

Code of Ethics of the Malaysian Society for Quality in Health

The Malaysian Society for Quality in Health has as its aim the inculcation of quality medical systems and audit mechanisms to ensure that patients being treated in hospitals accredited by the Society are assured of safe care according to standards that are equivalent to international standards. It is acknowledged that medical treatment can never assume that the outcome is always optimal but practitioners must assure the patient and their families that they will always conduct themselves according to the principles of medical ethics which would assure the patient that any adverse event would be investigated honestly and with the intention to prevent its recurrence. Ethical practice would also assure the patient that they would be treated professionally and compassionately according to the highest medical standards. It is expected that all doctors and staff practicing in MSQH accredited hospitals would adhere to these principles and guidelines outlined here.

The MSQH subscribes to the principles of medical ethics and expects all accredited hospitals, MSQH members and staff to adopt it and conform to its standards.

The MSQH would ensure that it will subscribe to the following core ethical values:

Transparency: The Society will be able to justify its decisions openly and without hesitation as its decisions will be based on its own written standards without compromising professional interests or favouring any particular party.

Fairness: The Society interacts with health facilities in the public, private and university sectors. It will perform its functions while being fully cognisant of the strengths and weaknesses of any particular sector. It will be guided by the sole intention of ensuring what is best for the interests of the patient who seeks care in any particular health facility.

Respect, Honesty, Integrity & Trust: All office bearers, councillors, surveyors and employees will demonstrate and emphasise the values of trust, integrity and honesty in all their activities on behalf of the Society as well as in their daily lives. By demonstrating these values, all persons associated with this society will be respected members of the medical profession and society. The Society will not condone any action by any person which could be demonstrated to mean putting one's self-interest above that of the patient and Society.

Teamwork: All persons associated with the activities of the Society will have to work together through good leadership, nurturing human capital, ongoing consultation and smart partnerships with standard setting and accreditation agencies for efficiency and for best results.

Professionalism: There will be evidence-based decision making which effectively and efficiently meets the needs of all clients

Beneficence: All decisions will be made for the good and benefit of the patient.

Non-Maleficence: No decisions will be made which may result in harm to the patient.

Responsive: All stakeholders, including patients, will ensure that any grievance will be attended to in a reasonably timely manner, barring any legal requirements.

1. The Principles of Ethical Medical Practice

The medical profession has since time immemorial conducted itself with a high level of ethical behaviour that has earned the trust that patients have in doctors today. Medical ethics is defined as a civil code of behaviour considered correct by members of the profession for the good of both the patient and profession. This trust goes beyond written words and leads the public at large to expect of the doctor not only a high standard of medical ability and skill but also impeccable behaviour. The need for patient's trust in his doctor is the basis for ethical codes from many centuries ago as manifested in the traditions of all the major civilizations. In recent times, national, regional and world associations of doctors as well as other health care professionals have revised existing codes of ethics and formulated new ones to keep up with advances in medical knowledge, medical practice and research as well as changes in society. All doctors subscribe to the spirit of caring and confidentiality that regulate the doctor-patient relationship and these values continue to be accepted by all those who practice the art of medicine.

A new doctor entering the profession of medicine joins a fraternity dedicated to the service of humanity. He will be expected to subordinate his personal interests to the welfare of his patients, and, together with his fellow practitioners seek to raise the standard of health in the community where he practices. He inherits traditions of professional behaviour on which he must base his own conduct, and which he must pass on untarnished to his successors.

Malaysia is a multiracial, multi-religious and culturally diverse nation with "Belief in God" being the first tenet of the country's guiding principles (Rukun Negara). There are many core values running through the ethical beliefs of the various

communities in Malaysia which are worthy of emulation. Some of these values are extracted here for the guidance of our doctors.

- The Physician must maintain the utmost respect for human life and the human person.
- The Physician must stay abreast and practise in accordance with current medical knowledge, continually improve his skills and seek help whenever needed.
- The Physician should not recommend nor administer any harmful material and should render help regardless of the financial ability, ethnic origin or religious belief of the patient. In a private health facility, emergency treatment and referral must be arranged if the patient is incapable of meeting the financial outlay required for complete treatment in that facility.
- The Physician should protect the patient's confidentiality and adopt an appropriate manner of communication. He should examine a patient of the opposite sex in the presence of a third person whenever feasible.
- The Physician should not criticise another Physician in the presence of patients or health personnel.
- The Physician should support efforts to encourage sustainable healthcare practice.
- The Physician should adhere to these core values and seek guidance whenever in doubt.

