

MEDICAL COUNCIL - MALTA

General Notice for the Guidance of Practitioners

The Medical Council issues the following notice, containing provisions made under the Health Care Professions Act (2003) Cap 464.

1. Statutory Jurisdiction of the Council. Article 10 (d) of the Health Care Professions Act provides that the Council is to “prescribe and maintain professional and ethical standards for the medical and dental professions.”

2. Article 32 of the Health Care Professions Act provides as follows:-

(1) If after due inquiry, the relevant Council has found that a health care professional falling under its authority:-

(a) has been convicted by any court in Malta of any crime punishable by imprisonment for a term exceeding one year or of any of the crimes mentioned in articles 198 to 205 or in articles 206 to 209 of the criminal Code; or

(b) has been guilty of professional or ethical misconduct in any respect; or

(c) in any other manner has failed to abide by the professional and ethical standards applicable to him, then the relevant council may direct any one or more of the following measures, that is:

(i) his name be erased from the appropriate register and, where appropriate, recommend to the President of Malta that the professional's licence be withdrawn; or

(ii) his name be taken off such register for such period of time as the relevant Council may determine and, where appropriate recommend to the President of Malta that the professional's licence be also so suspended; or

(iii) a penalty, not exceeding such amount as may be prescribed, is inflicted on the health care professional concerned; or

(iv) the health care professional concerned is cautioned; or

(v) order that the health care professional undergoes such period of training or practice of the profession under supervision for such period as the relevant council may determine.

(2) A licence issued by the President of Malta for the practice of a health care profession shall be deemed to be suspended during such period that the name of the licensed person is deleted from the register.

3. This notice is issued for the information of the members of the professions mentioned above and contains particulars of the professional and ethical standards adopted by the Council and of certain form of conduct which may be held by the Council to constitute misconduct in a professional respect. The word 'practitioner' wherever used in the Notice means a medical practitioner or dental surgeon registered under the Health Care Professions Act.

4. The Council wishes it clearly to be understood that the following particulars given in the Notice do not constitute, and are not intended to constitute, a complete enumeration of the professional offences which may entail disciplinary action; nothing in the Notice is to be held to limit the discretion of the Medical Council in reaching a determination in any case in accordance with the facts brought before it. Standards of professional conduct for all the professions are necessary in the public interest to ensure an efficient professional service. Every professional person should not only be willing to play his part in giving such a service but should also avoid any act or omission which would prejudice the giving of the service or impair confidence and respect for the professions concerned.

5. **Convictions.** Convictions for criminal offences by practitioners other than those specifically mentioned in the Health Care Professions Act may be referred for inquiry to the Council. In considering a conviction the Council has to determine whether the gravity of the offence which the practitioner committed, or the cumulative gravity of offences committed by him on more than one occasion, makes it necessary in the public interest to erase his name from the Register. It follows that a particular conviction, or the last of a series of convictions, may afford ground for erasure whether or not the circumstances of the offence involved misconduct in a professional respect.

6. The following offences by practitioners, among others not particularised in this Notice, may entail erasure from the Registers or other disciplinary action:-

(i) Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

(ii) Treating or attending patients while the Practitioner is under the influence of drink or drugs. Driving or being in charge of a motor vehicle when under the influence of drink or drugs, or being found drunk, or being drunk and disorderly or incapable of properly looking after oneself.

(iii) Forgery, fraud, embezzlement and cognate offences.

(iv) Gross or prolonged neglect of duties and disregard of personal responsibilities to the patients, to clients and to the public.

(v) Commercialisation of drugs, medicinals and other remedies by medical practitioners, dental surgeons and veterinary surgeons.

7. Advertising and Canvassing: The Council considers that it is contrary to the public interest and discreditable to the profession for a practitioner to advertise or canvass, directly or indirectly, for the purpose of obtaining patients or promoting his own professional advantage. A practitioner who advertises or canvasses for such a purpose, or who employs or is professionally associated with anyone who does so, or who procures or acquiesces in the publication of notices commending or drawing attention to his own professional skill, knowledge, qualifications or services or depreciating those of others, is liable to disciplinary action.

