

**THE ETHICS AND
REGULATIONS OF THE
MEDICAL AND
DENTAL PROFESSIONS:**

**Medical Council
Malta**

April 2012



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**HEALTH CARE PROFESSIONS ACT
(CAP. 464)**

Ethics of the Medical Profession Regulations, 2008

IN exercise of the powers conferred by articles 10(1)(d) and 51(1)(d) of the Health Care Professions Act, the Medical Council, as authorised by the Minister for Social Policy, has made the following regulations:-

Title and scope.

1. (1) The title of these regulations is the Ethics of the Medical Profession Regulations, 2008.

(2) The scope of these regulations is to inform the practitioners of the particulars of the professional and ethical standards adopted by the Council and of certain forms of conduct which may be held by the Council to constitute misconduct in a professional respect.

Definitions.

2. For the purposes these regulations :

“the Act” means the Health Care Professions Act;

“practitioner” means a medical practitioner or dental surgeon registered under the Act;

“the registers” means any of the registers mentioned in articles 11 and 12 of the Act.

Convictions.

3. (1) The Council may open an inquiry into those convictions for criminal offences committed by practitioners other than those specifically mentioned in the Act.

(2) In considering a conviction the Council shall determine whether the gravity of any offence committed by a practitioner renders necessary the erasure of the name of such practitioner from the registers.

List of offences.

4. The following offences shall be deemed to be offences which may entail erasure from the registers or any other disciplinary action:-

(a) acts of immorality, indecency or dishonesty or any other act involving the abuse of a professional relationship;

(b) treating or attending to patients while the practitioner is under the influence of any drink or drugs;

(c) 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;

(d) forgery, fraud, embezzlement and cognate offences;

(e) gross or prolonged neglect of duties and disregard of personal responsibilities to patients, clients and the public;

(f) dealing in the commerce of drugs, medicinals and other remedies by medical practitioners, dental surgeons and veterinary surgeons.

Advertising and canvassing.

5. (1) No practitioner shall for the purpose of being engaged by patients or of promoting his own professional advantage:

(a) advertise or canvass directly or indirectly,

(b) employ or is professionally associated with anyone who so advertises or canvasses,

(c) procure or acquiesce in the publication of notices commending or drawing attention to his own professional skill,

knowledge, qualifications or services or depreciating those of other practitioners.

(2) Any practitioner who is found guilty of any of the offences referred to in sub-regulation (1) hereof shall be liable to disciplinary action.

(3) The provision of factual information about the services offered by a practitioner to patients shall not be deemed to be contrary to the provisions of this regulation.

Factual information.

6. The factual information referred to in the preceding regulation shall :

- (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 any one doctor is superior to others, nor contain any endorsement for any particular doctor;
- (f) avoid aggressive forms of competitive persuasion, such as those that prevail in commerce and industry;
- (g) be honest and never exploit a patient's vulnerability or lack of medical knowledge;
- (h) be presented discreetly so as to facilitate informed decision making.

Endorsement of products.

7. (1) Practitioners shall not :

(a) publicly endorse any particular commercial product or service;

(b) publicly associate themselves with any product, such as a tobacco product, which clearly affects health adversely since such action may give an inappropriate message to the public;

(c) overtly and publicly endorse advertisements for health-related services, such as nursing homes and private clinics.

(2) When a practitioner becomes publicly associated with a particular commercial product or service, the practitioner shall ensure that endorsement is not inadvertently stated or implied.

(3) In the case of practitioners who have any kind of financial or other involvement, directly or indirectly, with any organisation, they shall exercise due diligence to ensure any advertising conforms with these guidelines and avoid involvement in promoting the services of the organisation.

Signs and professional plates.

8. (1) 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 of the premises and entrance thereto.

(2) The name of every practitioner regularly attending patients should be shown at the premises where he practises his profession by means of a professional plate. The name of persons other than practitioners, employed in the practice, need not appear on such signs.

(3) The sign shall not indicate that a practitioner is in regular attendance at a practice when he is not. The professional plate of a former practitioner shall be retained for one year only if the name on the plate is preceded by the word "late" or "formerly".

(4) In those cases where the practice is carried on in a private house:

(a) the entrance thereto may be illuminated by means of a small lamp; and

(b) there should be no lettering other than the number or the name of the house.

(5) If a practice is carried out in an office block or business centre:

(a) the professional plate may conform with others in the same place;

(b) no hanging sign or illuminated box shall be allowed;

(c) daylight, flashing or neon signs are not permissible.

