

**GUIDELINE OF
THE MALAYSIAN MEDICAL COUNCIL**

MMC GUIDELINE 001/2006

**DISSEMINATION OF INFORMATION
BY
THE MEDICAL PROFESSION**



Malaysian Medical Council

PRELUDE

This Guideline provides clarifications and explanations on various topics on advertising, canvassing and related professional offences in the Code of Professional Conduct of the Malaysian Medical Council (MMC), and also provides guidelines on specific aspects and activities involving registered medical practitioners.

The main substance of this Guideline embodies the consensus obtained in a workshop/seminar on the subject, conducted by the Malaysian Medical Council 19-20 February 2004, participated by a cross section of the medical professional, legal and consumer bodies.

This Guideline complements, and should be read in conjunction with, the Code of Professional Conduct and other related guidelines and directives of the Malaysian Medical Council and the Ministry of Health.

In this Guideline, the words “doctor”, “physician”, “medical practitioner” and “practitioner” are used interchangeably, and refer to any person registered as a medical practitioner under the Medical Act 1971. The words “hospital” and “healthcare facility and service” are used interchangeably and refer to any premises in which members of the public receive healthcare services. Words denoting one gender shall include the other gender. Words denoting a singular number shall include the plural and vice versa.

Adopted by the Malaysian Medical Council on 14 November 2006

FOREWORD

The Malaysian Medical Council, with the objective of ensuring that registered medical practitioners are fully aware of the codes of professional medical practice, issues directives and guidelines from time to time. The purpose of these codes, guidelines and directives is to safeguard the patient and members of the public, to ensure propriety in professional practice and to prevent abuse of professional privileges.

The Guidelines are designed to complement, and should be read in conjunction with, the Medical Act and Regulations, Code of Professional Conduct of the Malaysian Medical Council and other Guidelines issued by the Council or any related organisations, as well as any statute or statutory provisions in force and all related statutory instruments or orders made pursuant thereto.

This Guideline on the **Dissemination of Information by the Medical Profession** has been prepared with careful attention to details, cognisant of the current international stand on the subject. The draft has been reviewed numerous times by the Malaysian Medical Council and includes valuable responses from individuals, organisations and professional bodies in the country, before formal adoption by the Council.

The Guideline is available in the printed form as well as in the MMC website. Registered medical practitioners are advised to familiarise themselves with the contents, as they will serve as documents to refer to or to seek clarifications from, when they need guidance on matters of professional ethics, codes of professional conduct and medical practice in general.

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1. DEFINITIONS

Information: The word ‘**information**’ in relation to the medical profession refers to the factual information on public health promotion and specifically on prevention, control and treatment of diseases, and any other aspects related to these modalities, which a registered medical practitioner as a healthcare provider, is permitted to disseminate to the public, without the practitioner contravening the ethical codes of professional conduct, and without any designs to obtaining patients, profiting financially or materially, or, appearing directly or indirectly, to promoting his own professional advantage or a product, or appearing to be for these purposes.

Advertising: The word ‘**advertising**’ in relation to the medical profession must be taken in its broadest sense, to include all those ways by which a person is made publicly known, either by himself or by others, without objection on his part, in any manner or channel which can fairly be regarded as for the purpose of obtaining patients, or promoting his own professional advantage, or as appearing to be for these purposes.

The practices of touting or canvassing for patients are considered to fall under the definition of advertising and are unethical.

Publicity: In these guidelines, ‘**publicity**’ means any form of dissemination of information, and includes any such information –

a. printed in any medium, for the communication of information;

b. appearing in, communicated through or retrievable from, any mass medium, electronic or otherwise; or

c. contained in any medium for communication produced or for use by an institution,

and its derivatives, and “publicise”, “publicised” and “publicising” shall be construed accordingly.

Council: “Council” means the Malaysian Medical Council

Medical Practitioner: “Medical Practitioner” means any medical practitioner who is registered under the Medical Act 1971 and subject to the Medical Regulations 1974.

Board: “Board” means the Medicines Advertisement Board (or *Lembaga Iklan Ubat*) of the Pharmaceutical Division, Ministry of Health Malaysia.