Medicine is unique among professions, offering a service, which is unlike any other. However, promotion of a medical / dental practitioner's services as if the provision of such services were no more than a commercial product or activity is likely to undermine public confidence in the medical / dental profession. Over time, this may diminish the standards of care, which patients have a right to expect.

Traditionally, the medical profession has prohibited advertising in its codes of ethics. The traditional view is that medical / dental practitioners should develop a reputation for excellence based on a reputation among their peers, rather than by the advertising of their services directly to the public. This minimises the opportunity for patients to be misled by claims of superiority of a technique or individual. Provision of high quality comprehensive medical care is fundamentally contingent on good communication between doctors and their patients and between doctors and their professional colleagues. Those who need information about the services offered by doctors should have ready access to it.

The consequences for patients of being attracted by misleading information to an inappropriate medical / dental practitioner or service are such as to demand special restrictions on the advertising of medical / dental practitioners' services. The Medical Council feels there is scope to broaden the opportunity to medical / dental practitioners to make factual information of their services available to patients. However, it must impress on them that in doing so they must safeguard against promotional activities, which are designed to increase demand for certain kinds of medical / dental practitioners' service by playing upon individuals' fears and lack of medical knowledge.

8. Practitioners should be guided by the following points concerning what may be held constitute advertising and canvassing.

All information transmitted to patients and or other medical / dental practitioners should:

- (a) be demonstrably true in all respects
- (b) not be misleading, vulgar or sensational
- (c) seek to maintain the decorum and dignity of the profession
- (d) not contain any testimonial or endorsement of clinical skills
- (e) not claim that one doctor is superior to others nor contain endorsements for any particular doctor; and
- (f) Avoid aggressive forms of competitive persuasion, such as those that prevail in commerce and industry.
 - i) As a general principle, advertisements must therefore be honest and must never exploit patient's vulnerability or lack of medical knowledge, providing only factual information.
 - ii) A medical / dental practitioners' reputation and capacity to increase his / her practice should be based on good medical practice and appropriate provision of information about the medical services he / she offers. In accordance with the general guidelines detailed above, the chief purpose of any advertisement for a medical / dental practitioner's services should be to present information that is reasonably needed by any patient to make an informed decision about the appropriateness and availability of the medical services offered. It is deemed admissible for a medical / dental practitioner to provide the public with factual information about his / her professional qualifications, services and practice arrangements within the parameters stated above.

iii) A medical / dental practitioner should seek to keep his / her professional colleagues informed of the services he / she provides and their practice arrangements. Information about such services should be presented discreetly so as to facilitate informed decision making by referring medical / dental practitioners as to the appropriateness and availability of services offered.

iv) Careful consideration must be given to the ethical and legal implications of endorsement by a medical / dental practitioner of a commercial product or service as happens very often when private hospitals, e.g. introduce new services which patients are not well informed about.

v) It is advisable for medical / dental practitioners not to publicly endorse any particular commercial product or service. Whenever a doctor / dental practitioner becomes publicly associated with a particular commercial product or service, the doctor should ensure that endorsement is not inadvertently stated or implied. It is advisable for medical / dental practitioners not to publicly associate themselves with products which clearly affect health adversely, such as tobacco products, since this might give an inappropriate message to the public.

vi) Medical / dental practitioners must never overtly and publicly endorse advertisements for health-related services, such as nursing homes and private clinics. Such advertising may be thought to imply a recommendation and may confuse patients.

vii) Medical / dental practitioners who have any kind of financial or other involvement, directly or indirectly with any organisation such as a hospital are deemed to bear responsibly for the hospital's advertising. They must therefore exercise due diligence to ensure any advertising conforms to these guidelines.

viii) Such medical / dental practitioners should avoid involvement in promoting the services of this sort of organisation e.g. by public speaking, broadcasting,

9. Signs and professional plates: In general, signs exhibited in connection with a practice should not exceed what is reasonably necessary to indicate to those who are seeking the practice, the location and entrance of the premises.

10. The name of every practitioner regularly attending patients should be shown at the premises where he practices by the usual professional

plate. The name of persons, other than practitioners, employed in the practice, may not appear on signs outside the premises.

