

## **IMPLEMENTING RULES AND GUIDELINES OF THE CODE OF ETHICS OF THE PHILIPPINE ACADEMY OF OPHTHALMOLOGY (PAO)**

TO CARRY OUT AND IMPLEMENT THE CODE OF PROFESSIONAL ETHICS FOR PHYSICIANS PRACTICING OPHTHALMOLOGY (Eye MD's) IN THE PHILIPPINES, THE FOLLOWING IMPLEMENTING RULES AND GUIDELINES ARE HEREBY ADOPTED:

### **Article 1: COVERAGE**

Sec. 1: This Code shall apply to all MDs engaged in the practice of ophthalmology in the Philippines.

***“This covers Eye MD’s who are PAO members and those who are not members of PAO”***

### **Article 2: COMPETENCE AND SKILLS-ENHANCEMENT**

Sec. 2: Every EyeMD shall always strive to maintain and upgrade his professional competence and technical skills through attendance in training seminars, scientific sessions and continuing medical education activities or endeavors.

### **Article 3. THE EyeMD AND PATIENTS**

Sec. 3: *The Patient’s Best Interest:* In treating or recommending treatments, tests, procedures or medical interventions, the EyeMD should always place the patient’s interest above everything else according to his best judgment, and shall respect the patient’s rights as guaranteed by law. He shall not implement or carry out a treatment option nor withhold or withdraw treatment without the patient’s consent or when applicable, the consent of the patient’s relatives or next of kin.

Sec. 4: *Unnecessary Procedure(s):* The EyeMD shall refrain from performing or recommending the performance of unnecessary procedures on the patient. For purposes of this section, “unnecessary procedure” shall refer to any procedure that is beyond the accepted clinical indication(s).

Sec. 5: *Warranted Specialization:* The EyeMD should not hesitate to recommend to the patient or, when applicable, the patient’s parent/guardian, the consultation of the patient’s condition with another Colleague whose specialization is deemed necessary. For this purpose, he shall truthfully inform the patient or, when applicable, the patient’s parent/guardian, the extent of such colleague’s participation in the treatment or management of the patient’s condition.

Sec. 6: *Withdrawal from practice by reason of impairment:* An EyeMD with physical, mental or emotional impairment should withdraw from those aspects of practice affected by the impairment.

For purposes of this section, “impairment” shall mean any disability or incapacity by reason of sickness, accident, serious affliction, degenerative disease which inhibits or deters the EyeMD from exercising discernment or judgment or inhibits the use of his senses or mobility.

Sec. 7: *Patient Solicitation:* The EyeMD shall refrain from soliciting patients through any means or form or through any medium unless otherwise permitted by this Code; neither should he offer to or receive from a fellow physician, EyeMD, allied health professional or independent solicitor any fee(s) or favor(s) or consideration(s) for the purpose of obtaining patients.

✓ ***The Eye MD shall not link up with any NGO or any institution in the guise of charity or community service for the sole purpose of soliciting PhilHealth patients. Please see Article 6, Section 17.***

Sec. 8: *Confidentiality of Medical Information:* The EyeMD shall preserve the confidentiality of his findings or other information he has of the patient and shall not discuss the same with third parties unless such disclosure is authorized or allowed by law or at the behest or instruction of the patient himself or, when applicable, the patient’s parent/guardian, or when a Colleague is called in consultation with the patient’s consent or, when applicable, the consent of the patient’s parent/guardian,.

Sec. 9: *Patient’s rights over own Medical Information:* The EyeMD shall provide the patient or, when applicable, the patient’s parent/guardian, or a Colleague called upon for consultation with the patient’s consent or, when applicable, the consent of the patient’s parent/guardian, truthful, complete and accurate medical evaluation and findings on the patient. In addition, he shall explain to the patient or, when applicable, to the patient’s parent/guardian, the nuances of the disease, the intervention or procedure needed including the risks and benefits of such procedures or interventions. The EyeMD shall likewise observe full faith and candor in providing clinical information required in medical certifications or disability claims of patients.

Sec. 10: *Voluntary Severance of EyeMD services:* The EyeMD may sever his services to his patient anytime during treatment provided he promptly informs the patient or, when applicable, the patient's parent/guardian, of the same and extends to him emergency care when indicated.

