



ETHICAL CODE AND ETHICAL GUIDELINES FOR TCM PRACTITIONERS

中医执业者道德准则及
道德指导原则

ETHICAL CODE AND ETHICAL GUIDELINES FOR TCM PRACTITIONERS

**TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD
SINGAPORE**

January 2006

*TCM practitioners mentioned in this
"Ethical Code and Ethical Guidelines for TCM Practitioners"
refer to
both the TCM physicians and the acupuncturists
registered under the
Traditional Chinese Medicine Practitioners Act,
unless otherwise specified.*

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1 INTRODUCTION

Traditional Chinese Medicine practitioners (“TCM practitioners”) have, since ancient times, been respected and trusted by the people in their practice of traditional Chinese medicine (“TCM”). They are looked upon for the relief of suffering and ailments. With the trust reposed in them, TCM practitioners must do their best to maintain a high level of self-discipline, competence, and standard of professional conduct and provide professional, proper and adequate service in their prescribed practice of TCM.

While the profession must adhere to the laws governing society and its practice, it must also be self-regulating, as society at large may not have the necessary knowledge or the experience of medical practice to make determinations on professional matters. This self-regulation must be vigorously and fairly pursued so that the profession continues to enjoy the trust of the society. Failure to do so could result in civil authorities taking action to reduce or even remove the profession’s right of self-regulation and may lead to the imposition of external regulation on the profession.

The Traditional Chinese Medicine Practitioners Board (the “Board”) is charged with the responsibility of regulating the practice and conduct of persons registered under the Traditional Chinese Medicine Practitioners Act and the Traditional Chinese Medicine Practitioners Regulations. The Board has the role of promulgating the “Ethical Code and Ethical Guidelines for TCM Practitioners” on acceptable professional TCM practice and conduct. The Board also has the responsibility to exercise its duty to discipline members of the TCM profession who fail to uphold the standard of practice and conduct befitting a registered TCM practitioner.

This “Ethical Code and Ethical Guidelines for TCM Practitioners” represents the fundamental tenets of conduct and behaviour expected of TCM practitioners practising in Singapore and elaborates on their applications. They are intended as a guide to all TCM practitioners as to what the Board regards as the minimum standards required of all TCM practitioners in the discharge of their professional duties and responsibilities in the practice of TCM in Singapore. It is the view of the Board that serious disregard or persistent failure to meet these standards can potentially lead to harm to patients or bring disrepute to the profession and consequently may lead to disciplinary proceedings.

The Board acknowledges that no set of published guidelines can be either exhaustive or final. The Board believes that the principles enunciated are generally applicable notwithstanding the continuous change in social norms and expectations as well as technological advances. TCM practitioners are exhorted to keep both the principles and the spirit of this “Ethical Code and Ethical Guidelines for TCM Practitioners” firmly in mind in the course of their practice.

2 TCM PRACTITIONER'S PLEDGE

The TCM Practitioner's Pledge is based on the spirit of the Declaration of Geneva and is a set of ethical values that each TCM practitioner in Singapore is expected to uphold professionally at all times. From 2006, every TCM practitioner upon being admitted as a registered TCM Practitioner with the Board has to make this pledge.

"I solemnly pledge to:

*dedicate my life to the service of humanity;
give due respect and gratitude to my teachers;
practise my profession with conscience and dignity;
make the health of my patient my first consideration;
respect the secrets which are confided in me;
uphold the honour and noble traditions of the medical profession;
respect my colleagues as my professional brothers and sisters;
not allow the considerations of race, religion, nationality or social
standing to intervene between my duty as a TCM practitioner and
my patient;
maintain due respect for human life;
use my medical knowledge in accordance with the laws of humanity;
comply with the provisions of the "Ethical Code and Ethical Guidelines for TCM
Practitioners"; and
constantly strive to add to my knowledge and skill.*

I make these promises solemnly, freely and upon my honour."

3 ETHICAL CODE

Patients and the public must be able to trust TCM practitioners implicitly with their lives and well being. To justify this trust, TCM practitioners have to maintain a good standard of care, conduct and behaviour. The Board prescribes an "Ethical Code" (the "Code") which TCM practitioners are expected to uphold. These principles are applicable to a wide variety of circumstances and situations. Adherence to the Code will enable the public at large to have trust and confidence in the profession.

TCM practitioners must use the Code as a yardstick for their own conduct and behaviour. In addition, it is advisable for TCM practitioners to understand medical ethics, train in ethical analysis and decision making, develop knowledge, skills and attitude needed to deal with ethical conflicts. Consult with colleagues, ethical committees and other experts when ethical conflicts arise.

In general, a TCM practitioner is expected to:

- Be dedicated to providing competent, compassionate and appropriate medical care to patients.
- Be an advocate for patients' care and well being and endeavour to ensure that patients suffer no harm.
- Provide access to and treat patients without prejudice of race, religion, creed, social standing, disability or financial status. A TCM practitioner shall also be prepared to treat patients on an emergency or humanitarian basis when circumstances permit.
- Abide by all laws and regulations governing TCM practice and abide by the "Ethical Code" of the TCM profession.
- Maintain the highest standards of moral integrity and intellectual honesty.
- Treat patients with honesty, dignity, respect and consideration, upholding their right to be adequately informed and their right to self-determination.
- Maintain a professional relationship with patients and their relatives and not abuse this relationship through inappropriate personal relationships or for personal gain.
- Keep confidential all medical information about patients.
- Regard all fellow professionals as colleagues, treat them with dignity, accord them respect and manage those under his/her supervision with professionalism, care and nurturing.
- Be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with the public at large.
- Maintain professionalism in informing the public about his/her services, ensuring that information projected is purely factual and devoid of any attempt at self-aggrandisement.
- Keep abreast of TCM knowledge relevant to practice and ensure that clinical and technical skills are maintained.
- Participate in activities contributing to the good of the community, including public health education.
- Endeavour to abide by the "Ethical Code" when making use of modern or new technology in treatment modalities, communication means or information handling.

4 ETHICAL GUIDELINES

The Code enunciated in the previous chapter shall be applied to clinical practice and all areas of professional activity conducted by TCM practitioners. The following sections provide interpretation and guidance on how the Code shall be applied to various areas of professional activity. Obviously it is impossible to be exhaustive, but TCM practitioners shall conscientiously study the guidelines, endeavour to follow them and extend their application to areas that may not be addressed specifically. Breaches of these guidelines could lead to TCM practitioners being asked to answer to the Board for their breaches, and defend their actions and ultimately to face disciplinary proceedings for professional misconduct.

4.1 STANDARD OF GOOD TCM PRACTICE

4.1.1 *Good clinical care*

The standard of care expected of the attending TCM practitioner encompasses the following:

a) Adequate clinical evaluation of patients

A TCM practitioner is expected to have a sense of responsibility for his patients and to provide medical care only after an adequate assessment of a patient's condition through good history taking and appropriate TCM clinical examination.

If treatment is suggested or offered to a patient without such personal evaluation, the TCM practitioner must satisfy himself that he has sufficient information available and that the patient's best interest is being served. Such information could be transmitted by voice, electronic or other means by a referring TCM practitioner or a registered medical practitioner. Only in exceptional or emergency circumstances should a diagnosis or treatment be offered without personal contact and without the intermediation of a referring TCM practitioner or a registered medical practitioner.

b) Remote initial consultations

In a technological age with numerous means of communications including (but not limited to) the internet, there are situations in which a previously unknown patient could initiate a consultation over a web-based educational platform in which a TCM practitioner is participating, or simply through his email. Such consultation is inappropriate. Only general information may be provided in such instances and the person shall be advised to seek a personal consultation. No TCM practitioner-patient relationship can be established through electronic means and consequently no consultation fee may be received.

c) Remote consultations in continuing care

If a TCM practitioner has already established a professional relationship through direct personal contact with a patient, previously made a diagnosis and has commenced treatment, adjusting treatment or providing continued treatment following remote contact with a patient or receipt of electronically transmitted medical data is allowable, provided the well-being, treatment and safety of the patient is not compromised. If on the other hand

it appears from the communication that the patient has developed a new problem or a significant complication, then the TCM practitioner shall endeavour to see the patient personally for a further evaluation before offering further treatment.

d) Delegation of duties

A TCM practitioner may delegate another TCM practitioner or TCM student to provide treatment or care on his behalf, but this person must be competent to carry out the care or procedure required and the patient's well-being, treatment and safety are not compromised. A TCM practitioner retains responsibility for the overall management of the patient when he delegates such treatment or care. If the person delegated is not duly registered as a TCM practitioner with the Board, the treatment or care must be in the context of a legitimate training programme and the TCM practitioner must exercise effective supervision over this person. In any event, the TCM practitioner is ultimately answerable for the treatment or care provided to such patient(s).

A "TCM student" refers to a student of TCM, registered with an approved institute of TCM, and is at the material time receiving TCM training, but does not include those who have completed their course of training.

e) Duty of care

A TCM practitioner shall provide competent, compassionate and appropriate care to his patient. This includes making necessary and timely visits, arranging appropriate and timely investigations and ensuring that results of investigations are communicated to the patient and the most appropriate management is expeditiously provided.

A TCM practitioner who avails his patient of any supporting medical service is responsible for the adequate provision of such supporting medical service and must be reasonably confident that the standard and reliability of such service.

A TCM practitioner shall only use appropriate and generally accepted methods of TCM treatment when attending to his patient. He shall not use unorthodox TCM treatment or any treatment that may tarnish the reputation of the TCM profession. Where a TCM practitioner has any doubt as to whether any treatment is unorthodox or may tarnish the reputation of the TCM profession, the TCM practitioner shall obtain clarifications from the Board in writing before proceeding with such treatment.

Subject to the Traditional Chinese Medicine Practitioners Act and the Traditional Chinese Medicine Practitioners (Registration of Acupuncturists) Regulations, a registered acupuncturist can only attend to his patients using acupuncture as defined in the Act.

A TCM practitioner shall not offer treatment package(s) in a form of 'guarantee of a cure'.

f) Practise within competence and referral of patients

A TCM practitioner should practise within the limits of his own competence in managing a patient. Where he believes that this is exceeded, he shall offer to refer the patient to another TCM practitioner or a registered medical practitioner with the necessary expertise. A TCM practitioner shall not persist in unsupervised practice of a branch of medicine without having the appropriate knowledge and skill or having the required experience.

A TCM practitioner shall continue to care for his patient until the patient is properly handed over to the referred TCM practitioner or registered medical practitioner.

4.1.2 Medical records

A TCM practitioner shall ensure that proper and accurate records are kept to enable proper aftercare and service for his patients.

Medical records kept by TCM practitioners shall include the particulars of the patients and shall be clear, accurate, and legible and shall be made at the time that a consultation takes place.

Medical records shall be of sufficient detail so that any other TCM practitioner or a registered medical practitioner reading them would be able to take over the management of a patient when a referral is made. A medical record shall include the following information:

- a) particulars of patient (name, NRIC, gender, age, address, contact number);
- b) drug allergies;
- c) medical history;
- d) main complaint;
- e) other observations;
- f) diagnosis;
- g) treatment;
- h) prescription;
- i) instructions to patient; and
- j) others.

