

**VETERINARY SURGEONS
(GUIDE TO PROFESSIONAL CONDUCT AND ETHICS)**

MALAYSIAN VETERINARY COUNCIL

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VETERINARY SURGEONS (GUIDE TO PROFESSIONAL CONDUCT AND ETHICS)

CHAPTER 1: INTRODUCTION

1.1 PURPOSE OF THE GUIDE

- 1.1.1 The Guide to Professional Conduct, July 1983 is hereby repealed and substituted with the Guide to Professional Conduct and Ethics for Veterinary Surgeons (after herewith will be referred as “the Guide”).
- 1.1.2 The Veterinary Surgeons Act 1974 states that the Malaysian Veterinary Council herein referred as Council has disciplinary jurisdiction under Section 29 over all veterinary surgeons registered under the Act. The Act also states that the Council is empowered to make regulations on the procedures to be followed in relation to disciplinary inquiries held by the Council. This Guide is provided to the profession as an indication of what the Council considers to be proper ethical conduct.
- 1.1.3 Veterinary surgeons should be aware that the Council is neither bound by precedent nor limited to considering forms of unprofessional, improper or disgraceful conduct which have occurred in the past or which arise out of matters referred to in this Guide. Any member who is in any doubt as to the ethical propriety of any proposed course of action on which the Guide is silent is invited to contact and consult the Council.
- 1.1.4 For the purpose of Regulations under the Veterinary Surgeons (Disciplinary Proceedings) Regulations 2013, this Guide must be strictly adhered to all veterinary surgeons. Any breach of this Guide shall be deemed as the “infamous conduct in any professional respect” as stated in Section 16(1) (b) and 29(2) (b) of the Veterinary Surgeons Act, 1974.
- 1.1.5 The Council shall in the absence of guidelines stated in this document refer to definitions or precedence in the Code of Professional Conduct, Malaysian Medical Council with respect to the definition of ‘infamous conduct in any professional respect’ and in any other area deemed as ethics and professional conduct.

The phrase *"infamous conduct in a professional respect"* was defined in 1894 by Lord Justice Lopez as follows:

"If a medical man in the pursuit of his profession has done something with regard to it which will be reasonably regarded as disgraceful or dishonourable by his professional brethren of good repute and competency, then it is open to the General Medical Council, if that be shown, to say that he has been guilty of infamous conduct in a professional respect."

In another judgment delivered in 1930 Lord Justice Scrutton stated that:
"Infamous conduct in a professional respect means no more than serious misconduct judged according to the rules, written or unwritten, governing the profession."

1.1.6 Convictions in a court of law

In considering convictions the Council is bound to accept the determination of any court of law as conclusive evidence that the practitioner was guilty of the offence of which he was convicted. Practitioners who face a criminal charge should remember this if they are advised to plead guilty, or not to appeal against a conviction merely to avoid publicity or a severe sentence. It is not open to a practitioner who has been convicted of an offence to argue before the Preliminary Investigation Committee or the Malaysian Veterinary Council that he was in fact innocent. It is therefore unwise for a practitioner to plead guilty in a court of law to a charge to which he believes that he has a defence.

1.1.7 Forms of Infamous Conduct

This part mentions certain kinds of criminal offences and of infamous conduct in a professional respect (or professional misconduct) which have in the past led to disciplinary proceedings or which in the opinion of the Council could give rise to such proceedings. It does not pretend to be a complete code of professional ethics, or to specify all criminal offences or forms of professional misconduct which may lead to disciplinary action. To do this would be impossible, because from time to time with changing circumstances, the Council's attention is drawn to new forms of professional misconduct. Any abuse by a practitioner of any of the privileges and opportunities afforded to him or any grave dereliction of professional duty or serious breach of medical ethics may give rise to a charge of infamous conduct in a professional respect. In discharging their respective duties, the Preliminary Investigation Committee and the Malaysian Veterinary Council must proceed in a judicial process. Only after considering the evidence in each case can this committee of Council determine the gravity of a conviction or decide whether a practitioner's behaviour amounts to infamous conduct in a professional respect. In the following paragraphs areas of professional conduct and personal behaviour which need to be considered have been grouped under four main headings.

