



GUIDELINE OF THE MALAYSIAN MEDICAL COUNCIL

THE DISSEMINATION OF INFORMATION BY MEDICAL PROFESSIONALS INCLUDING ON SOCIAL MEDIA

V2/2025

**PREVIOUSLY PUBLISHED AS 'MMC GUIDELINE 001/2006 - DISSEMINATION OF
INFORMATION BY THE MEDICAL PROFESSION'**

Table of Contents

1. DEFINITIONS	4
2. PROFESSIONAL VIEWPOINTS	6
3. MMC CODE OF PROFESSIONAL CONDUCT	8
3.1 MMC Code	8
3.2 Advertising & Canvassing	8
4. GUIDELINES ON SPECIFIC ASPECTS	10
4.1 Photographs	10
4.2 Professional Calling Cards And Letterheads	10
4.3 Clinic Signboard.....	11
4.4 Directory Sign Board in Commercial Complex	11
4.5 Road Directional Signboard	12
4.6 Banner	12
4.7 Name Plate/Doorplate	12
4.8 24-Hour Clinic.....	13
4.9 Essential and Emergency Services Clinics/Facilities	13
4.10 Display of Human Tissue Specimens and Photographs.....	13
4.11 Announcement of Awards to Healthcare Facilities	13
4.12 Family Practitioner/General Practitioner Clinics in Print Media	14
4.13 Pamphlet and Brochure	14
4.14 Books and Publications for the Lay Public	14
4.15 Medical Publications/Journals/Medical Newsletters/Magazines/Handbook.....	15
4.16 Lay Press (Newspapers)	15
4.17 Website and Homepage	15
5. GUIDELINES ON PROFESSIONALS ACTIVITIES AND POSITIONS	17
5.1 Public Health Medical Officers	17
5.2 The Holding of Public Office.....	17
5.3 Statements before the Public	17
5.4 Discussion on the Mass and Social Media	17
5.5 Lectures to Lay Public	17
5.6 Lectures to Doctors	18
5.7 Press Interviews	18
5.8 Broadcasting, TV and Electronic Media.....	19
5.9 Association with Commercial Enterprises	19
5.10 Traditional & Complementary Medicine (T&CM)	19

5.11	Condolence or Congratulatory Message	19
5.12	Service Groups and Health Screening Camps	19
5.13	Public Forums	20
5.14	Health Related Products	20
6.	GUIDELINE ON SOCIAL MEDIA, THE INTERNET AND OTHER EMERGING TECHNOLOGIES	21
6.1	Adherence to Professional Standards	21
6.2	Respect for Patient Privacy and Confidentiality	21
6.3	Transparency and Identifiability	22
6.4	Respectfulness Towards All Parties	22
6.5	Avoidance of Advertising and Solicitation	22
6.6	Awareness of Legal and Regulatory Obligations	22
6.7	Commitment to Evidence-Based Information.....	22
7.	BIBLIOGRAPHY.....	23
8.	NOTE.....	24

1. DEFINITIONS

“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.

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

“Council”: “Council” means the Malaysian Medical Council

“Information”: The word ‘information’ in relation to the medical profession refers to the factual and evidence-based information on public health promotion and specifically on prevention, control and treatment of diseases, which a registered medical practitioner as a healthcare provider, disseminates to the public.

“Medical Officers of Health”: “Medical Officer of Health” means any medical practitioner in the service of the Government or any local authority who is for the time being carrying out the duties of a Medical Officer of Health in any area, district, or local authority area, including the airport and port limits thereof, and includes the Director General, the Deputy Director General of Health, the Director of Health Services, any Deputy Director of Health Services, any State Director of Medical and Health Services, any State Deputy Director of Medical and Health Services, the Sabah State Director of Medical Services and his Deputy and the Sarawak State Director of Medical Services and his Deputy.

“Medical Practitioners”: “Medical Practitioner” means any medical practitioner who is registered under the Medical Act 1971 (Act 50) and subject to the Medical Regulations (2017).

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

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.

“Social Media”: Describes a web-based or Internet-based software or applications that allow users to create, exchange and/or interact with content. In this guidance we use the term to include, but not limited to, blogs and microblogs (such as X, formerly known as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook, LinkedIn, Instagram and Tik Tok, Telegram, WhatsApp, etc.