All clinical details, investigation results, discussion of treatment options, informed consents and treatment by herbal medicines or TCM procedures and prescriptions should be documented.

4.1.3 Prescription of herbal medicines

A TCM physician may only prescribe herbal medicines that are legally available in Singapore and must comply with all relevant statutory requirements governing their use.

A TCM physician shall prescribe, dispense or supply medicines on clear medical grounds and in reasonable quantities as appropriate to the patient's needs. TCM physicians shall use the proper names of herbal medicines as used in "The Chinese Herbal Medicine Materia Medica" (本草纲目), the latest edition of "A Dictionary of Chinese Pharmacy" (中药大辞典) and "Zhong Hua Ben Cao" (中华本草) in the prescriptions.

The prescription shall include the following information:

- a) name of the TCM physician;
- b) signature of the TCM physician;
- c) name and address of the place of practice;
- d) name and address of patient;
- e) date of the prescription;
- f) names and dosages of all herbal medicines;
- g) total amount to be supplied;
- h) route of administration; and
- i) preparation method.

Patients shall be appropriately informed about the purpose of the prescribed medicines, method of preparation, dosage, contraindications and possible side effects.

A TCM physician shall prescribe herbal medicines only following an adequate personal consultation and relevant diagnosis. A decision to prescribe solely based on information provided by telephone or any electronic means is allowable for continuing care, or for exceptional situations, provided the patient's best interests are served and the patient's treatment and safety are not compromised.

TCM physicians shall prescribe only herbal medicines as defined in the Traditional Chinese Medicine Practitioners Act section 2:

"Herbal Medicine" means any material or product known or claimed to have therapeutic or other health benefits which contains either raw or processed ingredients of plant, inorganic or animal origin.

4.1.4 Association with persons not qualified to provide TCM/medical or TCM/medical support services

A TCM practitioner shall not associate himself professionally with anyone who is not qualified to provide medical care, or other accepted medical support services.

A TCM practitioner shall not in his professional capacity support the services provided by persons or organisations that do not provide legitimate TCM or TCM support services.

4.1.5 Decisions about providing services

a) Non discrimination of patients

A TCM practitioner is obliged to provide access to medical care and treat patients without prejudice of race, religion, creed, social standing, disability or socio-economic status. A TCM practitioner shall not allow his personal beliefs to influence his management of his patients. Where a TCM practitioner feels unable to continue his care for a patient due to such beliefs, the patient should be referred to another TCM practitioner or a registered medical practitioner who is able and willing to care for the patient. The TCM practitioner shall continue to care for this patient until the patient is properly handed over to the referred TCM practitioner or registered medical practitioner.

b) Treatment in emergency situations

A TCM practitioner shall be prepared to treat patients on an emergency or humanitarian basis unless circumstances prevent him from doing so.

c) Relationship with system of care

Every TCM practitioner practises within a national system of healthcare that is governed by legislation and rules. Every TCM practitioner is expected to abide by these laws and rules while providing the most appropriate treatment for his patients. TCM practitioners shall however base their counsel to patients on the interest of the individual patient, regardless of the constraints of the system of care. It is recognised that in third party payer systems, the TCM practitioner is often constrained to give only cheaper treatment. This is acceptable provided the treatment is appropriate.

4.1.6 Maintaining knowledge and competency

The TCM practitioner is expected to be up to date with the most appropriate methods of TCM management, procedures and clinical techniques. TCM practitioners therefore have a responsibility to keep themselves updated through continuing TCM education.

4.2 RELATIONSHIPS WITH PATIENTS

4.2.1 Attitude towards patients

Patients shall be treated with courtesy, consideration, compassion and respect. They shall also be offered the right to privacy and dignity. It is recommended that a female chaperone be present where a male TCM practitioner examines a female patient. This will protect both the patient's right to privacy and dignity, as well as the TCM practitioner from complaints of molestation or other allegations of outrage of modesty.

On the other hand, a TCM practitioner is not obliged to allow himself to be subjected to abuse of any kind by patients or their relatives. Where such abuse occurs, provided that there is no need for self-defence against physical harm, TCM practitioners shall not retaliate, but end the engagement with the patient as quickly as possible, in a professional manner.

4.2.2 Informed consent

It is a TCM practitioner's responsibility to ensure that a patient under his care is adequately informed about his medical condition and options for treatment so that he is able to participate in decisions about his treatment. If a procedure needs to be performed, e.g. acupuncture, the patient shall be made aware of the benefits, risks and possible complications of the procedure and any alternatives available to him. If the patient is a minor, or of diminished ability to give consent, this information shall be explained to his parent, guardian or person responsible for him for the purpose of his consent on behalf of the patient.

4.2.3 Medical confidentiality

a) Responsibility to maintain medical confidentiality

A TCM practitioner shall respect the principle of medical confidentiality and not disclose without a patient's consent, information obtained in confidence or in the course of attending to the patient. However, confidentiality is not absolute. It may be over-ridden by legislation, court orders or when the public interest demands disclosure of such information. An example is national disease registries which operate under a strict framework which safeguards medical confidentiality.

There may be other circumstances in which a TCM practitioner decides to disclose confidential information without a patient's consent. When he does this, he must be prepared to explain and justify his decision if asked to do so.

A TCM practitioner is expected to take steps to ensure that the means by which he communicates or stores confidential medical information about patients are secure and the information is not accessible to unauthorised persons. This is particularly relevant to sending or storing medical information by electronic means, via a website or by email.

b) Communication of information to other TCM practitioners

A TCM practitioner may disclose information to healthcare team members or TCM practitioners referred to if they are directly involved in the patient's care. A patient may request that information be withheld from other TCM practitioners or team members, in which case the TCM practitioner shall explain to the patient the benefit to his own care of information being shared. If a patient still objects, the TCM practitioner must comply, but then shall do his best to ensure that the overall management is not adversely affected by this lack of disclosure. If appropriate care cannot be effected as a result of this non-disclosure, the patient should be informed of this. It is accepted that indirect disclosure may also be inevitable in a large institution where a large number of medical, paramedical and administrative staff may need to have access to patient information as a routine part of their work as members of the healthcare team. However, the TCM practitioner shall take reasonable steps to ensure that such other staff who are part of the healthcare team would respect and maintain the confidentiality of such information.

4.2.4 Patient's right to information and self determination

a) Right to information

A TCM practitioner shall provide adequate information to a patient so that he can make informed choices about his further medical management. A TCM practitioner shall provide information to the best of his ability, communicate clearly and in a language that is understood by the patient.

A TCM practitioner shall respect a patient's choice of accepting or rejecting advice/treatment that is offered, after steps have been taken to ensure that there is no language barrier and the patient understands the consequences of his choice. He shall also facilitate a patient obtaining a second opinion if he so desires.

b) Handling requests to withhold information

There may be instances of a patient's relatives asking that the patient not be told that he has a fatal or socially embarrassing disease. A TCM practitioner may not withhold this information from the patient unless the TCM practitioner determines that this is in the best interest of the patient. TCM practitioners shall recognise the role of the family in the decision about whether to disclose a diagnosis to a patient and address their concerns adequately.

4.2.5 Close relationships with patients and their families

a) Personal relationships

A TCM practitioner must not have a sexual relationship with a patient. This is to preserve the absolute confidence and trust of a TCM practitioner-patient relationship.

A TCM practitioner must also not, as a result of his professional relationship, enter into an adulterous or any other improper association with the immediate members of the patient's family. Such a relationship would disrupt the patient's family life and damage the relationship of trust between the TCM practitioner and his family. A TCM practitioner's conduct must at all times be above suspicion.

b) Abuse of trust

The TCM practitioner may become a friend of the patient's family and enjoy the trust and confidence of family members. Such trust must not be abused in any way for the TCM practitioner's personal gain (pecuniary or otherwise) and the trust and confidence between the patient, his family and the TCM practitioner shall be preserved.

4.2.6 Termination of a TCM practitioner-patient relationship

There may be reasons for a TCM practitioner to want to terminate his professional relationship with a patient. It could be a serious personality conflict, or he may feel that a patient's or the relatives' confidence and trust in him are so abysmal that he cannot continue with the management of the patient.

When a TCM practitioner-patient relationship is to be terminated by a TCM practitioner, he has the responsibility of offering a referral to another TCM practitioner or a registered medical practitioner who will take over the entire care of the patient. The referring TCM practitioner shall also ensure that sufficient information is communicated to the new TCM practitioner or registered medical practitioner to enable a seamless transition of care.

Where a TCM practitioner-patient relationship is terminated by a patient, a TCM practitioner should not withhold medical information from the patient or another TCM practitioner or registered medical practitioner to whom the patient subsequently goes, if requested by the patient.

4.3 RELATIONSHIP WITH FELLOW TCM PRACTITIONERS

4.3.1 Collegiality

TCM practitioners shall regard all fellow professionals as colleagues, treat them with dignity, accord them respect, readily share relevant information about patients in patients' best interests and manage those under their supervision with professionalism, care and nurturing.

4.3.2 Respect for other TCM practitioners' patients

A TCM practitioner must not attempt to profit at the expense of professional colleagues by canvassing or touting for patients, improper advertising or deprecation of other TCM practitioners.

4.3.3 Comments about colleagues

A TCM practitioner shall refrain from making gratuitous and unsustainable comments which, whether expressly or by implication, set out to undermine the trust in a professional colleague's knowledge or skills in TCM.

4.4 INFORMATION ABOUT TCM PRACTITIONERS' SERVICES

4.4.1 General principles

Both members of the TCM profession and the public require information about TCM practitioners whom they can refer patients to or seek consultation from. Patients seeking

such information are entitled to protection from misleading information, as they are particularly prone to persuasive influence. Information provided by TCM practitioners must not exploit patients' vulnerability, ill-founded fear for their future health or lack of medical knowledge.

TCM practitioners can validly provide information about the services they provide to both colleagues and members of the public. However, such provision of information shall not become blatant advertising in the commercial sense of the word as this could mislead patients, undermine trust and be demeaning to the profession.

4.4.2 Standards required of information

In general, TCM practitioners may provide information about their qualifications, areas of practice, practice arrangements and contact details. Such information, where permitted, shall have the following standards:

- a) Factual
- b) Accurate
- c) Verifiable
- d) No extravagant claims
- e) Not misleading
- f) Not sensational
- g) Not persuasive
- h) Not laudatory
- i) Not comparative
- j) Not disparaging

4.4.3 Information in the public domain

a) Public speaking, broadcasting and writing

All information, whether to fellow TCM practitioners or the public must conform to the above standards. This includes information given in the context of education for TCM practitioners or the public, in talks, broadcasts and seminars organised by professional bodies or healthcare institutions, or in professional journals.

However, unsolicited information that TCM practitioners put or allow to be put into the public domain must come with added responsibility not to be persuasive, laudatory or misleading.