1. Neglect or disregard of professional responsibilities.
2. Abuse of professional privileges and skills.
3. Conduct derogatory to the reputation of the medical profession.
4. Advertising, canvassing and related professional offences.

These shall serve as the basis of determining if infamous conduct in a

professional conduct has been breached. Notwithstanding the general provisions above, specific provisions are dealt in more detail in other chapters.

1.1.7.1 Neglect or disregard of professional responsibilities

a. Responsibility for Standards of Medical Care to Patients

In pursuance of its primary duty to protect the public, the Council may institute disciplinary proceedings when a practitioner appears seriously to have disregarded or neglected his professional duties to his clients and to the patients. This includes evidence of proof of a valid veterinarian client relationship, confidentiality, maintenance and integrity of consultation, medical, treatment and surgical records. The public is entitled to expect that a veterinary surgeon will provide and maintain a good standard of medical care.

This includes:-

- i. establish a valid-client-veterinary surgeon relationship, establish and maintain records related to consultation, diagnosis, prescription, dispensing, advice, treatment of patient with conscientious assessment of the history, symptoms and signs of a patient's(s) condition including the maintenance of client-patient confidentiality in the interest of the client unless so directed by the council for investigation of cases where complaints of negligence or poor care has been raised by the client or where investigations and inspection of premises are conducted by the Council and its officers appointed by the President or the Director-General of Veterinary Services;
- ii. sufficiently thorough professional attention, examination and where necessary, diagnostic investigation;
- iii. competent and considerate professional management;
- iv. appropriate and prompt action upon evidence suggesting the existence of condition requiring urgent medical intervention; and
- v. readiness, where the circumstances so warrant, to consult appropriate professional colleagues.

A comparable standard of practice is to be expected from veterinary surgeons whose contributions to a patient's care are indirect, for example those in laboratory and radiological specialities. Apart from a practitioner's personal responsibility to his patients, practitioners who undertake to manage, or to direct, or to perform clinical work for organisations offering private veterinary services should satisfy themselves that those organisations provide adequate clinical and therapeutic facilities for the services offered.

The Council is not ordinarily concerned with errors in diagnosis or treatment, or with the kind of matters which give rise to action in the civil courts for negligence, unless the practitioner's conduct in the case has

involved such a disregard of his professional responsibility to his patients or such a neglect of his professional duties as to raise a question of infamous conduct in a professional respect.

A question of infamous conduct in a professional respect may also arise from a complaint or information about the conduct of a practitioner which suggests that he has endangered the welfare of the patient by persisting in independent practice of a branch of medicine in which he does not have the appropriate knowledge and skill and has not acquired the experience which is necessary.

b. The Practitioner and Requests for Consultation

i. In conformity with his own sense of responsibility, a veterinary surgeon should arrange consultation with a colleague whenever the patient or the patient's next of kin desire it, provided the best interests of the patient are so served. It is always better to suggest a second opinion in all doubtful, difficult or anxious cases. It should be remembered that a practitioner suffers no loss of dignity or prestige in referring a patient to a colleague whose opinion could contribute to the better care of the patient.

ii. The attending practitioner may nominate the practitioner to be consulted, and should advise accordingly, but he should not refuse to refer to a registered veterinary surgeon selected by the patient or next of kin.

iii. The arrangements for consultation should be made or initiated by the attending practitioner. The attending practitioner should acquaint his patient of the approximate expenses which may be involved in specialist consultations and examinations.

iv. It is the duty of the practitioner consulted to avoid any word or action which might disturb the confidence of the patient in the attending practitioner. Similarly, the attending practitioner should carefully avoid any remark or suggestion which would seem to disparage the skill or judgment of the practitioner consulted.

v. The practitioner consulted shall not attempt to secure for himself the care of the patient seen in consultation. At the end of consultation or further management where mutually agreed upon specifically between the referring practitioner and the consultant, the patient should be returned to the referring practitioner with a report including results of investigations and advice on further care of the patient.

vi. The consultant is normally obliged to consult the referring practitioner before other consultants are called in.

c. The Practitioner and His Practice

Partners, Assistants and Locum Tenentes.

