

Prescribing Contraceptive Pills

By SMA Ethics Committee

The advice in this column was extracted from replies to the specific circumstances and situations mentioned in the queries which were sent to the Ethics Committee. Different circumstances may result in different situations. If you have any comments, please email them to news@sma.org.sg.

Prescribing contraceptive pills to a girl under 16

The Committee received a query from a doctor on prescribing contraceptive pills to a teenage girl, who is a foreigner, without her mother's knowledge. As the girl is below the age of 16, and started sexual activities before turning 14, the doctor wanted to know the legality of continual prescription of contraception and whether he would be culpable in the event of a pregnancy.

Based on the information provided, it was highlighted to the doctor that:

- If the sexual activities took place in Singapore, they would constitute a seizeable criminal offence in Singapore under Section 376A of the Penal Code. It does not matter that the sex was consensual, as under the laws in Singapore, the patient is too young to be able to give legally effective consent, and the patient's sexual partner was thus engaged in criminal activities. This is regardless of whether or not she gets pregnant.



- Under Section 22 of the Criminal Procedure Code, any person aware of a seizable offence is duty bound by law to report to the authorities, which therefore places a statutory duty on the doctor to report.
- There is unlikely to be any prohibition against the prescription of contraception since the doctor is just trying to protect the patient from unwanted pregnancies.

The doctor was also advised to inform the patient that under Singapore law, even if her mother “consents” to the sexual activities and contraceptive measures, the law still regards any sexual relationship with a minor below the age of 16 to be a criminal offence.

Prescribing contraceptive pills to a girl above 16

The Committee received a query from a parent concerning a doctor who prescribed contraceptive pills to his 17-year-old daughter without the parent’s knowledge or consent. His daughter underwent an abortion with the said doctor recently. The parent felt that the doctor’s actions encouraged his daughter to engage in sexual activities.

The Committee highlighted that the responsibility of the doctor is to act in the best interests of the patient. If in the doctor’s professional judgement, he is convinced that:

- The oral contraceptives will benefit the patient medically by helping to avoid unwanted pregnancies, AND
- The patient possesses adequate maturity and capacity (mental competency or decision making capacity) to understand the risk-benefit considerations of taking oral contraceptives, then his prescription of oral contraceptives is legally permissible and professionally justifiable.

The doctor can provide proper counselling and sex education to his patient, but it is not within his obligations to report to the authorities as she is above the legal age limit for consensual sexual activities, nor is it practical for him to impose any restrictions on the patient’s sexual activities.

As for disclosure to parents, although the patient is below the legal age of contract, the doctor is obligated to respect his patient’s right of medical confidentiality in matters related to sexual activities, when he judges that the best interests of the patient require her to receive advice and treatment on sexual matters without parental consent or notification.

As such, the doctor cannot make any disclosures without the patient’s permission, including to the patient’s parents.

Refusal to prescribe oral contraceptives by a practitioner

The Committee received a query from a member of the public on whether a doctor acted professionally when he refused to prescribe contraceptive pills to a patient due to the doctor’s own religious beliefs. The person also asked if the doctor could levy a professional charge even if there was no prescription consequent to the doctor’s refusal.

In this deliberation on behalf of the Committee, the Chairman highlighted two issues that should be considered:

- Whether a doctor can refuse to prescribe oral contraceptives or any available medical intervention based upon his own cultural or religious beliefs:
 1. The doctor should decline a patient’s request to prescribe a medication or perform a medical intervention if it is deemed medically contraindicated due to either lack of benefits, high risk of complications, or both. Some doctors will prescribe oral contraceptives only when the risk of medical complications from a pregnancy is even higher while other methods of contraception are ineffective, unsuitable or unacceptable to this patient.
 2. Even if there are no medical contraindications against oral contraceptives for a particular patient, the doctor still has a right to decline prescription, if it does go against whatever personal, cultural, moral or religious convictions he has (conscientious objection). The doctor should provide alternatives for the patient and refer her to another doctor who has no objections to prescribing oral contraceptives.
- Whether the doctor can charge a consultation fee: this should not be based upon whether or not the doctor has prescribed any medication. It should instead be dependent on whether the doctor has rendered a professional service, which can include provision of information, counselling, and so on. As long as the doctor has done so, he has a professional right to levy a fee for the consultation. But the doctor reserves the right to waive the consultation fee if he feels that the time and effort spent on the consultation was negligible.

The Committee attempted to seek more information on the case but there were no subsequent responses from the person who made the query. **SMA**