Articles in the press and media that feature TCM practitioners shall also conform to the standards stated above. While it is laudable for TCM practitioners to educate the public on healthcare issues through speaking, writing and broadcasting to the public, they shall restrict their material content to the medical topic at hand. A TCM practitioner must ensure that he does not encroach into the area of encouraging the public to seek consultation or treatment from him or the organisation he is associated with by publishing or causing to be published detailed service or contact details. Only the TCM practitioner's name, registered area(s) of practice and place of practice may be mentioned in such instances.

TCM practitioners are responsible for their public statement and for taking reasonable steps to ensure that journalists do not breach these standards in reporting about them. TCM practitioners must ensure that press and media reports based on interviews with them are primarily for public education.

In addition, images used to illustrate TCM treatment or their outcomes can legitimately be used in educational talks organised by professional bodies or healthcare institutions, or in professional journals. However such images must be used much more judiciously in the public media, where they could be deemed to be laudatory of the TCM practitioner named. Hence any images used in the general media must not be related to identifiable TCM practitioners or their patients either directly or by inference.

Where a TCM practitioner writes articles or columns or participates in broadcasts which offer advice in response to public queries on particular subjects, the guidelines herein shall be strictly complied with.

After public talks, if members of the public subsequently personally approach speakers for information about themselves and their services, such information may be provided only on request and must conform to the standards on information provision described above (i.e. para 4.4.2).

b) Traditional platforms for listing service information

The Board makes a distinction between the listing of TCM practitioners and their services appearing in professional and healthcare institution listings and in the general commercial media. Professional and healthcare listings include hospital/clinic directories and telephone directories and these are permitted information outlets. The general commercial media includes newspapers, commercial magazines, public displays or exhibits, radio, and television and these are not permitted information outlets for listing service information. TCM practitioners are also not permitted to advertise, either by the TCM practitioner themselves or by proxies, by means of unsolicited visits or phone calls, by public displays or exhibits or active distribution of any kind of literature to the public.

Information pamphlets and hospital/clinic listings containing information about TCM practitioners, their qualifications and services may be made available to the public through placement in clinics and hospital lobbies, but they may not be placed in public places nor be actively distributed.

4.4.4 TCM practitioners associated with healthcare organisations

TCM practitioners who have any financial or professional relationship with organisations offering TCM/medical services have responsibility for the organisation's standard of information output about themselves. Such TCM practitioners must therefore acquaint themselves with the nature and content of the organisation's information output as well as their press and media output. They must exercise due diligence to ensure that all these conform to the standards spelt out above (paras 4.4.2 and 4.4.3). Should any questions be raised about a TCM practitioner's conduct in this respect, it will not be sufficient for the TCM practitioner to plead lack of awareness of the nature or content of the organisation's information, press or media output, or lack of ability to exert any influence over it.

TCM practitioners shall also avoid personal involvement in the promotion of a healthcare organisation and its services, for example by public speaking, broadcasting and writing articles about an organisation or its services in medical or non-medical meetings or publications or appearing in circulars promoting the organisation. Where TCM practitioners provide or appear in medical articles in a healthcare organisation's circulars, magazines or other media, they must conform to the standards of information provision described above for unsolicited information (paras 4.4.2 and 4.4.3).

4.4.5 Use of websites

a) The unique power of the world-wide-web in information projection

Healthcare organisations and individual TCM practitioners nowadays use websites to provide information to TCM practitioners and the public. These websites may be about the organisation or a TCM practitioner, or about a medical topic. The world-wide-web is a very powerful tool for communication as it has great reach and there are many features, such as design and interactivity that could make the information content more attractive and alluring. However the standards of information as spelt out above (paras 4.4.2 and 4.4.3) also apply to websites and a TCM practitioner who appears in a website has the responsibility to ensure that information about him and his practice contained in the website and any hyperlinks from the website conform to these standards. In addition, individual TCM practitioners' or healthcare institutions' websites must not be sponsored by any pharmaceutical and other such commercial companies.

b) Guidelines on website content

As a wide variety of textual and visual information can be placed on websites, it is important that such information conforms with the guidelines set out herein. For example, the website may not have on its web pages or provide hyperlinks to, testimonies from satisfied patients or other TCM practitioners. Illustrations are frequently used in websites and where these are of a general nature, they are allowed. However photographs or video clips showing results of treatment or procedures being conducted when these are related to identifiable TCM practitioners or patients either directly or by inference, are not allowed. Animation may not be used to promote any aspect of an organisation's or a TCM practitioner's practice.

c) Electronic communication with patients

Viewers of websites are often invited to ask for more information about their medical conditions through a general web-chat with a panel of TCM practitioners, or by email to a named TCM practitioner. The guidelines for good clinical care (para 4.1.1) and the establishment of a proper TCM practitioner-patient relationship (para 4.2) apply.

4.4.6 Personal namecards and stationery

A TCM practitioner may have namecards and stationery that contain information conforming to the prevailing ethical standards (para 4.4.2). Namecards are only to be given out personally by a TCM practitioner to business and social contacts and on request. Namecards shall not be disseminated by proxies, nor distributed unsolicited to the public.

Stationery containing information about a TCM practitioner and his practice shall only be used for purposes related to his practice.

4.4.7 Professional announcements

A TCM practitioner may notify his patients, other TCM practitioners and other persons with whom he has a professional or personal connection, of any commencement or removal of a practice, or any new practice arrangement. Such notifications may be made through any of the approved means of dissemination of information about TCM practitioners (para 4.4.3b) as well as through letters, telephone calls, and professional publications and on websites of their place of practice or their personal websites. Such announcements must not be made through any other kinds of websites.

4.4.8 Signboards

The TCM practitioner shall adhere to the following guidelines on signboards:

- a) The signboards shall not advertise skills.
- b) The signboards placed at the front and rear entrance of the place of practice shall not be more than *6 square metres* in surface area for each signboard.
- c) The signboards shall contain only the English and Chinese names and the logo of the place of practice. No reference shall be made to any equipment, speciality or specific organ of the body.
- d) The signboards may be illuminated. Luminous paint, reflective material or flashing light shall not be used.
- e) The name, by which the practice is known in English and Chinese, shall be submitted to the Board for approval. The Chinese name shall be appropriate, having regard to the services provided by the TCM practitioner. Names presented as a "TCM Hospital" or its permutations is not permitted unless with the written consent of the Board.
- f) The "Consultation Hours" signboard may be displayed separately and it shall not be more than *0.6 square metres* at the front of the place of practice.

4.5 TCM PRACTITIONERS IN A NON-MEDICAL CONTEXT

4.5.1 Relationship with non-medical companies

a) Appropriateness of relationship

A TCM practitioner shall not carry on trade, business or calling that is incompatible with or detracts from the practice of TCM and brings his practice and his profession into disrepute.

b) Association with non-medical companies or non-medical products or services

A TCM practitioner may be associated in an official capacity with a non-medical product or service or with a non-medical company. His position may be shown on the company's stationery, literature or website, but the TCM practitioner shall be careful not to include any reference to his professional qualifications or services. A TCM practitioner is not prohibited from conducting non-medical business, but this must be clearly separated from his TCM practice and his TCM qualifications so that the public is not misled into believing that the non-medical product or service is medically beneficial or is being endorsed by a TCM practitioner.

If a TCM practitioner is involved in public talks or any means of public communication focusing on non-medical products or the products and services of non-medical companies, he should not promote his practice by providing his practice name or details. Under these circumstances, a TCM practitioner must declare that he is speaking in a non-professional capacity. The same would apply to a TCM practitioner's involvement in their websites.

4.5.2 Association with promotion of vitamins, tonics, health and nutrition supplements

TCM practitioners may be asked to promote vitamins, tonics, health and nutrition supplements, many of which carry claims of enhancing general health and bodily functions or preventing specific diseases. TCM practitioners may participate in such promotions

provided that whatever they say, write or broadcast in this connection is supportable by good and sound scientific evidence.

Where TCM practitioners do participate in such promotions, they are bound by the guidelines for public speaking, broadcasting and writing (para 4.4.3a) and the guidelines for participation in sponsored educational events and research (para 4.6.3a).

4.5.3 Sponsorships

A TCM practitioner may sponsor, donate, participate in or render services for charitable endeavours and may agree to have his name and practice name appear in the list of sponsors, donors or participants for the purposes of acknowledgement. Similarly a TCM practitioner or a TCM practice may sponsor or endow scholarships at educational institutions and allow himself or the name of his practice to be identified.

4.6 FINANCIAL AND COMMERCIAL CONFLICTS OF INTEREST

4.6.1 Disclosure of interest

A TCM practitioner shall not exert undue influence upon a patient in relation to transactions in which he has an interest.

If a TCM practitioner has a financial interest in an organisation or service to which he intends to refer patients for admission, treatment, investigation, or for the purchase of any drugs, medicine or service in the course of treatment, he shall always disclose his interest to the patient before making a referral.

A TCM practitioner shall not let financial considerations imposed by his own practice, investments or financial arrangements influence the objectivity of his clinical judgement in the treatment of his patients.

4.6.2 Financial conflicts in clinical practice

A TCM practitioner shall refrain from:

- a) improperly obtaining money from patients;
- b) improperly prescribing drugs or appliances in which he has a financial interest.

Where a patient is referred to a TCM practitioner by another TCM practitioner, registered medical practitioner or other third party, as the case may be, the TCM practitioner shall

- a) not reward the referrer by the payment of commission or any other form of consideration (e.g. fee sharing); and
- b) maintain the independence and integrity of his practice as a TCM practitioner and not allow the referral to affect the treatment given by him to such patient in any way.

4.6.3 Relationship with medical companies

a) Sponsored educational events and research

A TCM practitioner may be invited to participate in medical events, conferences, talks, publication or educational websites sponsored by companies marketing pharmaceutical or medical products. The TCM practitioner shall ensure that his participation does not occur in such a way as to appear to endorse such products, or to persuade patients or members of the public to use the products.

Apart from identification and establishment of credentials, no details of services provided by the TCM practitioner or service details shall appear in any way in relation to such participation.

A TCM practitioner who is sponsored by a company to participate in an educational event, or who reports research sponsored by a company, must declare all such potential conflicts of interest to the audience.

b) Inducements

A TCM practitioner shall not ask for or receive gifts, hospitality or other inducements that may affect or be seen to affect his judgement in making decisions about patients' treatment. A TCM practitioner can receive small, insubstantial (in value) gifts which cannot be regarded as inducement.

4.7 ISSUES OF FITNESS TO PRACTISE

4.7.1 *Seeking treatment*

A TCM practitioner who is aware that he is suffering from a condition that might render him unfit to practise must seek appropriate treatment from another TCM practitioner or registered medical practitioner.

4.7.2 *Declaration of medical unfitness to practise*

A TCM practitioner is responsible, if he is of sound mind, to disclose to the Board if he has been diagnosed with any medical condition that might render him unfit to continue practice, either because he has a serious condition which he could transmit to his patients, or has a condition which would significantly impair his professional competence. This includes diagnoses of alcohol abuse or addiction to drugs.

A TCM practitioner may face disciplinary action if he treats a patient while under the influence of alcohol or drugs of abuse, or some other disability or condition that renders him unfit to practise.