The Council does not approve of signs indicating that a practitioner is in regular attendance at a practice when he is not. The professional plate of a former practitioner should be retained only if the name of the predecessor is plainly preceded by the word "late" or "formerly", and the plate should be removed after a reasonable time, which should not exceed one year.

11. If the practice is carried on in a private house, it is permissible if necessary, because of some special risk of confusion or accident, to illuminate the entrance it approach to the premises by means of a small lamp. This should have no lettering other than the number or name of the house. If a practice is carried out in an office block or business centre, the professional plate may conform with others in the same place. No hanging sign or illuminated box is allowed. Daylight, flashing or neon signs are not permissible.

12. The professional plate, letter heads used in professional practice and any notice appearing in a medium accessible to the public, may include the practitioner's name, qualifications, degrees and special qualifications registrable by the Medical Council and any other diplomas or degrees granted by universities, colleges or other recognised professional bodies and a title describing the type of practice e.g. general practitioner, dental surgeon, surgeon, psychiatrist, etc.

13. All qualifications should appear in the usual abbreviated manner, which is approved by the institution awarding them. The names of hospitals where one has studied or held appointments should not appear on a nameplate.

14. The word 'Consultant' may only be used by persons who hold or have held such an appointment.

(ii) The word 'Specialist' may only be used by persons who have completed their specialist training and are listed accordingly in the Specialist Register held by the Medical Council.

15. The nameplate may also give an indication of the hours of attendance. Neither the plate nor the lettering should be unnecessarily large or brightly coloured. The exhibition of notices describing the nature of treatment provided is not permissible.

16. A practitioner should take care that the windows and doors of his surgery and waiting rooms are adequately screened from public view. This does not apply to waiting rooms in pharmacies.

17. A practitioner is responsible for all signs, plates and notices appearing in the public part of the pharmacy or similar premises directly or indirectly related with his practice.

18. It is suggested that "Clinic", "surgery", "dental surgery", "office" or "consulting rooms" be used to describe the place where a practice is carried out.

19. Newspaper articles, television, and radio broadcasts: The announcement of lectures to be given by any member of the professions should not in any way be laudatory to him. It is permissible for members of the different professions to engage in publishing matter provided that in so doing every member of the professions ensures that there is no improper or undue advertising. It is also permissible to have one's qualifications entered in normal type in a street or telephone directory (see para. 21). Members of the professions should exercise great caution in granting interviews to the media and shall assume full responsibility for anything appearing in print or broadcast as a result thereof. A practitioner involved in public activities should be particularly careful to ensure that no publicity is given to his practice.

20. Professional men are amply justified in publishing books and articles and in publishing them in their own names; the public has a legitimate interest in the advances made in the science and art of medicine. Members of the professions who possess the necessary knowledge and talent may properly participate in the presentation and discussion of medical, semi-medical, dental, or veterinary topics in newspapers or radio and television; readers, listeners and viewers are entitled to be given information as to the professional academic qualifications of a practitioner who writes a book or article or gives a talk on radio or television; however, no information shall be given which implies any unique or outstanding qualities or **any** greater experience in a particular field. Special attention is to be given to the maintenance of anonymity especially in circumstances where the practitioner refers to his personal management of individual clinical matter.

21. **Telephone directories:** Entries in telephone directories including classified lists must include the practitioner's name and address and may include his qualifications and an indication of his type of practice (see para 12, 13 and 14) and should be in normal type. No other special entries are allowed nor should an entry appear which does not include the practitioner's name and address.

22. **Communication to patients:** All communications to patients are to be sent in sealed envelopes. These communications should be sent only to persons who can reasonably be assumed to be patients of the

practice and should not draw attention to the professional skill of any practitioner. Recall cards should be sent only with the prior agreement of the patients to whom they are addressed.

23. Canvassing: A practitioner should not call upon or communicate with any person who is not already a patient of his practice with a view to providing advice or treatment unless he has been expressly requested to do so by the person himself or by another person authorised to do so on his behalf. A practitioner may, however, on acquiring a practice notify persons whom he is reasonably entitled to assume to be patients of that practice in accordance with paragraph 22 above.

