

9 - 12 EKİM 2019
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III. ULUSLARARASI TIP HUKUKU KONGRESİ

BİLDİRİLERİ KİTABI



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CİLT 1

EDİTÖRLER

Prof. Dr. Dr. h.c. Hakan HAKERİ
Av. Cahid DOĞAN



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**III. ULUSLARARASI
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Prof. Dr. Dr. h.c. Hakan HAKERİ (Orcid Kod: 0000-0001-6699-1642)
Av. Cahid DOĞAN (Orcid Kod: 0000-0001-6843-9210)

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ADALET YAYINEVİ

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TEACHING MEDICAL LAW IN CONTEMPORARY HEALTHCARE SETTING: CHALLENGES AND OPPORTUNITIES

Professor Dr. Puteri Nemie Jahn KASSIM

*Civil Law Department, Ahmad Ibrahim Kulliyah of Laws,
International Islamic University Malaysia*

Abstract

As the medical profession deals with a person's two most precious commodities, namely, life and health, any mistake that results in death or disability will usually trigger claims in the court of law. This is due to the fact that victims of medical injuries usually find such mistakes hard to grasp as medicine is to cure and not otherwise. Thus, in their perception, such mistakes could have been avoided if the medical practitioner had taken proper care. Therefore, it can be seen that, the constant intervention of law into medical practice has created not only more rights for the patients but more liabilities for the medical practitioners. Against this backdrop, it is of significant importance that the medical profession is educated with the relevant legal standards that are governing their daily practice. Educating the medical profession should start from the undergraduate level at the University with a holistic medical curriculum that combines lectures and workshop discussion of case studies that relates to the needs of the society and the demands of law together with medical ethics. The learning experiences should provide opportunities for medical students to develop and sustain the ideals of medical professionalism in the contemporary healthcare setting. Through a holistic legal education, the medical profession will ultimately be equipped to face the contemporary challenges, safeguard patient safety goals, and eventually provide a more harmonious interface between medicine and law. By employing qualitative methods of research, this research paper will highlight the importance of educating the medical profession with developing legal standards and propose recommendations for the ideals that are required for a holistic medical curriculum and education process that will ultimately prepare the medical profession in facing the fundamental challenges generated by contemporary legal developments.

Keywords: *Legal Education; Legal Standards; Medical Curriculum; Medical Profession*

Introduction

As the frontiers of medical knowledge and technology are continually challenged, the performance of the medical profession and health care providers is increasingly put under scrutiny. Higher expectations are placed on the standard of treatment, skill and care provided by the medical profession and this have led to the phenomenon of increasing medical negligence claims. Compared to other professions, the medical profession is much more vulnerable to criticisms and attacks as they deal with individuals' most precious commodities, that is, life and health. If an accountant makes a mistake and loses his client's money, monetary compensation may be able to placate the client. However, if the medical practitioner's mistake results in death or disability, money may be seen as poor compensation for the loss suffered. Thus, one mistake committed by the medical practitioner will distort his image as patients usually find such mistakes hard to grasp as medicine is to cure and not otherwise. Such errors may transform the medical practitioner from a noble figure to a hatred one. Thus, in countering these negative perceptions, the medical profession has to be more accountable for the quality of care they provide and meet patients' needs. With the rapid growth of consumerist attitudes and public awareness of their rights, medical negligence litigation and demands for accountability are currently becoming a common trend.

The Intense Desire to Litigate in Contemporary Healthcare Setting

In contemporary healthcare setting, there exists greater degree of knowledge, awareness and claims consciousness amongst the public. Commercialisation and privatisation of medicine have also increase patients' expectations of what the outcome of the medical treatment should be. Patients no longer condemn mistakes made by the medical practitioners as misadventures but as mistakes that could have been avoided if proper care had been taken. Ultimately, these aggrieved patients will resort to court litigation to channel their grievances. Medical negligence litigation reflects all manner of dissatisfaction on the part of the patients with the conduct of the medical practitioner. Further, highly publicised medical negligence cases by the mass media have clearly stifled and undermined public confidence towards the medical profession. Injured patients expect and want monetary compensation when things go wrong. Nevertheless, litigation has serious demerits as it is lengthy, time consuming, tedious and expensive. Harsh and exaggerated things are said on both sides and the publicity can be embarrassing. Reputation of the medical practitioners may be tarnished and cause them to resort to defensive medicine as well as inculcate confrontational attitudes. The fear of court litigation also fosters the culture of denial and secrecy, leading to the "conspiracy of silence" amongst the medical fraternity. Failure of medical