4.7.3 *Reporting TCM practitioners unfit to practise*

TCM practitioners must protect patients from risk of potential harm posed by another TCM practitioner's conduct, performance or health. Where a TCM practitioner has grounds to believe that another TCM practitioner may be putting patients at risk, he must inform the Board.

A TCM practitioner who treats another TCM practitioner for a condition that renders him unfit to practise has a special responsibility to alert the Board.

A TCM practitioner who is in a supervisory capacity also has a special responsibility to alert the relevant authorities if any TCM practitioner that he is supervising is found to pose a risk to patients due to his physical or mental health or his poor standard of performance.

5 PROFESSIONAL MISCONDUCT

The Board takes the view that a conviction of an offence in Singapore is final and conclusive evidence that the TCM practitioner is guilty of the offence of which he is convicted. It is not open to a TCM practitioner who has been convicted of an offence to argue before the Board that he was in fact innocent. If the Board is satisfied that the offence convicted of is one involving fraud or dishonesty or implies a defect in character which makes the TCM practitioner unfit for his profession, it is entitled to order that the TCM practitioner's name be removed from the Register, or take such action under the TCM Practitioners Act.

Whether the conduct being complained amounts to professional misconduct is to be determined by the rules and standards of the TCM profession. Professional misconduct is akin to the expression "infamous conduct in a professional respect". The expression "infamous conduct in a professional respect" has been judicially defined in the case of **Allison v General Council of Medical Education and Registration** as follows:

"If it is shown that a medical man in the pursuit of his of profession, has done something with regard to it which would be reasonably regarded as disgraceful or dishonourable by his professional brethren of good repute and competency, it is open to the [Board] to say that he has been guilty of infamous conduct in a professional respect."

The Code provides a guide as to what types of conduct could amount to professional misconduct. Adherence to the Code will not only protect the public but also TCM practitioners from allegations being made against them.

EXTRACTS FROM THE TRADITIONAL CHINESE MEDICINE PRACTITIONERS ACT AND REGULATIONS

A TRADITIONAL CHINESE MEDICINE PRACTITIONERS ACT (Cap 333A)

Interpretation

Section 2

In this Act, unless the context otherwise requires -

“Acupuncture” means the stimulation of a certain point or points on or near the surface of the human body through any technique of point stimulation (with or without the insertion of needles), including through the use of electrical, magnetic, light and sound energy, cupping and moxibustion, to normalise physiological functions or to treat ailments or conditions of the human body.

Register of Traditional Chinese Medicine Practitioners

Section 12

- (3) A registered person shall inform the Registrar in writing of any change in his name, working address, residential address, or such other particulars as may be prescribed, within 28 days of the change.
- (4) Any person who fails to comply with subsection (3) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$1,000.
- (5) A person who makes a report of a change in his residential address under section 8 of the National Registration Act (Cap. 201) shall be deemed to have complied with subsection (3) relating to residential address on the date on which he makes the report.

Power of Board to cancel registration, etc.

Section 19

- (1) The Board may cancel the registration of a registered person if the Board is satisfied that he -
 - (a) has obtained his registration by a fraudulent or incorrect statement;
 - (b) has had any of his qualifications by virtue of which he was registered withdrawn or cancelled by the authority through which it was acquired or by which it was awarded;
 - (c) has had his registration in any other country for the practice of traditional Chinese medicine, or for the prescribed practice of traditional Chinese medicine to which the registration relates, withdrawn, suspended or cancelled;
 - (d) has ceased to carry on the prescribed practice of traditional Chinese medicine for which he is registered;
 - (e) has contravened or failed to comply with any condition to which his registration is subject;
 - (f) has contravened any regulation made under this Act relating to the practice and conduct of registered persons that applies to him;

- (g) has been convicted of an offence in Singapore or elsewhere involving fraud or dishonesty;
 - (h) has been convicted of an offence in Singapore or elsewhere implying a defect in character which renders him unfit to remain on the Register;
 - (i) has been guilty of any professional misconduct or negligence;
 - (j) has been guilty of any improper act or conduct which renders him unfit to remain on the Register; or
 - (k) is unable to carry out the prescribed practice of traditional Chinese medicine for which he is registered safely or effectively by reason of a mental or physical disability.
- (2) Where a registered person is liable to have his registration cancelled on any of the grounds referred to in subsection (1)(e) to (k), the Board may, instead of cancelling his registration, take one or more of the following measures:
- (a) caution or censure him;
 - (b) impose on him a penalty not exceeding \$10,000;
 - (c) order that his registration be subject to such conditions as may be imposed by the Board for a period not exceeding 3 years;
 - (d) suspend his registration for a period not exceeding 3 years.
- (3) The Board shall, before exercising its power under subsection (1) or (2) -
- (a) notify the registered person of its intention to exercise the power and give him an opportunity to be heard either personally or by counsel; and
 - (b) if the complaint or matter against the registered person has been referred by the Board to an Investigation Committee under section 28(1), consider the findings of the Committee as reported to the Board under section 29(4).
- (4) Every penalty imposed under subsection (2)(b) shall be recoverable as a debt due to the Board.
- (5) A decision to cancel or suspend the registration of a registered person shall take effect on the date the decision has been communicated to him or, where an appeal against the decision is made to the High Court, the date of the decision of the Court.

Costs

Section 20

- (1) Where the Board cancels the registration of a registered person under section 19(1) or takes any action against him under section 19(2), the Board may order him to pay such sums as it thinks fits in respect of the costs and expenses of or incidental to any inquiry or investigation conducted or taking of action against him.

Restoration of registration

Section 23

- (1) A person whose registration has been cancelled under section 19 may apply to the Board for his name to be re-registered.
- (2) The Board may, after considering all relevant circumstances, and upon the compliance by the applicant of all conditions imposed by the Board, if any, and the payment of the prescribed fee, re-register him.

- (3) No application for re-registration shall be made to the Board -
 - (a) before the expiration of 3 years from the date of the cancellation; and
 - (b) more than once in any period of 12 months.

Investigation Committees

Section 28

- (1) The Board may appoint one or more committees, to be known as Investigation Committees, to investigate any complaint or matter in respect of which the Board may take action against registered persons under section 19.
- (2) An Investigation Committee shall comprise such number of members as the Board may determine, and the members may include members of the Board.

Powers and procedure of Investigation Committees

Section 29

- (1) For the purposes of an investigation, an Investigation Committee may require any person -
 - (a) to produce any book, document, paper or other record which may be related to the subject matter of the investigation for inspection by the Investigation Committee and for making copies thereof ; and
 - (b) to attend at a specified time and place and to give evidence or produce any such book, document, paper or record.
- (2) Any person who without lawful excuse -
 - (a) refuses or fails to comply with any requirement of the Investigation Committee under subsection (1); or
 - (b) refuses to answer or gives a false answer to any question put to him by a member of the Investigation Committee,shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 6 months or to both.
- (3) Subject to any regulations made under section 36, an Investigation Committee shall have the power to regulate its own procedure.

B TRADITIONAL CHINESE MEDICINE PRACTITIONERS (REGISTRATION OF TRADITIONAL CHINESE MEDICINE PHYSICIANS) REGULATIONS

Definitions

Regulation 2

In these Regulations, unless the context otherwise requires -

“Traditional Chinese general medicine” means -

- (a) acupuncture;
- (b) the diagnosis, treatment, prevention or alleviation of any disease or any symptom of a disease or the prescription of any herbal medicine; and
- (c) the regulation of the functional states of the human body, on the basis of traditional Chinese medicine.

“Traditional Chinese medicine physician” means a person who practises traditional Chinese general medicine.

C TRADITIONAL CHINESE MEDICINE PRACTITIONERS (PRACTICE, CONDUCT AND ETHICS) REGULATIONS

Display of certificate of registration and practising certificate

Regulation 4

A registered person shall conspicuously display -

- (a) his certificate of registration and his current practising certificate at his principal place of practice as a traditional Chinese medicine practitioner; and
- (b) a certified true copy of each of such certificates at all his other places of practice as a traditional Chinese medicine practitioner.

Use of qualifications entered in Register and approved titles, etc.

Regulation 6

- (1) No registered person shall -
 - (a) use, exhibit or publish in any card, letter stationery, nameplate, signboard, placard, circular, handbill or any notice displayed at any premises used by him for his prescribed practice of traditional Chinese medicine any qualification other than a recognised qualification entered under his name in the Register, or which has been approved by the Board for his use; or
 - (b) use any title, addition or designation relating to, or in connection with, the practice of traditional Chinese medicine other than the title, addition or designation which has been approved by the Board for his use. (see Annex B)
- (2) A registered person shall observe such guidelines on the use of qualifications or titles as the Board may, from time to time, determine.

D TRADITIONAL CHINESE MEDICINE PRACTITIONERS (INVESTIGATION OF COMPLAINTS) REGULATIONS

Complaint or information to be dealt with under these Regulations

Regulation 3

- (1) Any complaint against a registered person in connection with any of the matters specified in section 19(1) of the Act (other than paragraph (d)) shall be in writing and shall be dealt with by the Board in accordance with these Regulations.
- (2) Subject to paragraph (3), where the complaint relates to any matter referred to in section 19(1)(e), (f), (i), (j) or (k) of the Act, the complaint shall be supported by a statutory declaration which shall state -
 - (a) the name, address, and occupation of the complainant;
 - (b) the grounds of the complaint; and
 - (c) the evidence supporting the complaint.
- (3) The Board may waive the statutory declaration if the complaint is made by a public officer, a member of the Board or the Registrar.

Board to consider complaint

Regulation 4

- (1) Where, upon considering a complaint, the Board is satisfied that the complaint does not disclose a prima facie case for inquiry, the Board shall direct that the complaint be dismissed.
- (2) Where, upon considering a complaint, the Board is satisfied that the complaint discloses a prima facie case for inquiry, the Board shall direct the Registrar to serve on the registered person -
 - (a) a copy of the complaint and any statutory declaration furnished under regulation 3; and
 - (b) a notice inviting the registered person to submit to the Board within such period (not being less than 14 days) as may be specified in the notice such explanation in writing as he may wish to offer on the complaint.
- (3) Upon considering any explanation submitted by the registered person under paragraph (2)(b), the Board may -
 - (a) direct that the complaint be dismissed;
 - (b) subject to paragraph (5), direct that the registration of the registered person be cancelled or, where applicable, that such other measures specified in section 19(2) of the Act be taken against him; or
 - (c) direct that the matter be referred to an Investigation Committee for an inquiry.
- (4) For the purposes of paragraph (3), where the complaint is based on the conviction of the registered person of an offence specified in section 19(1)(g) or (h) of the Act, the Board may have regard to the record of the proceedings in court relating to that offence.
- (5) The Board shall comply with section 19(3) of the Act when making any direction under paragraph (3)(b).