2. Individual Responsibility

Formulation of rules is one thing, observance of them in the rough and tumble of professional practice is quite another. A measure of the integrity of the medical profession can be found in the degree to which each practitioner recognises his personal responsibility for the preservation, through his own example, of the honour and dignity of the profession, and the fact that serious breaches of its ethical code are relatively rare.

The value of mutual goodwill in the fellowship of medicine cannot be over emphasised.

Physicians may experience conflict between different ethical principles, between ethical and legal or regulatory requirements, or between their own ethical convictions and the demands of patients, proxy decision makers, other health professionals, employers or other involved parties. The doctor should study the

Code of Professional Conduct of the Malaysian Medical Council to make decisions which are in the best interest of the patient. In cases of doubt, consultation with senior colleagues, the Malaysian Medical Council, Malaysian Society for Quality in Health or others who have expertise in these matters is recommended.

3. Summary of Duties of Doctors to the Patients, Profession and Oneself

Patients trust doctors with their lives and well being. To justify the trust, we as a profession have a duty to maintain a good standard of practice, care and behaviour. The principles that must be observed for an ethical medical practice are as follows:-

3.1 Duties to patient

- make the care of your patient your first concern
- treat every patient politely and considerately
- respect patients' dignity and privacy
- listen to patients and respect their views
- give patients information in a way they can understand
- be responsible for whatever form of therapy given to patients
- respect the rights of patients to be fully involved in decisions about their care

3.2 Duties to Profession and Oneself

- keep your professional knowledge and skills up to date
- recognise the limits of your professional competence
- be honest and trustworthy
- respect and protect confidential information
- make sure that your personal beliefs do not prejudice your patients' care
- act to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise

- avoid abusing your position as a doctor
- avoid self publicity in any matter relating to your professional practice
- work with colleagues in ways that best serve patients' interests

4. Core Principles of Medical Ethics

It would be wise to remember the following ethical principles in the resolution of any ethical conflict:

Beneficence: The duty to promote the good of the patient. However, the larger good of the community should always take precedence over the individual

Autonomy: Respect for the patient's rights to self determination. Always persuade and convince.

Non-maleficance: The duty not to inflict harm or injury. This should always be considered together with beneficence

Justice: The patient should be given what is his or her due. However, there may be legal or societal concerns to be taken into consideration.

Deontology: The doctor should do what is correct on behalf of the patient despite any adverse consequences to himself.

Utilitarianism: The doctor should do good to the greatest number even though patient confidentiality needs to be broken.

5. Concerns

Some of the following concerns may have to be taken into consideration in any resolution of an ethical conflict:

Medical indications: What is the evidence-based alternatives?

Patient preferences: This may not tie in with what is best for the community. Persuasion to conform is the best alternative but may not be feasible when speed is required to control a crisis.

Quality of life issues: Look beyond the immediate concerns.

Contextual issues: The patient requirements and the needs of society.

6. Professional Confidence

The basis of the relationship between a doctor and his patient is that of absolute confidence and mutual respect. The patient expects his doctor not only to exercise professional skill, but also to observe secrecy with respect to the information and treatment of the patient. On the doctor's side an awareness of the patient's trust serves to invoke the observation of ethical standards and the need to act always in the best interest of the patient.

Professional confidence implies that a doctor shall not disclose voluntarily, without the consent of the patient, preferably in writing, information which he has obtained in the course of his professional relationship with the patient.

Where the medical condition of the patient is likely to pose a risk to others, the doctor should seek to persuade the patient to discontinue all such behaviour which puts others at risk or to disclose the information to parties at risk or consent to the doctors so doing

Where the medical condition of patient is likely to pose a risk to others, the doctor should seek to persuade the patient to discontinue all behaviour which puts others at risk, to disclose the information or to consent to the doctor so doing. If the patient refuses, the doctor may exercise discretion to breach confidentiality in order to protect other people.

