



Ministry of Health

Scope of Practice for General Doctor

August 2019

Healthcare Professionals Council



Lao People's Democratic Republic
Peace Independent Democracy Unity Prosperity

Ministry of Health

Healthcare Professional Council

No. 0145/ HPC

Vientiane Capital, dated 02 August 2019

Decision

On

Endorsement of scope of practice for general doctor

Pursuant to Healthcare professional licensing and registration system strategy of Lao PDR 2016-2020 No. 2098/ MOH, dated 03 December 2015;

Pursuant to Minister Decision on healthcare professional council No. 0131/MOH, dated 19 January 2017;

Pursuant to proposal and discussion of the medical dentistry profession committee.

President of Healthcare Professional Council agreed:

- Article1. Agree to endorse the scope of practice for general doctor
- Article2. Delegate the health care profession council, dentistry profession committee to be focal point and coordinate with concerned parties for implementation of dissemination, training on this scope of practice for general doctor, also provide monitoring and inspection the implementation of scope of practice for general doctor for an effectiveness and efficiency.
- Article3. Delegate the Ministry of health cabinet office, Health Care and rehabilitation department, health Personnel, health profession education department, the health care profession committees (boards) of health care profession council, university of health science, hospitals, center, institution, all concerned parties together to implement this decision on own individual specific responsibility.
- Article4. This decision will be affective from the signatory date.

President of Healthcare Professional Council

Dr. Ponemek Daraloy

The document was sent to:

- | | | |
|---|-------------|--------|
| 1. President, vice president of healthcare professional council | each person | 1 set |
| 2. Member of dentistry healthcare professional committee | each person | 1 set |
| 3. The healthcare professional bureau | | 1 set |
| 4. MOH Cabinet office | | 1 set |
| 5. UHS, hospital, centers, each | | 1 set |
| 6. Copy for filing | | 2 sets |

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Scope of practice for medical doctor

Introduction

Healthcare professional council has implement its roles since 2017, according to health sector reform, to develop and control of healthcare quality, and establish the legislation such: medical ethics, scope of practice of medical doctor.

Scope of practice for general doctor who has registered with healthcare professional council in order to respond to expectation of healthcare recipient aims for universal coverage, with quality, fare and equity, based on the X general assembly and VII social economic development plan (2016-2020).

This scope of practice determines the scope of facility, scope of right and role of doctor who will implement the task freely and determine the type of diseases, illness and injury of patient. The doctor must pay attention on treatment and be as a reference for a medical practice and has been developed by healthcare professional council through a broadly discussion with healthcare officer in the medical field, also has been compared with international scope of practice. Scope of practice for doctor has been determined based on law on health care, legislation of practice, practice standard of doctor, education and training of the doctor.

Acknowledgement and implementation of this standard is mandate and responsibility of all general doctor who has registered. Any non- complied implementation to this standard or complied but not as a routine or continuously can be impacted on the extension of professional licensing as well as receiving of the profession licensing.

This scope of practice, will be continued to develop and improve in the future.

I. Health facility that allowed for practice

A doctor who granted a health professional license from Ministry of health/ healthcare professional council can implement the roles in the facilities as follow:

1. Central hospital and specific center(excellence public care facility);
2. Regional, provincial hospital(tertiary pubic health care facility);
3. District or community hospital(secondary public health care facility);
4. Health center or small hospital(primary public health care facility);
5. Private hospital and private clinic.

II. Scope of practice for general dentist(for details see in annex 1)

Base on the capability (knowledge + skills +attitude) and own experience, a doctor who has been granted a permission for a healthcare professional service must emphasize on the roles as follow:

A. Patient evaluation:

1. Screening and assessment:

- Take the vital signs: temperature, heart beat rate, breath rate and blood pressure, oxygen saturation;
- Interview for patient history and physical examination (exam base on normal condition (non- invasive or exam for a invasive symptoms) as needed such: endoscopy);
- Conclude the situation of the patient;

- Order for lab test based on the patient condition and interpretation of lab result; beside that still can do: venipuncture and taking blood for sample;
- Taking blood for glycaemia check and interpret the result;
- Collect specimen from: nose thrills, throat, skin, urinary tract, vaginal, based on technic correctly;
- Nutrition status assessment: interpret the result from the Growth Chart and IBM (body mass index);
- Order for a basic x-ray: chest, abdominal, skull, arm, leg and CT scanner;
- Basic ultrasound and interpret the result;
- Electrocardiography
- Pregnancy test (urine)