practitioners and healthcare organisations to be open and transparent with patients and their families after the occurrence of adverse events affect patient's right to get proper remedial treatment and other non-legal remedies in the form of explanation and apology. This will subsequently instill feelings of dissatisfaction, distrust and anger towards the medical practitioners as well as the healthcare organization and a lawsuit will eventually be forthcoming. For the patient, having a day in court achieves retributive justice and appeased their vengeance. For the medical practitioner, the threat of litigation compels the medical practitioner to view his patient as a future adversary in a courtroom proceeding.

Therefore, in view of the negative consequences of litigation, the medical profession need to execute their duties carefully as they will be legally responsible and accountable to their peers, their employers and ultimately, to the court of law. It is thus, imperative that the medical profession is able to integrate knowledge of ethical and legal aspects of health care and professional values into their practice. The ideals of professionalism require the medical profession to have the necessary expertise in all areas governing their profession with responsibility, integrity, self-improvement and accountability. They should be able to execute their duties in such a way that patients feel safe and consequently, willing to be responsible when the course of action they choose fall below the standard demanded by law.

The Importance of Legal Education for the Medical Profession as 'Knowing the Law Avoids Medico-legal Problems'

Law has developed to achieve coherency with moral obligations as well as expectations of society. Considerations of policy and reasonableness of conduct by the courts in shaping the law have also contributed to the development of a more sensitive and caring society. Factors such as the reasonableness of conduct and expectations of society have also been pivotal in determining liability as mentioned by the judgment of the Malaysian Federal Court in *Foo Fio Na v Dr Soo Fook Mun & Anor*¹. The Federal Court adopted the judgment by Callaghan J. in *Hajgato v London Health Association*², who expressed his concern in stating that "in my view however, a court has a right to strike down substandard approved practices when common sense dictates such a result. No profession is above the law and the courts on behalf of the public have a critical role to play in monitoring and precipitating changes where required in professional standards."³ Hence, the teaching of 'Medical Law and Ethics' to the medical profession will create opportunities for the medical profession to understand the law regulating their practice so that they are able to practice as safe medical

¹ [2007] 1 MLJ 593, see paragraphs 66-69.

² [1982] 36 OR (2d) 669.

³ [2007] 1 MLJ 593, at paragraph 67.

practitioners by avoiding acts and occurrences that are considered to be a transgression of the law. Moreover, understanding the law will instil trust amongst the medical practitioners towards the legal and regulatory systems affecting medical practice. Therefore, the importance of understanding the law relating to the medical profession can be seen as follows:

(i) Creating an understanding of case laws and legislations

Medical Law is a challenging legal subject as it encompasses a combination of several branches of law including Tort Law, Contract Law, Family Law, Criminal Law and Constitutional Law. Judicial decisions of the courts of law and legislations enacted are considered to be the primary sources of law. Particularly for Malaysia, these two sources of law are considered to be the main sources of law in the development of 'Medical Law' in Malaysia. The opportunity to teach case laws as well as provisions of legislations affecting medical practice will create an understanding of the nature and scope of Medical Law in Malaysia. For instance, in the area of consent to medical treatment, the doctrine of 'Informed Consent' requires medical practitioners "to provide their patients with sufficient information so that the patients could assent to or withhold consent from a proffered medical treatment."⁴ Since its inception, the doctrine has developed into a significant principle through law and ethics in protecting a patient's right of self-determination. The law relating to informed consent in Malaysia has gone through quite a rigorous phase of reform. Having adopted a paternalistic approach in the majority of medical negligence cases since 1960s, the decision of the Federal Court of Malaysia in *Foo Foo Fio Na v Dr Soo Fook Mun & Anor*⁵ in abandoning the *Bolam principle*⁶ in relation to doctor's duty to disclose risks in medical treatment, had clearly marked a change in the jurisprudential landscape in the law relating to informed consent. The adoption of a more patient-centred approach by the reasonable prudent patient test as set forth in *Rogers v Whitaker*⁷ by the Federal Court of Malaysia, has made patient circumstances of utmost importance in deciding whether the doctor has breach his standard of care in disclosing materials risks. Medical opinion about what risks are material are no longer conclusive as factors surrounding the patient circumstances will be taken into account in setting the standard of care. Judicial trends after this Federal court decision reflect the Malaysian court's greater recognition of individual autonomy and this automatically imposed greater obligations on the medical

⁴ Goldworth, A. (2010). A Suggested Change in the Informed Consent Procedure. *Cambridge Quarterly of Healthcare Ethics*. 19: 258–260, at p. 258.