2. PROFESSIONAL VIEWPOINTS

- 2.1 A registered medical practitioner must not at any time abrogate his duties as the healer, examiner, researcher, decision-maker and provider of healthcare service, on grounds of the force of over-powering technology and/or 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 the grounds of financial considerations or the pull of material gain. He must appreciate that medical practice is not a commercial transaction.
- 2.3 Registered medical practitioners are typically seen as the most suitable healthcare professionals within a national healthcare system to offer honest, comprehensive medical guidance in the patient's best interests.
- 2.4 The medical profession typically allows for the dissemination of medical information to the public while upholding stringent ethical standards. However, there are specific circumstances in which restrictions apply. These include situations where the information is of a confidential nature or when its release might be perceived as potentially causing public alarm or having implication to their patients.
- 2.5 The profession is rightly concerned when rampant or uncensored advertising with dubious information or claims is allowed over the mass media, social media and emerging technologies 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 authorities, such as the Medicines Advertisement Board (Lembaga Iklan Ubat) within the Pharmaceutical Services Program of the Ministry of Health, or other similar bodies, should grant approval for

advertisements prior to their dissemination through mass and social media and any emerging technologies channels.

- 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 or indirect 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 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. (b) which is contrary to any direction on advertisement issued by the Director General

3. MMC CODE OF PROFESSIONAL CONDUCT

3.1 MMC Code

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 Advertising & Canvassing

The section 4.1 on ‘Advertising and Canvassing’ in the Code of Professional Conduct (2019) states that the practitioner should refrain from:

- a) *“Advertising, whether directly, or indirectly, for the purpose of obtaining patients;*
- b) *Advertising, whether directly or indirectly, for the purpose of promoting one’s own professional advantage;*
- c) *Procuring, or sanctioning or acquiescing in the publication of notices commanding or directing attention to the practitioner’s professional skill, knowledge, services or qualification for the purposes set out in (i) and (ii) above;*
- d) *Procuring, or sanctioning or acquiescing in the publication of notices deprecating the skill, knowledge, services or qualification of other practitioners for the purposes set out in (i) and (ii) above;*

- e) *Being associated with, or employed by, those who procure or sanction advertising as described in (i) and (ii) above;*
- f) *Being associated with, or employed by, those who procure or sanction the publication of notices as described in (iii) and (iv) above;*
- g) *Canvassing, or engaging any agent or canvasser, for the purpose of obtaining patients;*
- h) *Sanctioning the act of canvassing or employment of any agent or canvasser, for the purpose of obtaining patient;*
- i) *Being a party to, abetting, condoning, being associated with or employed by those who sanction the act of canvassing or employ any agent or canvasser for the purpose of obtaining patients e.g private hospitals, clinics and other medical institutions.*

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 Cards And Letterheads

- 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, MMC number and, if applicable, NSR number for specialists; registrable and approved professional qualifications as listed in the Fourth Schedule; designation; state and national awards; home and practice addresses; 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.
- 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:

- 4.8.1 to inform patients turning up that the doctor is away on emergency duty and is not available;
- 4.8.2 not to accept any new patients until the practitioner is back in the clinic: and
- 4.8.3 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 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.

4.14 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:

- 4.14.1 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.
- 4.14.2 There must not be any laudatory editorial references to the author's professional status or experience.
- 4.14.3 The author should not allow references to identify privately owned institutions with which he is professionally associated.

4.15 Medical Publications/Journals/Medical Newsletters/Magazines/Handbook

- 4.15.1 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.
- 4.15.2 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.

4.16 Lay Press (Newspapers)

- 4.16.1 Licensed healthcare facilities may publicise in the lay press information on the service available, without restriction on frequency.
- 4.16.2 There will be no restriction on the colours used, photographs and logos of the facility.
- 4.16.3 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.

4.17 Website and Homepage

- 4.17.1 Websites and homepage are accessible worldwide 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.

4.17.2 There are no restrictions on colour, logos and address of location.

4.17.3 The contents must be submitted as outlined above to the Board for prior approval.

4.17.4 The social media platform will be covered in the Chapter 6: Guidelines on social media, the internet and other emerging technologies chapt

5. GUIDELINES ON PROFESSIONALS 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

The holding of public office by a medical practitioner is recognised as part of his right 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 Discussion on the Mass and Social Media

Registered medical practitioners may discuss topics related to healthcare in the mass and social media, but must ensure that their discussions are evidence-based, scientific and rational.

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 (T&CM)

The RMP should not be involved in the publicity of traditional/complementary medication, unless such products have been properly researched and found to be safe and efficacious. In addition, any RMP wishing to practise TCM should be registered with the TCM council.

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 health care 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).