24. A practitioner should not enter into any arrangements by which patients are referred to him by non qualified persons, nor should he pay a commission or allow special discounts to any person or organisation unless as specified in paragraph 32 — undercutting. (See also para 31).

25. A practitioner may be held to have canvassed if without the consent of the owner or administrators of institutions providing professional services, he attempts to induce persons whom he has treated as patients at that practice or institution in which he is or had been employed or associated with to attend them for treatment or advice in any other practice.

26. Certificates, reports, notifications and other documents. Any practitioner who signs and issues in his professional capacity any certificate, report or other document of a kindred character containing statements which he knows, or ought to know, to be untrue, misleading, or otherwise improper, is liable to erasure. (see para 2)

27. “Covering” and association with unqualified persons. No practitioner shall knowingly enable an unqualified person to exercise his profession, to attend in any manner to any matter requiring professional knowledge and skill, to issue or procure the issue of any professional document, or otherwise act as if he were duly qualified or registered. Nothing in this paragraph is to be regarded as affecting or restricting in any way (i) the proper training of medical, dental or any bona fide students, or (ii) the legitimate employment of nurses, midwives, physiotherapists and other persons trained to perform specialised functions relevant to the different professions, provided that the member of the professions concerned exercises effective supervision over any person so employed and retains personal responsibility for the professional services rendered.

28. Dangerous Drugs. Every practitioner shall carry out his obligations under the Dangerous Drugs Ordinance and Regulations. Any contravention involving an abuse of the privileges conferred thereunder upon registered

practitioners, whether such contravention has been subject of criminal proceedings or not, will, if proved to the satisfaction of the Council, render a registered-practitioner liable to have his name erased from the Register.

29. Laws affecting the professions. Practitioners must at all times comply with the provisions of the Medical and Kindred Professions Ordinance and with any other law affecting the different professions.

30. Commissions. Practitioners must not circulate professional cards through each other; neither must they pay any commission or allow discount or any other arrangement with each other or with any proprietor of a business concern. No practitioner shall accept a commission for the introduction of a patient or a client to a consultant, to a private hospital or other institution, or to a medical practitioner, or to a dental surgeon or dentist, to a veterinary surgeon, apothecary, nurse, midwife, or other person or company.

31. Dichotomy. Practitioners shall not participate in any division or sharing of fees of which the patient or the client is not aware. This shall apply also to consultations

32. Undercutting. It shall be unlawful for any practitioner to charge a fee less than that established in the official Tariff of Fees. It is advisable that one should not charge any fee if the practitioner is satisfied that the patient or the client cannot afford one. It would not be unethical in special cases to grant a discount of not more than 10 per cent for the bills of £M30 or over.

33. Professions Secrecy. Attention is directed to section 270 of the Criminal Code of Malta (Cap. 12) in regard to professional secrets.

34. The Medical Council may publish separate codes of ethical standards for the general guidance of the professions mentioned in this Notice.

ETHICS OF THE MEDICAL PROFESSION

The Medical Council issues the following notice containing ethical standards for medical practitioners as laid down in Article 10. (1) (d) of the Health Care Professions Act (Cap. 464).

1. (i) The Medical profession occupies a position of trust in society because of the understanding that a doctor's calling is to serve humanity under all conditions and because in the past members of the profession have built up a tradition of placing the needs of the patient above all else.

(ii) On admission to the brotherhood of medicine every new member, not only succeeds to benefit of its special place in society, but also takes upon himself the duty of maintaining this high position. The justification for the freedom of medicine lies in the hands of those who practise it.

2. In all matters bearing on faith or morals the catholic member of the profession shall abide by the tenets of the Roman Catholic Church.

3. The attention of members of the medical profession is drawn to the General Notice issued by the Medical Council for the guidance of members of the professions upon which it exercises disciplinary jurisdiction.