⁵ [2007] 1 MLJ 593.

⁶ A principle developed from the case of *Bolam v Friern Hospital Management Committee* [1957] 1 WLR 582. This principle gives prominence to evidence adduced by the medical profession as to their standard practices, in which, a doctor "is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art".

⁷ (1992) 175 CLR 479, (1992) 109 ALR 625, (1992) 67 ALJR 47.

practitioners. Medical practitioners have to ensure that the consent taken from the patient has gone through a carefully planned process from the time which “the medical provider and the patient discusses the proposed actions, risks, benefits and alternatives...and the process requires disclosure of pertinent information, comprehension by the patient and voluntary agreement.”⁸ Informed consent is therefore, not just a principle but a collaborative process by which a patient learns about and understands the purpose, benefits, and potential risks of a medical or surgical intervention, and then agrees to receive the treatment. The informed consent process should “constitute an adequate expression of autonomous decision making....and his decision [may be]...affected by social, emotional, religious and economic concerns.”⁹ To achieve the optimal level in the informed consent processes is definitely not an easy task as internal and external constraints might operate to prevent full disclosure of benefits and risks. Factors such as complexity of communication in clinical encounters involving language barriers, advancing medical technology, changing relationship between doctor and patient have undermined informed consent processes. Further, the medical practitioner’s medical education may have prepared him to treat the disease but not necessarily the ability to communicate fully and effectively with his patient in all encounters. This requires additional training and knowledge through appropriate education and continuing professional development, which will ultimately ensure that the informed consent processes undertaken accurately reflect the autonomous wishes of the patients which is required by the law. Patient needs to know all of the risks and costs involved in a treatment.¹⁰ Therefore, medical practitioners “should assist the patient to understand the material provided and, if required, explain to the patient any information that he or she finds unclear or does not understand. The medical practitioner must afford the patient the opportunity to read the material and raise any specific issues of concern either at the time the information is given to the patient or subsequently. The medical practitioner must ensure that any pre-prepared material given to the patient is current, accurate and relevant to the patient. If such pre-prepared information material does not disclose all “material risks” either in general terms or otherwise, the medical practitioner must provide supplementary information on such “material risks” as are not disclosed, verbally. The likelier the risk, the more specific the details should be.”¹¹

Further, healthcare legislations are enacted with the aim of transforming policies relating to general or specific environment and health issues into

⁸ Buechler, E.J. (2007). “Informed Consent Challenges in Obstetrics”. *Forum*. September issue, at p. 19.

⁹ Goldworth, A. (2010). A Suggested Change in the Informed Consent Procedure. *Cambridge Quarterly of Healthcare Ethics*. 19: 258–260, at p. 258.

¹⁰ *Ibid.* at provision 8(c).

¹¹ *Ibid.* at provision 13.

legally defined rights and obligations as well as to ensure the observance of such rights and obligations within the respective country's constitutional framework and legal regime.¹² The Government of Malaysia has specifically stated in Provision 5.21 of the 11th Malaysian Plan for 2016-2020 of the need to review and formulate legislations and policies to improve system delivery for better health outcomes. Thus, it can be seen that the development of legislations are crucial in shaping the rights and obligations of the medical profession. There are many legislations enacted by the Malaysian Parliament that are considered crucial in regulating actions of the members of the medical fraternity. Amongst them include the Mental Health Act, the Private Healthcare Facilities Act, Medical Devices Act, Nursing Act, Medical Act which needs to be digested and understood by the medical profession so as to be able to practice correctly and efficiently in the Malaysian healthcare environment. For instance, in assessing mental capacity of the patients, section 77 (5) of the Malaysian Mental Health Act 2001¹³ sets out the factors that need to be considered such as whether the patient understands the condition for which the treatment is proposed, the nature and purpose of the treatment, the risks involved in undergoing and not undergoing the treatment and whether or not his ability to consent is affected by his condition. If after considering these factors, it is shown that the patient is incapable of giving consent, then only consent can be procured from the guardian, if the patient is a minor or a relative of the patient if the patient is an adult.¹⁴ If the guardian or relative is nowhere to be found, then only consent can be taken from two psychiatrists who have examined the patient.¹⁵ The medical profession will not be able to practice comprehensively without having knowledge of the legislations that have been enacted to regulate their actions within specified circumstances.

