CODE OF PROFESSIONAL CONDUCT

For Traditional And Complementary Medicine Practitioners

Traditional And Complementary Medicine Council
Ministry Of Health Malaysia
FOREWORD

The Code of Professional Conduct for Traditional and Complementary Medicine (T&CM) Practitioners which incorporates mandatory practice standards in Governance and Practice Codes serves as a guide for T&CM practitioners, to ensure compliance to professional standards while carrying out their responsibilities.

The development and refinement of this Code involved collaboration and engagement with relevant stakeholders in ensuring that a comprehensive Code is developed. The development of the Code also involved an online public consultation to obtain views and feedback from the public. This Code has been adopted at the T&CM Council Meeting No. 2/2019, held on 3 May 2019.

This Code replaces the Code of Practice for T&CM Practitioners (2nd Revision, 2007) that was published by the T&CM Division, Ministry of Health Malaysia. This Code also makes references to the statutory implications of practice and disciplinary procedures as stated in the T&CM Act 2016 [Act 775] and its related Regulations.

I urge all T&CM practitioners to familiarise themselves with this Code of Professional Conduct and abide by it.

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A. INTRODUCTION

1. Preamble

The Traditional and Complementary Medicine (T&CM) Council was established in line with the enforcement of the T&CM Act 2016 [Act 775] to regulate T&CM practices and practitioners in Malaysia and to provide for matters connected therewith.

This Code of Professional Conduct replaces the existing Code of Ethics and Code of Practice for Traditional and Complementary Medicine Practitioners (2nd Revision, 2007) published by the T&CM Division, Ministry of Health Malaysia.

This Code incorporates mandatory practice standards in Governance and Practice Codes, and serves as a guide for T&CM practitioners to ensure compliance to professional standards while carrying out their responsibilities. This Code prevails over any other rules and regulations of any practitioner bodies and non-governmental organizations.

T&CM practitioners should always maintain good behaviour and integrity in carrying out their duties so as not to impair their reputation as a practitioner. They must be competent and constantly strive to enhance their knowledge and skills.

The relationship between a practitioner and a patient is based on trust. A patient puts full trust and confidence in the professionalism of the practitioner who provides service. Therefore, it is the responsibility of every practitioner not to misuse this trust under any circumstances.

2. Objective

The objective of this code is to provide guidelines to T&CM practitioners, so that they are always in compliance with professional standards in carrying out their responsibilities.
3. Interpretation

“Code of Governance” for the purpose of Act 775 refers to the code which provides for effective approaches, mechanisms, methods or management patterns for T&CM practitioners set by the Council and should be adhered to by T&CM practitioners.

“Code of Practice” for the purpose of Act 775 refers to the practice code for T&CM practitioners in relation to any of the recognized practice areas set by the Council and should be adhered to by T&CM practitioners.

“Practitioner” means a T&CM practitioner.

“Patient” means an individual who seeks the services or treatment from a T&CM practitioner for the purpose of treatment for any diseases or ailments; or for his/ her wellbeing.

“Patient information” means the patient’s personal data such as; name, age, address, mental and physical condition, and treatment payment details.

“Clinical waste” is any waste consisting of whole or part of human or animal tissue, blood or human bodily fluids, excreta, medications and other pharmaceutical products, cotton and wound dressing materials, syringes, needles or other sharp equipment that has become waste (unless found to be safe) which may pose a danger to any person coming into contact with it.

“General waste” consists of packaging material, packaging waste, kitchen and canteen waste products and others that are not hazardous to human health or the environment.
1. Responsibilities of Practitioners as a Professional

1.1 Practitioners should maintain high standards in providing services to their patients.

1.2 Practitioners should always conduct themselves morally when providing treatment or services to patients.

1.3 Practitioners should always give priority to the well-being of the patient.

1.4 Practitioners should provide treatment to anyone who requires their expertise regardless of race, religion, nationality, gender, social or political status.

1.5 Practitioners should be knowledgeable regarding all laws and regulations pertaining to the practice of T&CM and comply with them.

1.6 Practitioners should always take care to provide accurate information on treatment techniques, side effects and risks of the proposed treatment to be provided and ensure that the patient clearly understands the explanation given before making a decision.