(6) The professional plate, letterheads used in professional practice and any notice appearing in any medium accessible to the public, may include the practitioner's name, qualifications, degrees and special qualifications registered with the Medical Council and any other diploma or degree granted by universities, colleges or other recognised professional bodies and a title describing the type of practice.

(7) All qualifications should appear in the usual abbreviated manner, as approved by the institution awarding them, but the names of hospitals where one has studied or held appointments shall not appear on a nameplate.

(8) (a) The word "consultant" may only be used by persons who hold or have held such an appointment.

(b) The word "specialist" may only be used by persons who have completed their specialist training and are listed as such in the Specialist Register held by the Medical Council.

(9) The nameplate may also give an indication of the hours of attendance, provided that neither the plate nor the lettering are unnecessarily large or brightly coloured. The exhibition of notices describing the nature of treatment provided is not allowed.

(10) A practitioner shall be responsible for all signs, plates and notices which are directly or indirectly related with his practice and which are situated in the public part of the pharmacy or premises.

(11) The words “clinic”, “surgery”, “dental surgery”, “office” or “consulting rooms” shall only be used to describe the place where a practice is carried out.

Adequate screening of apertures.

9. It shall be the duty of every practitioner to ensure that the windows and doors of his surgery and waiting rooms are adequately screened from public view unless such waiting or consulting rooms are situated within a pharmacy.

Newspaper articles, television, and radio broadcasts.

10. (1) While practitioners may be involved in publishing, it shall however be ensured that there is no improper or undue advertising.

(2) In granting interviews to the media, practitioners shall assume full responsibility for anything appearing in print or broadcast as a result thereof and a practitioner involved in public activities should be particularly careful to ensure that no publicity is given to his practice.

Participation in discussion.

11. Practitioners may participate in the presentation and discussion of medical, quasi-medical, dental or veterinary topics in newspapers or on radio or television, however the information given shall not in any way remark any unique or outstanding qualities or any greater experience in a particular field and practitioners shall maintain anonymity especially in circumstances where the practitioner refers to his personal management of individual clinical matters.

Telephone directories.

12. (1) Entries in telephone directories, including classified lists:

(a) shall be in normal type;

(b) shall include the practitioner’s name and address;

(c) may include his qualifications, degrees or special post-graduate diplomas;

(d) may have an indication of his type of practice.

(2) No other special entries are allowed nor should an entry appear which does not include the practitioner's name and address.

Communication to patients.

13. (1) Communications to patients:

(a) shall be sent in sealed envelopes; and

(b) shall not draw attention to the professional skill of any practitioner.

(2) Recall cards should be sent only with the prior written agreement of the patients to whom they are addressed.

Canvassing.

14. (1) A practitioner shall 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.

(2) A practitioner may, however, on acquiring a practice notify persons whom he is reasonably entitled to assume to be patients of that practice.

Illicit arrangements.

15. A practitioner shall not enter into any arrangements by which patients are referred to him by non qualified persons, nor should he pay any commission or grant any special discount to any person or organisation other than according to the provisions of these regulations.

Inducement.

16. A practitioner may be deemed to be involved in canvassing if, without the consent of the administrator of the institutions providing professional services, he attempts to induce persons to contact him for treatment or advice.

Certificates, reports, notifications and other documents.

17. Any practitioner who signs and issues any certificate, report or other document containing statements which he knows, or ought to know, to be untrue, misleading or otherwise improper, shall be liable to have his name erased from the register.

“Covering” and association with unqualified persons.

18. (1) No practitioner shall enable an unqualified person to exercise his profession, attend in any manner to any matter requiring professional knowledge and skill, issue or procure the issue of any professional document or otherwise act as if he were duly qualified or registered.

(2) The preceding sub-regulation shall not apply when the practitioner is supervising over any person so employed and retains personal responsibility for the professional services rendered in the case of:

- (a) the training of medical, dental or any bona fide students,
or
- (b) the legitimate employment of nurses, midwives, physiotherapists and other persons trained to perform specialised functions relevant to different professions.

Dangerous drugs.

Cap. 101.

19. Every practitioner shall abide by the obligations set out by the Dangerous Drugs Ordinance and any regulations made thereunder. Any breach of the provisions thereof shall render the practitioner liable to his name being erased from the register.

Laws affecting the professions.

20. It shall be the duty of practitioners to comply with the laws of Malta.

Commissions.

21. (1) Practitioners shall neither circulate professional cards through each other nor pay any commission or allow any discount or any other arrangement with each other or with any proprietor of a business concern.

(2) A practitioner may not 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 any other person or company.

Dichotomy.

22. Practitioners shall not participate in any division or sharing of fees of which the patient or the client is not aware.

Undercutting.