Sec. 11: *Involvement in pre-operative evaluation:* Before performing surgery, the EyeMD should review and participate in a pre-operative evaluation of the patient's condition and shall arrange for post-operative care as warranted by the type of surgery performed.

#### **ARTICLE 4: THE EyeMD AND COLLEAGUES**

Sec. 12: *Upholding a Colleague's Honor:* An EyeMD should uphold the honor of a Colleague at all times and before all persons professing confidence in a Colleague's good faith and competence, but without prejudice to bringing to the attention of the Committee on Ethics breaches or violations of this Code committed by a Colleague.

Sec. 13: *Sharing of Medical Advances:* An EyeMD shall endeavor to share with other Colleagues medical and surgical advances as well as the expertise he acquires in the course of his practice, studies and research;

Sec. 14: *Limited Consultation Services:* An EyeMD called in for consultation or co-management by another EyeMD should limit his services to the subject of the consultation/co-management and shall at all times respect the right of the referring EyeMD to the latter's primary relationship with the patient unless the patient or, when applicable, the patient's parent/guardian, directs the contrary; in which event the primary EyeMD shall release such patient to the consulting EyeMD together with all the medical information and/or record(s) of the patient;

Sec. 15: *Treatment of another EyeMD's patient:* An EyeMD shall not take charge of, or prescribe for a patient already under the care of another EyeMD unless the case is one of an emergency or the EyeMD has relinquished the case or, the patient or, when applicable, the patient's parent/guardian, has dispensed with the services of the attending EyeMD. When a second opinion is obtained by the attending EyeMD the patient remains under the care of the attending EyeMD and should be sent back to the attending EyeMD unless the patient or, when applicable, the patient's parent/guardian, directs the contrary.

- ✓ ***It is a patient's right to voluntarily seek another EyeMD's opinion.***
- ✓ ***If attending EyeMD refers for another EyeMD's opinion and/or special diagnostic tests, the EyeMD to whom the patient was referred to should inform the original EyeMD of his/her findings and recommendations.***

#### **ARTICLE 5: FEES**

Sec. 16: The EyeMD shall endeavor to charge professional fees as are appropriate or commensurate with the services rendered, taking into account the nature and extent of the said services, the technology, equipment, devices or materials used or the expertise, skill or training employed.

#### **ARTICLE 6: THE EyeMD AND THE COMMUNITY**

Sec. 17: Every EyeMD should spend a portion of his time to reducing eye diseases in the country either at his own initiative and responsibility, or by participating in surgical outreach missions or similar undertakings provided that such will not encroach into the practice of local EyeMD's and are coordinated with the local EyeMD's and the Academy which shall supervise such undertakings in accordance with existing or set guidelines;

- ✓ ***Missions should not be limited to PhilHealth cardholders only***
- ✓ ***Definition of Local Eye MDs – holds clinics, surgical consultations and operations regularly in the local area (province or region); should be a member of the Chapter Society***
- ✓ ***PAO should be notified by any NGO, institution whenever eye mission activities are planned and conducted***
- ✓ ***PAO will coordinate with local chapter about such activity***
- ✓ ***Fraudulent use of PhilHealth benefits is unethical***

## ARTICLE 7: THE EyeMD AND COMMUNICATIONS TO THE PUBLIC

Sec. 18: In executing communications to the public, the EyeMD must always uphold the dignity and nobility of the profession. In all such communications, the EyeMD must endeavor to maintain the level of professionalism befitting his profession and refrain from engaging in obviously commercial undertakings that may undermine or erode the dignity and nobility of the profession.

- ✓ ***DEFINITION OF COMMERCIALISM – any undertakings done for profit; anything that brings profit but does not promote the best interest of the patient (ex. unnecessary diagnostic tests);***
- ✓ ***This section does not refer to optometric, optical, and/or pharmaceutical services.***

Sec. 19: *Forms of Public Communication:* Public communication may be executed or accomplished through print media such as, but not limited to, newspapers, magazines, periodicals, brochures, telephone directories or other forms of printed material; through broadcast media which shall include radio, television, movies or other forms of entertainment, or by direct mail, internet or electronic facilities, streamers, billboards or similar forms of information to the general public.

