Guideline On Case Management

By SMA Ethics Committee

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One of the key functions of the Singapore Medical Association (SMA) is the publication of the SMA Ethical Code now in its 4th edition and the handling of complaints regarding ethical and professional issues by its Ethics Committee. The Ethics Committee has over the years served the public and the profession by acting upon complaints and setting ethical standards to guide the profession.

PROCEDURES FOR DEALING WITH COMPLAINTS AND CASES INVOLVING ETHICAL ISSUES:

1. Screening

a. The Chairman of the Ethics Committee or, in his absence, the Deputy Chairman and the Honorary Secretary will screen all cases on ethical matters or complaints directed to the SMA.

b. If the Ethics Committee considers a matter outside its purview, the complainant will be informed as such with advice to write to other authorities, if appropriate. Matters that are normally outside its purview are:
   i. Cases in which police reports have been made or cases which are the subject of court proceedings.
   ii. Cases in which medical ethical and professional issues are not involved.
   iii. Cases in which the doctors or complainants have confirmed that legal proceedings are being instituted.

c. Complaints which concern solely practice matters and fees without ethical implications may be referred to the Private Practice Committee.

d. Relevant information of the complaint and the doctor will be verified.

e. If the complainant chooses to remain anonymous or refuses to provide relevant information or to give authorisation for the release of the letter of complaint to the doctor, no further action may be taken. The complaint will not be acted upon henceforth. The institution or doctor complained against may be given a copy of the complaint for information only at the discretion of the SMA Ethics Committee.

2. Preliminary Proceedings

a. The Chairman may institute proceedings himself or he may assign a case to any Member of the Ethics Committee, who will then be designated the PEC Manager (Preliminary Enquiry Case Manager). The PEC Manager will communicate with the complainant, the doctor(s) concerned and other doctors; gather information from any other sources (as necessary) and all such correspondences will be signed by either the Chairman of Ethics Committee, or the Honorary Secretary or the President.

b. Each complaint shall be numbered serially beginning with the year (YY), followed by a 3-digit serial number, then the initials of the PEC Manager-in-charge. A prefix e.g. "A" or "C" or "E" be inserted in front of the serial number to indicate the nature of the issue. E for ethical, C for complaints, A for advertisement; e.g. C97001CPY

c. If the doctor refuses to reply or does not co-operate by providing adequate input within the time given, the PECM shall submit the case to the Ethics Committee for consideration. The Ethics Committee may decide to refer the complainant elsewhere or it may consider the case based on the information available.

d. Preliminary information gathered should be completed by the next Ethics Committee Meeting. The PECM would present the case to the Ethics Committee with a draft reply.

e. In the event that the PECM is unable to be present at the Ethics Meeting, he should inform the Chairman who will then present the case(s) on his behalf.

3. Outcomes of deliberations of Ethics Committee

a. The Chairman or Honorary Secretary will communicate the Committee's decision to the parties concerned.

b. The Ethics Committee's deliberation may result in one or more of the following possible outcomes:
   i. To facilitate understanding by providing appropriate information gathered from various sources.
   ii. To provide a professional perspective.
   iii. To mediate a solution by suggesting options that could lead to amicable settlement.
   iv. To communicate to the complainant that the case is outside the Committee's purview with suggestion to bring it up with other authorities, if appropriate. The doctor will be informed accordingly.
   v. To advise the doctor concerned of acceptable practice and/or ethical behaviour.
   vi. To request the doctor concerned to give undertaking not to repeat unacceptable and/or unethical practice or behaviour.
   vii. To recommend to the SMA Council to lodge a formal complaint to the SMC or other external authorities.
   viii. To recommend that the information on the complaint be brought to the attention of SMA members.
   ix. To communicate trends to the Secretary of SMC.

4. Procedure before recommending to SMA Council to file an affidavit to SMC

Before the Ethics Committee would consider the option of recommending to the SMA Council to file an affidavit to SMC when deliberating on any case in its meetings, it must ensure that the doctor(s) concerned is/are informed in the following manner.

a. A first letter to the doctor must be sent by AR registered mail to his current address which is posted in the list of Medical practitioners on the MOH website.

b. The doctor will be allowed two weeks to respond to the Ethics Committee's

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request for comments on the case.

c. If no response is received from the doctor at the end of the 2-week period, the Ethics Committee will ascertain if there has been a change of address by
   i. Verifying with the SMC the current practice address of the doctor in their records.
   ii. Sending a second letter by AR registered mail to the verified address. The doctor is given another two weeks to respond to the 2nd letter. He would also be informed in the second letter that if no reply is received by the end of the period, the Ethics Committee would consider the case based on the information on file and the SMA may file an affidavit to the SMC, if necesssary, without further notice.