2. PROFESSIONAL VIEWPOINTS

2.1 A registered medical practitioner must not at any time abrogate his duties as the healer, examiner, researcher, rationer and provider of healthcare service, on grounds of over-powering technology, pharmaceutical industry, or the influence of market forces and managed care organisations.

2.2 A registered medical practitioner must not publicise his facilities and services on grounds of financial considerations or the pull of material gain. He must appreciate that medical practice is not a commercial transaction.

- 2.3 The General Practitioner (GP)/Family Physician is ordinarily considered the most appropriate person (in a national healthcare scenario) to provide frank, truthful and holistic medical advice in the best interests of the patient. The GP should decide whether the patient should be referred to a specialist (for secondary or tertiary care). However, appropriate inter-specialist referral and consultation in the interest of providing uninterrupted and speedy patient care may be conducted without referral to the initial referring general practitioner. It would be ethically appropriate for the specialist to keep the referring general practitioner informed of the further care and additional consultations provided to the patient.
- 2.4 The profession does not normally restrict medical information being provided to the public but expects strict ethical guidelines are followed. Exceptions to such practice are when the information is of a confidential nature, or when it may be conceived to cause public panic or to affect national security.
- 2.5 The profession is rightly concerned when rampant advertising is allowed particularly over the mass media indicating cures for various illnesses. It is not proper to let the public learn the hard way from adverse events resulting from such advertised cures. The government, the medical profession and professional bodies should do all in their powers to educate and guide the public. Regulatory bodies, like the Medicines Advertisement Board (*Lembaga Iklan Ubat*) of the Pharmaceutical Division of the Ministry of Health, the Multi-Media Commission, and other similar bodies should verify the truth of any announcements or information on health care before allowing their dissemination in the mass media.

- 2.6 It is unethical for practitioners to claim to be the best or the only one in a particular field of practice or specialty. Claims of “firsts” or “breakthroughs” are also contentious. There are really no effective methods of determining whether a practitioner can claim to be so. If indeed there are strong grounds for such announcements, they should not be made by the practitioner personally but best left to the professional and academic bodies to do so.
- 2.7 The profession holds strong views against a doctor who resorts to blatant direct, indirect and unapproved publicity in any media, with the objective of generally promoting his practice and skills, gaining undue advantage over his colleagues and scoring points in market competition.
- 2.8 Traditionally, members of the medical profession have been prevented or discouraged from advertising to safe-guard against abuse and to avoid misleading the public. However, in view of the changing trends, there is a need for reviewing and perhaps revising some of these traditional codes in the interest of the profession and public, as evaluated and determined by the relevant regulatory bodies.
- 2.9 While private hospitals are essentially commercial enterprises often with heavy financial investment, they should not resort to advertising in any form to attract patients with the objective of recovering their investment.
- 3.0 Part XVIII (Miscellaneous) of the Regulations (2006) of the Private Healthcare Facilities & Services Act (1998) states:
- s.108. No private healthcare facility or service or health-related facility or service shall publish any advertisement

- (a) in such a manner as to mislead the public on the type or nature of the healthcare facilities or services or health-related facilities or services provided; or
- (b) which is contrary to any direction on advertisement issued by the Director General.

3. MMC CODE OF PROFESSIONAL CONDUCT

3.1 The following statements in the **MMC Code** in the section on “**Advertising, Canvassing and related Professional Offences**” reinforce the above professional viewpoints:

3.1.1 The medical profession in this country has long accepted the convention that doctors should refrain from self-advertisement.

3.1.2 Self-advertisement is not only incompatible with the principles which should govern relations between members of a profession but could be a source of danger to the public.

3.1.3 A practitioner successful at achieving publicity may not be the most appropriate doctor for a patient to consult.

3.1.4 The ill patient and his relatives are vulnerable to suggestions. Advertising may raise illusory hopes of a cure.

3.2 The section 4.1 on ‘Advertising and Canvassing’ in the Code of Professional Conduct is retained with minor amendments:

3.2.1 Advertising, whether directly or indirectly, for the purpose of obtaining patients;

- 3.2.2 promoting his own professional advantage, or, for any such purpose, of procuring or sanctioning, or acquiescing in, the publication of notices;
- 3.2.3 commending or directing attention to the practitioner's professional skill, knowledge, service or qualifications;
- 3.2.4 deprecating the skill, knowledge, service or qualifications, of others;
- 3.2.5 being associated with, or employed by, those who procure or sanction such advertising or publication;
- 3.2.6 canvassing or employing any agent or canvasser, for the purpose of obtaining patients;
- 3.2.7 sanctioning, procuring, acquiescing or being a party to, abetting or condoning, or of being associated with, or employed by those who sanction such employment, e.g. private hospitals, clinics and other medical institutions.