2. Diagnosis: disease, injuries, other ailment in patient.

3. Patient monitoring:

To have an effective monitoring, doctor must:

- For the patient that allow for monitoring at home:

Provide a clear advice, counseling and instruction to patient/ family member of patient on treatment, promotion, rehabilitation and prevention also appoint the date, time for next visit with doctor;

- For the patient admitted for inpatient:

- Provide a clear advice, counseling and instruction to patient/ family member of patient on treatment, promotion, rehabilitation and prevention;
- Record all patient symptom/ issue in the form and complete the document for inpatient base on the template existed, then transfer to the ward;
- Courteously treat the patient;
- Monitor and decide on the quality of treatment during patient hospitalization.

4. Treatment (therapy):

1. Treatment plan: based on symptom/ diagnosis, according to the treatment standard which already have a clear procedure;

- 1) Continue of existing treatment or adjust the treatment in the inpatient file in the hospital, clinic or any facility which the doctor is responsible for;
- 2) Propose other additional treatment such: physiotherapy or nutrition treatment;
- 3) Prescribe the medication(controlled and no-controlled substance)

2. Conduct a surgical or other therapeutic procedures such:

- Providing the oxygen to the patient;
- Intravenous injection, intra muscular, subcutaneous, intradermic;
- Intravenous infusion, blood transfusion;
- Urinary catheterization (women, men) by a local anesthesia;
- Local anesthesia;
- Abscess incision and drainage
- Wound suturing;
- Wound care and dressing;
- Medical first aid

- Basic resuscitation (basic life support)
- Nasogastric tubing (NGT);
- Extraction the foreign body from ear, nose, throat and others...

3. Other practices:

- Safe transfer to other related doctor or refer to the better equipped hospital;
- Use or advise to use the medical devices and equipment for patient diagnosis, treatment and monitoring;
- Delegate the task to concerned doctor or other staff as appropriateness;
- Instruct the healthcare officer and other staff;
- Train and teach the healthcare personnel;
- Conduct a routine healthcare practice and do clinical research at the same time;
- Manage the medical practicing courteously;
- Strictly follow the medical ethics.

III. Scope of specific practice (see in annex)

1. Clinical competency

The doctor should solve treat with quality in case of the different situation of patient, the task must be:

- 1) Provide treatment in time in any emergency cases (medical emergency) acute cases;
- 2) Screen, assess and treat the emergency cases(evaluate and assess the severity of patient who come to see a doctor immediately);
- 3) Provide a life rescue (support) immediately or advise the team for resuscitation;
- 4) Diagnose and practice a therapeutic procedures and refer the patient safely to other hospital or related doctor according to the specific disease;
(See the annex 02: scope of practice of general doctor)

2. Prohibition of practice:

Doctor who has been granted a healthcare license could practice freely according to the scope of practice which included the diseases and injuries of patient, which is broader than other scope of practice in other subjects. However, the doctor should know own professional scope of practice and should not practice over the competency and experience and prohibition is based on the law on health care.

Vientiane capital, date 02 August 2019
President of healthcare professional Council

Dr. Ponemek DALALOY

Annexes

The list of Scope of Specific practice for general doctor:

1. Obstetrics:

A. Emergencies:

Risk Assessment and treat an emergency case in time, rapid referral or admit to the hospital depend on the seriousness as follows:

- Treat Obstetric shock;
- Blood transfusion in Obstetrics;
- Preliminary Treat for an abnormal delivery and referral such as: prolong labor, Intra--uterine fetal death, breech presentation;
- Treat vaginal bleeding in early stage and later stage of the pregnancy;
- Treat for postpartum bleeding: prevention and treatment;
- Treat for hypertension during pregnancy (Pre-eclampsia and Eclampsia);
- Preterm (*premature*) and Postterm (*postmature*)
- Treat fever during pregnancy and postpartum

A. Issue related to Common Diseases:

Examination, diagnosis and treatment for abnormal situation and most common diseases related to Obstetrics such as:

1) Antenatal Care = ANC

- Pregnancy Diagnosis and Fetal position (Normal/Abnormal)
- Screening during pregnancy: Anemia, Hypertension, Urinary Tract Infection, -Vaginal discharge and others;
- Screening Foetus;
- Counselling on the prevention mother-child HIV transfusion
- Vaccination, Issue Essential drug and Sanitation Instruction during pregnancy

2) Normal Delivery;

- Monitor the delivery by Partograph;
- Assistance in Normal Delivery;
- Conduct an Episiotomy;

3) Postpartum care and family planning;

4) Blood Transfusion during Delivery and emergency complication

- Retained placenta, Tears of soft tissues, Uterine inertia;
- Coagulation disorders;
- Use Oxytocin, Misoprostol;

5) Necessary practice for newborn: physical examination, assessment and resuscitation of newborn.