There is an ethical obligation on a practitioner not to damage the practice of a colleague with whom he has been in professional association lately.

d. Improper Delegation of Medical Duties

i. Employment of Unqualified or Unregistered Persons.

The employment by a registered practitioner in his professional practice, of persons not qualified or registered under the Veterinary Surgeons Act 1974, and the permitting of such unqualified or unregistered person to attend, treat or perform operations upon patients in respect of matters requiring professional discretion or skill, is in the opinion of the Council in its nature fraudulent and dangerous to the public. Any registered practitioner who shall be proved to the satisfaction of the Council to have so employed an unqualified or unregistered person will be liable to disciplinary punishment.

ii. Covering.

Any registered practitioner who by his presence, countenance, advice, assistance, or cooperation, knowingly enables an unqualified or unregistered person, whether described as an assistant or otherwise, to attend, treat, or perform operation upon a patient in respect of any matter requiring professional discretion or skill, to issue or procure the issue of any certificate, notification, report, or other document of a kindred character, or otherwise to engage in professional practice as if the said person were duly qualified and registered, will be liable, on proof of the facts to the satisfaction of the Council, to disciplinary punishment.

iii. Association with Unqualified or Unregistered Persons.

Any registered veterinary surgeon who, either by administering anaesthetics or otherwise, assists an unqualified or unregistered person to attend, treat, or perform an operation upon any other person in respect of matters requiring professional discretion or skill, will be liable on proof of the facts to the satisfaction of the Council to disciplinary punishments. The foregoing part of this paragraph does not purport to restrict the proper training and instruction of bona fide veterinary students, or the legitimate employment of veterinary assistants, nurses, dispensers, and skilled mechanical or technical assistants, under the immediate personal supervision of a registered veterinary surgeon.

iv. Veterinary and Medical Research

In the scientific application of veterinary and medical research carried out on an animal, it is the duty of the practitioner to remain the protector of the life and health of that person on whom biomedical research is being carried out. In any research on animals, the researcher shall determine clearly the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail and should be approved by an ethical committee established for the purpose. The Council shall have the power to restrict or prevent or terminate research on animals if there is basis of cruelty to animals and of detriment to society.

The practitioner can combine veterinary research/medical with professional care, the objective being the acquisition of new veterinary knowledge, only to the extent that veterinary research is justified by its potential diagnostic or therapeutic value for animals or for humans.

v. A veterinary surgeon shall use great caution in divulging discoveries or new techniques or treatment through non-professional channels.

vi. The results of any research on animals should not be suppressed whether adverse or favourable.

vii. The Practitioner and the Pharmaceutical / Veterinary Medical Equipment Industry

The veterinary profession and the pharmaceutical industry have common interests in the research and development of new drugs of therapeutic value.

A prescribing practitioner should not only choose but also be seen to be choosing the drug or appliance which, in his independent professional judgment, and having due regard to economy, will best serve the medical interests of his patient. Practitioners should therefore avoid accepting any pecuniary or material inducement which might compromise, or be regarded by others as likely to compromise, the independent exercise of their professional judgment in prescribing matters.

It is improper for an individual practitioner to accept from a pharmaceutical firm monetary gifts or loans or expensive items of equipment for his personal use.

No objection can, however, be taken to grants of money or equipment by firms to institutions such as hospitals, health care centres and university departments, when they are donated specifically for purposes of research or patient care.