The above, in the opinion of the Malaysian Medical Council, are contrary to public interest and discreditable to the profession of medicine. Any registered medical practitioner who resorts to advertising or canvassing, or any such practice, directly or indirectly, renders himself liable, on proof of the facts to the satisfaction of the Council, to disciplinary punishment.

4. GUIDELINES ON SPECIFIC ASPECTS

4.1 Photographs

A practitioner's photograph and his designation may appear in connection with any interview or an article published in the lay press on professional subjects provided every reasonable precaution has been taken to ensure that such photographs do not draw attention to his professional skills. Patient's photographs should not be allowed without their consent or the consent of their next-of-kin. As a rule, photographs of practitioners performing surgical or investigational procedures on patients are not allowed.

4.2 Professional Calling Card, Letterhead and Rubber Stamp

4.2.1 Medical etiquette demands that medical practitioners be circumspect about their qualifications, awards and honours, when including these in their calling cards, letterheads and rubber stamp. In cases of doubt, the practitioner should consult the Malaysian Medical Council before printing the calling cards, letterheads and rubber stamps.

4.2.2 The calling cards and letterheads should only contain the name of the practitioner, registrable and approved professional qualifications, designation, state and national awards, home, practice as well as e-mail address, telephone and facsimile numbers. Rubber stamps should only contain some appropriate information as outlined above. Logos may be printed as long as they are appropriate for the medical practice, and are sensitive to religious, ethnic and social sentiments. A recent

photograph of the practitioner of ‘Mykad’ size may be allowed on the calling card.

- 4.2.3 A medical practitioner may claim to practise as a specialist in two registrable specialties, but this information should be available in only one and the same calling card.

4.3 Clinic Signboard:

A signboard should serve to provide guidance and information about a clinic. It should not be used as a means for soliciting for patients. The use of a large signboard to indicate a medical practice is considered unethical in many parts of the world. However as the custom is already prevalent in Malaysia and as a signboard does help patients to locate a clinic, it is recommended that their use should continue, provided:

- 4.3.1 There shall not be more than two signboards on the premises of the clinic to indicate the identity of the practice.
- 4.3.2 Signboards may be illuminated in a style that is appropriate for a medical practice.
- 4.3.3 The total size of the signboard or signboards, if there are two, shall not exceed 3.0 sq. meters.
- 4.3.4 Where signs are painted on walls, the perimeter of the lettering shall not enclose an area in excess of those specified above.

4.3.5 The use of the Red Crescent/Red Cross on any private medical premise is a contravention of the Geneva Convention and is illegal.

4.4 Directory Sign Board in Commercial Complex

When the practice is within a commercial complex, there is no objection to the clinic name appearing in the general directory signboard in the lobby.

The name of the clinic, name(s) of registered medical practitioner(s), registrable qualifications, specialty and consultation days and times are permitted to be inscribed/written on such boards in commercial complexes in which the clinic is located.

Board(s) with only the name of the clinic and consultation hours, and with directional arrows leading to the clinic in multi-storey premises are allowed. The dimension of the board should be appropriate.

4.5 Road Directional Signboard

The use of directional signboard/s with the word “Clinic” and an arrow pointing in the direction of the clinic leading from the main road is permissible if it conforms to local government regulations. The size of the signboard should be 45cm by 90cm. and should not be illuminated. The name of the clinic may appear in such a directional signboard, which should be within the distance of one (1) km of the clinic on the main road and comply to local government regulations.

Directional signboard within the town or city is only permitted if the clinic is off the main road, and should comply with the guidelines as above.

4.6 Banner

A temporary banner to announce the opening of a new healthcare facility may be allowed for the purpose of public information provided it conforms to any local government requirement. The size should conform to that allowed for a signboard. It should not be displayed for a period longer than one (1) calendar month prior to the date of opening and should be removed within one week after the opening of the facility. The banner is only permitted to be displayed at the entrance to the premise. It should only contain the date of the opening and the name of the clinic or hospital. Any other information is unethical.