A. Gynaecology:

A. Emergencies

Risk Assessment and treat an emergency case in time, rapid referral or admit to the hospital depend on the seriousness as follows:

Acute pelvic pain, Urinary tract infection, Ovary torsion

B. Issues related to Common Diseases

Examination, diagnosis and treatment for abnormal situation and most common diseases related to Gynaecology such as:

- 1) Gynaecology infection, Bartholin Abscess, Gonorrhoea;
- 2) Sexually transmitted diseases;
- 3) Vaginal bleeding that is not related to pregnancy
- 4) Dysfunctional uterine bleeding cause by malfunction of uterine
- 5) Breast disease but not cancer

3) Pediatrics:

A. Emergencies;

Risk Assessment and treat an emergency case in time, rapid referral or admit to the hospital depend on the seriousness as follows:

- Emergency Triage Assessment Treatment = ETAT;
- Pulmonary cardiovascular such: arrest cardiac, arrest pulmonary (apnea);
- Severe respiratory distress;
- Acute asthma exacerbation, Croup and Epiglottitis;
- Shock, Comas, Cyanosis, Convulsions, Anaphylaxis;
- Severe dehydration (Diarrhoea case);
- Sepsis;

Hyperthermia;

- Acute abdominal pain;
- Sever epistaxis;
- Burn, Scald, Electrical shock;
- Drowning;
- Animal biting or Insect sting
- Diabetic ketoacidosis.

B. Common Diseases:

- Follow IMCI (Integrated management of childhood illness);
- See the abnormal development (such: delay development....) examine, diagnose and treat the common disease in children such:

- 1) Allergic Diseases:
 - Common Cold, Flu, Asthma;
 - Urticaria;
 - Atopic Dermatitis, Eczema, Pityriasis versicolor, Psoriasis;
 - Food/Drug Allergy.
- 2) Respiratory Disorders:
 - Pharyngitis, Tonsillitis, Laryngitis, Epiglottitis, Acute otitis media;
 - Bronchitis, Bronchiolitis;
- 3) Digestive Disorders
 - Vomiting, acute diarrhoea, constipation, Ileus, jaundice, ascites.
- 4) Infectious Diseases
 - Bacteria: Meningitis, Diphtheria, Dysentery, Cholera, Typhoid, Hand-Food-Mouth Disease, Pertussis, Tetanus, Scrub typhus, Rickettsiosis, Leptospirosis, Tuberculosis;

 - Virus: Dengue, Roseola, Rubella, Measles, Varicella, Encephalitis, Japanese Encephalitis, Chikungunya, Hepatitis, Herpes simplex/zoster, Mumps, Rabies, HIV and AIDS.

 - Protozoan/Parasitic: Malaria Plasmodium, Amoebiasis, Giardiasis, ASCARIASIS, Pinworm, Enterobius vermicularis, Whipworm, Trichuris trichiura, Strongyloid, Hookworm, Ankylostoma, Tapeworm, Tenia, Opistorchis, Flukes, Schistosomiasis.
- 5) Urinary Disorders, Urinary Tract Infection, Acute Glomerulo-Nephritis, Nephrotic Syndrome, Acute Renal Failure.
- 6) Hematologic and oncologic diseases:
 - Thalassemia;
 - Iron-deficiency anemia;
 - Medullary aplasia;
 - Disseminated Intra-vascularcoagulation;
 - Leukemia;
 - Hemophylia.
- 7) Cardiovascular disease (CVD)
 - Congenital Heart Diseases
 - Rheumatic Heart Diseases
 - Heart Failure.
- 8) Neurological Disordre
 - Epileptic disorders;
 - Cerebral Palsy.
- 9) Nutritional Disorders:
 - Severe malnutrition, Marasmus, Kwashiorkor;
 - Beri-Beri;
 - Obesity.

10) Diseases affecting the newborn:

- Birth asphyxia;
- Hypothermia;
- Vitamin K deficiency;
- Sepsis;
- Hypoglycemia;
- Anaemia;
- Polycythemia;
- Acute respiratory distress;
- Meconium aspiration syndrome;
- Jaundice, Icterus;
- Rhesus incompatibility jaundice;
- Newborn from diabetic mother;
- Newborn from HIV mother.