1.1.7.2. Abuse of professional privileges and skills

The abuse of Privileges Conferred by Law includes the following

a. Prescribing of Drugs

The prescription of controlled drugs is reserved to members of the veterinary profession and of certain other professions, and the prescribing of such drugs is subject to statutory restrictions. The Council regards as infamous conduct in a professional respect the prescription or supply of drugs including drugs of dependence otherwise than in the course of bona fide treatment. Disciplinary proceedings may also be taken against practitioners convicted of offences against the laws which control drugs where such offences appear to have been committed in order to gratify the practitioner's own addiction or the addiction of other persons.

b. Dangerous Drugs

The contravention by a registered practitioner of the provisions of the Dangerous Drugs Act (DDA) and the Regulations made thereunder may be the subject of criminal proceedings, and any conviction resulting therefrom may be dealt with as such by the Council in exercise of their powers under the Veterinary Surgeons Act, 1974. But any contravention of the DDA or Regulations, involving an abuse of the privileges conferred thereunder upon practitioners, whether such contravention has been the subject of criminal proceedings or not, will if proved to the satisfaction of the Council, render a registered practitioner to disciplinary punishment.

c. Sale of Poisons/Controlled Medicines

The employment for his own profit and under cover of his own qualifications, by any registered practitioner who keeps a veterinary clinic, open shop, or other place in which scheduled poisons or preparations containing scheduled poisons or controlled medicines are sold to the public, of assistants who are left in charge but are not legally qualified to sell scheduled poisons to the public, is in the opinion of the Council a practice professionally discreditable and fraught with danger to the public, and any registered practitioner who is proved to the satisfaction of the Council to have so offended will be liable to disciplinary punishment.

d. Certificates, Notifications, Reports, etc.

Practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give particulars, notifications, reports and other documents of a kindred character, signed by them in their professional capacity, for subsequent use either in the Courts or for administrative purposes. Practitioners are expected by the Council to exercise the most scrupulous care in issuing such documents, especially in relation to any statement that a patient has been examined on a particular date. Any registered practitioner who shall be proved to the satisfaction of the Council to have signed or given under his name and authority any such certificate, notification, report or document of a kindred character, which is untrue, misleading or improper, will be liable to disciplinary punishment.

e. Abuse of Privileges Conferred by Custom

Abuse of Trust

Patient grant practitioners privileged access to their homes and confidences and some patients are liable to become emotionally dependent upon the practitioner. Good medical practice depends upon maintenance of trust between practitioners and patients and their families, and the understanding by both that proper professional relationships will be strictly observed. In this situation practitioners must exercise great care and discretion in order not to damage this crucial relationship. Any action by a practitioner which

breaches this trust may raise the question of infamous conduct in a professional respect.

Abuse of Confidence

A practitioner may not improperly disclose information which he obtained in confidence from or about a patient.

Undue Influence

A practitioner may not exert improper influence upon a patient to lend him money or to obtain gifts or to alter the patient's records in his favour.

Personal Relationships between Practitioners and Patients

A practitioner may not enter into an emotional or sexual relationship with a patient (or with a member of a patient's family) which disrupts that patient's family life or otherwise damages, or causes distress to, the patient or his or her family.

1.1.7.3 Conduct derogatory to the reputation of the medical profession

The veterinary surgeon is expected at all times to observe proper standards of personal behaviour in keeping with the dignity of the profession.

a. Respect for Animal Life

The utmost respect for animal life should be maintained even under threat, and no use should be made of any veterinary knowledge contrary to the laws of humanity. The practitioner shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the animal of such procedures is suspected, accused or guilty and in all situations, including armed conflict and civil strife. The practitioner shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment.

b. Personal Behaviour

The public reputation of the veterinary profession requires that every member should observe proper standards of personal behaviour, not only in his professional activities but at all times. This is the reason why the conviction of a practitioner for a criminal offence may lead to disciplinary proceedings even if the offence is not directly connected with the practitioner's profession.

c. Personal Misuse or Abuse of Alcohol or Other Drugs

In the opinion of the Council, conviction for drunkenness or other offences (driving a motor car when under the influence of drink) indicate habits which are discreditable to the profession and may be a source of danger to

the practitioner's patients. Convictions for drug abuse and drunkenness may lead to an inquiry by the Malaysian Veterinary Council.