Sec. 20. *Guidelines in the execution of communications to the public:*

Communications to the public must strictly adhere to the following criteria:

- a. They must be factual, informative, truthful and accurate;
  - b. They must not make or contain misleading or deceptive claims or statements;
  - c. They must not misrepresent facts or information;
  - d. They must not be laudatory;
  - e. They must not make or contain any unsubstantiated, unsupported or patently unsupportable claims to superiority;
  - f. They must not discredit, injure or be derogatory to any colleague or a group of colleagues, or to the Academy.
  - g. They should not tend to, or have the effect of commercializing the profession.
- ✓ ***“To effectively carry out and implement the foregoing provisions of Sections 18, 19, 20 in ARTICLE 7 above, every Eye MD must observe and comply with the following:***

### ***I. Responsibility***

- ✓ ***an Eye MD who appears as subject of an advertisement of a clinic, center, hospital, facility will be held responsible for the incident ( his being featured) .***

### ***II. False or Misleading Claims***

- a. ***Information, medical claims must be up to date, accurate and must not mislead either directly or indirectly, by implication or by omissions.***
- b. ***Examples are:***
  - 1. ***Shortening an approved indication ( ex. In a byline) so as to remove a qualification or limitation to the indication.***
  - 2. ***Lack of substantiation of claims not of medical or scientific nature.***
  - 3. ***Omissions, misinterpretation, out of context quotations that alter the original intent or meaning.***
  - 4. ***Negative statements about competitors and other Eye MDs***
  - 5. ***Implied claims that a parameter subject to precaution/ warning is not a cause of concern***

6. *Suggestion of uses, indications other than those approved by BFAD, and not in accordance with accepted clinical practice guidelines.*

7. *Use of obsolete data*

### III. *Good Taste*

*Advertisements in print, tv, movie, electronic media, must conform to accepted standards of good taste and must uphold the dignity of the medical profession.*

### IV. *Unqualified Superlatives*

*Unqualified superlatives must not be used. All claims as to services, medications being promoted must be capable of substantiation. For example, the words “safest”, “best”, “newest”, “fastest”, “most effective” “the only”, must not be used without qualification.*

### V. *New Treatments/Technology*

*The word “new” must not be used for a treatment or for technology, which has been promoted for more than 12 months internationally.*

### VI. *Comparative Statements*

*Comparison of treatments/ technology must not be disparaging but must be factual, fair and capable of substantiation and referenced to source. Care must be taken to ensure that it does not mislead by distortion, undue emphasis or any other way. “Hanging” comparatives, those which claim superiority must not be used (ex: better, stronger, more widely used, etc).*

### VII. *Price Comparison*

*Members must not announce prices in mass media especially unfair or misleading price comparisons vis-à-vis competing institutions, center, hospitals, facilities, clinics and individual practitioners.*

### IX. *Imitation*

*Ads in print and electronic media must not copy the devices, logos, slogans, general layout adopted by other centers, facilities, hospitals, institutions, clinics, in a way that is likely to mislead or confuse.*

### X. *Sponsored Publications*

*Sponsored publications must be identified as such in a type size not less than 2 mm, either at the top or bottom of the article or ad.*

### XI. *Feature Articles on Centers, Hospitals, Clinics, Facilities, Institutions*

*Feature articles, advertorials and advertisements are allowed, with mention of the clinical and support staff and their qualifications as members of the staff, BUT only in a one time introductory feature article about the center, hospital, facility, clinic, institution.*

- ✓ *”one time introductory feature article” can be published in various publications (newspaper, and magazine) and other forms of media*
- ✓ *this does not cover the internet (websites)*
- ✓ *subsequent feature articles, advertorials and ads will be subjected to the IRG provisions in roman numeral XII.*

### ***XII. Public Education Material, Articles in Print and Electronic Media***

*Educational material, feature articles, brochures, advertisements sponsored by centers, clinics, hospitals, institutions, facilities, should present current, accurate and balanced information.*