11) Rehabilitation:

- Use the principle rehabilitation such: for cerebral palsy , Mental deficiency, bow leg, toe foot,
- Patient referral.

12) Immunization in Children

4. Internal medicine

A. Emergencies:

Risk Assessment and treat an emergency case in time, rapid referral or admit to the hospital depend on the seriousness as follows:

- Acute pain;
- Coma, Anaphylactic shock, Convulsion;
- Hypertensive emergencies;
- Cerebrovascular emergency; stroke
- Emergency in neurology, Status epilepticus;
- Cardiac arrest, Rate and rhythm abnormalities, Congestive heart failure, Acute myocardial infarction;
- Bleeding, Respiratory failure, Apnea, Acute pulmonary oedema, Adult respiratory distress syndromes;
- Gastrointestinal bleeding, Hepatic encephalopathy;
- Intoxication and food poisoning; Adrenal Insufficiency;

-Adrenal insufficient

-Metabolic emergencies, Diabetic ketoacidosis.

C. Common Diseases:

Examine, diagnose and treat the abnormal medicine-ology

1) Cardio-vascular Diseases:

Initial diagnosis

- a. Chest pain, Breathlessness, Ankle swelling;
- b. Peripheral vascular diseases, Arterial and venous, Hypertension, Hypotension, Stroke;
- c. Palpitations, Silent arrhythmias, Heart murmur;
- d. Symptom/signs of Cerebro-vascular diseases, Dizziness, Collapse;
 - Treat Acute exacerbation, Congestive heart failure;
 - Prescribe rationally to avoid the risks.....

2) Respiratory diseases:

- Chronic cough, Haemoptysis
- Asthma;
- Acute chronic bronchitis;
- Respiratory infections, Pneumonia, Pulmonary tuberculosis;
- Pleural effusion, Haemothorax, Pneumothorax;
- Chronic obstructive pulmonary disease, COPD; Emphysema.

3) Gastrointestinal and liver disease

- Stomatitis, Gingivitis;
- Gastroesophageal reflux disease = GERD; Dysphagia;
- Peptic ulcer disease;
- Diarrhea and constipation, Irritable bowel syndrome;
- Gastrointestinal tumor, Hepatocellular
- Hepatitis, acute chronic, Viral and alcoholic;
- Cirrhosis, Portal Hypertension, Encephalopathy and Ascites;
- Cholecystitis, Pancreatitis.

4) Endocrine diseases

- Diabetes type I and II; Goiter, Euthyroid, Hyperthyroidism, Hypothyroidism
- Adrenal insufficiency, Cushing's syndrome;
- Menopause.

5) Renal and urinary diseases:

- Pyelonephritis,
- Renal failure (acute and chronic)
- Acute glomerulonephritis;
- Hypertension in renal diseases;
- Nephrotic syndrome, Nephritic syndrome;
- Acute kidney injury = AKI
- Asymptomatic urinary abnormalities, Hematuria, Proteinuria, Sterile pyuria;
- Nephrolithiasis;
- Benign prostatic hyperplasia = BPH, Prostatitis;
- Urethritis,

6) Infectious diseases

Bacterial infection

- Diarrhea, Typhoid, Dysentery, Cholera, Tuberculosis, Meningitis;
- Leptospirosis;
- Rickettsiosis, Scrub typhus, Murine typhus;
- Anthrax;
- Encephalitis, Molluscum, Tetanus;

Viral infections:

- Dengue, Herpes/zona, Hepatitis;
- Varicella and Measles;
- HIV/AIDS;
- H5N1, H1N1....
- Rabies.

Fungal Infections

Protozoan infection:

- Malaria, Plasmodium,
- Amoebea, Entamoebae,
- Flagellates, Giardia Intestinalis,
- Parasitosis infestation: Ascaris, Ankylostoma, Strongyloid, Tenia, Pinworm= Enterebius vermicularia, Opistorchis, Trichinosis;
- Community-acquired and hospital acquired infection:

7) Hematologic and oncologic diseases

- Aplastic anemia;
- Bleeding disorders;
- Idiopathic Thrombocytopenia = ITP
- Thalassemia;
- Leukemia;
- Lymphosarcoma.