5. Minutes and recommendations of the Ethics Committee are presented to the SMA Council for ratification.

6. **The SMA Ethics Committee will apply this Guideline to all registered medical practitioners in Singapore. Where the doctor is not registered in Singapore, the case will be referred to the professional body of the country of the doctor.** ■

CAN DOCTORS BE TRUSTED TO REGULATE AND GOVERN THEMSELVES?

"In the 1960s, if someone did well in school academically, almost immediately people assumed this bright student would go on to be a medical doctor. It was the profession with the greatest prestige and promise of the greatest financial reward. Today doctors are facing challenges I would not wish on my worst enemy: insurance companies taking control of the business, managed care, government intervention and malpractice suits to name a few."

The medical profession is traditionally steeped in medical ethics and expected at all times to behave in a professional manner with altruism. The key features of the profession include the trustee relationship between the patient and the doctor, the ability to self regulate and self govern the profession.

* With these external challenges, is the medical profession equipped to continue to govern and regulate itself and behave in a professional manner?

The Hippocratic Oath prompts us to treat our medical teachers as we would our parents. The Declaration of Geneva and the Singapore Physician's Pledge expect doctors to relate to their fellow physicians as professional brothers and sisters.

* Does professional brotherhood require physicians to protect their colleagues more than their patients?
* Can doctors be trusted to blow the whistle if their colleagues are incompetent or dangerous to their patients?
* How and when does one bring to the notice of the profession if a fellow colleague is consistently practising unsafe medicine or indulging in unethical ways without destroying his (or her) rice bowl?
* If one does not bring it out to the open, is backbiting in the tearoom or quiet denigration to patients acceptable?
* After all doctors are to have a collegial relationship, so does that mean supporting one another in good times and bad?
* In good times is it acceptable to send new year hampers to all those who constantly refer patients to us - the size of the hamper in all fairness be related to the number of patients referred?
* If a doctor cannot have a cosy collegial relationship are we to consider other physicians as our competitors?

The proponents of the free market and free trade system are confident that only a competitive open market will bring out the best in business and professional services and the persons most stand to gain are the consumers and in our case, our patients.

* Is it therefore true that when medicine is practised as a cutthroat business, medical cost will be cut drastically, doctors will practise with cost efficiency and be ever willing to the blow the whistle on their unethical and incompetent colleagues?

In a competitive environment, it sounds logical for the more experienced and better trained doctors to keep their skills to themselves in case the younger colleagues become clever enough to run the seniors out of their business.

* Should specialists teach general practitioners at the risk of the general practitioners becoming skilled enough in treating all the patients and not referring them to the specialist as before?
* By the way does it mean that medicine is a business and not a profession?
* If medicine is effectively practised only when doctors are in competition, should not the better doctors advertise their skills?
* How else are the consumers and the patients able to select the best doctors for the job?
* For the benefit of patients should not hospitals and doctors be ranked annually according to performance?
* Are doctors going to be dinosaurs if they do not use the internet and information highway to advertise their skills when even the Alternative Medical Practitioners are running their own web pages?
* In this era of rising cost of running a medical practice with managed care and insurance companies controlling medical fees and patient flow, hospital and medical administrators rewarding doctors for cost efficiency rather than patient care or treatment outcome and rising patient demands and complaints with increasing medical insurance fees, can the medical profession survive in the time tested ways of medical ethics and professionalism?
* Is there going to be a new order or breakdown of the old order of Physician to Physician Relationship?
* Can doctors be trusted with and capable of governing the Profession and keeping the time tested values for the next generation of doctors?

For all these and more, come and join us for a lively debate and answers on Sunday 5 November 2000 at the COMB at 9am in the morning programme of the SMA Ethics Convention 2000. See you there and bring a medical colleague!

Please refer to full details and registration form on Page 11.