4. In addition to the requirements of the Medical Council, and in elaboration of them, there are customs and ethical rules which are observed by the profession as a code of conduct. The endless number of situations that might, and do, arise in the course of professional life cannot all be covered specifically in any set of rules. The following rulings are accepted as covering the major and the more common features of professional life and will serve to illustrate the principles of behaviour. These principles can be, and should be, applied to other problems and situations that may arise.

5. A doctor must by his conduct in all matters set a high standard.

6. A doctor in the pursuit of his profession must not allow himself to be influenced by motives of profit.

7. A doctor shall neither instigate nor condone any advertisement relative to his professional status of work.

(see also circular MC/435/93 of 1.10.1993 relating to the publication of announcements about career and academic achievements)

8. A doctor shall not accept conditions of service which do not ensure his professional independence.

(see also circular MC/145/93 of 22.2.1993 safeguarding professional independence)

9. A doctor shall not in any circumstances do, authorise to be done or condone, anything that would weaken the physical or mental resistance of a human being, except for the prevention and treatment of disease.

10. A doctor must always bear in mind the importance of preserving human life from the time of conception until death.

11. (i) A doctor should not hesitate to propose or to accept consultation with a professional colleague when for any reason it appears desirable in the interest of the patient. The attendance of a consulting practitioner shall cease when the consultation is concluded, unless another appointment is arranged by the medical attendant.

(ii) When a consultant in his rooms sees a patient at the request of his medical attendant, it is his duty to write to the latter stating his opinion on the case and the mode of treatment he thinks should be adopted.

(iii) When there is an irreconcilable difference of opinion between practitioners, the circumstances should be frankly and impartially explained to the patient or his relatives by either the consultant or the medical attendant in the presence of the other.

(iv) When it becomes the duty of a practitioner occupying an official position to see and report upon a case of illness or injury, he should communicate with the patient informing him that it is his right to ask his practitioner to be present during the examination. The practitioner seeing the case officially shall scrupulously avoid interference with, or remarks upon, the treatment or diagnosis that has been adopted.

(see also circular MC/145/93 of 22.3.1993 and MC/180/99 of October 1999 clarifying the procedure to be adopted in such visits)

12. A medical practitioner must not disclose voluntarily without the consent of the patient, preferably written, information including certification which he has obtained in the course of his professional relationship with the patient. Exception to this rule is made only by the requirements of the local laws. Medical practitioners are reminded of section 257 of the Criminal Code of Malta (Cap. 9) which reads as follows:

“If any physician, surgeon, obstetrician or apothecary or, in general, any other person who, by reason of his calling or profession, becomes the depository of any secret confided to him, shall, except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa)”.

Any conviction under this heading may also involve disciplinary action on the part of the Medical Council.

13. (i) When the medical practitioner is requested to attend a patient already under the care of another practitioner (the case not being one of emergency), he shall decline to do so, except in consultation with the practitioner in attendance, or in cases where the consultation be not agreed to, until the practitioner in attendance has been informed (in writing, if possible), that his services are no longer desired.

(ii) A medical practitioner called upon in an emergency to visit a patient, who under ordinary circumstances would have been attended by another practitioner, shall, when the emergency is provided for, retire in favour of the ordinary medical attendant, but shall be entitled to charge the patient for his services.

(iii) When a practitioner is consulted in his own office, it is not necessary for him to enquire if the patient is under the care of another practitioner.

14. (i) No medical practitioner shall accept a commission or consideration for the introduction of a patient to a consultant, specialist or other practitioner, to a private hospital or other institution, or to a dentist, chemist, nurse, midwife or other person or company; and he shall not pay a consideration for the introduction of patients to himself.

(ii) A medical practitioner shall not participate in any division or sharing of fees of which the patient is not made aware of (excluding a normal medical partnership), and this shall apply to consultations between doctors.

(iii) It is desirable that the family doctor be present at operations and in that case he shall charge a fee for his attendance. If he assists, his fee will be included in the fee for operation and the patient or his family will be informed accordingly.

(iv) It shall be unlawful for any practitioner to charge a fee less than the customary one. If the doctor is satisfied that the patient cannot afford the fee, no fee shall be charged.

