

CODE OF ETHICS- MEDICAL COUNCIL OF MALAWI

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FOREWORD

The Medical Council of Malawi is pleased to issue this *revised* edition of the Code of Ethics and Professional Conduct, which shall be observed, *mutatis mutandis*, by all medical practitioners, dentists, paramedicals and allied health professionals practicing in Malawi. The first edition was published in 1990. The Code of Ethics and Professional Conduct is promulgated by the Council in fulfillment of its functions as outlined in, and in the exercise of the powers vested in the Council by, Part IV, (Sections 10, 11, and 12) of the Medical Practitioners and Dentists Act, Chapter 36:01 of the Laws of Malawi.

This booklet cannot possibly be comprehensive as it is impossible to cover in a single volume all aspects of ethics and professional conduct which health professionals registrable by the Council are expected to abide by. The Council, therefore, advises practitioners when in doubt about ethical aspects of professional problems confronting them to base their decisions on their own consciences or to seek the advice of senior or more experienced colleagues, the Medical Association of Malawi, or the Council itself which may be contacted through its Registrar at P.O. Box 30787, Lilongwe 3. The Council, whose decision is final, will determine the appropriate conduct to have been followed in cases involving areas not specifically covered in this booklet.

This booklet is divided into six sections. The first section covers general issues relating to practitioner's duties and obligations to the public. The second section deals with issues of practitioners' relationship with colleagues and professional associations. The third section covers matters in relation to practitioners in private practice. Particular attention of the concerned persons is drawn to Section 3.2 which is on "informing the public about practices". In keeping with the current trends, the Council feels that it is in the public interest for practitioners to make public announcements relating to their practices, such as change of premises, or clinic hours. To avoid possible abuse of this opportunity, drafts of such announcements should be submitted to the Council for clearance before they are circulated to the public.

The fourth section discusses advertising at length as this is an important area in medical ethics and professional conduct. The fifth section outlines types of actions which may constitute professional misconduct and may result in disciplinary action being taken by Council. The sixth section deals with miscellaneous matters such as issues of medical reports, practitioners' connections with commercial enterprises and professional fees.

Practitioners may express their views, to the Council on any matters covered in this booklet for further consideration.

INTERPRETATION

In this code, unless the contrary intention appears:

1. “Immediate dependants” mean spouse, children and parents,
2. “Advertising” includes all those methods by which a practitioner is made known to the public either by himself or by others without his objection, in a manner which can be fairly regarded as having for its purpose the obtaining of patients or the promotion in other ways of the practitioner’s individual professional advantage,

(c) “Certification” includes any act whether concerned with medical certificates or documents, which must statutorily be signed by a medical practitioner, or other person so authorized,

(d) “A practitioner” means a medical practitioner, a dentist, a paramedical, or a person in the allied health profession,

(e) “Council” means the Medical Council of Malawi established under the Medical Practitioners and Dentists Act, Chapter 36:01 of the Laws of Malawi,

1. “Public Announcements” means.....

(d) **“Medical Research” is a research that has its focus on health related issues/problems with a view to identify solutions or new trends in managing health problems**

All references to the masculine gender connotes where appropriate reference to the female gender. Where there is he there is implied she

SECTION 1

1. *GENERAL DUTIES OF THE PRACTITIONERS TO THE PUBLIC*

Every practitioner shall:

1. Respect all aspects of human life, and *shall do all that can* reasonably be done to *safeguard* and improve the quality of human life, and shall not do anything which may cause suffering or terminate life.
2. Give such advice and treatment as is necessary to reduce the suffering of patients.
3. Treat patients or any persons accompanying or visiting a patient with due courtesy and respect for their inherent dignity.
4. Respect patients' confidentiality, and shall keep secret all that the practitioner may learn in confidence from his patients or anyone acting on behalf of a patient in the course of the patient/practitioner relationship;

Provided that a Practitioner may, however, be required to reveal confidential information on patients in courts of law where the judicial ruling will prevail.

5. Not discriminate against any person on the basis of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth status, or any other status (*to borrow from wording in the constitution*).
6. **At the time of being admitted as a member of the medical profession I solemnly pledge myself to consecrate my life to the service of humanity;**

I will give to my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity;

The health of the community and of my patients will be my first consideration;

I will respect the secrets which are confided in me, even after the patient has died;

I will maintain by all means in my power the honour and the noble traditions of the medical profession;

I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I will remain the utmost respect for human life, even under threat, I will not use my medical knowledge contrary to the laws of humanity;

I make these promises solemnly, freely and upon my honour.