23. (1) It shall be unlawful for any practitioner to charge a fee less than that established in the official Tariff of Fees unless he is satisfied that the patient does not have sufficient means to pay such fee.

(2) In special cases bills exceeding 30 euro may be decreased by not more than 10 per cent.

Professional secrecy.

24. Every practitioner shall abide by the relevant provisions of the Laws of Malta and by the code of ethical standards for the general guidance of the profession in Schedules A and B to these regulations.

Change of address.

25. Any change of address and of surgery hours may be communicated to patients by a suitable notice being placed in the waiting room and may also be announced for not more than three times through the press provided such announcements are made in normal type.

Dental treatment.

26. (1) When a practitioner has reason to believe that a patient is suffering from a condition arising from, or in connection with, dental treatment, it is the duty of the practitioner concerned to recommend to the patient to permit him to communicate with a dental practitioner.

(2) In those cases where the patient refuses this proposal, the practitioner may give such treatment as may be necessary to deal with the emergency condition.

(3) The practitioner 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.

(4) (a) In those cases where a patient is not being followed by a dental practitioner, it is acceptable, following the specific request of the patient, for the medical practitioner to indicate the name of a dental practitioner without indicating the treatment which he considers should be given by the dental practitioner.

(b) The medical practitioner may, with the permission of the patient, communicate with the dental practitioner and if the medical practitioner requires 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 dental practitioner concerned of the proposed action and of the subsequent outcome.

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

SCHEDULE A
(Regulation 22)

ETHICS OF MEDICAL PRACTITIONERS

1. (a) The Medical profession occupies a position of trust in society. A doctor's calling is to serve humanity under all conditions. Members of the profession have built up a tradition of placing the needs of the patient above all else.

(b) On admission to the medical field 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 Apostolic Religion in terms of article 2 of the Constitution.

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, 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 be all specifically covered by 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 and should be applied to such other problems and situations as may arise.

5. A doctor shall by his conduct and 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 relating to his professional status of work. (Also see 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. (Also see circular MC/145/93 of 22.2.1993 on 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. (a) A doctor shall not hesitate to propose or to accept consultation with a professional colleague when, for any reason, this appears to be 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.

(b) When a consultant sees a patient in his rooms 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 which he thinks should be adopted.

(c) Whenever an irreconcilable difference of opinion between practitioners occurs, the circumstances should be frankly and impartially explained to the patient or his relatives either by the consultant or by the medical attendant in the presence of the former.

(d) When it becomes the duty of a practitioner occupying an official position to see and report on a case of illness or injury, he should communicate with the patient and inform him that he is entitled to ask his practitioner to be present during the examination. The practitioner who is officially reviewing the case shall scrupulously avoid any interference with, or remarks on, the treatment or diagnosis that has been adopted. (Also see circulars MC/145/93 of 22.3.1993 and MC/180/99 of October 1999 on clarifying the procedure to be adopted during such visits.)

12. (a) A medical practitioner shall not voluntarily disclose without the consent of the patient, preferably to be given in writing, any information, including any certification, which he has obtained in the course of his professional relationship with the patient. An exception to this rule may only be made in terms of the requirements of local laws.

(b) Any conviction under this provision may also involve disciplinary action to be taken by the Medical Council.

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

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

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

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

15. A medical practitioner shall not circulate professional cards to chemists or opticians; nor should he have any salary or commission or any other arrangement with a chemist or optician; he shall not have any 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, Cap. 101, and regulations made thereunder;

(d) advertising, canvassing, lectures, broadcasting, etc., the attention of members of the medical profession is drawn to the General Notice mentioned in paragraph 3 hereof 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.

SCHEDULE B
(Regulation 22)

ETHICS OF DENTAL PRACTITIONERS

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 exercises 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 a professional relationship;
- (b) convictions;
- (c) untrue certification and reports;
- (d) advertising, canvassing, broadcasting, etc;
- (e) contravention of the Dangerous Drugs Ordinance, Cap. 101, and regulations made thereunder;
- (f) covering;
- (g) commissions;
- (h) dichotomy;
- (i) undercutting; 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 in paragraph 1 hereof.

3. Wherever the word “practitioner” is used in this Notice, it means a dental surgeon or a dentist.

4. (a) A practitioner shall not hesitate to propose or to accept consultation with a professional colleague when, for any reason whatsoever, such consultation appears to be 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.

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

(c) Any difference 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 would then be open to them or to him to seek further advice, either preferably in consultation with the person who is already in attendance or with the medical attendant or practitioner only.

