Role of Thai Medical Council in Regulating Ethics of Private Practitioners

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History of the Medical Council of Thailand

• 1921 Medical Association of Thailand was established (October 25, 1921)
• 1923 Medical practice was under Ministry of Public Health Act
• 1968 The Medical Council was established under The Medical Professional Act B.E. 2511 (October 9, 1968)
• 1982 The revised Medical Professional Act B.E. 2525 (1982)
Objective of the Medical Council

• To control the professional conduct of the medical practitioners.
• To promote the studies, research, and the professional practice in medicine.
• To promote the unity and to maintain the honor of the members
• To assist, to advise, to disseminate and educate the public and other organizations in medicine and public health
• To give advice or recommendation to the government
• To act as representative of the medical profession in Thailand.
Authorities and duties of the Medical Council

- To register and to issue licenses to be the medical practitioners
- To suspend or to revoke the license to practice
- To recognize the degree, certificate in medicine or the professional diploma of various institution
- To recognize the various curricula for the medical training of the medical institution
- To recognize the academic standard of the medical institution providing the training in.
- To certify the diplomate in board of medical specialty and sub-specialties
The committee of the Medical Council

– Half of them are ex officio:
  • The permanent secretary for the public health
  • Director general of the department of medical sciences
  • Director general of the department of health
  • Surgeon general of the Medical department of army, navy, air force and police (4)
  • Deans of the medical schools (16)
– Half of them are elected by the members(23)
Organizational structure

Medical Council

- Secretariat office
  43 non medical staffs

- Institute of Ethical Promotion

- Office of Research Promotion

- Office of the National Medical License Examination

- 13 Royal College of Specialties

- Continuing Medical Education
Administrative Structure

Medical Council Committee

Executive committee

Educational Committee

Public and professional relationship

Ethic Committee
  - 16 subcommittee on professional ethics
  - 9 subcommittee on investigation
Educational programs

• 19 medical schools (18 public 1 private)
• 60 specialty and subspecialty training programs (accreditation every 5 yrs)
• 113 Internship training program (accreditation every year)
• New medical school (curriculum standard, performance standard, process standard)
Activities

- Public education in TV, newspaper, radio program, website [www.tmc.or.th](http://www.tmc.or.th)
- Meet the members all over the country
- Medical council bulletin
- Working standard
- Increased quality of life of medical personnel
- Standard doctor fee
- Medical litigation and patients’ safety program
- Medical facts
- Patients’ right and responsibilities
- Medical ethics
- Training program on law, communication skill, witness
- Clinical practice guideline
- Continuing medical education
Number of Ethical Claims to the Medical Council of Thailand,  1973-2005
Revalidation of Medical Practitioners

Recertification

Relicensing

Re-registration
Leading Complaints to Medical Council of Thailand, 1988-2004

Do not maintain the highest standard of medical practice 1127
Advertisement on the medical practice 295
Carry out practice without regard to the patient’s safety and expenditure 238
Do not observe all laws e.g. criminal abortion 189
Arrange or assist unlawful medical practice 161
Intentionally provide an untrue certificate 119
Bring dishonor to the profession 118
The Rule of the Medical Council on The Observance on Medical Ethics

- Part 1: Definition (4 clauses)
- Part 2: General provision (3 clauses)
- Part 3: Advertisement on the medical practice (7 clauses)
- Part 4: The medical practice (15 clauses)
- Part 5: Relation with professional colleague (3 clauses)
- Part 6: Relation with colleague (3 clauses)
- Part 7: The conduct concerning medical premise (5 clauses)
- Part 8: Relationship with health industries (6 clauses)
- Part 9: Human experiments (5 clauses)
- Part 10: Transplantation (4 clauses)
- Part 11: Stem cells (7 clauses)
The Decision of the Committee

1. Dismissing the accusation
2. Warning
3. Reprimand
4. Suspension of the license for a period 1-24 months
5. Revocation of the license
Number of Ethical Claims according to place of practice 1988-1999

- Private: 68%
- Public: 24%
- NK: 8%
Ethical Claims/1000 M.D./year according to age group

No./1000

Age (years)
Number of Doctors according to sex in 2003
Cause of Litigation

• Lack of good communication
• Poor doctor-patient relationship
• High expectation, over promised, did not tell the adverse event or disadvantage that might happen.
• Do not respect patients' dignity and privacy;
• Do not listen to patients and do not respect their views;
• Have not given patients information in a way they can understand;
• Do not allow the patients to be fully involved in decisions.
• Do not keep professional knowledge and skills up to date;
• Do not recognize the limits of your professional competence;
• Dishonest and no trustworthy;
• Perceiving or withholding essential information when adverse event occur
• Incited by lawyer or NGO
Good standard of practice and care

- Make the care of your patient your first concern;
- Treat every patient politely and considerately;
- Respect patients' dignity and privacy;
- Listen to patients and respect their views;
- Give patients information in a way they can understand;
- Respect the rights of patients to be fully involved in decisions about their care;
- Keep your professional knowledge and skills up to date;
- Recognize the limits of your professional competence;
- Be honest and trustworthy;
- Respect and protect confidential information;
- Make sure that your personal beliefs do not prejudice your patients' care;
- Act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice;
- Avoid abusing your position as a doctor; and
- Work with colleagues in the ways that best serve patients' interests.
How to prevent litigation

- 1. Communication with patient
- 2. Interpersonal relationship
- 3. Informed consent
- 4. Documentation
- 5. New technologies
- 6. Consultation / transfer
- 7. Avoidance
- 8. Malpractice insurance
Tort Reform

- No criminal charge against doctors who have good intention to treat patients
- Cap damages
- Encourage early offers for settlement
- Use medical courts
- Compensate claims through a no-false administrative system
- Implement predesignated compensable events
- Shift liability from individuals to organizations
Thank You For Your Attention