8) Immunologic Diseases:

- Allergy, Hypersensitivity reaction;
- Adverse drug reactions

9) Dermatologic Diseases

- Arthropod-borne diseases such as Scabies;
- Herpes zoster, Urticaria, Acne;
- Skin Infections, Herpes simplex, Leprosy;
- Papulo-acquamous disorders, Psoriasis, Pityriasis rosea;
- Dyschromia of skin, Vitiligo, Melasma;

- Dermatophyte infections such as Tinea, candida albicans;
 - Cellulitis, folliculitis, Impeligo.
- 10) Rheumatologic and muscular-skeletal diseases
 - Neck and back pain,
 - Gout, SLE (Systematic Lupus Erythematosus);
 - Rheumatoid arthritis, Septic arthritis, Osteo-arthritis;
 - Vaasculitis;
 - Myositis;Osteitis.
 - 11) Neurological diseases:
 - Stroke Therapeutic
 - Migraine, Epilepsy, Sleep disorders, Myasthenia;
 - Alzheimer's disease and other dementias;
 - Parkinson;
 - Cranial nerve disorders;
 - Sciatic pain, Peripheral neuropathies, Chronic neuritis;
 - 12) Nutritional problems:
 - Nutritional deficiency and excess;
 - Anorexia nervosa, Bulimia, Obesity.
 - 13) Mental Health:
 - Depression, Anxiety disorder, Panic attack;
 - Dependence issues and self-harm.
 - 14) Ophthalmologic diseases (diagnosis and referral)
 - Conjunctivitis, Acute glaucoma, Corneal wound Chalazion;
 - Cataract, Pterygium.
 - 15) Ear-Nose-Throat diseases = ENT diseases:
 - Acute otitis media and externa, Foreign body in ear;
 - Rhino-sinusitis, Epistaxis;
 - Tonsillitis;
 - Stomatitis, Pharynsitis, Aphtosis.
 - 16) Rehabilitation:
 - Use the rehabilitation principle such: case of stroke, amputee leg.....
 - Patient referral.

5. Surgery:

A. Emergencies:

Risk assessment and treat immediately, refer or admit base on severity of case:

- Traumatic shock;
- Fall accidents;
- Tension pneumothorax, Haemothorax;
- Head, Neck, Spinal and Spinal cord injuries;
- Fracture and Dislocation;

- Burns and Wound;
- Bite and Sting;
- Haemostasis techniques in surgical bleeding
- Splinting and emergency safe transport (of the acutely injured patient);
- Abscess drainage;
- Pneumothorax, Haemothorax and Pleural effusion drainage;
- Acute abdomen including Appendicitis, Peritonitis, Occlusion and Incarcerated, hernia, renal colic
- Acute urinary retention, renal colic.

C. Common Diseases

Examination, Diagnosis and preliminary treatment for abnormal conditions and Surgical-logy.

1) Digestive Surgery:

- Gallbladder, Cholecystitis, Gall stone, Cholangitis Obstructive jaundice;
- Abdominal trauma
- Peritonitis:
- Intestinal obstruction:
- Liver abscess, Cholestasis jaundice non lithiasis;
- Oesophagus, Stomach and duodenum stenosis;
- Gastrointestinal bleeding;
- Anus, Anal fistula, Perianal abscess, Haemorrhoids;
- Megacolon.

2) Urology:

- Renal colic;
- Acute urinary retention;
- Urinary tract stones: Bladder, Ureters, Kidneys;
- Benign prostatic hypertrophy;
- Genital urinary tract trauma: Kidney, Urinary bladder, urethra, Testicular Trauma, -Male genital diseases, Scrotum Inflammation, Hydrocele;
- Phimosis and Paraphimosis;

- 3) Traumatology and Orthopaedics
- Orthopaedic Conditions;
 - Fracture, dislocation,
 - Head injuries;
 - Skin gangrene, Ulceration.



Ministry of Health

Practice Standard for General Doctor

August 2019

Healthcare Professional Council



Lao People's Democratic Republic
Peace Independent Democracy Unity Prosperity

Ministry of Health

Healthcare Professional Council

No. 0150/ HCPC

Vientiane Capital, dated 02 August 2019

Decision

On

Endorsement of practice standard for general doctor

Pursuant to Healthcare professional licensing and registration system strategy of Lao PDR 2016-2020 No. 2098/ MOH, dated 03 December 2015;

Pursuant to Minister Decision on healthcare professional council No. 0131/MOH, dated 19 January 2017;

Pursuant to proposal and discussion of the medical dentistry profession committee.