*The tone of the material must not cause unnecessary alarm or misunderstanding nor must it cause unfounded hopes of successful treatment.*

*Sponsoring clinic, center, hospital, institution, facility is allowed to identify itself and include its clinic hours, address, services.*

*In mass media (newspapers, magazines, TV, movies and the like) the doctors' pictures, names, personal data, accomplishments must not be included. Pictures of Eye MDs in action, and relevant and important to the feature article are allowed, provided that their names and clinic hours and personal data are not included.*

### ***XIII. Billboards & Streamers***

- ✓ *its contents should contain nothing unethical; and*
- ✓ *should follow the provisions of IRG roman numeral XII.*

### ***XIV. Guesting in or hosting TV or radio talk shows:***

- ✓ *allowed as long as it is not utilized to promote one's practice*
- ✓ *No contact numbers (telephone, cellphones) of the guest Eye MD should be advertised.*

### ***XV. Regular columns and regular feature articles in newspapers and/or magazines:***

- ✓ *if paid columnist of newspaper and /or magazines, may print name and/or ID photo (acceptable size as practiced by the newspaper and/or magazine)*

## **ARTICLE 8: THE EyeMD AND FINANCIAL RELATIONSHIPS**

Sec. 21: *Non-professional interest:* An EyeMD who has an interest other than professional in any aspect of research or referral for surgical procedure or for laboratory utilization or any professionally-related commercial enterprise, should disclose such interest in any communication to research participants, patients and colleagues.

Sec. 22: Any EyeMD who has a non-professional interest in an enterprise related to his practice shall not allow such interest to prevail over or affect his clinical judgment.

Sec. 23: Any EyeMD in a commercial relationship with a hospital, eye center, professional partnerships, managed-care organizations or similar endeavors should remain prudent of his obligations towards his patient and his responsibilities to his profession.

## **ARTICLE 9: THE EyeMD AND MANAGED HEALTH MAINTENANCE ORGANIZATIONS (HMO's) AND SIMILAR INSURANCE VENTURERS**

Sec. 24: *HMO network:* An EyeMD shall not limit himself to the network of doctors in an HMO where he or his patients belong, if it is in the best interest of the patient to seek specialist help or consultancy outside such network. In which event, he shall undertake to explain such outside medical attention or treatment to the patient or, when applicable, to the patient's parent/guardian.

Sec. 25: *Insurance cover*: In providing or communicating information relating to insurance cover for a particular disease or procedure on a patient, the EyeMD shall be truthful, honest and accurate with respect to his findings, diagnosis or evaluation.

#### **ARTICLE 10: THE COMMITTEE ON ETHICS AND PRACTICE MANAGEMENT**

Sec. 26: *Composition, Membership and Tenure*: There shall be a Committee on Ethics and Practice Management ("Ethics Committee" or "Committee on Ethics") to be composed of a Chairman and six (6) members to be appointed by the Executive Council from the general membership, provided, however, that at least one member shall be an incumbent member of the Executive Council. All members of the Committee shall serve a term of two (2) years. Initially, three (3) of the members shall serve for one (1) year while the Chairman and the other three (3) members shall serve for two (2) years. Thereafter, each member shall serve a term of two (2) years. Any member may be re-appointed provided that he shall not serve for more than three (3) consecutive terms including his initial term.

Sec. 27: *Functions of the Committee*: The Committee on Ethics shall have the following functions:

1. To receive complaints, reports, answers, or other pertinent documents or papers relating to alleged violations of this Code by any member, fellow or non-member MD practicing ophthalmology in the Philippines;
2. To investigate and conduct hearings on all complaints brought before it, and summon the appearance of complainants, respondents and/or their witnesses, as well as all papers or documents which are relevant in the Committee's judgment, to the case;
3. To undertake or authorize researches and expert opinion within or outside of the PAO;
4. To elevate to the Executive Council of the PAO its findings and recommendations.

Sec. 28: *Meetings of the Committee*: The Committee shall meet as often as necessary at a day, place and time to be determined by the Committee. The Chairman shall preside in all meetings of the Committee.

Sec. 29: *Notices of meetings and quorum*: Notice of the Committee meetings shall be sent to the members at least one week before the meeting either by mail, telephone, facsimile transmission or by electronic media (email). A majority of the Committee members shall constitute a quorum.