A practitioner who treats patients or performs other professional duties while he is under the influence of alcohol or drugs, or who is unable to perform his professional duties because he is under the influence of alcohol or drugs is liable to disciplinary proceedings.

d. Dishonesty: Improper Financial Transactions

A practitioner is liable to disciplinary proceedings if he is convicted of criminal deception (obtaining money or goods by false pretences), forgery, fraud, theft or any other offence involving dishonesty. The Council takes a particularly serious view of dishonest acts committed in the course of a practitioner's professional practice or against his patients or colleagues. Such acts, if reported to the Council, may result in disciplinary proceedings. Among the circumstances which may have this result are the improper demand or acceptance of fees from patients contrary to the statutory provisions which regulate the conduct of the veterinary services of the Government of Malaysia.

The Council also takes a serious view of the prescribing or dispensing of drugs or appliance for improper motives. A practitioner's motivation may be regarded as improper if he has prescribed a drug or appliance purely for his financial benefit or if he has prescribed a product manufactured or marketed by an organisation from which he has accepted an improper inducement. The Council also regards fee-splitting or any form of kick back arrangement as an inducement to refer a patient to another practitioner as unethical. The premise for referral must be quality of care. Violation of this will be considered by the Council as infamous conduct in a professional respect. However, fee sharing where two or more practitioners are in partnership or where one practitioner is assistant to or acting for the other is permissible.

e. Indecency and Violence

Any conviction for assault or indecency would render a practitioner liable to disciplinary proceedings, and would be regarded with particular gravity if the offence was committed in the course of a practitioner's professional duties or against his patients or colleagues.

f. Incompetence to Practice

Where a practitioner becomes aware of a colleague's incompetence to practice, whether by reason of taking drugs or by physical or mental incapacity, it is the ethical responsibility of the practitioner to draw this to the attention of a senior colleague who is in a position to act appropriately.

g. The Practitioner and Commercial Undertakings

The practitioner is the trustee for the client and accordingly must avoid any situation in which there is a conflict of interest with the client. A general ethical principle is that a practitioner should not associate himself with commerce in such a way as to let it influence, or appear to influence, his attitude towards the treatment of his client. The association of a practitioner with any commercial enterprise engaged in the manufacture or sale of any substance which is claimed to be of value in the prevention or treatment of disease but is unproven or of an undisclosed nature or composition will be considered as infamous conduct in a professional respect. A practitioner has a duty to declare an interest before participating in discussion which could lead to the purchase by a public authority of goods or services in which he, or a member of his immediate family, has a direct or indirect pecuniary interest. Non-disclosure of such information may, under certain circumstances, amount to infamous conduct in a professional respect. Where the practitioner has a financial interest in any facility to which he refers patients for diagnostics tests, for procedures or for inpatient care, it is ethically necessary for him to disclose his interest in the institution to the patient.

1.1.7.4 Advertising, canvassing and related professional offences

- a. Refer to Section 5 for further guidelines. In general, the veterinary profession in this country has long accepted the convention that doctors should refrain from self-advertisement or should be careful to guard against indirect advertising i.e. to see that other persons do not advertise for him/her as well as for any such purpose, of procuring or sanctioning or acquiring in, the publication of notices commending or directing attention to the practitioners professional skill, knowledge or services, or qualifications or depreciating those of others, or of being associated with, or employed by, those who procure or sanction such advertising or publication, canvassing or touting or employing any agent or canvasser for the purpose of obtaining patients or of employment. . In the Council's opinion self-advertisement is not only incompatible with the principles which should govern relations between members of a profession but could be a source of danger to the public. A practitioner successful at achieving publicity may not be the most appropriate doctor for a client to consult. In extreme cases advertising may raise illusory hopes of a cure. The above acts are in the opinion of the Council contrary to public interests and that can discredit the profession of veterinary medicine and any registered veterinary surgeon who resorts to any such practice renders himself liable, on proof of the facts to the satisfaction of the Council to disciplinary punishment.

b. Plates, Signs, Name Plates, Door Plates, Professional Stationery and Name cards

The Council shall from time to time vary guidelines for professional name cards, professional stationery, signs, plates, name plates, door plates as may be informed to the profession.

