

Patient Autonomy Key Part of Medical Ethics

This letter was first published in the Straits Times Forum page on 4 June 2015.

IN THE article on May 27 (“Just had liposuction? MOH may be calling you soon”), it was revealed that those who want to undergo liposuction to improve their looks must also agree to be interviewed by the Ministry of Health (MOH) on the outcome of the procedure.

The four fundamental tenets of medical ethics are patient autonomy, beneficence (to do good), non-maleficence (to do no harm) and social justice. Patient autonomy includes the patient’s rights to give or withhold consent for treatment, privacy and confidentiality. These tenets should not be violated or significantly compromised except in the most serious circumstances, and backed by the force of legislation. For example, the Infectious Diseases Act can override certain patients’ rights to privacy and confidentiality in the interest of public health and safety.

Similarly, the Private Hospitals and Medical Clinics Act already empowers the MOH to access patient records for audit purposes without a patient’s consent, in the interest of improving patient safety and clinical quality.

Giving consent for an aesthetic procedure is different from giving consent to be contacted and interviewed by MOH officers post-procedure. The two are separate and independent events that entail separate and independent decisions by the patient. A patient’s autonomy is compromised when the two decisions are bundled together in one consent form.

We hope the MOH can clarify and explain how it is empowered by legislation to do so and why it has chosen this path of significantly diminishing patient autonomy in its effort to regulate aesthetic procedures. ■

Dr Wong Tien Hua
President, Singapore Medical Association