Report of Investigation Committee

Regulation 14

- (1) At the conclusion of the inquiry, the Investigation Committee shall consider whether the complaint has been proven to its satisfaction.
- (2) The Investigation Committee shall inform the registered person or his counsel of its findings in relation to the facts of the case either immediately or on a subsequent date of which reasonable notice is to be given.
- (3) If the Investigation Committee determines that any complaint has been proven to its satisfaction, the registered person or his counsel may address the Committee in mitigation.
- (4) After hearing any address referred to in paragraph (3), the Investigation Committee shall proceed to prepare its report which shall comprise-
 - (a) the findings of the Committee; and
 - (b) the recommendations of the Committee for the Board to do any of the following:

- (i) direct that the complaint be dismissed;
- (ii) direct that the registration of the registered person be cancelled; or
- (iii) direct, where applicable, that one or more measures specified in section 19(2) of the Act be imposed.

Decision of Board

Regulation 16

- (1) Subject to paragraph (3), the Board may, upon considering the report of the Investigation Committee -
 - (a) accept the recommendations of the Committee;
 - (b) direct the Committee to reconvene to investigate further into the complaint, or undertake such further investigation itself; or
 - (c) make such other direction as the Board thinks fit.
- (2) The registered person shall be given not less than 14 days notice of any further meeting of the Investigation Committee or of the Board under paragraph 1(b).
- (3) The Board shall comply with section 19(3) of the Act when making a direction for the cancellation of the registration of a registered person or, where applicable, for one or more measures specified in section 19(2) of the Act.
- (4) The Registrar shall notify the registered person and the complainant of the decision of the Board.

GUIDELINES ON REGISTERED TITLES

Registered titles:

"Acupuncturist"

"针灸师";

or

"Registered Acupuncturist"

"注册针灸师"

"Traditional Chinese Medicine Physician" or "TCM Physician"

"中医师";

or

"Registered Chinese Medicine Physician" or "Registered TCM Physician"

"注册中医师"

中医执业者 道德准则及 道德指导原则

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中医管理委员会
新加坡

2006年1月

除非另有注明，
本《中医执业者道德准则和道德指导原则》中
所提及的中医执业者
是指在中医注册法令下
注册的中医师和针灸师。

《中医执业者道德准则及道德指导原则》以英语原本为准，
中文译本仅作参考。

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1 序言

自古以来，中医执业者在他们的中医专业领域里就备受人们的尊敬和信赖，公众从他们那里寻求解脱痛苦和疾病。鉴于人们对他们的信赖，中医执业者必须保持高度的自律、高度的专业能力、崇高的专业行为和提供专业和恰当的中医医疗服务。

由于大多数公众对医疗行业没有应有的知识和经验以便对医疗事宜做出判断，所以中医执业者除了必须遵循社会法规和专业准则外，他们也必须自律。这自律必须是积极和公正的。这样，社会公众对中医专业的信任才能得以持续。否则，可能致使国家机关采取行动来削弱或甚至撤销中医专业的自律权利，强制对中医专业施行外部的条例。

在中医执业者法令和条例下，中医管理委员会（简称“管委会”）的任务是管制在法令下所有注册中医执业者的专业行为和医疗职务。管委会制订《中医执业者道德准则及道德指导原则》来规范所能被接受的中医医疗职务和道德行为。对那些不能保持应有的医疗职务水准和道德行为的注册者，管委会也有责任对他们采取纪律处分。

此《中医执业者道德准则及道德指导原则》体现了对新加坡注册中医执业者操守和行为的基本要求，并且详述了它们的应用。目的是让所有中医执业者了解管委会对新加坡中医执业者的专业水准和专业责任的最低要求。管委会认为，蔑视这些最低要求或持续不能达到这些最低要求的中医执业者将可能伤害到病人或破坏中医专业的信誉，结果可能导致纪律诉讼。

管委会明了没有一套发布的准则是绝对完善的。但是，管委会相信此《中医执业者道德准则及道德指导原则》所阐明的原则是可以适用于现今不断变迁的科技和社会规范的要求。中医执业者在他们进行医疗工作时，应将《中医执业者道德准则及道德指导原则》的原意和精神牢记在心。

2 中医执业者的誓约

中医执业者的誓约是以《日内瓦宣言》的精神为基础，也是期望新加坡每一位中医执业者在任何时候都能遵守的一套专业道德价值观。自2006年起，凡被管委会接受注册的新注册中医执业者必须对此誓约进行宣誓。

“我郑重宣誓：

我愿献身于为人类服务的事业；
给我的导师以应有的尊敬和感激；
以良心和尊严从事我的专业工作；
将病人的健康放在第一位；
尊重和保守病人向我所吐露的秘密；
维护医疗行业的荣誉和尊贵传统；
尊敬我的同业有如专业上的兄弟姐妹；
不让病人的种族、信仰、国籍和社会地位来影响我对病人的专业服务；
对人类生命给予应有的尊敬；
按照人性的法则运用我的医学知识；
遵守《中医执业者道德准则及道德指导原则》所列出的道德准则；及
不断进修以增长我的知识和技能。

基于我的信誉，我郑重地、自愿地做出以上的诺言。”

3 道德准则

病人和公众对中医执业者抱着绝对的信任。为了证明这种信任是值得的，中医执业者必须维持崇高的专业水准、良好的操守和行为。中医管理委员会制定了中医执业者应当遵守的“道德准则”。这些准则广泛适用于各种环境和情况，遵守准则有助于社会人士对中医专业建立信任和信心。

中医执业者必须将此准则作为他们操守和行为的准绳。此外，中医执业者应该进一步了解医学道德，接受道德分析和判断能力的培训，及学习处理道德冲突所须具备的新知识、技能和态度。在道德冲突发生时，征询同业、道德委员会及其他专家的意见。

一般而言，中医执业者必须做到：

- 致力于为病人提供能够胜任的、具有同情心的和适当的医疗照顾。
- 重视对病人的护理，尽力解除病人的痛苦，使病人尽快康复。
- 对待病人不存种族、宗教、信仰、社会身份、残障或经济地位的偏见。在情况许可之下，中医执业者应随时准备在紧急时或基于人道精神上来救治病人。
- 遵守中医医疗行业的所有法规和条例，遵守中医执业者的“道德准则”。
- 保持最崇高的道德修养和最高专业智慧的诚实感。
- 以真诚、尊严、敬重和体谅的态度来对待病人，维护他们获知信息和自我决定的权力。
- 与病人及其亲属保持专业的关系，不得通过不适当的私人关系或为了个人的利益滥用这种关系。
- 对涉及病人的所有医疗信息保守秘密。
- 视所有同业者为同事，尊重他们的尊严，敬重他们的专业。对所监督的下属，以专业、关心和培育的心态来对待。
- 以公开、诚实、事实和谦逊的方式与同业者、病人及公众作专业上的交流。
- 在向公众披露有关个人的服务事项时，严守专业形象和道德，确保有关信息是完全真实的，避免任何自我赞扬。
- 跟上中医药的医学发展，使自身保持良好的临床知识和技能。
- 参与社会公益活动，包括公众健康教育。
- 在应用现代或新技能来进行医疗、交流或处理信息时，必须遵守“道德准则”。

4 道德指导原则

前一章所阐明的“道德准则”适用于中医执业者的临床操作和所有的专业活动范围。接下来所列出的指导原则，进一步解释和阐明“道德准则”如何在专业的各领域内应用。显然，这一套“道德指导原则”不可能是完善的，但中医执业者应该详读这些指导原则，尽力遵守这些指导原则，将其应用在尚未明确列出的领域。违反这些指导原则可能导致中医执业者必须对管委会作出解释及为其行为辩护，最终或须为其不当专业行为面对纪律处分。

4.1 良好的中医医疗作业标准

4.1.1 良好的临床治疗

负责医疗的中医执业者的治疗标准包括以下各项：

a) 对病人的病情作适当的评估

一个中医执业者应该对其病人有责任感，在通过详细了解病历和适当的中医临床检查，对病人的病情作出正确的诊断后，再进行治疗。

如果没有对病人进行评估就向病人提供医疗建议或为其进行治疗，中医执业者必须确信本身已经对病情掌握足够的信息，而且他所提供的治疗确实符合病人的利益。在这种情况下，这些有关病情的信息可以通过语音、电子方式或从转诊的中医执业者或注册西医处获得。只有在例外或紧急情况下，才可以在没有与病人接触以及没有取得转诊中医执业者或注册西医的参考意见时，对病人进行诊断或治疗。

b) 远程初步诊疗

在信息技术时代，随着通信方式的不断增多，包括（但不仅限于）电子网络，一个不认识的病人可能通过有中医执业者参与的网上教育平台、或通过个人的电子邮件向中医执业者寻求医疗咨询。这样的医疗咨询是不恰当的。在这种情况下，中医执业者只能够提供一般的信息，并建议病人亲自寻求诊治。中医执业者和病人的关系不能通过电子方式建立，也不能因此收取任何诊费。

c) 远程延续诊疗

如果中医执业者已经通过直接的个人接触与病人建立了专业上的关系，之前曾经作出过诊断并已开始治疗，则可以通过远程诊疗或通过电子传递的医疗数据来提供延续诊疗或调整治疗，条件是病人的福利、治疗和安全不受到危害。另一方面，如果在远程沟通中发现病人出现其它问题或病情异常，中医执业者应尽量亲自对该病人进行诊疗，以便在进一步治疗前作出进一步的评估。

d) 职责的委托

中医执业者可以委托另一位中医执业者或一位中医学生为病人提供治疗或照顾，但受委托的人必须有能力胜任所委托的职责，病人的福利、治疗和安全不受到危害。在委托他人代为进行治疗或照顾时，中医执业者保留其对病人的整体情况所应负的责任。如果受委托者不是在管委会注册的中医执业者，其所提供的治疗和照顾必须是在一个合法正规培训课程的范围内，有关的中医执业者必须对受委托者进行有效的监督。在任何情况下，该中医执业者必须对为有关病人所提供的治疗和照顾承担责任。

“中医学生”是指受认可的中医院校的在籍学生，受委任时在接受规定的中医培训，但不包括那些已经完成培训课程的学生。

e) 治疗责任

中医执业者应向病人提供能够胜任的、具同情心的和适当的治疗。这包括进行必要和定期的复诊、安排合适的和定期的检查及确保让病人知道检查结果，及迅速给予最恰当的治疗。

为病人提供支援医疗服务的中医执业者须负责提供适当的有关支援医疗服务，并且须对他所提供的支援医疗服务的水准和可靠性有适度的信心。

中医执业者在为病人进行治疗时，应该运用恰当的和一般上能被接受的中医治疗方法，不应该使用非正统的中医治疗方法或任何可能玷污中医专业声誉的治疗方法。若对将使用的治疗方法存有疑问，有关中医执业者应在进行治疗之前，以书信的方式向管委会澄清。

在中医注册法令及中医执业者（针灸师注册）条例下，注册针灸师只能根据法令条例所阐述的针灸范围为病人进行针灸治疗。

中医执业者不得以“包医”形式为病人提供治疗配套。

f) 在能力范围内执业以及对病人的转诊安排

中医执业者应在其能力范围内为病人诊治。当他认为病情已经超出自己的能力范围时，应该将病人转诊给另一位有这方面专长的中医执业者或注册西医。若对某一个中医范围没有适当的知识及技能或没有必需的经验，中医执业者不应该在没有监督的情况下坚持为病人进行治疗。