15. A medical practitioner must not circulate professional cards to chemists or opticians; neither must he has any salary or commission or any other arrangement with a chemist or optician; he must not have financial interest either directly or indirectly in a local chemist's shop.

16. In respect of (a) untrue certification or report (b) covering and association with unqualified or unlicensed persons (c) contravention of the Dangerous Drugs Ordinance and Regulations (d) advertising, canvassing, lectures, broadcasting, etc., the attention of members of the medical profession is drawn to the General Notice mentioned in para. 3 issued by the Medical Council and published in the Government Gazette of the 23rd June, 1981, with amendments as published in the Government Gazette of the 27th January, 1984.

17. **Change of Address.** Any change of address and of surgery hours may be communicated under cover to patients of the practice and announced for not more than three times through the press provided such announcements are made in normal type. There is no objection to a suitable notice being placed in the waiting room.

(see also circulars MC/256/91 of 17.6.1991 and MC/144/93 of 22.3.1993)

18. **Telephone Directories.** A doctor should not allow his name to appear in special type, or as a special entry in a telephone directory. There is, however, no objection to the indication of degrees or special post-graduate diplomas.

19. **Relationship with Dentists.** (i) The professional conduct of a dentist is guided by principles essentially similar to those adopted by the medical profession and the relations between a doctor and a dentist (for example, where a dentist requires a medical opinion or a doctor requires a dental opinion) should be subject to the same considerations as obtained between a general practitioner and a consultant.

(ii) When a practitioner, in whatever form of practice, has reason to believe that a patient who requests him to give advice or treatment, is suffering from a condition arising from, or in connection with, dental treatment, it is the duty of the practitioner so approached to urge the patient to permit him to communicate with the dental practitioner. Should the patient refuse this proposal, the practitioner is at liberty to give such treatment as may be necessary to deal with any emergency condition. The practitioner so consulted shall not refer the patient to a second

dental practitioner unless he obtains from the patient permission to disclose this fact to the first dental practitioner.

(iii) When a patient has no dentist, it is proper, but only on the specific request of the patient for the doctor to indicate the name of a dentist known to him who might be consulted, but he should not indicate to the patient the treatment that he considers should be given by the dentist. The doctor should, with the permission of the patient, communicate to the dentist his opinion of the case. If the doctor should require a further medical or dental opinion, a pathological or radiological report from a third party, or a reference to a hospital, he shall inform the dentist concerned of the action proposed and of the subsequent outcome.

(iv) A dentist in treating a patient may select an anaesthetist to assist him, but if the anaesthetist is not the patient's own doctor no objection should be made to the patient inviting his own doctor to be present. Where the patient is under medical care the dentist may be expected to inform the patient's doctor of any proposed operation requiring an anaesthetic.

ETHICS OF THE DENTAL PROFESSION

The Medical Council issues the following notice containing ethical standards for dental surgeons/dentists as laid down in Article 10. (1) (d) of the Health Care Professions Act (Cap. 464).

1. The attention of members of the dental profession is drawn to the General Notice issued by the Medical Council for the guidance of members of the professions upon which it exercised disciplinary jurisdiction, published in the Government Gazette of the 23rd June, 1981, with amendments as published in the Government Gazette of the 27th January, 1984.

2. In respect of (a) abuse of professional relationship, (b) convictions, (c) untrue certification and reports, (d) advertising, canvassing, broadcasting, etc. (e) contravention of the Dangerous Drugs Ordinance and Regulations, (f) "covering", (g) commissions, (h) dichotomy, (i) under-cutting and (j) professional secrecy, the attention of members of the dental profession is drawn to the General Notice issued by the Medical Council and mentioned at paragraph 1 above.

3. Wherever "practitioner" is used in this Notice it means a dental surgeon or a dentist.

4. (i) A practitioner should not hesitate to propose or to accept consultation with a professional colleague when for any reason it appears desirable in the interest of the patient. The attendance of a consulting practitioner shall cease when the consultation is concluded unless another appointment is arranged by the attending practitioner.

(ii) When a practitioner in his rooms sees a patient at the request of his medical attendant or of another practitioner, it is his duty to write to the latter stating his opinion on the case and the mode of treatment he thinks should be adopted.