President of Healthcare Professional Council agreed:

- Article1. Agree to endorse the practice standard for general doctor
- Article2. Delegate the health care profession council, dentistry profession committee to be focal point and coordinate with concerned parties for implementation of dissemination, training on this practice standard for general doctor, also provide monitoring and inspection the implementation of practice standard for general doctor for an effectiveness and efficiency.
- Article3. Delegate the Ministry of health cabinet office, Health Care and rehabilitation department, health Personnel, health profession education department, the health care profession committees (boards) of health care profession council, university of health science, hospitals, center, institution, all concerned parties together to implement this decision on own individual specific responsibility.
- Article4. This decision will be affective from the signatory date.

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Practice standard for general doctor.

Introduction

Practice standard for general doctor who has registered with healthcare professional council, in order to provide service for the expectation of healthcare recipients to provide universal health coverage with quality, fare and equity, based on the X general assembly and VII social economic development plan (2016-2020).

This standard determine the principles and virtue which be as reference for medical practice and developed by healthcare professional council through the broadly discussion with healthcare officer in the medical field, also has been compared with international standard.

Acknowledgement and implementation of this standard is mandate and responsibility of all general doctor who has registered. Any non- complied implementation to this standard or complied but not as a routine or continuously can be impacted on the extension of professional licensing as well as receiving of the profession licensing.

This standard, will continue to develop and improve in the future.

I. Quality of services

Good healthcare service: all doctor should provide good services and safe, with evident based, in order to ensure the benefit of the patient as below:

- 1) Warm welcome the patient with quick service;
- 2) Assess, Understand well the patient history including other factors such; psychology, culture and social.
- 3) Examine the patient courteously and pay attention to the patient issue;
- 4) Explain and order for additional test which related to patient health issue.;
- 5) Accurate diagnosis and in time;
- 6) Choose a good treatment with ethics, reasonable;
- 7) Respect the decision making right of patient and consult with patient when required.
- 8) Facilitate the patient and family for a satisfactory treatment
- 9)

II. Development of professionalism

Doctor must develop and maintain the medical knowledge, skills and practice, Because of medicine, and technology has been changed over time, in order to maintain competency in order to in line with the change, doctor should apply these:

1. Follow the regulation of practice standard for general doctor with a record of topics, hours of participation in education training, seminars, or technical workshop such: CME/CPD, in order to be an information or evident to submit to health care profession to extend the health care license as need;
2. Participate in related profession development as well as participate in conducting and process of assessment in order to develop a continuing professional development)CPD);
3. Follow the instructions, regulation and law which related to implementation of health care.

III. Health care and welfare

1) Doctor: should take care of own health and welfare as following:

- Take as an importance of a vaccination especially for a common disease and the infectious disease where is available;
- Consult with senior doctor immediately if a dentist feels he/she got an infectious disease and should ensure that this condition would not transfer a risk to patient and other people;
- Always taking a balance between working and living.

2) Doctor should take care of own health and welfare of colleague by implementing these:

- Help the colleague who has a health problem to enable him/ her for an appropriate treatment;
- Follow the instructions of Ministry of health for a doctor with health problem;
- Inform the health profession council if a doctor see a colleague lacking of competency;
- Inform the health care professional council if a doctor see a colleague with lacking of quality or professional standard.

IV. Public health

Doctor must report to the related office on the information as follow:

1. Report of life event such: birth, dead in womb, and mortality must report within 48 hours;
2. Infectious and other disease which need to report immediately including suspected cases;
3. Non infectious disease according to regulation of Ministry of health.

V. Scope of practice

Doctor must implement base on skills and knowledge from the training, as determined in scope of practice of doctor, throughout the implementation of health care services, doctor must follow as below: Post the copy of qualification visibly to certify the subject graduated, put on name tag and specific qualification studied which registered with healthcare professional council during a practice.

1. For ethical rule: has good commitment, respect fairness and professionalism (ethical integrity, and professionalism) must respect the ethical principle and standards of behavior.

2. Professional scope:

In professional practice the doctor should follow as below:

- Never use the position power for benefit gain from patient, no sexual abuse or should not make an un-appropriate relationship with patient;
- Provide good treatment service and provide advice on issue or patient diagnosis base on the clear evident.

