF HEALTH  SINGAPORE POLICE FORCE
## ANNEX A

### FORM A - NOTIFICATION OF POLICE CASE

<table>
<thead>
<tr>
<th>WARD</th>
<th>BED</th>
<th>PARTICULARS OF NEXT-OF-KIN</th>
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<tr>
<td>☐ SELF - ADMITTED</td>
<td>☐ CONVEYED BY AMBULANCE</td>
<td>NAME</td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>RELATIONSHIP</td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>CONTACT NO.</td>
</tr>
</tbody>
</table>

### REASONS FOR NOTIFICATION

- ☐ Road Traffic Accident
- ☐ Case of unknown identity
- ☐ Case of child / maid / spousal abuse (please indicate)
- ☐ Case of non-accidental scalds, assault, battery, gunshot wounds, inflicted wounds or injuries caused by other persons
- ☐ Cases admitted from institutions of detention like prison, Institute of Mental Health (IMH) or other custodial institution.
- ☐ All serious accidents occurring within the hospitals including falls that are associated with **serious** injury and are likely to lead to complication and medico-legal action
- ☐ Others:

Brief description of injuries (e.g. cut on wrist, burn on hand, slash wound on back)

Circumstances as relayed by the patient (e.g. assaulted by neighbour, hit by car, etc)

Location where injuries were sustained

Name of Doctor

Date 

Time

Signature

Contact person at nurse station / ward

Contact No.

### ACKNOWLEDGEMENT BY POLICE

Name of Officer

Date 

Time

Signature

Designation

Signature
## Contact Information of Healthcare Facilities and Corresponding Police Division

<table>
<thead>
<tr>
<th>Healthcare Facility</th>
<th>Corresponding Police Land Division</th>
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</thead>
<tbody>
<tr>
<td>National Cancer Centre</td>
<td><strong>Central Police Divisional HQ</strong></td>
</tr>
<tr>
<td>11 Hospital Drive</td>
<td>391 New Bridge Road #03-112</td>
</tr>
<tr>
<td>Singapore 169610</td>
<td>Police Cantonment Complex Block A</td>
</tr>
<tr>
<td>Tel: 6436 8000</td>
<td>Singapore 088762</td>
</tr>
<tr>
<td>Fax: 6225 6283</td>
<td>Tel: 6557 5215</td>
</tr>
<tr>
<td></td>
<td>Fax: 6220 3577</td>
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<tr>
<td>National Dental Centre 5</td>
<td></td>
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<tr>
<td>Second Hospital Avenue</td>
<td></td>
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<tr>
<td>Singapore 168938</td>
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<tr>
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</tr>
<tr>
<td>Fax: 6324 8810</td>
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<td>Raffles Hospital 5</td>
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<td>585 North Bridge Rd</td>
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<tr>
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<tr>
<td>Singapore National Eye Centre 11 Third</td>
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<tr>
<td>Hospital Avenue</td>
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<td>Singapore 168751</td>
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<td>Tel: 6227 7255</td>
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<td>Fax: 6227 7290</td>
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<tr>
<td>National Heart Centre</td>
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<tr>
<td>Mistri Wing 17</td>
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<tr>
<td>Third Hospital Avenue</td>
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<tr>
<td>Singapore 168752</td>
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<tr>
<td>Tel: 6436 7800</td>
<td></td>
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<tr>
<td>Fax: 6227 3562</td>
<td></td>
</tr>
<tr>
<td>Alexandra Hospital</td>
<td><strong>Clementi Police Divisional HQ</strong></td>
</tr>
<tr>
<td>378 Alexandra Road</td>
<td>20 Clementi Avenue 5</td>
</tr>
<tr>
<td>Singapore 159964</td>
<td>Singapore 129858</td>
</tr>
<tr>
<td>Tel: 6472 2000</td>
<td>Tel: 6776 7820</td>
</tr>
<tr>
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Tanglin Police Divisional HQ
21 Kampong Java Road
Singapore 228892
Tel: 6391 6991
Fax: 6396 4050
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*Police Land Division direct line and fax numbers are strictly for hospitals’ use. They are not to be disclosed to the general public.