(ii) Reiterating the Importance of Transparency and Effective Communication

Litigation often starts because the patient cannot get the information he is seeking, explanation or apology from the appropriate persons. Not all patients want to obtain financial compensation, some merely want to ensure that there is no repetition of the mishap that had occurred and to receive an apology for what had happened. Lord Woolf MR in an interim report on his Access to Justice Inquiry in June 1995 identified the needs of patients as wanting

¹² World Health Organisation (WHO). n.d. The Health and Environment Linkages Initiative (HELI). Available at https://www.who.int/heli/tools/legis_regul/en/.

¹³ The Mental Health Act 2001 has said to comprehensively cover all aspects of mental health care by consolidating the laws relating to mental disorders and to provide for the admission, detention, lodging, care, rehabilitation, control and protection of persons who are mentally disordered and for related matters. At this time, the 2001 Act has yet to come in force notwithstanding it received Royal Assent on 6 September 2001 and was published in the Gazette on 27 September 2001.

¹⁴ Section 77(1)(b).

¹⁵ Section 77(1)(c).

“impartial information and advice, including an independent medical assessment, fair compensation for losses suffered, limited financial commitment, a speedy resolution of the dispute, a fair and independent adjudication; and (sometimes) a day in court.”¹⁶ Medical practitioners, on the other hand, want “a discreet, private adjudication, which some would prefer to be by a medical rather than legal tribunal, an expert of their own or their solicitor’s choice and an economical system.”¹⁷ Legal proceedings should be treated as a last resort and to be used only when other means of resolving disputes have been exhausted. It is vital to find out what the aggrieved patient wishes to achieve. If substantial financial compensation is his main motive then perhaps litigation is the best way to deal with it. But if the patient is concerned with receiving explanation, apology and assurance that in future such can be avoided, then litigation is not the best way to deal with the situation. Thus, effective communication is important when things go wrong. This has been reiterated in Recommendation 7 of the Council of Europe for Member States that although error is inherent in all fields of human activity, it is however possible to learn from mistakes and to prevent their re-occurrence by acknowledging errors, adverse events and near misses and learn from them.¹⁸ Open disclosure practices are closely linked to the key components of incident management process and require open discussion of incidents that result in harm to a patient while receiving health care and elements of ‘open disclosure’ include (i) a factual explanation of what happened; (ii) a discussion of the potential consequences of the adverse event; (iii) an opportunity for the patient, their family and carers to relate their experience; (iv) an apology or expression of regret; and (v) an explanation of the steps being taken to manage the adverse event and prevent recurrence¹⁹.

Nevertheless, it is understandable that medical practitioners tend to feel awkward in disclosing information after adverse events. The main reason is the fear that such disclosure may implicate them legally and emotionally. They also fear that an apology will be taken as an admission of guilt or liability. But keeping silent when something went wrong is a flawed strategy since many legal claims are due to deficits in the doctor-patient communication.²⁰ The

¹⁶ Lord Woolf MR, *Access to Justice: The Final Report to the Lord Chancellor on the Civil Justice System in England and Wales*, London: HMSO, 1996, at paragraph 18.

¹⁷ *Ibid.*, at paragraph 19.

¹⁸ Council of Europe Recommendation (2006). Document of the Committee of Ministers to member states on management of patient safety and prevention of adverse events in health care. Adopted by Committee of Ministers on 24 May 2006 at the 965th meeting of the Ministers’ Deputies. Available from: <https://wcd.coe.int/ViewDoc.jsp?id=1005439>.

¹⁹ Australian Commission on Safety and Quality in Health Care. (2013). Australian Open Disclosure Framework: Better communication, A Better Way to Care. 1–76. Retrieved from <http://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>.

