

## **Proposed Sections for Amendment to Act**

### **Section 2 (amendments)**

In this Act, unless the context otherwise requires –

**"compos mentis"** shall mean "of sound mind and capable of understanding the nature and consequences of one's actions";

**"non-compos mentis"** shall mean "not of sound mind and incapable of understanding the nature and consequences of one's actions";

**"Medical intervention"** shall include and be defined as "any pharmaceutical treatment or prophylactic measure, surgical procedure, or application of a medical device intended to prevent, alleviate, or lessen physical or mental illness for which an individual is currently suffering or is deemed to be at risk."

### **Section 24 A. Bioethics (Amendment)**

(1) All medical practitioners duly registered under the provisions of this Act shall adhere to the following principles to ensure the protection of patients' rights, safety, and well-being when administering medical interventions or conducting medical research:

**(a) Minimization of Risk and Harm:** Medical interventions shall be administered only if the importance of the objective outweighs the inherent risks and burdens to the patients. Every precaution shall be taken to protect the patients from even remote possibilities of injury, disability, or death.

**(b) Evidence-Based Practice:** Medical interventions shall be based upon a thorough knowledge of the scientific literature and evidence-based practices. The interventions shall be designed and conducted by qualified individuals possessing appropriate scientific training and expertise.

**(c) Avoidance of Unnecessary Suffering:** Medical interventions shall be conducted in a manner that minimizes any potential physical and mental suffering or injury to the patients.

**(d) Proportionality of Risk and Benefit:** The degree of risk involved in medical interventions shall never exceed the anticipated therapeutic benefit or the seriousness of the medical condition being treated. The potential benefits of the intervention must be carefully weighed against the risks, considering the severity of the patient's condition, their prognosis, and the impact on their overall well-being and quality of life.

(e) **Voluntary Informed Consent:**

(i) Prior to administering any medical intervention with significant and/or uncertain risk or involving a patient in research, medical practitioners shall obtain in writing, voluntary informed consent from said patient, who shall be regarded as compos mentis unless proven otherwise by a competent authority.

(ii) In the event of an emergent situation where a patient is suspected to be non-compos mentis and, therefore, incapable of providing consent, the practitioner is authorized to exercise their professional judgment in administering medical interventions, in strict compliance with sub-clauses (b), (c), (d), and (e).

(iii) In the event that a patient is proven to be non-compos mentis, voluntary informed consent shall be obtained from the patient's legal guardian or a person authorized to make medical decisions on their behalf.

(iv) The patient or their legal guardian shall be provided with adequate information regarding the nature, purpose, risks, and benefits of the proposed intervention or research, and their consent must be given freely without coercion or undue influence. The patient or their legal guardian should possess sufficient knowledge and comprehension of the elements of the subject matter involved to enable them to make an understanding and enlightened decision.

(v) **Disclosure of Regulatory Status and Safety Profile:** As part of the informed consent process, medical practitioners shall disclose to patients the regulatory or approval status of any medical intervention being administered or prescribed, along with any uncertainties or limitations in the available knowledge regarding its short-term and long-term safety profile, based on the extent and quality of safety testing conducted.

**(f) Right to Refuse or Withdraw:** Patients, or their legal guardians in the case of patients who are non-compos mentis, shall have the right to refuse or withdraw from any medical intervention at any time without prejudice or penalty, and they must be informed of this right.

**(g) Integrity in Promotion and Representation:**

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(i) Medical practitioners shall not make unsubstantiated, false, or misleading claims about the benefits, efficacy, or safety of any medical intervention, whether through direct communication with patients, advertising, social media, or other platforms.

(ii) When promoting or representing medical interventions, medical practitioners shall rely on credible scientific evidence and empirical data, and shall accurately convey the level of certainty or uncertainty associated with the claims being made.

(iii) Medical practitioners shall not exploit their position of trust or authority to unduly influence

patients' decisions regarding medical interventions, and shall respect patients' autonomy and right to make informed choices based on accurate and unbiased information.

(iv) Violations of this principle may be considered professional misconduct and subject to disciplinary action by the Medical Board.

### **Section 36: Fiduciary Accountability**

#### **(1) Duty of Care:**

(a) All members of the Council, committee members, and employees of the Medical Board shall exercise the utmost care and diligence in the management of the Board's funds and assets, ensuring that all decisions are made prudently and in good faith to further the interests of the Board and its stakeholders.

#### **(2) Duty of Loyalty:**

(a) No member of the Council, its committees, or employee of the Medical Board shall engage in any activity or transaction that would create a conflict of interest or result in personal gain at the expense of the Board.

(b) Any potential conflicts of interest must be promptly disclosed to the Board, and appropriate measures must be taken to mitigate or eliminate such conflicts.

#### **(3) Transparency and Disclosure:**

(a) The **Council** shall ensure that accurate and complete records of all financial transactions and decisions are maintained.

(b) The **Council** shall provide regular and comprehensive reports on the financial status and operations of the Board to its members and the public, including an annual audited financial statement.

(c) All financial records and reports shall be made available for inspection by any member of the Board or the public upon reasonable request.

#### **(4) Accountability:**

(a) The Council shall establish a **Finance Committee\*** to oversee the financial management and operations of the Board, ensuring compliance with established policies and procedures.

(b) The Finance Committee shall conduct regular reviews and audits of the Board's financial activities, and any discrepancies or irregularities shall be promptly addressed and reported to the Board.

(c) Any member of the Council, its committees, or employee found to have breached their fiduciary duties shall be subject to disciplinary action, which may include removal from office, restitution of misappropriated funds, and other legal consequences as deemed appropriate by the Board/Council.

**(5) Compliance with Legal and Ethical Standards:**

(a) All financial activities and transactions of the Board shall comply with applicable laws, regulations, and ethical standards.

(b) The Council shall ensure that all members, committee members, and employees receive appropriate training on fiduciary duties and financial management best practices to uphold the highest standards of conduct.

**(6) Annual Independent Audits:**

(a) The Council shall engage an independent external auditor to conduct an annual audit of the Board's financial statements.

(b) The results of the audit shall be presented to the Council, included in the annual financial report, and made available to the public.

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1. Committee to Evaluate the Tender for the Forensic Audit of Financial Processes and Procedures and IT Security of the Medical Board.
2. Code of Ethics Subcommittee (filled)
3. Outreach Subcommittee
4. Newsletter Subcommittee
5. I.T. Subcommittee
6. Finance Subcommittee (filled)
7. Complaints/ Investigatory Committee
8. Medical Board Act Review Committee
9. Continued Professional Development (CPD) Committee
10. Specialist Register Committee