(iii) Differences of opinion should not be divulged unnecessarily; but when there is an irreconcilable difference of opinion, the circumstances should be frankly and impartially explained to the patient's relatives. It is open to them or to him to seek further advice, either preferably in consultation with that already in attendance or with the medical attendant or practitioner only.

(iv) When it becomes the duty of a practitioner occupying an official position to see and report upon a case of illness or injury he should communicate with the patient informing him that it is his right to ask his practitioner to be present during the examination. The practitioner seeing the case officially shall scrupulously avoid interference with, or remarks upon, the treatment or diagnosis that has been adopted.

5. A practitioner must not disclose voluntarily, without the consent of the patient, preferably written, information, including certification which he has obtained in the course of his professional relationship with the patient. Exception to this rule is made only by the requirements of the local laws.

6. (i) When a practitioner is requested to attend a patient already under the care of another practitioner (the case not being of emergency), he shall decline to do so, except in consultation with the practitioner in attendance, or in case the consultation not being agreed to, until the practitioner in attendance has been informed (in writing if possible), that his services are no longer required.

(ii) A practitioner called upon on an emergency to visit a patient, who under ordinary circumstances would have been attended by another practitioner, shall, when the emergency is provided for, retire in favour of the ordinary practitioner, but shall be entitled to charge the patient for his services.

(iii) When a practitioner is consulted at his own office, it is not necessary for him to enquire if the patient is under the care of another practitioner, but if that fact shall transpire, the interest of the patient for courtesy may require that the practitioner or medical attendant be informed of the consultation and its results.

7. (i) No practitioner shall accept a commission or consideration for the introduction of a patient to a consultant, to a private hospital or other institution, or to a medical practitioner, chemist, nurse, midwife or other person or company and he shall not pay a consideration for the introduction of patients to himself.

(ii) A practitioner shall not participate in any division of sharing of fees of which the patient is not made aware, excluding a normal dental partnership, and this shall apply to consultations between practitioners or medical practitioners.

8. A practitioner shall neither instigate nor condone any advertisement relative to his professional status or work.

9. **Change of Address.** Any change and / or surgery hours may be communicated under cover to patients of the practice and announced for not more than three times in the press provided the announcements are made in normal type. There is no objection to a suitable notice being placed in the waiting room.

10. **Telephone Directories.** A practitioner should not allow his name to appear in special type, or as a special entry in a telephone directory. There is, however, no objection to the inclusion of degrees or special post-graduate diplomas.

11. **Relationship with Doctors.** (i) The professional conduct of a practitioner is guided by principles essentially similar to those adopted by the medical profession and the relations between a doctor and a dentist (for example, where a dentist requires a medical opinion or a doctor requires a dental opinion) should be subject to the same considerations as obtained between a general practitioner and a consultant.

(ii) When a practitioner, in whatever form of practice, has reason to believe that a patient who requests him to give advice or treatment, is suffering from a condition arising from, or in connection with medical treatment, it is the duty of the practitioner so approached to urge the patient to permit him to communicate with the medical practitioner. Should the patient refuse this proposal, the practitioner is at liberty to give such treatment as may be necessary to deal with any emergency condition. The practitioner so consulted shall not refer the patient to a second medical practitioner unless he obtains from the patient permission to disclose this fact to the first medical practitioner.

(iii) Where a patient has no doctor, it is proper, but only on the specific request of the patient, for the practitioner to indicate the name of a medical practitioner known to him who might be consulted, but he should not indicate to the patient the treatment that he considers should be given by the medical practitioner but should with the permission of the patient, communicate to the doctor his opinion of the case. If the practitioner should require a further medical or dental opinion, a pathological or radiological report from a third party, or a reference to a hospital he shall inform the medical practitioner concerned of the action proposed and of the sub-sequent outcome.

(iv) A practitioner may select an anaesthetist for a patient but if the anaesthetist is not the patient's own doctor no objection should be made to the patient inviting his own doctor to be present. Where the patient is under medical care the dentist may be expected to inform the patient's doctor of any proposed operation requiring anaesthetic.