中医执业者应继续照顾他的病人，直到病人被妥善地转诊给另一位中医执业者或注册西医为止。

4.1.2 医疗记录

中医执业者应该保存完整和准确的医疗记录，以便为病人提供复诊服务。

所保存的医疗记录应包括病人的个人详情，记录必须书写清楚、准确、字体容易辨读。医疗记录应在进行诊治的时候记录。

医疗记录应包含足够的细节，以便在把病人转诊给其他中医执业者或注册西医时，在阅读医疗记录后能接手处理病例。医疗记录应包括以下信息：

- a) 病人的详情 (姓名、身份证号码、性别、年龄、地址、联络电话)；
- b) 药物过敏；
- c) 病史；
- d) 主诉；
- e) 其他症状；
- f) 诊断；
- g) 治疗；
- h) 处方；
- i) 医嘱；
- j) 其他资料。

所有临床的详情、检查的结果、治疗方案的讨论、病人的知情同意记录、以及用以治疗的中草药或中医程序及处方都必须记录清楚。

4.1.3 中草药处方

中医师只能使用在新加坡可以合法使用的中草药来处方配药，并且必须遵守管制药物使用的法令。

中医师必须有明确的医学依据来处方配中草药，并按病人的需要提供合理的剂量。中医师在处方时应根据《本草纲目》、最新版本的《中药大辞典》和《中华本草》的中药学名。

处方应包括以下信息：

- a) 中医师姓名；
- b) 中医师签名；
- c) 执业地点名称和地址；
- d) 病人姓名和地址；
- e) 处方日期；
- f) 中草药药名和剂量；
- g) 配药总剂量/总份量；
- h) 服用法；和
- i) 煎煮处理法。

中医师应向病人适当说明所开配药物的用途、煎煮/处理方法、剂量、禁忌和可能产生的副作用。

中医师只有在经过亲自适当诊断和检查后才可以开方配中草药。只通过电话或任何电子方式提供的信息来处方配药只适用于延续治疗或者在特殊情况下，条件是这是对病人的最佳做法，而且不危害到病人的治疗和安全。

中医师只能按照中医注册法令第二条款的定义来处方配中草药，定义如下：

“中草药”是指任何已知或被声称具有疗效或其它保健功效的材料或产品，含有来自植物、无机物或动物的生原料或加工原料。”

4.1.4 与无资格提供医疗或医疗支援服务者的联系

中医执业者不应该与没有获得医疗资格或其它医疗支援服务的人有专业上的联系。

中医执业者不应在其专业范围内支持那些不是合法提供中医或中医辅助治疗的个人或机构。

4.1.5 提供医疗服务的决定

a) 不歧视病人

中医执业者有义务为病人提供医疗照顾和治疗而不带有任何种族、宗教、信仰、社会身份、残障或社会经济地位的偏见。中医执业者不应该让他的个人信仰影响他对病人的治疗。当中医执业者由于信仰的原因而无法继续给病人医疗照顾时，他应征得病人的同意将其转诊给另外一位有能力并且愿意为病人提供医疗照顾的中医执业者或注册西医。中医执业者应该继续为病人提供医疗照顾直到病人被妥善转诊为止。

b) 紧急情况下的治疗

中医执业者应该随时准备在紧急情况下或基于人道精神来治疗病人，除非客观条件不允许他这么做。

c) 与医疗系统的关系

每个中医执业者都在全国医疗系统范围内从事医疗工作，受到有关法律和法规的管辖。每个中医执业者在为病人提供最恰当的治疗时，都必须遵守这些法律和法规。但是，不论医疗系统有何种约束，中医执业者应以个别病人的利益为出发点。在第三者付款的制度下，中医执业者常因感受到约束而进行较廉价的治疗。如果治疗是恰当的话，这是可以被接受的。

4.1.6 维持知识和能力

中医执业者必须与时俱进，掌握最适当的中医医疗管理方法、程序和临床技能。因此，中医执业者有责任通过延续中医教育自我提升。

4.2 与病人的关系

4.2.1 对待病人的态度

中医执业者对待病人应该有礼貌、细心、有同情心，尊重病人，也应该维护病人的隐私权和尊严。男中医执业者在检查女病人时，应该有另一位女性在场。这不但可以保护病人的隐私权和尊严，也使中医执业者免于受到“性骚扰”或“强暴”女病人的投诉。

另一方面，中医执业者也无需强忍病人或其亲属的任何形式的诋毁。一旦有诋毁的事件发生，在没有必要为避免受到伤害而自卫的情况下，中医执业者不得还击，应尽早以专业的方式结束与病人的关系。

4.2.2 病人在知情的情况下同意接受治疗方法

中医执业者有责任确保病人在接受治疗的过程中，随时了解病况和可供选择的治疗方案，使到病人能够参与决定治疗方法。如果有必要采用任何医疗措施，例如针灸，必须让病人清楚其好处、风险、可能发生的并发症以及任何可采用的替代疗法。如果病人未成年或没有能力决定，则必须向病人的父母、监护人或其他负责人解释情况，以得到他们的同意。

4.2.3 医疗保密

a) 维护医疗保密的责任

中医执业者应该尊重医疗保密的原则。不论是在保密的情况下或在医治病人时所得到的有关病人的秘密资料，未经病人的同意不得泄露。但是，保密不是绝对的。法律、庭令或为公众的利益可能在某些情况下逾越这一原则，在严格保密的框架下成立的全国的疾病注册簿就是一个例子。

中医执业者也可能在其它一些情况下，决定在没得到病人的同意下透露病人的秘密资料。如果中医执业者这么做，他必须准备作出解释，在受到查问时为自己辩护。

中医执业者应该采取措施确保他传递或储存的病人机密资料有安全的保护措施，确保机密资料不会被未经授权者获得，特别是通过电子方式如网页或电子邮件等所传递的资料。

b) 和其他中医执业者的信息交流

如果接受转诊的医疗组成员或中医执业者有直接参与病人的治疗，中医执业者可以向他们透露病人的病情。病人可能会要求不将其病情信息告诉其他中医执业者或医疗组成员。在这样的情况下，中医执业者应当向病人解释让这些接诊的医疗组成员或中医执业者了解有关其病情信息的好处。如果病人仍然反对，中医执业者必须尊重病人的决定，但是应尽力确保整体治疗不会因为缺乏病情信息而受到负面影响。如果不透露病情信息的结果会影响到适当的治疗，中医执业者应该通知病人。在一个大的医疗机

构里，可能有多个医务、辅助医务及行政人员因要履行日常照顾病人的任务需要知道病人的病情而间接获得病人的病情信息，这是可以被接受的。不过，中医执业者应采取合理的措施来确保这类的医疗护理组的成员尊重和维护有关病情信息的机密性。

4.2.4 病人了解病情和自我决定的权力

a) 了解病情的权力

中医执业者应向病人提供适当的信息，让病人了解其病情后对进一步的治疗可以作出选择。中医执业者应尽量提供信息，并且清楚地以病人能够理解的语言与病人沟通。

在确保沟通时不存在语言障碍以及病人理解其选择的后果之后，中医执业者应该尊重病人是否接受或拒绝其所建议治疗方案的决定。如果病人有要求，他应该帮助病人寻求另一个意见。

b) 对要求保密病情的处理

在某些情况下，病人家属可能要求不告诉病人患有致命的疾病或有“尴尬难言”的疾病。中医执业者可以不必向病人隐瞒病情，除非他觉得这样做对病人有好处。中医执业者在做决定是否要向病人透露病情时应该认识到家庭所扮演的角色，和适当地处理他们所关注的事情。

4.2.5 与病人及其家属的亲密关系

a) 个人关系

中医执业者不得与病人发生性关系。这是为了保持中医执业者与病人关系的绝对信心和信任。

中医执业者也不得因与病人的专业上的关系而与病人的直系亲属发生通奸或其他不正当的关系。这样的关系会影响病人的家庭生活，并损害中医执业者与病人家庭的信任。中医执业者在任何时候应避免其行为受到怀疑。

b) 滥用信任

中医执业者可以成为病人家庭的朋友，并得到家庭成员的信任和信心。这样的信任不能因为中医执业者的私人目的(出于金钱或其它目的)而被滥用。中医执业者应维护他与病人及其家庭之间的信任和信心。

4.2.6 中医执业者与病人关系的终止

中医执业者要终止与病人的专业关系可能出于不同的理由。理由可能是由于严重的个性冲突，或觉得病人或其家属对他不信任、没有信心，以致他无法继续治疗该病人。

当中医执业者决定终止与病人的关系时，他有责任把病人转诊给另一位中医执业者或注册西医来继续治疗。中医执业者应确保将足够的病人的病情信息交给接受转诊的中医执业者或注册西医，使到转诊能够顺利地地完成。

当病人自行决定终止和中医执业者的关系时，如果病人有所要求，中医执业者不得对病人或病人随后去求诊的中医执业者或注册西医扣留有关病人的医疗信息。

4.3 中医执业者与同业者之间的关系

4.3.1 共用医疗信息

中医执业者应把所有同业者当成同事，尊敬他们。在对病人本身有好处时随时与同行交流有关病人的医疗信息。对所监督的下属，以专业、关心和培育的心态来对待。

4.3.2 尊重其他中医执业者的病人

中医执业者不得使用不适当的广告或诋毁其他中医执业者，试图劝诱或招揽病人而获利。

4.3.3 对同业者的评论

中医执业者应避免以直接或影射的方式对同业者作出无来由的、没有根据的评论，以此损害人们对该同业者在中医领域内的知识或技能的信任度。

4.4 关于中医执业者的医疗服务信息

4.4.1 一般的原则

中医界的人士和公众都需要有关中医执业者的信息，以便转诊病人或寻求治疗。搜寻这类信息的病人很容易受到劝导性信息的影响，他们都应得到保护，免受不确实的信息所误导。中医执业者所提供的信息不得利用病人的脆弱性、对疾病的恐慌和缺少医学知识加以剥削。

中医执业者可以正当地提供他的服务信息给其同业者和公众。不过，这些信息不得含有商业性广告的意味，因为这会误导病人、破坏病人对中医执业者的信任并降低中医专业的形象。

4.4.2 信息的标准

一般而言，中医执业者可以提供关于他们的资历、执业范围、执业安排和联系方面的信息。在许可的情况下，这些信息必须符合以下标准：

- a) 真实
- b) 准确
- c) 可证实

- d) 不夸大
- e) 不误导
- f) 不渲染
- g) 不游说
- h) 不赞美
- i) 不比较
- j) 不诋毁

4.4.3 在公共场所提供信息

a) 公开演讲、广播和书写文字

所有的信息，无论是提供给同业者还是给公众的，都必须符合上述标准。这包括教育性的文章、在公开场合的演讲、广播、专业组织或保健医疗组织的研讨会或专业刊物。

不过，中医执业者主动或允许公众传播媒体所发出的信息必须是不游说、不赞美或不误导的。

在报章和新闻媒体中有关中医执业者的特写文章也必须符合上述标准。虽然中医执业者通过演说、书写和广播向公众介绍有关医疗保健课题是值得称许的，他们应将内容限制在所针对的医药课题。中医执业者必须确保他本身没有通过所提供的信息来提供或公开所提供的服务和联络详情，以鼓励公众向他或与他有联系的组织寻求咨询或治疗。在这种场合，只能提及中医执业者的姓名、注册的执业范围和执业地点。