²⁰ Guillod, O. (2013). Medical Error Disclosure and Patient Safety: Legal Aspects. *Journal of Public Health Research*. Vol 2:e31: 182-185.

importance of transparency and disclosure of medical errors should not be overlooked as it promotes the ethical principle of veracity which encourages truth telling as 'the right thing to do'. In the United Kingdom through Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, healthcare organisations are required to be open and transparent in dealing with the relevant persons including the patient and their families in providing care and treatment. The regulation also prescribed the specific standard in which medical practitioners and healthcare organisations need to observe after the occurrence of adverse events by informing patients and families about what has happened truthfully and eventually, apologizing to them. Such requirement will enable medical practitioner and healthcare organisations to develop a learning culture after any the clinical incidents.²¹ Healthcare organisations need to play an active role to promote and facilitate the performance of this duty in their respective healthcare institutions to encourage learning culture among medical practitioners and members within the healthcare organisation by reporting any form of clinical errors so that lessons from the mistake can be learnt quickly and other patients can be protected from future harm and error²². This will provide an opportunity for the medical practitioner and healthcare organisation to take preventive measures to ensure that such incident will never happen again and be more responsible and open to improve their professional service given to the patient. Subsequently, patient safety standard will significantly be improved which will ultimately increase the trust and confidence of the public towards the healthcare organisations.

(iii) Understanding the Responsibilities of a Professional

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the medical professional, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.²³ The medical profession's professional status is not an inherent right but is granted by society and its maintenance depends on society's belief that professionals are trustworthy.²⁴ To continuously meet the obligations expected by society, the profession must continuously remain trustworthy. Nevertheless, the practice of medicine today is beset with unprecedented challenges and this is common in virtually all cultures and societies. These challenges centre on increasing disparities among the legitimate needs of patients, the available resources to meet those needs, the increasing

²¹ Francis, Robert. (2014). Duty of Candour. *Clinical Risk*. 20(1–2):1–3. doi:10.1177/1356262214526095.

²² Griffith, R. (2015). Understanding the Code: The Duty of Candour. *British Journal of Community Nursing*. 20(8): 407–9.

²³ See Brennan, T. (2002). Charter on Medical Professionalism, Medical professionalism in the new millennium: A Physicians' Charter. *Lancet*. 359 (9305): 520-522.

²⁴ See Cruess, S.R. & Cruess, R.L. (1997). Professionalism must be taught. *British Medical Journal*. Vol. 315: 1674 – 1677. at p. 1674.

dependence on market forces to transform health-care systems, and the temptation for medical professionals to forsake their traditional commitment to the primacy of patients' interests.²⁵ In maintaining the fidelity of medicine's social contract during these modern times, the medical profession should dedicate themselves to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients but also collective efforts to improve the health-care system for the welfare of society. Medicine needs to develop a coherent and integrated approach to meet new societal demands. The medical profession should depict that professionalism benefits society and they are not able to function effectively as healers without the trust of the patient and society. The commitment of this profession should be continuously built on morality and altruism. Similarly for Muslim medical professionals, they must perceive themselves as being commissioned by *Allah s.w.t.* to reflect Islamic values in pursuit of their vocations. These values are embodied in the *Qur'an* and *Sunnah*, which can serve as adequate guidance to doctors in their practice. As medical treatment is important to protect human life, medical practitioners should execute their duties with greatest care and skill for the best interest of their patients. They should remember that their services to mankind are not only rewarded in this world, in the form of monetary compensation and gratitude, but also in the Hereafter. To do this, they must be equipped with a holistic knowledge not just in the realm of medicine but in all areas affecting their practice which include "Medical Law and Ethics".

Challenges

Educating future medical professionals requires a curriculum that takes into account the changes surrounding the profession as well as the expectation and values of the society. The teaching of "Medical Law and Ethics" should provide the appropriate learning experiences that promote development of medical professionalism and understanding of the challenging subject. To achieve this, it requires a rigorous application of behavioral and ethical standards developed over a period of training at the early stage of medical career. Consequently, medical students should be educated to develop attributes of medical professionalism during their undergraduate education at the University. Inculcating professionalism should begin on the first day a student join the medical faculty during the orientation lectures and reiteration of the importance of their responsibilities as medical professional should be developed through a holistic education process by combining lectures and workshop discussion of case studies that relates to the needs of the society and the demands of law, religion and ethics. Therefore, training future doctors who

²⁵ See Cruess R, Cruess S, Johnston S. (1999). Renewing professionalism: an opportunity for medicine. *Acad Med.* 74: 878-84.

are professionally competent and having good characters requires a well-thought curriculum that takes into account the realities of the society in terms of its needs and values. The learning experiences should provide opportunities for medical students to develop and enhance medical professionalism, leadership and characters of a good and safe medical practitioner. They also need basic analyzing skills of resolving ethical dilemmas that in conflict with legal standards, which require fundamental knowledge in medical law and ethics and enhanced by good professionalism and leadership skill. Legal education to the medical fraternity will ensure that as medical practitioners they become more confident in the accuracy of their knowledge, improve their interaction skills, and maintain the highest ethical standards. It is a continuing education which provides an opportunity for the medical practitioners to reflect and share their experiences in managing their dilemmas.