1.7 Practitioners should assess the suitability of the treatment being offered and the ability of the patient to tolerate the treatment.

1.8 Practitioners should respect the rights of the patient or guardian of the patient to refrain from the proposed treatment for whatever reason and it is inappropriate for practitioners to persuade or force the patient or guardian of the patient to proceed with the treatment.

1.9 Practitioners should not tarnish the good reputation of their profession through personal misconduct such as alcohol intoxication, drug abuse or having a sexual relationship with the patient under his care or breach of trust.

1.10 Practitioners should not be negligent while on duty, such as by not abiding by standards contained in the Code of Practice or related laws; or violate the rules of the Code of Governance.

1.11 Practitioners should not abuse the patient’s trust by using their position and influence as a T&CM practitioner in order to inappropriately receive remuneration, gifts or benefits from the patient.
2. Responsibilities of Practitioners Towards the Patient

2.1 Consent

2.1.1 Practitioners must obtain written/ informed consent from the patients before giving treatment.

2.1.2 For patients with mental disability or who are underaged (below 18 years), practitioners need to obtain written consent from the guardians of the patients before treatment is initiated.

2.2 Throughout the treatment process, practitioners should:

2.2.1 be responsible and show concern regarding the physical or emotional reactions of the patient;

2.2.2 give the appropriate response to the patient’s physical and emotional reactions towards the treatment;

2.2.3 conduct a comprehensive examination of the patient before starting any treatment;

2.2.4 obtain feedback from the patient in relation to the changes in their condition and provide appropriate education/ information to the patient; and

2.2.5 keep updated documentation on treatment provided and the patient’s response to it.

2.3 Maintenance of patient treatment records

2.3.1 All treatment records of the patient should be kept neat, organised, complete, dated and easy to understand.

2.3.2 Detailed information of each patient should be recorded clearly:

i) personal information of the patient (name, address, identity card number, date of birth, contact number and other related information as required);
ii) chief complaint(s) along with signs and symptoms experienced by the patient;

iii) medical and surgical history of the patient;

iv) related family medical and surgical history;

v) allergy history of the patient;

vi) information and advice given to the patient before, during and after treatment;

vii) all decisions made together with the patient;

viii) records of consent of the patient or guardian to the patient to receive treatment; and

ix) dated records of any changes in the health condition of the patient and changes made to the treatment plan.

2.3.3 All patient information shall be recorded immediately after examination of the patient in chronological order.

2.3.4 The dates on the records shall not be amended.

2.3.5 All records shall be written in ink/ maintained electronically and are not to be deleted or modified with correction liquid/ tape/ adhesive label/ electronically.

2.3.6 Any corrections or additions to the patient’s records shall be initialed and dated.

2.3.7 The method of recording the patient’s data and treatment provided should be clear and systematic.

2.3.8 All documentation shall be well maintained and contain the correct information.

2.3.9 All treatment information shall be recorded in full by the practitioner to facilitate the patient’s follow-up treatments and also for record keeping purposes.
2.3.10 All patient records are confidential and should be kept carefully by the practitioner in secure cabinets.

2.3.11 Treatment records of the patient shall be maintained for at least seven (7) years before disposal. If the patient is below the age of 18, treatment records of the patient should be maintained until the patient reaches the age of 25.

2.4 Disclosure of patient information

2.4.1 It is the duty of the practitioner to keep the information and medical history of each patient confidential between the practitioner and the patient, including the records of the patient’s visits to the treatment premises. Such responsibilities are jointly shared by the assistants and other staff on the premises. Any information may not be disclosed without the consent of the patient in accordance with the Personal Data Protection Act 2010 [Act 709].

2.4.2 Disclosure of any confidential information of the patient to a third party is only allowed if:

i) the disclosure is for the benefit of the patient;

ii) it is done with the patient’s knowledge and permission;

iii) there is a need to disclose information in situations where the practitioner should refer the patient to a registered medical practitioner, other T&CM practitioners or other healthcare personnel;

iv) there are legal requirements (refer to Part 3.1. - Disclosure of information upon court order);

v) it is related to the condition of the patient or the treatment of the patient, whereby the patient’s permission is no longer required for the benefit of the patient himself; and

vi) the practitioner is of the view that his responsibility to the general public is more important.