SECTION 2

2. *PRACTITIONERS RELATIONSHIP WITH COLLEAGUES AND PROFESSIONAL ASSOCIATIONS*

2.1 Sharing of Knowledge and Skills with Colleagues

Practitioners shall share developments in the medical field with their colleagues, and do all they can to promote medical knowledge, education and research. They shall, however, avoid any action, which may be regarded as self-praise, and shall not condemn their colleagues or use derogatory language about them.

2.2 Charging of Fees to another Practitioner

In view of the bond of fellowship that exists amongst all members of the profession, no matter where they qualify or practise, it is advisable not to charge fees directly for attending to another practitioner or his immediate dependants. This practice should be extended to nurses. There may be some exceptions to the uniform implementation of this advice. The Council expects practitioners to exercise discretion in this matter.

2.3 Requesting Advice from another Practitioner

A practitioner may formally request, with the patient's or patient's guardians consent, whenever possible, the opinion and advice of another medical practitioner or dentist who may or may not be a specialist. Such consultation should end when all the necessary visits are made, and a written report of the consultant's opinion is made to the referring practitioner to whom the patient is returned for on-going care.

1. The Duties of Practitioners Regarding Consultations

1. It is the duty of the attending practitioner to accept the opportunity of a second opinion in any illness that is serious, obscure or difficult, or when consultation is desired by the patient or by persons authorized to act on the patient's behalf. While the practitioner may choose the consultant he prefers, he shall not deny the patient the opportunity to be seen by a consultant of his choice although he may advise the patient, if he so thinks, that such a consultant does not have the qualifications or experience which the existing situation demands.
1. It is particularly advisable that the attending practitioner shall, whenever desirable and possible, secure consultation with a colleague when performing an operation or adopting a course of treatment which may entail considerable risk to life, particularly when the condition which is intended to be relieved by the treatment is in itself dangerous to life;
 1. The practitioner shall be expected to report to appropriate authorities when there are grounds for suspecting that the patient has been subjected to an illegal procedure or is the victim of criminal poisoning.
 1. Consultation shall be done in the best interest of the patient. The attending practitioner shall give the consultant a brief written history of the case before the consultant examines the patient. The consultant shall record his opinion whether on the hospital records and/or by a sealed letter addressed to the attending practitioner. The joint decision shall be communicated to the patient. If agreement as to diagnosis and treatment is not possible, a further opinion shall be sought and the patient and/or a member of his family shall be informed

of this by the attending practitioner and the necessity for such action shall be explained.

2.5. Patients referred to Practitioners in Hospital and Feedback

When a patient has been sent either for out-patient examination and treatment or admission to a hospital under the consultant's care, it is the duty of the consultant to report findings and discuss them with the attending practitioner so that the latter may have all possible advantage from the consultation. At the conclusion of the examination and treatment by the consultant the patient shall be referred to the attending practitioner with an adequate report for continued care.

2.6 A Practitioner as a Visitor

When a practitioner socially meets the patient of another practitioner, or visits him when ill, he must be careful not to be drawn into interference through suggestions or opinions. These shall never be expressed except in consultation with the attending practitioners, and that such consultations shall be done in the best interests of the patient.

2.7 Differences between Practitioners

Professional differences between practitioners, which after adequate discussion cannot be settled, shall be referred to the Registrar of the Council provided that where the complaint is on unprofessional conduct of a colleague, such complaint shall be referred in writing to the Registrar.

2.8 Medical Witnesses

Medical witnesses are expected to be motivated by a desire to assist courts in arriving at just decisions and not merely to further the interests of the party on whose behalf they have been summoned.

2.9 Succeeding another Practitioner

When one practitioner takes over total care for management of a patient, he shall make no adverse comments about the treatment already given.

2.10 Providing Temporary Cover for Other Practitioners

A practitioner providing temporary cover for other practitioners shall act in such a manner that he shall not jeopardize the welfare of patients, and patients' confidentiality shall be respected at all times.

2.11 Relationship of Practitioners with Hospitals

Mutual understanding and cooperation between the medical profession and hospital management are most essential. Membership in an honorary attending staff capacity carries with it certain general responsibilities such as teaching and enlarging medical knowledge. Such a position should be held as a trust for the good of the medical profession. All members should make their contribution to the work required for the maintenance of high standards of hospital care.