The General Medical Council has stated that medical ethics and law should constitute one of the core components of the medical curriculum as by acquiring knowledge and understanding of 'ethical and legal issues relevant to the practice of medicine', medical practitioners will have the ability to understand and analyse ethical problems.²⁶ Teaching of medical law and ethics will reinforce the overall aims of medical education and the creation of good doctors will ultimately enhance and promote health as well as the medical welfare of the people they served fairly and justly by respecting their dignity, autonomy and rights.²⁷ Therefore, it is highly recommended particularly, for universities in Malaysia to develop a specific syllabus to be taught to those undergraduate medical students especially in their final year of study on the basic principles of law which they need to know in their daily practice as well as when they are requested to be expert witnesses in the court of law. The syllabus ought to be taught by the legal as well as the medical fraternity so that real situations can be shared in the teaching. This is a highly recommended suggestion to be considered as this is amongst the important tasks to be conducted by the medical students in their real practices either as medical trainee or medical officer in the future. The medical students should be familiarized and exposed with the essentials in procuring effective informed consent process as the consequences of lack of informed consent is can lead to potential law suits.

A proposal was made by Nirav D Shah in his paper on 'The Teaching of Law in Medical Education' in which he opined that a medical curriculum that addresses the legal context of medical practice should focus on raising

²⁶ Consensus Statement by Teachers of Medical Ethics and Law in UK Medical Schools. (1998). "Teaching Medical Ethics and Law within Medical Education: A Model for the UK Core Curriculum". *Journal of Medical Ethics*. 24: 188-192, at p. 188.

²⁷ *Ibid.*

awareness of a wide range of legal subjects and to train students on areas where medical practice and law can be assimilated to solve conflicts.²⁸ He proposed for a legal medicine curriculum to include three main areas namely: (1) Laws pertaining to the practice of medicine; (2) Laws pertaining to ethical conduct and (3) Regulation.²⁹ These areas are considered to be crucial as medical students would be able to have an understanding and knowledge on the legal process, ethical and legal obligations for them to be able to practice medicine effectively with minimal risk. A more student driven approaches such as Problem Based Learning (PBL) should be used for the teaching of medical law and ethic so as to provide greater and comprehensive understanding of the application of law and ethics in solving arising problems in medical practice.³⁰ By having comprehensive understanding of the law and ethics governing their profession, the medical profession may be able to avoid potential legal liability in the future.

Conclusion

The changing landscape in medical care has created greater rights and responsibilities for the medical profession. Medical practitioners need to understand the new horizon in which law and ethics play a vital role in determining the boundaries of rightful conducts that has been determined for the medical profession. Thus, it is imperative that they are educated on the knowledge of medical law and ethics and integrate it in their daily practice. Teaching 'Medical Law and Ethics' to the medical profession will ultimately ensure that medical practice accurately reflect the demands of the law. The predominance of law as an instrument of social regulation has become considerably evident as legislative enactments and judicial interventions are currently the social norms in defining the boundaries of wrongful conducts in the practice of medicine. With a comprehensive knowledge of "Medical Law and Ethics", the medical profession will be prepared to face the contemporary challenges, safeguard patient safety goals, and reduce the spur to litigate.

²⁸ Nirav D Shah, (2008). The Teaching of Law in Medical Education. *AMA Journal of Ethics*. Viewpoint. Virtual Mentor. 10(5): 332-337.

²⁹ *Ibid.* at pp. 331-332.

³⁰ See Hui-Chin Chang *et al.* (2017). The Effectiveness of clinical problem based learning model of medico-jurisprudence education on general law knowledge for Obstetrics/Gynecological interns. *Taiwanese Journal of Obstetrics & Gynecology*. 325-330. <http://dx.doi.org/10.1016/j.tjog.2017.04.011>.

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