Signboards either mounted or otherwise may be placed at the location of the veterinary practice. In general up to two signboards would suffice and this may be illuminated. The size of the signboard should be appropriate to premise of the veterinary clinic and shall adhere to local council guidelines on signages/advertisements where applicable. In doubt the practitioner shall refer the proposed signboard design and lettering to the Council for their opinion. No advertisements or endorsement or purported endorsement/support to any product or commercial brand shall be on the signboard. The primary words in the signboard are:

Klinik Veterinar (Veterinary Clinic)
Klinik Haiwan (Animal Clinic)
Hospital Veterinary (Veterinary Hospital)
Hospital Haiwan (Animal Hospital)

A directional arrow may be used to indicate the location of a veterinary practice.

A plate indicating the name and qualification of the practicing veterinary surgeon may be mounted on the front elevation of the practice or in the clinic. Such information should contain no information other than the name, letters indicating the qualification as entered in the Register, the title "Veterinary Surgeon", the hours of attendance and the contact telephone number. Plates should be of a reasonable size appropriate to the front elevation of the veterinary practice. Nameplates of practitioners who do not practice in the clinic are not permitted to be exhibited.

When a practice covers a wide area, it may have one or more branch practices. A plate may be placed on a branch surgery, which should contain the address and particulars of the main surgery, subject to the provision that the veterinary surgeon attends the branch surgery at regular states times at least once a week.

Signboards and plates may not indicate what services are offered to the public on the front elevation of the practice. The pricing of services rendered cannot be stated on any signboard, plates or posters or playcards on the front elevation of the practice or in any other place or magazine or literature, or written material. However the list of services may be displayed inside the premise and it shall be truthful that such

services are available in the veterinary clinic and shall not list prices of services.

Professional stationery, name cards and labels may contain information related to the name of the practice, name of practitioner, letters denoting the professional qualification as entered in the Register, address, contact information and the hours of attendance. Where labels are used in the dispensing of medicines, the words ‘For Animal Treatment Only’ or “Untuk Rawatan Haiwan Sahaja” or “For Veterinary Treatment Only” or “Untuk Kegunaan Perubatan Veterinar Sahaja” are required.

1.2 THE PROFESSIONAL ROLE OF VETERINARY SURGEONS IN SOCIETY

1.2.1 The veterinary surgeon must defend the honour, dignity and noble tradition of the profession through exemplary conduct to achieve the highest esteem of society. The veterinary surgeon has an obligation to fellow veterinary surgeons to promote cooperation within the ranks of his profession and to the Malaysian Veterinary Council which is the sole regulatory body for the profession. He shall constantly endeavour to ensure the welfare of animals committed to his care. He shall seek no personal advantage at the expense of his professional colleagues.

1.2.2 The professional roles of veterinary surgeons in society are, among others, to:

- (a) prevent and relieve animal suffering and promote animal welfare;
- (b) contribute to the enhancement of animal health, productivity and well-being of animals and protect the health of man against zoonoses, veterinary public health and food safety;
- (c) promote the advancement of veterinary science and the provision of veterinary services for the benefit of society, nation and global communities; and
- (d) support and improve the quality and extent of the professional services.

1.2.3 The followings are the guiding principles for the conduct of professional conduct and ethics for veterinary surgeons:

- (a) Veterinary surgeons have a special duty towards animal welfare including to alleviate animal suffering. They must be conversant with the provisions that govern animal cruelty and welfare under the Animals Act 1953, the Veterinary Surgeons Act 1974 and any

directives, guides or circulars issued by the Council for animal welfare and any laws or legal requirement from time to time, to uphold them and, as far as possible, ensure others comply on any matters regarding the profession, practice and upholding the dignity of the profession and as a good citizen.