1. *Relationship of Practitioners with Nurses*

1. The services provided by the nursing profession in the care of patients and prevention of illnesses are essential and complementary to the work of the medical profession. Therefore, it is the duty of practitioners, to support and, where necessary, **consult** nurses so that both professions while remaining true to their respective code of ethics will cooperate as a harmonious team so that optimum service is provided to patients.
1. For purposes of enhancing the professional relationship between the nurses and the practitioners, Practitioners shall familiarize themselves with the provisions of the Nurses and Midwives Act in order to appreciate the provisions and practices of the Nursing profession.

1. *Relationship of Practitioners with Medical Associations*

Practitioners **shall** associate themselves with local, national and international organizations to promote both their own and the general advancement in medical science and art.

2.14. *Relationship of Practitioners with Practitioners in Training*

1. It is unethical to delegate any work to another practitioner or nurse unless he is suitably qualified and experienced to undertake that work.
2. Registration on the interns' register carries the same prescribing authority as full registration within the hospital in which the intern is employed.
3. Registered practitioners in training are responsible to their consultant or general practitioner supervisors. If they believe that the general advice they have been given is inapplicable to a particular situation or is not in the best interest of individual patients, they shall seek further specific clarification. If necessary, they shall ask the consultants or general practitioners to take back their delegated authority and to take over management of the patients' illness personally since the primary responsibility of junior practitioners in training posts is to patients. They shall therefore decline to do anything which they believe is not in the patients' best interest.

2.15 *The Practitioners Relationship with the Council*

The Council is a legally constituted body which was established to serve the interest of the general public as well as those of practitioners in the country. The Council expects maximum cooperation from persons registrable by it. It is a legal requirement that all practitioners be registered with the Medical Council of Malawi and that their registration shall be renewed annually. Practitioners shall abide by all directives of the Council. Any acts or omissions, which can be interpreted as amounting to contempt of the Council, shall be avoided at all times. Offenders shall be liable to penalties as determined by the Council from time to time.

1. **Relationship of The Practitioners With The Society**

Practitioners shall conduct themselves in the community in a manner that upholds the integrity, dignity and ideals of their profession. They shall not allow themselves to be influenced by such factors as religion, socioeconomic considerations, race, or politics in the conduct of their professional practice. They shall also

endeavor to do all in their power to promote the general well being of the community in which they live. Furthermore, all practitioners are expected to abide by the laws of Malawi.

SECTION 3

3. PRACTITIONERS IN PRIVATE PRACTICE

3.1 Setting up a Private Practice

3.1.1 Practitioners may set up a private practice by purchasing the goodwill of an existing private practice, by entering into an established partnership, or by putting up their “Plate”.

Provided that practitioners shall, in setting up their practices, not do damage to the practices of colleagues, particularly those with whom they have recently been engaged in professional associations.

1. Except for specialists in Pediatrics, Surgery, Medicine and Obstetrics/Gynaecology, Specialists in diagnostic fields including Radiology, Pathology, Anatomy and Hematology shall be required to undergo a minimum period of 6 weeks orientation in Pediatrics, Surgery, Medicine and Obstetrics/ Gynaecology at a Central Hospital prescribed by Medical Council of Malawi.

1. If a practitioner has been out of active practice for a continuous period of 3 years he shall be required to undergo an orientation at a Central Hospital prescribed by Medical Council of Malawi.

1. For those allied specialists in private practice and already doing general practice, they shall be expected to attend Continuing Medical Education in the fields that their colleagues are doing orientation in.

1. For those practitioners who have applied for specialist licenses, holders of such licences shall restrict their practice to the conditions set out in their licenses.

3.2 Informing the Public about Practices

1. Specialists commencing practices in particular specialties, or changing their area of practice may make public announcements after obtaining prior clearance of the announcements from the Council. They may also notify their colleagues of their availability for private consultations by sending sealed letters to those practitioners whom they might normally expect to be interested. They may include their home addresses and telephone numbers of the consulting premises where appointments can be arranged.

1. General practitioners who may need to notify their patients of a change of address, or of clinic hours, may send sealed circular letters to the patients of the practice, they may also make public announcements after prior clearance by the Council.

1. The format for letters announcing changes of practice arrangements or changes of specialist practice shall include the following information: -

1. The name of the practitioner;
2. Medical qualifications;
3. Title of the main specialty in the case of a specialist;
4. Brief details of the new clinic address and consulting hours if a general practitioner is altering his arrangements.