VI. Medical report

A doctor, when gained a trust from organization who has been authorized to sign the document such as: death certificate, medical certificate, must make sure that the signature is based on the truth. In order to maintain a trust a doctor must act as following:

1. Have to check all the document before signing it, and sign only when the document is proved as a correct one;
2. If has been requested to provide evident or to be a witness of the case or investigation must be honest in both verbal and document, and ensure a presentation base on scope of own ability;
3. Should not issue a medical certificate when there is no clear evident of being a disability.

VII. Manner:

A doctor should be a honest person and transparent in all financial issue, including no co- benefit management with the patient. Doctor should avoid promote the patient to give bribery, present, borrowing, and receiving money which is a direct or indirect benefit including participation in lent or investment with patient.

1. Selling “ medical product” by doctor
must facilitate the patient in a access to medical product based on the need, this things are a consumable, tools/ medical and dentistry equipment or medical electrical devices for diagnosis, treatment, relief or prevent the disease including disorder or injury of patient.

2. Conflict of interest

A doctor should avoid a conflict of interest that will result to a treatment, this conflict might be happened when a doctor has agreed a treatment for the patient, at same time there is a financial, profession or individual benefit concern or might related to a third party which all could impact to a patient treatment. In order to avoid the issue, the doctor should behave like this:

- Behave for a highest benefit of patient during a treatment, care and refer the patient;
- Be alert to a conflict of interest that related to the prescription, diagnosis and use of medical equipment;
- Avoid receiving an incentive, present, hospitality which might impact to a change of prescription, treatment or a reference.

3. Prescription:

Doctor should behave as following:

- Follow the rational medication use guideline;
- Prescribe a safe medication and effective and base on existing scientific evident;
- Ensure prescription could enable the pharmacist dispense a basic drug which has the effect same as the brand one but cheaper price.

4. Own prescription, treatment of family member and relative:

A doctor should not be a direct responsibility person in order to treat family member, because at that time the professionalism has been down, except only a basic treatment, short term, minor emergency but mot sever or in the isolation situation without other doctor or there is no nearest health. Doctor should not make prescription of the control drug list for your own or family member except only the emergency situation.

5. Research

Doctor could conduct a research on human in order to improve the treatment and quality of life in the community. When doing a research, the dentist must follow the instruction on research ethics, during a research the doctor should:

- Behave with the participant respectfully;
- Behave honestly with a moral;
- Provide a clear information to the patient on the issue including a conflict of interest;
- Ensure participation with volunteering basis, based on the regulation;
- Follow up the research progress and officially inform immediately on the event or negative result;
- Allow the participant to withdraw from a research in any time without asking the reason;
- Ensure confidentiality of all information of participant;
- Follow the instruction on publishing the research result, copy right and a revision with team member.

VIII. Relationship with the patient

1. Closing of patient confidentiality

Doctor must disclose the information even the patient has died, except only the case has been requested by law, official benefit and base on consent of patient. Doctor must not disclose a confidentiality patient's information to any party even their spouse, children of patient; sibling, family member or other person without consent of patient. A person who is under legal competence and other must gained a consent from guardian or a law authorized person to decide in the case if need to report;

2. Disclosing the patient file/ keeping the patient record:

Doctor has a role to keep it well the patient file. Doctor should record symptoms/ issue of patient when visited. Fill in the standard form in patient file. All information in recorded in the form must be a confidentiality between doctor and patient and should not disclose to any person without a written consent, except in a case that has been requested by law or in order to maintain the welfare of individual and community. If a patient request for a medical record by written, the doctor must issue a copy of the record or issue a summary report to the patient or other concerned doctor, judge or other person who has been identified by the patient;

3. Consent

Doctor must gain a consent from patient/ family before a practice with patient. At the same time must explain details information in order to enable patient to understand the health risk and benefit of a practice, service fees and other related expense. Same as when doing a cosmetic surgery or operation. If the patient could not sign the consent, doctor should consider the person who can sign on behalf, in emergency case, doctor have to perform immediately in order to save life or to avoid the severity of health.

4. Dealing with a complaint

Doctor should acknowledge the right of patient for a complaint to the medical health profession committee (board) and the healthcare professional council, if possible cooperate with patient in order to solve the issue. Patient has the right to make a complaint about health services which was not satisfied, doctor must follow the law and related policy and must ensure that the complaint will not affect to the treatment.