When in doubt concerning matters that have legal implications, or especially when the patient specifically forbids a breach of confidentiality, a doctor may also wish to consult the medical indemnity organization of which he is a member or seek advice from colleagues or professional bodies. Doctors who decide to disclose confidential information must be prepared to explain and justify their decision.

However, where possible, doctors should seek to persuade the patient to discontinue all behaviour which puts others at risk, to disclose the information or to consent to the doctor so doing.

7. Medical Records and Reports

Good medical records are an indication of good practice. The doctor is encouraged to record all relevant details of his management of a patient. Accurate, legible, comprehensive and contemporaneous notes are advised. Doctors have obligations relating to the storage, access and use of health information available in the patient records.

The patient is entitled to a written report of the care that has been given to him. The doctor is obligated provide him such a report speedily, without any

unreasonable delay. The withholding of information of the care given to the patient is unethical.

The doctor can be held responsible for any breaches of confidentiality of medical records. Medical information can be released to a third party only when written consent has been given by or on behalf of the patient. Third parties who frequently seek information from a doctor are employers who request reports on the medical condition of absent or sick employees, insurance companies requiring particulars about the history of proposers for life assurance or deceased policy holder, medical boards and other agencies seeking medical information about individuals associated with it as well as solicitors to consider and assess claims. Fees may be charged for medical reports or opinions requested by third parties within the limits stated in the Fees Act.

Where medical information is sought, the doctor should make it a rule to refuse to give any information in the absence of the written consent of the patient or the competent relative.

8. Medical Certificates

Medical practitioners are constantly asked for certificates of various kinds and should be continually on their guard against carelessness and inaccuracies in certifying. Medical certification should not be subjected to any form of pressure but be carried out purely on medical ground. The practitioner should never certify a statement which he does not personally know to be a fact; he should never hearsay information into a certificate, unless expressly so stated. He should exercise the most scrupulous care in issuing medical certificates especially in relation to any statement that a patient has been examined on a particular date. The nature of the patient's illness should not be put on the certificate without the permission of the patient. The patient should be advised about the implication of revealing the diagnosis.

It must be stressed that the giving of sick certificates to the patients without a medical examination is unethical and may lead to disciplinary action by the Malaysian Medical Council.

The practice of countersigning or endorsing another medical practitioner's certificate is unnecessary and inappropriate.

9. Privileged Communication

The hospital considers that the exchange of medical information concerning patients should take place only between doctors looking after the same.

This shall be regarded professionally as privileged communication and no prior consent of the patient is necessary. Such communication can be made in the interest of the patient.

10. Medical Research

All accredited hospitals participating in research should conform to GCP guidelines. Any research including medical research has ethical implication. The doctor can undertake medical research, the objective being the acquisition of new knowledge, but only to the extent that clinical research is justified by its therapeutic value to the patient. Medical research should conform to the moral and scientific principles that justify research and be approved by the relevant ethics committee. In the purely scientific application of clinical research carried out on a human being, it is the duty of the doctor to remain the protector of the life and health of that person on whom clinical research is being carried out even after completion of the research project.

Before proceeding with any study, the doctor must obtain the written consent of subject, or proxy, and advise prospective subjects that they have the right to decline or withdraw from the study at any time, without prejudice to their ongoing care

A medical practitioner shall use great caution in divulging discoveries or a new techniques or treatment through non professional channels. The result of any research on human subjects should not be suppressed whether adverse or favourable.

11. Ethical Conduct of Surveyors

The Surveyor has several roles to play in the Accreditation Programme. The surveyor must be an evaluator as well as an educator and support the mission of the MSQH in promoting quality health care.

When surveying, surveyors are ambassadors for the Society. The credibility of the Society largely depends on the conduct and performance of surveyors. Surveyors must be honest, trustworthy, unbiased and prompt in carrying out the functions asked of them. Surveyors must put the interest of the MSQH and profession above that of the particular health institutions to which they belong.

During the survey, surveyors offer consultative advice to help identify and overcome existing quality related difficulties. They offer informal on-site education to help prevent future problems developing and assist the organisation to continuously improve their performance.