3.2.4. The drafts of the announcements made under (a), (b), (c), or (d) above, shall be submitted to the Medical council for clearance before they are circulated to the public.

3.4 Group Practices and Ethics

3.4.1 Whatever is right and becoming in a practitioner is equally right for any association of practitioners in clinics or other groups, and whatever is obligatory upon the individual is equally obligatory upon the group.

3.4.2 It is undesirable and not in keeping with the principles of the medical profession for medical practitioners to practice medicine in partnership with anyone not duly registered to practice medicine.

1. Emergency Calls

1. When several practitioners are called to attend an emergency or an accident, the first to arrive shall be considered to be in charge. However, he should withdraw in favour of any other practitioner preferred by the patient or a member of his family, if the patient is incapacitated, or the practitioner who is well conversant with the nature of the injury should take over.
2. In an event of an accident, or sudden illness any qualified medical practitioner shall assume the responsibility to assist the victim. It is unprofessional and unethical to ignore such an eventuality where one's medical know-how would have made the difference between saving a life and the demise thereof.

SECTION 4

4. ADVERTISING

Introduction

The rationale for the Health Profession refraining from advertisement or self promotion is that the health care professional who is most successful at getting publicity may not necessarily be the most appropriate one to

treat a patient. Patients and their relatives are very vulnerable to persuasive influences such as unprofessional advertising.

1. Practice shall not be gathered by any kind of solicitation, direct or indirect. The best advertisement of a practitioner is a well-merited reputation for ability and integrity in his profession.
1. Where a practitioner takes over the practice of another practitioner it is proper to notify all practitioners in the area of the change. It would not be unethical for the doctor whose practice is being taken over to notify his former patients of the take-over.
1. A practitioner shall not procure, sanction, be associated with or acquiesce in notices which commend his own or any practitioner's skill, knowledge, services and qualifications, or which downgrade those of others.
1. Practitioners shall not boast of cures or indulge in self-praise to attract patients.

4.5 There shall be a clear differentiation between advertisement or self promotion and legitimate factual announcement of a service being provided without self aggrandizement or downgrading others.

4.7 **Practitioners Relationship with Organizations that advertise their services to the Lay Public**

If a practitioner owns or holds shares in an organization which advertises diagnostic or clinical services to the lay public, he shall:-

1. Not permit his own name to be used in advertisements to the lay public;
2. Ensure that advertisements are factual and do not advertise the practitioner's qualities.

1. **Practitioners in Relationship with Organizations which advertise to the Medical Professions, but not to the Lay Public**

Practitioners who have a relationship with organizations which advertise to the medical profession but not to the general public *shall* ensure that such advertisements are sent under sealed cover, and are factual, and do not make unfavourable comparisons with other organizations.

1. **Public References to Practitioners by Companies or Organizations**

A practitioner shall take steps to avoid the publication of reports, notices or notepaper issued by a company or organization and drawing attention to professional attainments of a practitioner in their employment.

1. **Questions of Advertising arising from Articles, or Books, Broadcasting or Television Appearances by Practitioners**

Practitioners who write to magazines or journals addressed to the lay public, articles or columns which offer advice on common medical conditions or problems, or who are involved in television or radio programmes dealing with such matters, shall not use language, which might be construed as advertisement or self-promotion or denigrating other practitioners.

1. Notice Boards, Door Plates and Signposts

Advertising may arise from notices or announcements displayed, circulated or made public by a practitioner in connection with his own practice if such notices or announcements materially exceed the limits customarily observed by the profession in Malawi. It is important that the public be informed of the location of a practitioner's premises, but in choosing the wording and size of a sign, the practitioner *shall* abide by the following criteria:

1. a sign or doorplate shall not be ostentatious in size and form. Door plate signs shall not exceed 40cm by 40cm and roadside signs shall not exceed 1m by 0.5m.
2. it is acceptable for the information on the practitioner's plate to be repeated in a second language if necessary;
3. a plate shall not carry more than the practitioner's names, qualifications and clinic hours;
4. The Geneva Convention prohibits the use of the Red Cross or similar sign. Clinics or surgeries shall not use the Red Cross, provided that a green cross may be used to symbolize such a facility.
5. No notices or signposts shall be larger, or repeated more frequently than is necessary to indicate to patients the location of the premises;
6. No notices or signposts shall be used to draw public attention to the services of one practice at the expense of others.