Banners of any dimension announcing services provided by the facility, including clinics and hospitals, or special equipment and diagnostic services, or any awards or recognitions, displayed outside the premises, are not permitted.

4.7 Name Plate/Doorplate

A name plate should be plain and not exceed 930.25 sq cm (1sq ft). It may bear the practitioner's name, his approved registrable qualifications, and titles, if any. The consultation hours should be indicated on the same name plate. If there is more than one practitioner working in the same clinic, separate name plates will be permitted for each practitioner, and the above rules will also apply. A visiting practitioner working in the clinic may have a name plate.

4.8 24-Hour Clinic

Notification of the availability of professional service for 24 hours should be on the doorplate pertaining to consultation hours. Registered medical practitioners should be available at all times in the 24-Hour Clinic.

In the event that an emergency arises requiring the practitioner to be called away, the practitioner should instruct the clinic nurse to do the following:

- (1) to inform patients turning up that the doctor is away on emergency duty and is not available;
- (2) not to accept any new patients until the practitioner is back in the clinic; and
- (3) arrange for the patient to go to the nearest clinic for treatment.

4.9 Essential and Emergency Services Clinics/Facilities

For the ease of accessibility of essential and emergency services by members of the public, clinics and facilities, such as Surgical, Maternity, Accident & Emergency, and Rehabilitation Centres, are permitted to list names of doctors, credentials, registrable qualifications and field of approved specialty, in brochures. Photographs of registered medical practitioners are allowed. Promotion of any individual practitioner's skills, knowledge and experience, is not allowed.

4.10 Display of Human Tissue Specimens and Photographs

The display of preserved human tissue specimens, like biopsy parts or excised lesions from patients, in special cupboards, or photographs of such specimens, or photographs of patients with diseases mounted as posters on the outside walls of clinics is considered poor taste, improper and disrespectful. Such displays will be considered as advertising the skills of the doctor(s) practising in that clinic, and are not allowed.

4.11 Announcement of Awards to Healthcare Facilities

Facilities are allowed to announce recognised awards received by the facility, e.g. ISO, hospital accreditation, national or international quality awards, initiative awards etc but not overemphasised to the extent of advertising. Banners with such announcements along roads and public places are not allowed.

4.12 Family Practitioner/General Practitioner Clinics in Print Media

The name, address, telephone numbers and consultation or opening hours of Family Practitioners/General Practitioners clinics may be published in the print media. The registrable and recognised qualifications of the medical practitioner may be published after the name. Photograph of the practitioner of 'MyKad' size is allowed.

Prior approval must be obtained from the Board on the material and the size and form of the information to be published.

Such announcements are permitted without restriction on their frequency of publication.

4.13 Medical Directory/Yellow Pages

A medical directory containing the name, address, specialty, place of practice and contact telephone numbers, e-mail address, hours of consultation of registered medical practitioners should be useful for the public when in need of urgent consultation and such entry is permitted.

The maximum size permitted should not be more than one page, and the frequency shall be at every edition of the Yellow Pages or Medical Directory. Colour logos and photographs of the facility are permitted, and the content shall be approved by the Medicines Advertising Board.

4.14 Pamphlet and Brochure

There is no restriction on the colours, photographs and logos of the institution in pamphlets and brochures. The contents shall be approved by the Board and the pamphlets/brochures are allowed to be distributed without restrictions.

4.15 Books and Publications for the Lay Public

Generally, contributions in books and publications could not fail to promote the doctor's or author's professional advantage. The doctor should shoulder responsibility for any such result and be prepared if challenged to answer before a professional tribunal. The publication of books and articles by a named author who poses as an authority on the treatment of a disease may contribute to self-advertisement and thus unethical *ab initio*. Such material may lead to self-diagnosis by the lay reader, which is contrary to public interest. It is thus important to emphasise on the importance of lay readers seeking consultation

from a registered medical practitioner without self-diagnosing their illnesses based on books and publications.