5.14 Health Related Products

5.14.1 RMP are discouraged from engaging in the promotion or endorsement of health-related products within their practice or across all media platforms. Such involvement may jeopardize their professional integrity, compromise patient well-being, affect the quality of care, infringe upon patient autonomy, and raise concerns about patient confidentiality.

5.14.2 Should any RMP wishes to endorsed any health-related products, it is essential that these products are evidence-based and have received approvals from regulatory authorities, such as the National Pharmaceutical Regulatory Agency (NPRA) or Medical Device Authority, Medical practitioners must refrain from making unsubstantiated claims or asserting that health-related products can cure specific diseases, as such practices can mislead the public and pose serious risks to patient health.

6. GUIDELINE ON SOCIAL MEDIA, THE INTERNET AND OTHER EMERGING TECHNOLOGIES

The use of social media, the internet and other emerging technologies by registered medical practitioners is rapidly evolving. These technologies offer new opportunities for registered medical professionals to communicate with patients, colleagues and the public, but these technologies must be used in an ethical, evidence-based and professional way.

It is impossible for this guideline to be exhaustive and to describe all the possible scenarios in which social media platforms, the Internet or emerging technologies can be used, misused or abused.

Therefore, the following Guiding Principles are provided to guide registered medical practitioners to use these technologies in an ethical, evidence-based and responsible way. These Principles are based on the ethical principles of beneficence, non-maleficence, justice and respect for autonomy.

Common sense and professional good judgment must always be exercised.

Key considerations for ethical and responsible use:

6.1 Adherence to Professional Standards

Registered medical practitioners should always comply with the MMC Code of Professional Conduct when using social media, the internet, or emerging technologies. This code is as relevant online as it is in traditional medical settings.

6.2 Respect for Patient Privacy and Confidentiality

Patient confidentiality is paramount. Registered medical practitioners should refrain from sharing any patient-specific information on public platforms, especially if there is a chance of identifying the patient. They should always be sensitive to privacy, even with non-confidential information, to ensure no unintentional disclosures occur.

6.3 Transparency and Identifiability

Registered medical professionals should clearly identify themselves as such when discussing health topics online. This helps maintain clarity and trust, as online statements may sometimes be misinterpreted as representing the stance of their employer or association. Practitioners should avoid actions that could reflect poorly on their profession.

6.4 Respectfulness Towards All Parties

Registered medical practitioners must avoid sharing content or making statements that could be discriminatory or offensive. This includes being mindful of the images they post, ensuring that they do not inadvertently harm or offend.

6.5 Avoidance of Advertising and Solicitation

Direct or indirect advertising for personal gain, such as patient solicitation or self-promotion, is not appropriate on social media or other online platforms. The Code of Professional Conduct 2019 also outlines this guideline.

6.6 Awareness of Legal and Regulatory Obligations

Registered medical practitioners should stay informed about laws and regulations that govern the use of digital technologies. Being vigilant about risks such as hacking, cyberbullying, or identity theft is crucial.

6.7 Commitment to Evidence-Based Information

Any health-related information shared publicly should be accurate, scientific, and evidence-based. This ensures patient safety, preserves the quality of care, and upholds the credibility and integrity of the profession.

These principles provide a foundation for responsible online conduct and help ensure that registered medical practitioners uphold the highest standards of professional ethics in their digital interactions.

7. BIBLIOGRAPHY

1. Medical Act 1971 (Act 50)
2. Code of Professional Conduct, 2019
3. MMC Guideline on Telemedicine, 2024
4. MMC Guideline on Audio and Visual Recording, 2023
5. MMC Guideline on Ethical Aspects of Aesthetic Medical Practice, 2015
6. MMC Guideline on Confidentiality, 2011
7. Medicines (Advertisement and Sale) Act, 1956
8. Prevention and Control of Infectious Diseases Act 1988 (Act 342)

8. NOTE

1. The following are the members of the drafting committee for this guideline:
 - Dr. Khairul Hafidz Alkhair bin Khairul Amin
 - Dr. Lim Joo Kiong
 - Dr. Suhazeli bin Abdullah
 - Assoc. Prof. Dr. Aneesa binti Abdul Rashid
 - Dr. Ahmad Firdaus bin Mohd Haris
 - Dr. Khor Swee Kheng
2. This guideline is the 2nd edition and expanded version, approved by the Ethics Committee on 21st April 2025 and endorsed by the Malaysian Medical Council on 19th August 2025.
3. The original document was called Dissemination of Information by The Medical Profession which was originally adopted by the Malaysian Medical Council on 14th November 2006.
4. This document will be due for review in 5 years, or earlier as necessary.