4.12. Names of Clinics

In selecting a name for a clinic or a medical centre, or a collective title for a group or partnership, practitioners shall;

1. avoid the use of a name which could be interpreted as implying that the services provided in that clinic or by that partnership have received some official recognition not extended to other local practitioners.
2. Avoid the use of fancy names, which may be misleading, a name shall be deemed as misleading if:

1. it contains a material misrepresentation of fact or law or

omits a fact necessary to make the statement considered as a whole not materially misleading,

1. is likely to create an unjustified expectation about results the

practitioner can achieve or states or implies that the practitioner can achieve results by means that violates the rules of professional conduct or other law; or

4.12.2.3 compares the practitioners services with other practitioner's services, unless comparison can be factually substantiated

4.12.3 The Medical Council shall in the exercise of its discretion deny use of a name deemed unacceptable. The use of terms such as "clinic" or "surgery" is acceptable.

4.13. **Directories and Lists of Practitioners**

An entry of practitioners' names in a telephone directory *shall* appear in the ordinary small typeface. The practitioner shall neither request nor allow any entry in a special typeface or any description other than his qualifications or, in the case of a specialist, his specialty. It is permissible for a practitioner's name to be included in a handbook of local information, provided that the list is open to the whole profession in the area and that the publication of the names is not dependent on the payment of a fee.

1. **Canvassing**

Canvassing for the purpose of obtaining patients, whether done directly or through an agent, and association with or employment by persons or organizations which canvass is unethical. It is also unethical to talk in a derogatory manner about the professional skills, knowledge, qualification or services of another practitioner.

1. **Communication with the Laity on Medical Subjects**

All opinions on medical subjects which are communicated to the laity by any medium be it a public meeting, the lay press, radio or television shall represent what is the generally accepted opinion of the medical profession.

SECTION 5

5. TYPES OF ACTIONS WHICH MAY CONSTITUTE PROFESSIONAL MISCONDUCT AND MAY RESULT IN DISCIPLINARY ACTION_____

1. **Termination of Pregnancy**

The Laws of Malawi prohibit the termination of pregnancy on demand. Practitioners found guilty of procuring or attempting to procure abortions or miscarriages are liable to severe penalties under the Penal Code (Cap: 7:01). In all cases of illegal termination of pregnancies, the penalty shall be suspension or erasure from a register.

5.2 Issuance of False Reports and Certificates

There are instances when members of the public require certain reports or certificates to be signed and issued by a duly qualified and registered practitioner on the presumption that the truth of such statements can be accepted without question. Practitioners must be meticulous in making sure that the certificates they issue are accurate in their statements of fact. They must resist all requests to issue false certificates. Reasonable care should be taken in completing such documents.

Before filling any certificate requiring examination a practitioner shall carry out such medical examination on that person. Before filling any form that a particular service has been carried out on a person, a practitioner so authorized shall provide such service.

5.3. *Unethical Prescribing and Use of Drugs*

Practitioners are expected to be fully conversant with the provisions of the regulatory Acts relevant to their profession such as the Pharmacy, Medicines and Poisons Act and the Dangerous Drugs Act. The Council urges all practitioners to study these Acts, and in case of doubt, to seek advice from the Chairman or Registrar of the Council. Practitioners must always be mindful of their privileged positions in relation to dangerous drugs as well as the scheduled ones and should avoid their unethical use. They should be conversant with side effects and interactions of all drugs. Practitioners shall take all reasonable steps to communicate the side effects and interactions of drugs to their patient/ client. No drugs, which have expired according to manufacturers' specifications, shall be dispensed to patients.

5.4 *Patents*

A practitioner *shall* not make use of, or recommend any remedy, the principal ingredients of which are not disclosed to the profession.

5.5. *Association with Improper Systems or Methods of Treatment*

It is unethical for a practitioner to be associated with any system or method of treatment, which is not *evidence – based*.

5.6 *Managing patients without Informed Consent*

The Council urges all practitioners to ensure that as far as possible informed consent is obtained before any procedure is carried out on a patient. Where the procedure is a major one, a written consent shall be obtained. In obtaining informed consent a practitioner shall explain the full nature, extent and potential complications of the procedure to be carried out on the patient.