Knowledge is meant to be shared for the betterment of the profession. A surveyor should not intentionally conceal knowledge that may help an institution avoid a potentially lethal situation in patient care.

The surveyor needs to continually update their ability to carry out their role of evaluator and educator in an environment where increasing complexity and diversity is the norm and change is continual.

If a surveyor feels that his/her knowledge is lacking and needs updating, he should inform the MSQH of such requirements and voluntarily withdraw from a survey until remedial measures have been undertaken.

An important role for the surveyor is to be an active working partner to his or her survey colleagues and to share information and concerns. Surveyors must be able to evaluate and offer comment on all of the MSQH standards which relate to their expertise.

A surveyor must not have an ulterior motive in wishing to be part of a survey team. If a surveyor is aware of any conflicts of interest in being part of a survey team, he/she must immediately inform the MSQH of such a situation.

12. Ethical Conduct of Councillors

Councillors are an essential and independent part of the accreditation process. By meticulous reading of the survey reports, councillors ensure objective assessment of the facility rating by the surveyors and ensure that the surveyor recommendations conform to the standards set by the MSQH.

The councillor must confirm (or otherwise) surveyor recommendations based on a thorough assessment of the final survey report of the facility which should be reached after a thorough study of the reports by individual surveyors.

Councillors should vote based on an honest, unbiased and professional opinion of the final survey report. If a councillor is aware of any conflicts of interest in being part of accreditation voting team, he/she must immediately inform the MSQH of such a situation and voluntarily withdraw from the exercise.

13. Ethics of Risk Management

MSQH encourages doctors to provide a safe and effective standard of care. Doctors and other healthcare staff will therefore be encouraged to:

- Recognise and work within the limits of their professional competence.

- Keep their knowledge and skills up to date throughout their working life.
- Observe and keep up to date with the laws and statutory codes of practice that affect their work.
- Take part in regular and systematic medical and clinical audit and respond appropriately to the outcomes of any review, assessment or appraisal of performance.
- Keep abreast of changing societal expectations
- Be aware of the performance of colleagues.

MSQH holds that successful risk management depends on developing a culture in which mistakes and errors can be openly reported and analysed. Potential mistakes need to be actively sought out and addressed. It is inevitable that some medical accidents occur, but healthcare staff has a duty to take all reasonable steps to avoid situations of foreseeable risk or repetition of errors. Responsibility for minimising risk lies with everyone but doctors have special duties to address problems within their own direct sphere of control.

14. Our Duty in Accreditation

Accreditation is an external standardized evaluation that include sustainable services, processes and products. An array of Quality Improvement tools, techniques and concepts has been studied, made available and applied in practice. These include:

- Plan-Do-Study-Act cycle,
- Lean / Six Sigma mechanisms,
- Process mapping to improve efficiencies,
- Health Technology Assessment,
- Evidence-based medicine,
- Fish bone diagram methodology and
- Co-creation /Co-production methods.

Surveyors, Councillors and all involved in the healthcare sector must continuously update their knowledge to ensure sustainable healthcare which is equitable and efficient is delivered. All must strive to improve in every audit cycle.

15. Ethics and Complaints Committee

The MSQH has its own Ethics and Complaints Committee. It is headed by a Board Member and will consist of a minimum of three and a maximum of 5 members

The following is the terms of reference of this committee:

- To develop a framework for ethical conduct of staff, surveyors and councillors in relation to their functions in MSQH.
- To appropriately respond and follow up on all official complaints and compliance reports received by MSQH with regards to accredited facilities and services by providing recommendations for action by the MSQH Board.
- To evaluate media publications brought to its attention of any adverse event relating to MSQH accredited hospitals and recommend appropriate investigation/ actions
- To evaluate research projects and subsequent publications related to MSQH activities and to ensure compliance to ethical requirements and MSQH policies
- To conduct periodical training on ethical issues relating to medical practice in relation to accreditation for surveyors.

References:

1. Code of Professional Conduct, Malaysian Medical Council
2. Code of Medical Ethics, Malaysian Medical Association
3. Medical Ethics Today: The BMA's Handbook of Ethics and Law. 2nd Edition. 2004