中医执业者应对其向公众发布的信息负责任，并且应采取合理的措施确保新闻工作者在报道有关他们的消息时不违反相关的标准。中医执业者必须确保新闻媒体对他所进行采访的报道的主要目的是公众教育。

此外，用来说明治疗程序或结果的图象可以正当地被用于专业组织或医疗组织的教育性演讲，或刊登在专业刊物上。但是，在大众传媒中使用的类似的图象必须是明智的，因为这可能被认为是用来赞美有关中医执业者的手法。在大众媒体中使用的图象必须避免直接或间接涉及某个特定的中医执业者或病人。

中医执业者写专栏文章或参与广播就某些特殊专题回答公众提问或提供特别建议时，都必须严格遵守有关的指导原则。

在公开演讲结束后，若有公众随后向演讲者征求其本人或其医疗服务的信息，中医执业者只能在有要求的情况下提供信息，所提供的信息必须符合上述指导原则(指导原则4.4.2)。

b) 展示医疗服务信息的传统途径

管委会严格区分中医执业者刊登其个人资料和服务在专业或医疗机构的指南上与在一般的商业媒体上。专业和医疗机构的刊物包括医院诊所指南、电话指南等是被批准提

供医疗服务信息的媒体。一般的商业媒体包括报纸、商业杂志、公开展示和展览、电台和电视台等都是不被批准提供医疗服务信息的媒体。中医执业者也不得自己或请代理发出广告，不论是毛遂自荐地接受采访、通过电话采访、公开展示和展览、或主动分发各种书写信息给公众。

含有中医执业者的信息、学历和所提供服务的手册、小册子以及医院诊所的指南只能在诊所和医院大厅内展示，不得在公众场所展示，也不能主动的分发。

4.4.4 与医疗机构有联系的中医执业者

与提供医疗服务的机构有财务或专业关系的中医执业者，对该机构所发布有关他本身的信息负有责任。这些中医执业者必须熟知该机构所发出信息的性质和内容以及对媒体所发出的信息。他们必须积极地确保所有这些对外发布的信息符合上述的标准(指导原则4.4.2和4.4.3)。如果有人对信息内容中所涉及的中医执业者的行为有所质疑，他不能以不知道该机构所发出的信息、新闻媒体所发布的信息、或对所造成的影响无能为力等为理由而推卸责任。

中医执业者也应避免私自涉及医疗机构及其医疗服务的促销活动，比如在医疗或非医疗会议、公开出版物、传单中通过公开演说、广播、书写等形式为这些医疗机构及其医疗服务进行促销宣传。凡是中医执业者提供的有关信息或言论出现在医疗机构的传单、刊物或其他媒体上，都必须符合以上的指导原则(指导原则4.4.2和4.4.3)中所述的信息标准。

4.4.5 网站的应用

a) 全球网络提供信息的特有威力

在现时代，医疗机构和个别中医执业者可以使用网络向其他中医执业者和公众提供信息。这些网站可以是有关医疗机构的、或有关中医执业者的，也可以是有关某个医疗课题的。全球互联网已经成为强有力的通讯工具，它具有覆盖面广、设计和互动等多种功能在内的特点，可以使信息内容更加具有吸引力和诱惑力。不过，上述信息的标准(指导原则4.4.2和4.4.3)同样应用于网站，而且中医执业者也有责任确保网站及与其他链接网站上有关他本人及其医疗作业的信息符合该标准。再者，个别中医执业者或医疗机构的网站不得从任何药品制造商或类似商业贸易公司处获得赞助。

b) 网站内容的指导原则

由于在网站可以上载各种文本的或可视的信息，所以有必要在此提供相应的指导原则说明哪些信息是可以接受的。例如，网站不得在本身的网页或者它所提供的链接网页上刊登那些对治疗效果感到满意的病人或对其他中医执业者的美言。在网站上经常使用一般插图是允许的。不过，那些显示某个特定中医执业者或病人的治疗效果或治疗过程的照片或录影剪辑都不允许以直接或间接的方式上载。网站也不得使用卡通方式对一间医疗机构或某个中医执业者进行宣传。

c) 与病人的电子联系方式

浏览网页的人可能经常受邀与中医执业者进行一般网上交谈，或通过电子邮件的方式向一组中医执业者或某个指明的中医执业者征询医疗意见。对此，可应用有关良好的临床治疗的指导原则(指导原则4.1.1)以及建立适当的中医执业者和病人的关系的指导原则(指导原则4.2)。

4.4.6 个人名片与文具

中医执业者可以拥有他们自己的名片和文具，但其内容必须符合现行的道德标准(指导原则4.4.2)。中医执业者只能为业务或社交之目的在他人索取时亲自分发名片。中医执业者不得主动向公众分发名片，也不得由其代理人分发名片。

含有中医执业者及其医疗作业信息的文具只能用于与执业有关的目的。

4.4.7 业务声明

在开业、搬迁营业场所，或有任何新的业务安排时，中医执业者可以通知其病人、其他中医执业者或与其有业务或私交的人。此类通知可以采用关于中医执业者信息发布的任何一种被批准的方式进行(指导原则4.4.3b)，也可采用信函、电话、专业刊物的形式，以及在其行医的医疗机构或个人网站上发布。此类声明不得在其它种类的网站上发布。

4.4.8 招牌

中医执业者在招牌上文字必须符合以下指导原则：

- a) 招牌不得宣传其医疗技术。
- b) 招牌置放于执业地点的入口处前后，每个招牌的表面积不超过6平方米。
- c) 招牌只能包括诊所的中英文名和商标，不得介绍设备、专长或人体器官。
- d) 招牌可以使用照明，不得使用发光的颜色、反光材料或闪光灯。
- e) 行医地点的中英文名称须呈交中医管理委员会批准。中文名须与所提供的医疗服务相称，除非经过中医管理委员会的书面批准，诸如“中医医院”或类似的名称是不允许使用的。
- f) 诊病时间的招牌须单独展示在执业地点的前面，表面积不超过0.6平方米。

4.5 在非医疗环境中的中医执业者

4.5.1 与非医疗性公司之间的关系

a) 关系的适当程度

中医执业者不应从事那些与其中医专业不相容、或会令其对中医专业分心和有损其中医专业声誉的贸易、商业或集会。

b) 与非医疗性公司或非医疗产品或服务的关系

中医执业者可能会与一个官方组织的非医疗产品或服务或非医疗公司有联系。他的名字可能出现在公司的文具、文件或网页上，但不得涉及其执业资格或医疗服务的任何内容。中医执业者和非医疗性商业接触是不受到限制的，但是这必须和他的医疗职务以及专业资格清楚区分开，这样公众就不会被误导而相信非医疗产品或服务具有医疗作用或是由中医执业者代言的。

如果中医执业者参与有关非医疗产品或非医疗性公司的产品和服务的公开演讲或与公众沟通时，他不得提供他执业名称和详情来为其医疗作业进行促销。在这样的情况下，中医执业者必须表明他的言论不是以中医专业身份发表的。这种情形同样适用于中医执业者在其它网站上的言论。

4.5.2 涉及维它命、滋补品、健康和营养增补物的促销

中医执业者可能被邀请促销维它命、滋补品、健康和营养增补物，这些保健品都声称可以提高健康水平、完善身体功能或防止特定的疾病。中医执业者可以参与这样的促销，不过他们所说的、写的或广播的，必须有有效的科学证据作为支持。

只要中医执业者参与这样的促销，他们就受到有关公开讲演、广播和书写文字的指导原则(指导原则4.4.3a) 和参与赞助性的教育活动和研究的指导原则(指导原则4.6.3a) 的限制。

4.5.3 赞助

中医执业者可以赞助、捐赠、参与或提供慈善服务，并且同意将他的名字列入赞助者、捐赠者和参与者名单。同样，中医执业者或医疗工作者也可以赞助或为教育机构提供奖学金，其名字或专业身份可以公开。

4.6 财务和商业的利益冲突

4.6.1 透露利益关系

中医执业者不得在与其本身有财务利益关系的交易中对病人施加不适当的影响。如果中医执业者在一个机构或医疗服务中有财务方面的利益而使他引荐病人、治疗病人、施行检验、在治疗过程中要求病人购买药物或接受医疗服务等，他必须在此之前向病人透露其利益关系。

中医执业者在工作中不应受利益的驱使而影响其对病人临床诊断的客观性。

4.6.2 临床医疗的财务冲突

中医执业者不应该:

- a) 不适当地从病人处得到钱财。
- b) 不适当地以处方或医疗器材来牟取个人的利益。

当病人由一位中医执业者转诊给另一位中医执业者或注册西医或其它第三方时:

- a) 中医执业者不得以抽佣的方式或任何其它方式来奖赏推荐转诊者; 和
- b) 中医执业者应维护其医疗职务的独立和诚实, 不被推荐转诊者影响其对病人的治疗。

4.6.3 与医药公司的关系

a) 受到赞助的教育活动和研究工作

中医执业者可能被邀请参加医药公司所赞助的医疗活动、会议、演讲、刊物或教育性的网站。中医执业者应确保他的参与并不意味着他对产品的支持或试图说服病人使用该产品。

在参与上述活动时, 除了身份和背景的介绍之外, 有关中医执业者的医疗服务或服务详情不能以任何形式出现。

由公司赞助而参加教育性活动或汇报研究项目的中医执业者必须向听众说明所有可能存在的利益冲突。

b) 诱导事物

中医执业者不能向病人或有关机构要求或收取礼物、款待或其他任何物质作为回报, 因为这可能影响或被视为影响他对病人进行治疗的决定。中医执业者可以收取小的、不昂贵的、被认为不带诱导性的礼物。

4.7 适宜执业的事项

4.7.1 寻求治疗

如果中医执业者意识到自己的健康状况导致他不适宜执业, 他必须向别的中医执业者或注册西医寻求治疗。

4.7.2 申报因健康原因不适宜执业

在精神健康正常的情况下, 如果已被诊断患有某些疾病而不适宜继续执业, 中医执业者有责任向管委会申报他有严重的疾病并可能把疾病传染给病人, 或有疾病严重影响到他的执业能力, 这包括被诊断有酗酒或嗜毒的症状。

如果中医执业者在酗酒和嗜毒的影响下，或在其他体能或健康状态不适宜执业的情况下治疗病人，他可能面对纪律处分。

4.7.3 举报不适宜执业的中医执业者

中医执业者必须保护病人，使他们免于因为另外一位中医执业者的行为、表现或健康问题而受到伤害。如果中医执业者确信另一位中医执业者将病人置于危险的境地，他必须向管委会举报。