Provided that;

In the case of persons who may be unable to give informed consent including minors, unconscious or psychiatric patients, the most senior practitioner in consultation with the parent or guardian may give consent for the procedure or treatment, and such consent should as far as possible be witnessed by a second practitioner. In the event of differing opinion between the parent or guardian and the practitioner, the practitioner's stand shall prevail in the best interest of the concerned person.

1. **Abuse of Professional Confidence**

A practitioner shall not disclose to a third party information, which he obtained in confidence from a patient in the course of the professional relationship between the patient and the practitioner.

Provided that in the following circumstances, the confidential information may be disclosed to a third party:

1. Where there is a valid consent from the patient or his legal adviser or guardian, provided that information may be given to a relative or appropriate person if in the circumstances of the case in question it is reasonably undesirable on medical grounds to seek the patient's consent;
2. Where the information may be required by law;
3. Where public interest persuades a practitioner that his duty to the community overrides that to his patients; and
4. In the interests of research and medical education, information may be divulged, but at all times the patient's name shall not be revealed.

A practitioner shall always be prepared to justify his action whenever he disclosed confidential information.

1. Abuse of Relationships between Practitioners and Patients

Abuses of the practitioner/patient relationship include:

1. having carnal knowledge or maintaining improper emotional or sexual relationships with the patient in the course of the practitioner/patient relationship; and
1. Abuse of financial opportunities which may occur as a result of:
 1. improperly obtaining money from patients, or from medical insurance schemes,
 2. improperly sanctioning payments or financial claims under insurance schemes, workmen's compensation schemes, civil suit cases or any other authorities,
 3. splitting of fees, for example between consultants and general practitioners,
 4. in the case of a treatment which involves more than one specialist in the same discipline only the original practitioner shall charge the approved fees for the treatment which he will then share with the additional practitioner; or in the case of a treatment involving more than one specialist in different disciplines only the original specialist shall send the bill for the approved fees indicating the appropriate proportions for the additional specialists, depending on their individual contributions to that treatment,
 5. improper prescription of drugs or appliances in which a practitioner has a financial interest;
 6. practitioners should not taking advantage of patients' dependence on them to get disproportionate benefits for their services.

5.9 Disregard of Personal Responsibilities to Patients for their Care and Treatment

5.9.1 Negligence in Diagnosis or Treatment

The Council has a duty to protect the public by ensuring that practitioners do not relinquish their personal responsibilities for their patients, for example by: -

1. failing to be present at their usual places of work without notifying patients or making alternative arrangements for patients to be attended to;
2. failing to visit their patients when called upon to do so without making alternative arrangements. Practitioners shall make every effort to see quickly persons whom they have accepted as patients;
3. unskillful or careless treatment of a complaint which has been properly diagnosed;
4. failing to warn patients of the dangers of certain treatments;
5. gross and/or prolonged neglect of duties;
6. attempting to carry out procedures for which the practitioner has not adequate training or experience leading to more suffering for the patient. Exceptions may occur in case of emergency, if the practitioner can show that he acted to save life, there being no competent practitioner available in the area for him to consult with.

5.10. Associating with Unregistered Persons

It is unethical for a duly qualified and registered practitioner to be associated professionally with a person who is not duly qualified and registered to practice medicine.

5.11. Conduct Derogatory to the Reputation of the Profession

Undesirable modes of personal behavior may arise from abuse of alcohol, breaches of the Pharmacy, Medicine and Poisons Act and the Dangerous Drugs Act, or some other offences committed by the use of drugs. Members of the profession shall avoid appearing in public while under the influence of alcohol and they must certainly not be at work with their patients while intoxicated.

The commission of offences of false pretences, forgery, misdemeanors fraud, indecent behaviour, assault or felonies, which reflect adversely on the profession's standing in the public eye, should be avoided. The Council takes a serious view of assaults or indecent acts in the course of a practitioners' duties. The Council may take disciplinary action where a practitioner has been convicted for any offence in a court of law.

5.12 Improper Attempts to Profit (Advertising, Canvassing and Related Professional Offences)

These offences may be committed at the expense of professional colleagues by canvassing for patients, or advertising. Practitioners should avoid doing anything, which may be interpreted as an attempt to attract patients to them or to undermine the reputation of colleagues.

SECTION 6

6. MISCELLANEOUS PROVISIONS

6.1. **Issuance of Medical Reports**

Practitioners are relied upon to issue medical reports for a variety of purposes on the assumption that the truth of the report can be accepted without question. A practitioner **shall** exercise care in issuing reports and similar documents, and shall not include in them statements that he has not taken appropriate steps to verify.