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

5. A practitioner must not disclose voluntarily, without the consent of the patient, preferably in writing, 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. (a) When a practitioner is requested to attend to a patient who is already under the care of another practitioner and where the case is not an emergency, he shall decline to do so, except in consultation with the practitioner in attendance, or in case the consultation is not agreed to, until the practitioner in attendance has been informed, preferably in writing, that his services are no longer required.

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

(c) When a practitioner is consulted at his own office, it shall not be necessary for him to enquire whether 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. (a) 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.

(b) A practitioner shall not participate in any division of sharing of fees of which the patient is not aware, excluding a normal dental clinic 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. The professional conduct of a dental practitioner is guided by principles essentially similar to those adopted by the medical profession and the relations between a medical practitioner and a dental practitioner shall be subject to the same considerations.

Addendum 1:

Effective Communication

Effective communication is at the heart of every doctor – patient encounter and the essence of an optimal therapeutic relationship. Many errors in medical practice have their origins in a failure of communication. When the medical/dental practitioner cannot communicate effectively with the patient, such as when the two do not speak each other's language, misunderstandings can cause serious consequences.

It is the responsibility of the medical/dental practitioner to ensure that he/she can communicate effectively (fluently) with the patient. It is therefore imperative that when a medical/dental practitioner is consulted by a patient who does not speak the same language, the practitioner must ensure that communication is effective and, if not, should renounce taking responsibility of the patient, except in emergencies. A medical practitioner/dental practitioner who practices his/her profession when effective communication with his/her patients is not possible would be in breach of ethics.

07.01.2008

Addendum 2:

Area of Speciality

“The Medical Council acknowledges that specialists may be required to work in an area of another speciality provided that they have proven competence in that sphere.”

30.09.2009

Addendum 3:

Title of Professorship

A Medical or Dental Practitioner may use the title of Professor (whether in writing or otherwise) only when the title of Professor or Associate Professor has been awarded by a recognised University. Temporary or Visiting Professorship does not merit the use of the title of Professor in lieu to that of Doctor.

Medical and Dental Practitioners are reminded that any change in personal data, including professorship, should be registered with the Medical Council (see Article 42 of LN 375 of 2009) as soon as possible. The title will be included in the registers of the Medical Council after authenticated proof is produced from the conferring University.

Visiting Professors should be referred to as shown below:

Dr.
Visiting Professor, [University]

05.05.2010
Circular No: 03/2010

Law and further Guidelines

Law:

- Health Care Professions Act, Chapter 464
- L.N. 105 of 2006 - Health Care Professions Act (Chap 464) - Practice of Concurrent Professions Regulations, 2006
- L.N. 330 of 2006 - Health Care Professions Act (Chap 464) - Medical Council (Fees) Regulations, 2006.
- L.N. 38 of 2009 - Health Care Professions Act (Chap 464) - Medical Council (Penalties) Regulations, 2009
- L.N. 273 of 2010 - Health Care Professions Act (Chap 464) - Practice of Concurrent Professions (Amendment) Regulations, 2010
- S.L.458.08 - Medical Council (Erasure of Names Procedure) Rules

Guidelines:

- ‘Guidelines for Medical and Dental Students: Professional Values and Fitness to Practice’, July 2010
- ‘Code of Ethics on Advertising and Financial Conduct by Medical/ Dental Practitioners’, December 2010

Circulars:

- Circular 145/1993: Ethical Position of Doctors Examining Patients in an Official Capacity
- Circular 180/1999: Follow up / Amendment on Circular No MC/145/1993
- Circular 01/2010: Information provided to Patients about the H1N1 Vaccination

- Circular 03/2010: Annual Retention Fee as at 2009
- Circular 03/2010: Title of Professorship
- Circular 04/2010: Medical Council Registration
- Circular 05/2010: Inquiry Decisions taken by the Medical Council
- Circular 06/2010: Annual retention Fee Payment - Bank Standing Order (*procedure confirmed*)
- Circular 06(2)/2010: Additional information to set up a Bank Standing Order (*procedure confirmed*)
- Circular 07/2010: Prescription and Dispensing Requirements Rules
- Circular 08/2010: Standard Operating Procedures
- Circular 01/2011: Code of Ethics on Advertising and Financial Conduct by Medical / Dental Practitioners.

These documents are available online on the Medical Council website, under the section 'Law & Circulars':

https://ehealth.gov.mt/HealthPortal/others/regulatory_councils/medical_council/lawsandcirculars.aspx

Hard copies can also be collected from the Medical Council's Office, from **Monday to Friday** between **8.30** and **14.30**.

However, it is advisable to contact us before coming, in order to ensure our availability. Copies can also be sent by post upon request. Kindly phone on **(+356) 2125 5540** or send email to:

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medicalcouncil.mhec@gov.mt**