中医执业者如果在治疗另一位中医执业者时觉得后者不适宜执业，他有责任向管委会举报。

负有监管责任的中医执业者，如果发觉所监管的一位中医执业者因身体或精神状况或专业水准欠佳而可能导致病人面对危险，他有特别的责任向有关单位提出警报。

5 专业上不当的行为

对在新加坡因触犯法律而被判罪名成立的中医执业者，管委会的观点是法律的裁决是最终的决定。被判罪名成立的中医执业者无权向管委会辩说事实上他是无辜的。如果管委会认为被判罪的中医执业者所犯的罪行牵涉到欺诈或不诚实的行为，或在人格上有缺陷导致该中医执业者不适宜其专业工作，管委会有权将该中医执业者从注册簿上除名，或采取在中医注册法令下所规定的适当行动。

被投诉的行为是否属于专业上不当的行为要依据中医专业本身的条规和标准来决定。专业上不当的行为可以比拟类似“专业上的不名誉行为”（infamous conduct in a professional respect）。“Allison V General Council of Medical Education and Registration”一案中已经对此“专业上的不名誉行为”一词作出权威性的诠释：

一个医务人员在从业时，如果其行为被有名望和有权威的同业者视为可耻的、不体面的，《管委会》可以将这种行为列为“专业上的不名誉行为”。

《中医执业者道德准则及道德指导原则》对什么是专业上不当的行为提供了指导原则。遵循《中医执业者道德准则及道德指导原则》不仅可以保护公众，也可以保护可能面对指控的中医执业者。

中医注册法令和条例摘录

A 中医注册法令 Traditional Chinese Medicine Practitioners Act

释义

第2条款

本法令中，除非文中另有注明：

“针灸”是指在人体表面上或在人体表面附近运用任何刺激点的技术(有针刺或无针刺)来刺激人体的某一点或某些点，包括使用电、磁、光和声等能量、拔罐和灸法，以恢复人体的生理功能，或治疗人体的疾病或状况。

中医执业者的注册簿

第12条款

- (3) 经注册人士若有更改姓名、工作地址、住家地址或其他规定的细节，必须在更改的28天内以书面通知注册官。
- (4) 经注册人士若不遵循上述(3)次条款申报更改将被视为有罪，定罪后可被罚款不超过\$1,000。
- (5) 在国家登记法令第8条款下，已经申报更改住家地址者得被视为已循上述(3)次条款在自行申报日即已申报更改住家地址。

中医管理委员会撤销注册的权力

第19条款

- (1) 如果管委会有足够的证据，认为经注册人士有做了任何下列行为时，可以撤销其注册：
 - (a) 以伪造或不正确的声明获得注册；
 - (b) 用来注册的资历已经被颁发资历当局收回或撤销；
 - (c) 在其它任何国家已经注册从事中医执业或从事某方面的中医职务，但其注册资格已被收回、吊销或撤销。
 - (d) 已经终止其所注册的中医领域的执业；
 - (e) 未遵守其注册中所附带的条件；
 - (f) 违反本法令下有关中医执业和行为的任何法则；
 - (g) 在新加坡或任何其它地方被判欺诈或不诚实罪名成立；
 - (h) 在新加坡或任何其它地方被判罪名成立，牵涉到人格缺陷不适宜保留在注册簿上；
 - (i) 因不当专业行为或疏忽而被定罪；
 - (j) 因任何不恰当的行动或行为被定罪，导致不适宜保留在注册簿上；
 - (k) 因心理或生理疾病导致经注册人士无法继续在其注册领域安全和有效地执业。
- (2) 经注册人士因涉及上述第(1)(e)至(k)条款中的任何一条款而可能被撤销注册，管委会可能采取下列一项或多项的惩罚措施来取代撤销注册：
 - (a) 给予警告或谴责；
 - (b) 罚款不超过\$10,000；

- (c) 命令其注册附带管委会所设的条件，为期不超过3年；
- (d) 吊销其注册，为期不超过3年。
- (3) 管委会在行使(1)或(2)项下的权力前，必须
 - (a) 通知经注册人士管委会有意行使权力，并给其一个亲自或由代表律师出席的聆听机会；和
 - (b) 如果对注册者的投诉已经在第28(1)条款下交由调查组处理，管委会必须在第29(4)条款下考虑调查组对管委会所呈报的调查结果。
- (4) 在第(2)(b)条款下所施行的罚款，管委会可以债务的方式徵收。
- (5) 撤销或吊销注册的决定由通知当事人的日期起生效；如果当事人有向高等法庭上诉，生效日期则取决于高等法庭的裁决日期。

费用

第20条款

- (1) 当管委会在第19(1)条款下撤销经注册人士的注册，或在第19(2)条款下采取惩罚行动时，管委会可以在适合的情况下命令其支付聆听会、调查工作、采取行动时所花的费用。

恢复注册

第23条款

- (1) 在第19条款下被撤销的经注册人士可以向管委会要求恢复其注册。
- (2) 管委会在考虑了相关的情况后，依据申请者是否已遵循管委会强制施行的条件，决定是否允准其在支付了相应费用后重新注册。
- (3) 重新注册的申请不能在下列时段内呈交：
 - (a) 从撤销注册日起至三年届满之前；和
 - (b) 在任何12个月内不能呈交超过一次的申请。

调查组

第28条款

- (1) 管委会可以指派一个或多个调查组来调查在第19条款下对经注册人士的投诉或事物，而管委会可能对这些投诉或事物采取行动。
- (2) 调查组的成员人数由管委会指定，该组成员可包括管委会委员。

调查组的权力和程序

第29条款

- (1) 为了达到调查目的，调查组可以要求任何人：
 - a) 出示与调查组正在调查的事件相关的任何帐簿、文档、文件或其他记录，以便调查组进行检查并复制副本；和
 - b) 在指定时间到达指定地点，出示证据或任何帐簿、文档、文件或其他记录；
- (2) 任何人在没有合法理由的情况下，如果
 - a) 拒绝或不遵循调查组在29(1)条款下提出的任何要求；或
 - b) 拒绝回答调查组成员所提的任何问题，或给予虚假的答复，将会被控违法，可能被判罚款不超过\$5,000，或监禁不超过6个月，或两者兼施。
- (3) 在第36条款的规定下，调查组将有权调整其调查程序。

B 中医执业者(中医师注册)条例
Traditional Chinese Medicine Practitioners (Registration of Traditional Chinese Medicine Physicians) Regulations

定义

条例 2

在这些条例中，除非文中另有注明：

“传统中医药”（traditional Chinese general medicine）是指：
以中医理论为根据的

- (a) 针灸；
- (b) 诊断、治疗、预防或缓解任何疾病或任何疾病的征状，或处方配给任何中草药；
和
- (c) 调理人体的机能状态。

“中医师”（traditional Chinese medicine physician）是指从事传统中医药执业的人士。

C 中医执业者(执业、品行和道德)条例
Traditional Chinese Medicine Practitioners (Practice, Conduct and Ethics) Regulations

注册证书及执业准证的展示

条例4

经注册人士必须：

- a) 在其主要执业场所显著地展示注册证书和有效的执业准证原件；和
- b) 在其他执业场所显著地展示经鉴定的证书、准证副本。

注册簿上登记的资历和受批准头衔的使用

条例6

(1) 任何经注册人士不得：

- (a) 使用、陈列或出版任何卡片、信笺、名牌、招牌、公告、传单、招贴或展示在其执业场所的通告等任何除了经在注册簿登记或经管委会批准使用以外的资历；或
- (b) 使用未经经管委会批准的任何与中医执业有关的头衔、职务、职称。（见附件B）

(2) 经注册人士必须遵守管委会不时所制订的有关资历或头衔的指导原则。

D 中医执业者(调查投诉)条例
Traditional Chinese Medicine Practitioners (Investigation of Complaints) Regulations

在此条例下处理的投诉或信息

条例3

- (1) 任何有关在法令第19(1)条款下(第19(1)(d)条款除外)对经注册人士的投诉必须是以书面呈交；管委会将依据这些条例处理有关投诉。

- (2) 除了下列第(3)项外，有关对法令第19(1)(e),(f),(i),(j)或(k)条款的投诉，投诉者必须呈交宣誓书，宣誓书内容应说明：
- (a) 投诉者的名字，地址和职业；
 - (b) 投诉的理由；和
 - (c) 支持投诉的证据。
- (3) 如果投诉者是公务员、管委会委员或注册官，管委会可免除对宣誓书的要求。

管委会对投诉的考量

条例4

- (1) 管委会在考虑投诉后，若认为投诉的表面罪状不成立，不足以进行调查，管委会将直接撤销投诉。
- (2) 管委会在考虑投诉后，若认为投诉的表面罪状成立应进行调查，管委会将指示注册官寄交下列证件给有关经注册人士：
 - (a) 在条例3下提呈的投诉信和宣誓书副本；和
 - (b) 通知该经注册人士在规定的时限内(不超过14天)向管委会递呈针对投诉的解释信。
- (3) 在考虑了该经注册人士根据上述(2)(b)项所递呈的解释信后，管委会可能：
 - (a) 直接撤销投诉；
 - (b) 除了下列第(5)项，指令撤销该经注册人士的注册，或根据法令第19(2)条款制定其它惩罚措施；或
 - (c) 将该事件提交调查组进行调查。
- (4) 为了达到上述(3)项的目的，如果对经注册人士的投诉是法令第19(1)(g)或(h)条款下的罪行，管委会可参阅法庭对该罪行审讯时的记录。
- (5) 管委会在依据上述(3)(b)项进行指示时，得遵循法令第19(3)条款的规定。

调查组的报告

条例14

- (1) 根据调查结果，调查组将决定有关投诉是否被证实。
- (2) 调查组将立即或在指定的期限内通知该经注册人士或其代表律师有关投诉的调查结果。
- (3) 如果调查组确定投诉已被证实，该经注册人士或其代表律师可向调查组进行陈情。
- (4) 调查组在上述(3)项的陈情听证后，得准备一份报告，报告内容包括：
 - a) 调查组的调查结果；和
 - b) 向管委会作出以下任何一项建议：
 - i) 撤销该投诉；
 - ii) 撤销该经注册人士的注册；或
 - iii) 依据法令第19(2)条款，采取一项或多项惩罚措施。

管委会的裁决

条例16

- (1) 除了下列(3)项外，管委会在详细考虑了调查组的报告后，将作以下裁决：
 - a) 接受调查组的建议；
 - b) 指示调查组重新针对投诉作进一步的调查，或由管委会自行作进一步的调查；
或
 - c) 发出管委会认为适当的指令。
- (2) 该经注册人士得在不少过14日前接获调查组或管委会在上述1(b)项下召开另外会议的通知。
- (3) 管委会在决定撤销该经注册人士的注册，或在可施行的情况下根据法令第19(2)条款决定一项或多项的惩罚措施时，得遵循法令第19(3)条款的规定。
- (4) 注册官得通知该经注册人士和投诉者有关管委会的决定。

注册头衔指导原则

注册头衔:

“Acupuncturist”

“针灸师”

或

“Registered Acupuncturist”

“注册针灸师”

“Traditional Chinese Medicine Physician” or “TCM Physician”

“中医师”

或

“Registered Traditional Chinese Medicine Physician” or “Registered TCM Physician”

“注册中医师”

TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD

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