5. Treatment in the last stage of life

Doctor has a critical role to help the society (community) to serve with the truth of death. Treatment and care for the last stage of life, the doctor should:

- Provide or manage appropriately on a symptomatic treatment;
- Explain to the patient and relative to understand the medical limitation in extending the life and acknowledge that extending life is not a benefit of patient and might reduce the quality of life;
- Encourage patient to write a document (advance directive) in advance to express on health care at the last stage of patient.
- Doctor has no right to end the life of patient, at the same time has no right to extend the life of patient in any cases, doctor should consult with colleague when there is a conflict perception on extending life or continue the treatment, doctor has a role to help to reduce the disease crisis, communicate with patient and family to understand the result of treatment on which could achieve or could not.

IX. Service fees

1. The patient has the right to know about a health care services and how much for each dentistry, they must know before receiving a treatment, doctor must inform the patient the expenses before gaining the consent on a treatment;
2. Doctor should inform about the non-medical expenses(fees for a medical record document) and inform about expense before providing a treatment for a non-health insurance or social protection scheme;
3. In the health facility, doctor should post the list of services with expense.
4. The list of service fees and legislations: Doctor must know about the table and legislation of expense which usually practice in the facility. in the case, there is no table of expense, doctor should collect the service charge/fees reasonably , the doctor must:
 - Sent the document to request for reimbursement of expense on behalf of the patient who has a health insurance and collect base on the related table of expense;
 - Follow the regulation on requesting the reimbursement of expense to the health insurance company and/ or social protection unit and use the correct code for diagnosis and related practice code;
 - Don't send the document a lot of time or write the invoice for two times of a single practice;
 - Don't collect money or collect the fees of expense against the law;
5. The medical expense of non-insurance patient: doctor must provide service in the case of emergency even the case will not able to claim for expense, however, doctor should not ask for an advance payment for the service of a non- insurance patient and this emergency service could not be ready in other facility. Doctor must provide treatment as usual even there will not be able to claim the payment for services of non-insurance patient.

X. Advertisement for a promotion of service

Doctor must responsible for the advertising content of own services, for advertisement the doctor must practice as follow:

1. Advertise base on the truth and inspect-able information on medical service, scope of practice and certificates,

2. Avoid a use of or advertisement for service promotion or non-evident practice and a treatment still under study;
3. Provide the correct information by a non- comparison of own service with other dentist;
4. Avoid an advertisement that confirm the successful treatment, promote an over expectation, a reference to promote service.

XI. Patient reference for consultation and treatment

1. Doctor should create a respectable relationship among colleague, nurse and other health officer, when practicing as a member of a team or in cooperation of medical colleague, doctor should:
 - Communicate with colleague on patient treatment clearly, in time, effective and in respectable manner;
 - Avoid forcing, abuse or discrimination among colleague;
 - Record in the form completely about patient treatment and use this information for patient transfer in order for an appropriate treatment.
2. Doctor must refer or transfer the patient to another doctor of other medical officer when is in need, in generally, in the case of the treatment duration has been determined. In the case of transfer the patient for additional treatment, the doctor should:
 - Acknowledge own limitation and understand specialized skills of colleague who can help;
 - Understand the qualification, experience and competency of a doctor who will receive the patient;
 - Explain to the patient about the reason of transfer or reference;
 - Agree with patient on choosing of a counseling doctor or a doctor who will be a key doctor for a treatment;
 - Record in the document by written language on disagreement of patient for a health counseling and other related issue;
 - Inform the doctor who will receive the patient know about history of patient disorder, result of additional examination and current patient situation.
3. Specialized doctor should receive the document referred from general doctor in order to provide treatment to the patient, specialized doctor should inform the doctor who referred the patient know about the result of treatment by a written report of the treatment. The specialized dentist has a responsibility to provide and arrange all necessary care for the patient after a treatment.
4. Delegation of work: doctor should appropriately arrangement for the treatment during individual holiday (holiday/ sick leave/ training). In this case, it is meant a delegation. Doctor should write clearly with signature and name on the task that need to do for the patient, in order to gain an effective delegation, doctor must communicate with the colleague clearly about the need of patient, when delegate the task a doctor should:
 - To be sure that the delegated person has qualification, knowledge, skills and responsibility in order to provide treatment as need;
 - Coordinate with a replacing doctor on his/ her practice and treatment.
5. Doctor who delegate the task will not responsible for or advise on decision making and practice of a replaced doctor. However, an original doctor for the patient still hold a responsibility for patient management and could clarify on decision making for this delegation.

Vientiane capital, 02 August 2019
President of Healthcare Professional Council

Dr. Ponemek Daraloy