2.4.3 Practitioners should also not assume that detailed information regarding the case of a patient can be discussed openly with the wife or husband.
of the patient including the patient’s relatives. Practitioners are prohibited from allowing the presence of a third-party during treatment or consultation unless the patient consents.

2.5 Service fee

2.5.1 Practitioners must be reasonable in determining fees that are appropriate for the treatment provided.

2.5.2 The fee schedule must be clearly displayed in the premises or place of treatment or consultation, for the information of the patient.

2.5.3 For package services, charges for treatments that had not been provided should be refunded if the patient chooses to terminate the service.

2.6 Referring patients

2.6.1 Practitioners who wish to refer their patients should ensure that the referral is made to a registered practitioner (T&CM/ Medical /Dental) who is qualified to handle the case.

2.6.2 Practitioners should refer their patients to a registered medical practitioner or registered dental practitioner if the patient suffers from an acute medical emergency or if the illness or condition of the patient is beyond the expertise of the practitioner to treat.

2.6.3 Practitioners shall explain clearly and take care to advise the patient or guardian of the patient about the obligation to refer the patient to a registered medical practitioner or registered dental practitioner to enable the patient or guardian of the patient to decide on whether the referral should be made.

2.6.4 Medical or dental practitioners may extend the service to T&CM practitioners if it is necessary.

2.6.5 It is the responsibility of all practitioners to ensure that every effort is made so that a patient actively under their care can avail of proper treatment if the practitioner will be on leave for a prolonged period.
3. Responsibilities of Practitioners Towards Society

3.1 Disclosure of information upon court order:

3.1.1 Disclosure of information which includes the patient’s personal and confidential information and the treatment given to him/her may be required upon court order.

3.1.2 In the event a practitioner is ordered by the court to disclose personal or confidential information, the practitioner shall request that the court consider the reasons not to disclose the requested information, for example on the basis of professional ethics.

3.1.3 If the court dismisses those grounds and still orders the information to be disclosed, then the refusal of the practitioner to disclose such information may result in the practitioner being charged for contempt of court.

3.1.4 Refusal to disclose information may be regarded as an attempt to prevent court proceedings.

3.1.5 In cases where sensitive information is required from the practitioners, especially if criminal activities are involved, practitioners are advised to seek legal advice.

3.2 Advertisements

3.2.1 Practitioners are advised to comply with the rules set out in the Advertisement Guidelines for Traditional and Complementary Medicine Practitioners.

3.2.2 Advertisements shall comply with the Medicines (Advertisement and Sale) Act 1956 [Act 290] and other related legal provisions.

3.2.3 Advertisements should not have excessive or unreasonable claims about the treatment or healing of a disease that is likely to provide false hope/ misleading information to the patient.

3.2.4 Advertisements should not have elements that smear other practitioners in the same profession or other professions.
3.2.5 Advertisements should not be fraudulent, misleading, exaggerated or sensational.

3.2.6 The use of testimonials from patients in any form of advertising is an implicit encouragement to the public on the services offered and is not permitted.

3.2.7 Advertisements should not include endorsement by famous personalities such as public, sports and entertainment figures, among others.

3.2.8 Advertisements should not exploit the worry and anxiety of the patient and should not cause the patient to be too hopeful about the success of the treatment to be given.

3.2.9 It is important for advertisements to maintain the trust between practitioners and patients whereby this trust is not abused and the lack of knowledge among patients is not exploited.

3.2.10 Advertising door-to-door, via post, via telephone or through personal visits is prohibited.

3.2.11 Practitioners especially must comply with the prohibition of advertising in relation to diseases under subsection 3 (1) of the Medicines (Advertisement and Sale) Act 1956 [Act 290].

3.3 Use of titles and abbreviations that mislead the public:

3.3.1 Practitioners are not permitted to use a title and abbreviation that can cause the public to believe that he/she is qualified to practice modern medicine or to perform surgery as a medical practitioner registered under the Medical Act 1971 [Act 50].

3.3.2 Titles and abbreviations such as Doctor of Medicine, Dr., Physician, Medical Consultant directly or indirectly in the context of the practice of T&CM are prohibited as it will mislead the public. For example;

3.3.2.1 Direct usage by the practitioners of the title on nameplates, business cards, note paper, in a directory or any other documents such as invoices.