#### **ARTICLE 11: PROCEDURE FOR DISPOSITION OF COMPLAINTS**

Sec. 30: The following procedure shall be observed in resolving complaints for violations of this Code:

- a. Complaints charging violations of this Code shall be in writing and under oath;
- b. Upon receipt of the complaint, the Committee shall require the respondent or other persons cited in the complaint to submit his/their answer to the Committee;
- c. Upon receipt of all documents relating to the complaint and the answer, the Committee shall set the complaint for hearing and shall summon the complainant, the respondent and their respective witnesses to the hearings, which the Committee would schedule, including their respective counsels.
- d. Upon completion of the testimonies of the parties, the Committee shall, within thirty (30) days after the final hearing, formulate its findings, and for this purpose, may employ legal advisories and past decisions, rulings or recommendations of the Committee or of the Executive Council as are, or may be applicable. Thereafter, it shall elevate its findings to the Executive Council.

Sec. 31: *Alternative Disposition*: Before making its recommendations, the Committee may give the respondent a chance to offer an alternative disposition or proposal which, if acceptable to the majority of the Committee, may be submitted to the Executive Council for approval.

Sec. 32: *Judgment and Sanctions*: The Executive Council shall, within 30 days from its receipt of the Committee's findings, render judgment or such sanctions as would, in the determination of the committee, appropriately apply on the respondent.

Sec. 33: *Appeals*: The decision of the Executive Council may be appealed by the indicted member within 30 days from receipt of the decision, to the Executive Council. Such appellate body shall resolve the appeal within 60 days from its receipt of the decision, which shall be final and executory within ten days from receipt by the respondent.

Sec. 34: *Effect of Resignation:* If at any time during the proceedings, the respondent EyeMD resigns from PAO membership, the Committee may continue the investigation altogether.

Sec. 35: All actions or judgments rendered by the Executive Council, and the contents or transcripts of inquiries or investigations of respondents, shall be communicated to the Philippine Medical Association, the Professional Regulatory Commission, the Philippine Health Insurance Corporation and other organizations which the Executive Council may deem affected by its decision.

#### **ARTICLE 12: AMENDMENTS**

Sec. 36: *Amendments:* This Code may be amended upon approval by at least two-thirds (2/3) vote of the general membership present at a meeting called for the purpose, the same to take effect 30 days after publication of the amendments in the Academy's official journal and newsletter and/or the Philippine Medical Association's Newsletter/Gazette of general circulation in the country.

#### **ARTICLE 13. SUBMISSION FOR RATIFICATION**

Sec. 37: This Code shall be submitted to the general membership of the PAO for ratification at a general meeting called for the purpose, and upon notice of the date, place and time sent to all members.

#### **ARTICLE 14. ADOPTION AND ENFORCEABILITY**

Sec. 38: This Code shall be deemed adopted if it is ratified by a vote of at least two-thirds (2/3) of all voting members of the PAO present at the meeting called for the purpose as stated in Article 13. It shall thereafter be enforced 30 days after the publication of its ratification in the Academy's official journal and newsletter and/or the Philippine Medical Association's Newsletter/Gazette of general circulation in the Philippines.

Sec. 39: *Organizational Meeting:* The Committee on Ethics and Practice Management shall, within thirty (30) days from ratification of this Code, meet for the purpose of organization. At such meeting, the Chairperson, Vice-Chairperson and Committee Secretary shall be elected, and matters relating to the frequency of meetings and procedural/ operational matters relating to the Committee's governance and functions shall be determined

Sec. 40: *Implementing Rules and Guidelines (IRG):* Within sixty (60) days from the ratification of this Code, the rules, regulations and implementing guidelines of this Code shall be adopted, the same to take effect thirty days after the same has been circulated to the membership. The IRG may be reviewed, assessed and revised from time to time in keeping with changes in, or evolving technology, professional practice, scientific advances and/or governing laws, and shall have the force and effect of this Code as if they have been specifically provided.

**NOTE: The Implementing Rules & Guidelines are italicized under each Sections of the Articles**

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