The following guidelines should be adopted:

- 4.15.1 It is permissible for the author's name to be published. The name can be followed by a brief description of qualifications. The place of practice of the author is permitted for purposes of seeking clarifications by the readers. These should not be unduly emphasised by large font or heavy type setting.
- 4.15.2 There must not be any laudatory editorial references to the author's professional status or experience.
- 4.15.3 The author should not allow references to identify privately owned institutions with which he is professionally associated.

4.16 Medical Publications/Journals/Medical Newsletters/Magazines/Handbook

- 4.16.1 Information on healthcare facilities is allowed to be published in the above mentioned publications of medical organisations for circulation to medical practitioners. The information published in these publications should not be reproduced or photocopied and distributed.
- 4.16.2 The size should not exceed one page, photographs and logos are permitted, and there is no restriction on frequency and colours used. Distribution is restricted to the practice or facility.

4.17 Lay Press (Newspapers)

- 4.17.1 Licensed healthcare facilities may publicise in the lay press information on the service available, without restriction on frequency.
- 4.17.2 There will be no restriction on the colours used, photographs and logos of the facility.
- 4.17.3 The size of the information layout and the contents of the material have to be approved by the Board. Specifications may have to comply with those of Classified Advertisements

4.18 Website and Homepage

- 4.18.1 Websites and homepage are accessible world wide by any one with knowledge of the website/homepage address and are usually not security coded. As such, the information which is disseminated through the electronic media has to be carefully designed and worded. The information on the healthcare facilities and services, and on the registered medical practitioners, their names and photographs, qualifications, specialties, must be informative and simple, without laudatory remarks.
- 4.18.2 There are no restrictions on colour, logos and address of location.
- 4.18.3 The contents must be submitted as outlined above to the Board for prior approval.

5. GUIDELINES ON PROFESSIONAL ACTIVITIES AND POSITIONS

5.1 Public Health Medical Officers: Publicity is necessary in carrying out the duties of Medical Officers of Health and other medical practitioners who hold office in the public health or other public services. Provided that this is not used for the individual's advancement in his profession, this may be rightly allowed.

5.2 The Holding of Public Office by a medical practitioner is recognised as his duty to take his share as a citizen in public life. It is essential that the holding of public office is not used as a means of advertising himself as a doctor or his professional services.

5.3 Statements before the Public: It is conceded that practitioners may make statements before the public with authority. In so doing, the practitioner must avoid methods which could be fairly regarded as for the purpose of obtaining patients or otherwise promoting his own professional advantage.

5.4 Discussions in the Lay Press on controversial points of medical science and treatment should be avoided by practitioners. Such matters are more appropriate to medical journals and for discussion in professional societies.

5.5 Lectures to Lay Public

5.5.1 A practitioner who proposes to deliver a lecture is required to request the chairman beforehand to be circumspect in any introductory remarks concerning his professional status or achievements.

- 5.5.2 When a press reporter is present, the practitioner must indicate that he does not desire any report of the talk to emphasise on any special skills or expertise of the practitioner.
- 5.5.3 Publicity about the lecture can be in any media to inform the public of the name and appointment of the speaker as well as the venue, date and time of the lecture. The place of practice of the speaker should not be published.
- 5.5.4 Doctors should be cautious on promotional activities, including the sale of healthcare related materials, door gifts of healthcare products, the availability of investigations at discounted rates, or directing persons present to the practitioner's place of practice.

5.6 Lectures to Doctors

- 5.6.1 Medical practitioners may be in a position to educate their fellow colleagues, or present some new method of treatment or innovation. Such talks must be organised only through professional bodies or hospitals.
- 5.6.2 Information about such talks may be circulated through the professional bodies or hospitals only.
- 5.6.3 The practitioner must caution against any press reporting any unproven modalities of management or treatment such that it appears that he advocates such treatment to the public.

5.7 Press Interviews

- 5.7.1 Medical practitioners engaged in active medical or surgical practice should avoid giving interviews expounding their personal opinions on diseases and their treatment to reporters of the print, electronic or airwave media, except through an Association, an authorised organisation or institution. It may be more appropriate for the practitioner to refer the member of the press seeking the opinion to a respective professional or academic body or healthcare facility.
- 5.7.2 The responsibility for the contents of such interviews rests on the medical practitioner or the body mentioned above.