3.3.2.2 Indirect usage by practitioners is by allowing a person to refer to a practitioner as a Registered Medical Practitioner without correcting their misperception.
3.3.3 Practitioners are also prohibited from using the term “clinic” or “dispensary” or “hospital” or the equivalent of any of these terms that gives the same meaning in the name of a business or company. It is an offence under paragraph 33(1)(f), Medical Act 1971 [Act 50].

3.3.4 In the same context, practitioners are also not permitted to use the titles “Pharmacist”, “Chemist”, “Druggist” or terms that give the same meaning in the name of a business or company or dispensary as it is limited for use by Registered Pharmacists under Section 7, Registration of Pharmacists Act 1951 [Act 371].

3.4 Duty to report any epidemic or other localized outbreaks of diseases

It is the responsibility of all T&CM practitioners to report to the Registrar on the occurrence of any epidemic or other localized outbreaks of diseases, or infectious diseases or any other illness, public health problems or any adverse reaction of patients to traditional and complementary medicine services in accordance with the Prevention and Control of Infectious Diseases Act 1988 [Act 342].

4. Relationship with Other Professionals

4.1 Practitioners should maintain good relationships with other healthcare professionals.

4.2 Practitioners should work with other healthcare professionals to get the best treatment outcome for the patients when necessary.

4.3 Practitioners are prohibited from assisting any unqualified or unregistered practitioners in providing treatment to any patient.

4.4 Practitioners may be subject to disciplinary action in the event they assist unqualified or unregistered practitioners to treat any patient.

4.5 Practitioners are forbidden from allowing any unregistered practitioner to practise at a registered practitioner’s premise.

4.6 Practitioners are forbidden from enticing patients, directly or indirectly, to switch from other practitioners to themselves. This act is considered unprofessional.

4.7 Practitioners should not prevent their patients from switching to another practitioner to continue treatment if the patient wishes to do so.
4.8 Practitioners should always show mutual respect and willingness to listen to each other’s views and to work together in treating patients.

4.9 Practitioners are forbidden to criticise or discredit the reputation of other practitioners to their own patients.

5. Application for Patient’s Medical Record

5.1 An application for a medical record of a patient may be made to the relevant practitioner, by the following parties:

i) The patient;

ii) A person who has been granted written permission to apply on behalf of the patient;

iii) If the patient is a child, a person who has custodial rights over the patient;

iv) For patients who are incapable of looking after themselves, anyone appointed by the court to care for the patients; and

v) For patients who have died, relatives or heirs or personal representatives of the patient.

5.2 The patient or applicant will be granted access within 28 days from the date an application is received to access the medical record and will be given a copy of the record if requested.

5.3 There shall be no charge other than the cost of making a copy of the record and postage costs as incurred.

5.4 If any information or term in the medical record is not understood by the patient or applicant, an explanation shall be provided upon request along with a copy of the medical record by the practitioner.
C. CODE OF PRACTICE

1. General Cleanliness

1.1 Premises shall be suitable for professional practice.

1.2 Practitioners should always maintain good personal hygiene.

1.3 Practitioners should wash their hands before conducting physical examinations or initiating treatment for the patient.

1.4 Practitioners are required to take appropriate measures to avoid cross-infection.

1.5 Practitioners should always ensure that their premises are clean and have adequate airflow.

1.6 All reusable equipment that have been used should be cleaned periodically and after each treatment session.

2. Hand Hygiene Practice

The following are the five (5) hand hygiene practices for practitioners to follow:

2.1 Before touching the patient. (Examples: shaking hands, helping patients to move, physical examinations)

2.2 After touching the patient. (Examples: shaking hands, helping patients to move, physical examinations)

2.3 After touching the surrounding environment of the patient. (Example: changing the mattress cover)

2.4 Before performing aseptic procedures. (Example: cleaning wounds)

2.5 After performing procedures or when exposed to the patient’s bodily fluids. (Example: managing clinical waste)
3. Hand Washing Technique

3.1 Hand washing can be done by using soap or antiseptic liquid or an alcohol-based hand rub.

3.2 Preparation before hand washing:

i) Wet hands with water.  
   \textbf{(Reminder: Remove all jewellery, watches etc.)}

ii) Apply enough soap or antiseptic liquid or hand rub.

