

Follow-Up Letter from SMA to SMC on Team-Based Management and Informed Consent

In September 2010, SMA received a letter from the Singapore Medical Council (SMC), inviting us to comment on the SMC Ethical Code and Ethical Guidelines. SMA sent SMC a position paper a month later. (The position paper, "Submission by SMA – Review of SMC Ethical Code and Ethical Guidelines", can be found in SMA News November 2010 page 12 and 13 or at http://news.sma.org.sg/4211/SMC_Review.pdf.) Last month, SMA sent a follow-up letter to SMC regarding this issue, which we reproduce here.

11 April 2011

Prof Tan Ser Kiat
President
Singapore Medical Council
16 College Road
#01-01
College of Medicine Building
Singapore 169854

Dear Prof Tan,

Additional feedback on review of SMC Ethical Code and Ethical Guidelines

We refer to SMC's letter dated 30 September 2010 inviting SMA to comment on the SMC Ethical Code and Ethical Guidelines, and our

response dated 18 November 2010 via email.

We note two recent cases, Dr Eric Gan Keng Seng v Singapore Medical Council [2010] SGHC 325, and Dr Eu Kong Weng v Singapore Medical Council [2011] SGHC 68, and the outcome of the respective appeals to the Courts.

Quite a few SMA members have provided feedback and expressed concerns about the consequences and precedents these two judgements may have set for the profession and the practice of medicine. As such, we would like to make further recommendations towards the upcoming review of the SMC Ethical Code and Ethical Guidelines.

Team-based management

Team-based management is common in many hospitals. The new edition of the SMC Ethical Code should clarify the issue of team-based management of patients, where specialists and doctors-in-training (House Officers, Medical Officers, Registrars, Residents, etc) work as a team to treat a patient.

What are the responsibilities of each and both groups? What are the levels of competencies that a typical registrar is supposed to have where the consultant/specialist need not "second guess" the doctor-in-training? SMA suggests that a doctor-in-training be regarded to have the competency of at least a General Practitioner (GP) in the specialty s/he is training for. For example, if a GP is expected to competently diagnose an acute abdomen, then a General Surgery resident would be expected to competently diagnose an acute abdomen without supervision from a specialist. Such principles could be clearly spelt out in the new SMC Ethical Code and Ethical Guidelines.

Informed consent

The new SMC Ethical Code should spell out what constitutes informed consent. For example, does informed consent comprise of writing the alternatives, complications, risks and benefits, arising from the procedure/treatment? What level of information does the patient require (and documented in writing) so as to constitute informed and hence effective consent?

For example, would it suffice to note in writing (either in the case notes or in the signed consent form) that "the patient has been informed of the benefits, risks, and complications as well as alternatives of a total knee reconstruction" or must the documentation contain a full list of the actual possible complications, risks, alternatives and benefits of the said operation (such as infection, dislocation, pain, mental fatigue, etc)?

In this regard, it would be beneficial to include in an appendix, several well-crafted samples of consent for common procedures such as

colonoscopy, cataract, total knee reconstruction, etc.

There is currently significant uncertainty over what the current thinking of SMC is on the above two issues and SMA urges SMC to address these two issues comprehensively in the new edition of the SMC Ethical Code and Ethical Guidelines. In addition, with the withdrawal of SMA Guidelines on Fees, SMA hopes that SMC can also take the opportunity to address the issue of what constitutes appropriate charging by doctors when the Code is edited and updated.

The medical profession and the public will certainly benefit from SMC's guidance in no small way and similarly, SMA looks forward to SMC's leadership in the abovementioned areas of concern.

Yours sincerely,

Dr Chong Yeh Woei

President

Singapore Medical Association

cc Chief Justice Chan Sek Keong

Director of Medical Services, Prof K Satku

Changes to Notification System for Misuse of Drugs Act

The Central Narcotics Bureau (CNB) and the Ministry of Health have launched an e-service for medical practitioners to report persons suspected of consuming drugs under Regulation 19 of the Misuse of Drugs Act.

The eNOTIF e-service will replace the current method of reporting by fax or by post, and is easily accessible through the internet. With eNOTIF, it will no longer be necessary for you to contact both CNB and Director of Medical Services, as this will be done automatically by the system.

You can access eNOTIF using either one of the two following ways:

1. Clicking on the eNOTIF icon at the CNB website <http://www.cnb.gov.sg>
2. Logging on to <https://www.psi.gov.sg/NASApp/tmf/TMFServlet?app=MHA-CNB-ENOTIF&isNew=true&Reload=true>

The user guide is available at http://www.cnb.gov.sg/eNotif/eNotif_User_Manual.htm.

Results of Facebook Lucky Draw

Between 8 to 30 April, over 200 members added SMA as a friend on Facebook. Ten lucky members have each won a T.M. Lewin shirt of their choice. The winners have been notified by post. They are:

Dr Chern Su Chung Arthur
 Dr Howe Tse Chiang
 Dr Kang Chun-Yun Gary
 Dr Loh Ban Chye
 Dr Loh Wei Wen Leonard

Dr Low How Cheong
 Dr Low Wen Yong Brenda
 Dr Noreffendy Bin Ali
 Dr Tan Pik Yee
 Dr Tay Siew Hua

You can still add SMA as a friend on Facebook at

<https://www.facebook.com/singaporemedicalassociation>.

We hope that our Facebook account can serve as a more convenient channel of communication between our members and the SMA Council.