5.8 Broadcasting, TV and Electronic Media

- 5.8.1 Medical practitioners who possess the necessary knowledge and talent will be permitted to participate in programmes through radio, TV and electronic media, provided they observe appropriate ethical standards and do not seek to place themselves in an advantageous position over their colleagues.
- 5.8.2 Great caution is necessary in public discussion on theories and treatment of disease which may lead to misleading interpretation that may be put upon those by an uninformed public to the subsequent embarrassment of the individual doctor and the individual patient.

5.9 Association with Commercial Enterprises

Direct association of a medical practitioner with any commercial enterprise engaged in the manufacture or sales of any substance which is claimed to be of value in the prevention or treatment of disease, and presented to the public in such a fashion calculated to encourage the practice of self-diagnosis and of self-medication or is of undisclosed nature of composition, is strongly disapproved and therefore not allowed.

5.10 Traditional/Complementary Medicine

The medical practitioner should not be involved in the publicity of the sale of traditional/complementary medication, unless such products have been properly researched and found to be safe and efficacious.

5.11 Condolence or Congratulatory Message

The publication of condolence or congratulatory messages regarding a patient or inmate of a healthcare facility by a medical practitioner (or the facility) is considered a method of indirect advertising and is not allowed.

5.12 Service Groups and Health Screening Camps

Service groups or political parties often organise and offer free medical checkups to members of the public in villages and small towns. The names and places of practice of the practitioners conducting these free checkups should not be advertised. Any queries by members of the public seeking additional information on where to seek treatment, etc., should be handled with tact by the service organisation.

5.13 Public Forums

- 5.13.1 Private healthcare facilities are known to conduct public forums either in their own hospital premises or in public places like shopping centres and malls. Medical practitioners are allowed to participate in public forums beneficial to the public at large provided they comply with the ethical guidelines laid down for lectures to lay public, as above.
- 5.13.2 In introducing the medical practitioner(s) participating in these public forums, the organiser or chairman should be circumspect and avoid any laudatory remarks about the practitioner(s).

The following section relates to dissemination of information by private healthcare facilities (private hospital, private general/specialist practice clinic, private maternity homes and related private clinics, private medical laboratory, private radiological clinic). Since the majority of these facilities are operated or owned by registered medical practitioners, this section is included for completeness. The responsibility for regulating disseminations of information by healthcare facilities rests with the Medicines Advertisement Board, Pharmaceutical Division, Ministry of Health.

6. GUIDELINES FOR IMPLEMENTATION BY MEDICINES ADVERTISEMENT BOARD (THE “BOARD”)

Section 4A of the Medicines (Advertisement and Sales) Act 1956 states: Subject to this Act, no person shall take part in the publication of any advertisement

- (a) which refers to any skill or service relating to the treatment, prevention or diagnosis of any ailment, disease, injury, infirmity or condition affecting the human body; and
- (b) which is capable of inducing, or which contains an invitation, whether express or implied, to, any person to seek the advice of the advertiser or any person referred to in the advertisement in connection with such skill or service.

Provided that this section shall not apply to any advertisement published

- aa) with the approval of the Minister, by any professional body related to the medical profession or to any other allied profession which is established by or registered under any written law; or
- (bb) with the approval of the Medicines Advertisements Board established by the Minister, by any private hospital or by any
 - (i) private clinic
 - (ii) private radiological clinic;
 - (iii) private medical laboratory

operated by a registered medical practitioner having a valid annual practising certificate under the Medical Act 1971.

Section 7(a) of the Medicines (Advertisement and Sales) Act 1956 states:

The Minister may make regulations for carrying out the purpose of this Act...Such regulations may

- (a) for the purpose of section 4A and 4B, establish the Medicines Advertisements Board;
- (b) provide the manner of submitting advertisements for approval under section 4B and impose fees for submission and approval of such advertisements;
- (c) provide the procedure to be followed by the Medicines Advertisement Board.

The Medicines Advertisement Board (*Lembaga Iklan Ubat*) of the Pharmaceutical Division of the Ministry of Health Malaysia is thus empowered with the responsibility of studying, approving and monitoring the process and implementation of the dissemination of medical and healthcare information by registered medical practitioners and healthcare facilities.