3.3 Hand Washing Technique (7 Hand Washing Steps):

i) Join and rub both palms together.

ii) Hold the right palm on the back of the left hand with fingers crossed and rub. Repeat this step with the left palm.

iii) Join both palms with fingers crossed and scrub.

iv) Clench your left hand, place your right hand on the back of your left hand and rub it downwards covering all the parts. Repeat this step with the right hand.

v) Rub around the left thumb clasped in the right hand using a rotational movement and vice versa.

vi) Press the fingertips of the right hand on the palm of left hand and scrub by rotating forward and backward. Repeat the step with the left hand.

vii) Rub with rotating movements on the right wrist and also on the left wrist. If using antiseptic soap or liquids, rinse with water and dry with a clean towel or disposable paper towel.

4. Equipment Used

4.1 Equipment deemed as medical devices and used by the practitioner for treatment purposes shall be registered under the Medical Device Act 2012 [Act 737].
4.2 All reusable equipment that had been used shall be cleaned with proper disinfection and sterilization methods.

5. Responsibility of Practitioners in Carrying Out Duties Safely

5.1 The most recent annual practising certificate of practitioners should be displayed at a prominent place within the premises.

5.2 Practitioners must ensure the health and safety of the patient in their premise at all times.

5.3 Practitioners need to ensure that their health status and personal hygiene will not affect the health of the patient.

5.4 Practitioners shall act promptly in the event of any injury when providing treatment to the patient.

5.5 It is an offence under the Penal Code [Act 574] for practitioners who are not registered medical practitioners to carry out any act with the intention of thereby preventing a child from being born alive, such as providing remedies to pregnant women or the use of equipment that may terminate the pregnancy or being party to any illegal surgery.

5.6 Every examination of a patient of a different gender shall be performed in the presence of a family member of the patient, relatives of the patient or a chaperone.

5.7 Adult family members or guardians are required to be present when any treatment or examination is conducted on children under the age of 18 years or on patients with mental disabilities.

5.8 Practitioners should provide direct consultation or treatment services to patients and avoid providing such services through third parties without the presence of the patient.

5.9 The administration and labelling of medications to patients should be in accordance with prescribed methods. Compulsory requirements that should be incorporated on medication labels are as follows:

i) Name and address of the T&CM premise/ practitioner;
ii)  Generic name of the medicine / name of the active ingredient;

iii) Patient’s name;

iv) Date medication was supplied or sold;

v) Reference number of the patient in the record books; and

vi) Complete instructions on how to take the medications.

5.10 Practitioners are forbidden to claim verbally or in writing that they can cure or heal serious or life-threatening illnesses.

5.11 Practitioners need to continually evaluate changes in the patient’s clinical condition during the course of treatment and monitor side or adverse effects towards the treatment provided.

6. Proper Management of Sharp Equipment and Clinical Waste

6.1 All waste generated on the premises shall be disposed of in accordance with the disposal method recommended in the Environmental Quality Act 1974 [Act 127].

6.2 Waste separation:
Waste should be isolated from its source and placed in colour-coded bags prior to the collection and disposal process. All health facilities should use standardised colour-coded bags and all categories of staff must be aware of the colour-codes and separation of waste according to their classification.

6.2.1 Clinical waste:
This waste should be separated and thrown into yellow plastic bags.

6.2.2 General waste:
This waste should be separated and thrown into black plastic bags before being collected for disposal.

6.2.3 Sharp objects:
All sharp waste must be deposited in a rigid walled, penetration resistant, sealed container (sharp bin) and then put in a yellow plastic bag before being collected.
6.3 Waste handling:

i) All waste should be handled properly in accordance with the prescribed rules to avoid any negative impact and harm to individuals, the community and the environment.

ii) The waste disposed of in yellow plastic bags and rigid walled, penetration resistant, sealed containers (sharp bins) are collected by staff from disposal companies licensed or recognised by the government for waste disposal.

iii) Waste collected in black plastic bags are collected by staff from the cleaning company to be taken to the garbage collection site.
D. LAW

7. Compliance to Law

In all circumstances, practitioners must comply with any related prevailing legislation that is in force.

For further information, kindly contact:

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