6.2. **Forms and Certificates**

According to Section 12 of the International Code of Medical Ethics of the World Medical Association, "A doctor owes to his patient the absolute secrecy on all which has been confided to him or which he knows because of the confidence entrusted to him." In all forms where medical reports are to be filled in by practitioners there shall be included a declaration to be signed by the patient or a responsible relative or guardian stating that assent is given to the practitioner to supply the information requested. It is also strongly recommended that these forms and/or declarations be supplied in duplicate to permit the practitioner to retain a copy.

All forms and certificates filled by a practitioner must clearly bare the name of the practitioner in block letters; the qualifications of the practitioner; the usual signature of the practitioner; the area of specialization of the practitioner and the official stamp with a date and registration number.

A competent practitioner recognized by the institution must complete all forms and medical certificates that will be used for legal purposes (such as insurance forms, employment forms, and court cases).

6.3. **Connections with Commercial Enterprises**

6.3.1. A practitioner shall not associate himself with commerce in such a way as to let it influence, or appear to influence, his attitude towards the treatment of his patients.

6.3.2 A practitioner shall not allow a business to add to his professional status.

6.3.3 A practitioner shall refrain from writing a testimonial on a commercial product unless he receives a legally enforceable consent from an appropriate regulatory body.

6.3.4 There **shall** be no direct association of a practitioner with any commercial enterprise engaged in the manufacture or sale of any substance which is claimed to be of value in the prevention or treatment of disease, and which is recommended to the public in such a fashion as to be calculated to encourage the practice of self-diagnosis and self-medication or is of undisclosed nature or composition.

6.3.5. A practitioner shall not be associated with any system or method of treatment, which is not under medical control.

6.4 **Professional Fees**

1. The only basis on which a fee may be charged to a patient or on which any medical practitioner may receive money, is that of work actually done for the patient, and such patient must receive a direct statement from the medical practitioner concerned.

1. In case where in the opinion of the attending medical practitioner the services of one or more consultants are required, each consultant shall render his account and submit his receipt individually.

1. Each practitioner shall send his account to the patient individually. If however, a surgeon has a regular assistant at operations he may pay him directly. When the assistant has referred the patient to the operating surgeon the assistant shall send a statement of his fee directly to the patient.
2. If fees are collected by an organized clinic, medical group, medical partnership or practitioner employing regular assistants, each such organization is in effect regarded as an individual who acts in that capacity. The same principle applies when the clinic and hospital are combined and operate under the same ownership.
3. When a third person or organization enters into a financial arrangement between patients and medical practitioners, practitioners should render an individual account to the third person or organization concerned. If more than one practitioner is carrying out professional services, a statement to the patient by a third person or organization should show the amount paid to each practitioner.
4. Practitioners shall adhere strictly to the practice of their profession, disassociating themselves from the dispensing of all commodities relating to the practice of medicine and the profits derived from them. In places where those with special training or qualifications are not available, dispensing of such commodities may be undertaken in accordance with the Pharmacy, Medicine, and Poisons Act.
5. A practitioner's statement to the patient shall show clearly and separately his professional fee and the charge for the commodity dispensed.
6. Practitioners shall not have proprietary interest in preparations or appliances, which they may recommend to patients.
7. Where practitioners, a medical group or a clinic of surgery, own and occupy an office building, it should not be considered unethical for them to rent space to businesses or individuals under the following provisions:
 1. that the rent charged is the normal or going rent for that similar space;
 2. that there is neither real nor implied endorsement of the business carried on by the tenant; and
 3. that other than normal rent, there be no profit of any kind, direct or hidden, derived from the tenant concerned.

6.5 Medical Research

All medical research shall be conducted in the best interest of the patient and must be conducted ethically following the national and international research guidelines and policies e.g. World Medical Association (WMA) declaration of Helsinki). All medical research done in Malawi shall undergo an independent scientific and ethical review by recognized national bodies. Practitioners conducting Medical research must be registered with the Council. In the case of clinical trials where drugs are involved, permission for approval shall be sought from the Pharmacy Medicine and Poisons Board. All institutions where **medical research is to be conducted are mandated to enforce this regulation.**

OTHER COMMENTS

The Medical Council of Malawi shall put in place a CPD framework and enforce its implementation.