Such dissemination is for the purpose of making available information on healthcare facilities and services available in Malaysia to members of the public and should follow ethical guidelines set by the Malaysian Medical Council and administrative guidelines issued by the Board. When there are areas of doubt, the Board may obtain clarification and/or guidance from the Malaysian Medical Council.

The application for approval for the dissemination of such information in any media (print, electronic or airwave or any other media not specified but approved by the Board) must be made by registered medical practitioners (and registered healthcare facilities) in Malaysia, with relevant details and material directly to the Board following the set guidelines and standard format.

Such application must be made at least one (1) month before the intended date of dissemination. The approved format must be strictly adhered to by the applicant. Copies of the approved information disseminated (if in print form), or details of home-page (if in electronic form) must be submitted to the Board within one (1) week of such dissemination.

The following are Guidelines set by Medicines Advertisement Board:

6.1 General Principles on Disseminating Information to the Public

- 6.1.1 The purpose shall be to inform the public about the type and nature of health care services available to them. The information should however be general in nature.
- 6.1.2 The authenticity and the accuracy of the information disseminated should be verifiable by the Board. The public should not be misled into drawing false impressions of the private hospital/clinic/radiological clinic and medical laboratory.
- 6.1.3 The information provided shall be in strict adherence to set guidelines.
- 6.1.4 The information shall be in any media approved by the Board.
- 6.1.5 In conducting opening ceremonies, it is the responsibility of the management to ensure that the function does not result in undue publicity to the new facility. The text of

the announcement must be prior approved by the Board. The giving away of door gifts and free medications to promote the facility are prohibited.

- 6.1.6 Announcements on the installation or availability of new equipment or additional wings in an established facility are allowed with prior approval obtained from the Board. Such announcements should not be made by the commercial firm involved in the installation of the new equipment.

6.2 Information which is not permitted

- 6.2.1 The use of comparison, either direct or by implication, between one hospital, clinic, radiological clinic or medical laboratory and another is prohibited. The use of superlative (e.g. ‘the best’) in describing the available services or facilities is also not permitted.
- 6.2.2 In reference to publication of brochures or pamphlets there should be no overemphasis on doctors associated with the hospital, clinic, radiological clinic or medical laboratory by way of touting customers. Testimonials from patients shall not be published or printed.
- 6.2.3 Unsolicited communication with potential clients for the purpose of touting and enticing patients is prohibited.
- 6.2.4 Announcement over the radio, television, rediffusion, or cinema is prohibited.

- 6.2.5 Information about advances in medical services and therapeutics is best conducted through the appropriate medical forums to avoid the risk of unbalanced and inaccurate reporting.

6.3 Information on Clinics

- 6.3.1 The current practice of information being circulated within the profession through medical journals and newsletter which are published by medical bodies will be allowed.
- 6.3.2 The arrangement whereby the Malaysian Medical Association, or any other recognized professional body, which has been granted approval by the Honourable Minister of Health to publish announcements of opening of new clinics or change of address of clinics, will be allowed.
- 6.3.3 Additional information which may be allowed to be published by Family Practice/General Practice run by registered medical practitioners are provided below.

6.4 General Information

The general information which is allowed in providing information on healthcare facilities and clinics are: the name and location, telephone numbers, hours of consultation and service, the types of accommodation and facilities and the charges for the various services available.

DISCLAIMER

While every attempt is made to provide comprehensive guidelines for medical practitioners, patients, and any other interested parties, with regards Dissemination of Information by the Medical Profession, there may inevitably be areas of doubt and controversy. In such instances, further directions may be sought from the Malaysian Medical Council.

REFERENCE

1. Code of Professional Conduct, MMC
2. Private Healthcare Facilities & Services Act 1998 and Regulations 2006
3. Medicines (Advertisement & Sales) Act 1956
4. Good Medical Practice MMC, 2001
5. Confidentiality, MMC 2001

The initial draft of this Guideline on *Dissemination of Information by the Medical Profession* was prepared by Dr. Abdul Hamid Abdul Kadir, MBBS (S'pore), FRCSEd., MChOrth (Liverpool), Dr. Milton Lum MBBS (Mal), FRCOG (London), Dr. Ravindran Jegasothy MBBS (Mal), FRCOG (London), FAMM at the conclusion of the Workshop/Seminar on the subject conducted by the Malaysian Medical Council on 19 - 20 February, 2004.

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