- (b) Veterinary surgeons, upon registration with the Council will take an oath herein known as the 'Veterinarian's Oath' or 'Ikrar Doktor Veterinar' and give a solemn undertaking to take good care of all animals entrusted to their care. They should, therefore, never refuse to attend any animal that requires emergency treatment nor should they cease to attend to any animal without a good cause.
- (c) Veterinary surgeons should treat their clients and the public with respect, consideration and courtesy.
- (d) Veterinary surgeons should conduct themselves in a manner that will maintain and enhance the reputation of the profession.
- (e) Veterinary surgeons should show respect for colleagues at all times and create an environment in which colleagues can freely exchange information to the benefit of patients and clients.
- (f) Veterinary surgeons must abide all laws governing the land, which affects their professional responsibilities, and as far as possible, ensure their observance by others. The list included and is not exclusive to the following or the amendments or new acts and regulations i.e. amongst others, Animals Act 1953; Animals Ordinance, 1962 (Sabah) Veterinary Public Health Ordinance, 1988 (Sarawak) Veterinary Surgeons Act 1974; Poisons Act 1952; Dangerous Drugs Act 1952; Sales of Drugs Act 1952; Pesticides Act 1974; Food Act 1983; Wildlife Conservation Act 2010, Fisheries Act, 1985; Feed Act 2009 and any other relevant Act or Ordinance or Regulations.
- (g) Veterinary surgeons shall keep themselves fully abreast of the latest advancements in veterinary science and education and update their relevant knowledge and skills in their sphere of practice and to ensure that expert knowledge, experience and judgment are available to the community.
- (h) It is the duty of the veterinary surgeons to report to the Council of any breach of the Veterinary Surgeons Act, which may come to their notice, whether the offender is a veterinary surgeon or a member of the public.

1.3 COMMENTS AND COMPLAINTS

1.3.1 Comments and complaints by members or received from others on any alleged breach of conduct with respect to the practice of veterinary medicine should be addressed to:

The Secretary
Malaysian Veterinary Council (MVC)
Department of Veterinary Services
First Floor, Podium Block Lot 4G1, Wisma Tani
Ministry of Agriculture and Agro-based Industries, Presint 4
Federal Administrative Centre
62630 Putrajaya
Tel: 603-8870 2000
Fax: 603-8888 8685
E-mail: secretary@mvc.gov.my
Website: www.mvc.gov.my

CHAPTER 2: DEFINITIONS

2.1 For the purposes of this Guide, the following definitions apply:

Animal	As defined in the Veterinary Surgeons Act, 1974
Animal Welfare	means the state of well-being in which an animal is in reasonable harmony with its environment, has adequate fulfilment of physical and behavioural needs and is not subjected to unnecessary pain, fear or suffering.
Client	means the owner of the Patient.
Company Veterinary Surgeon	The veterinary surgeon who has been employed by the commercial or industrial firm.
Consultation	In respect of a medicine, consultation means: (i) an examination of the animal by the veterinary surgeon, and (ii) any actions that enables the veterinary surgeon to obtain or extract sufficient information about the animal to allow the veterinary surgeon to make an informed decision with respect to the prescribing, dispensing, sale and/or administration of a medicine to or in respect of the animal, herd or flock.
Consulting Veterinary Surgeon	means the veterinary surgeon that provides the service of consultation to a client, practice, farm in the practice of veterinary medicine
Medicine	means a controlled medicine or biologic or an incidental constituent that is either prescribed, dispensed, sold or administered for animal treatment only or as tissue residues in products of animal origin, as listed in the Schedules of various regulations, specifically the Animals Act 1953; Poisons Act 1952; Dangerous Drugs Act 1952; Sales of

Drugs Act 1952; Pesticides Act 1974; Food Act 1983, Feed Act 2009 and other relevant regulations.

Patient	means animal(s) that has been subjected directly or indirectly to consultation, examination, treatment, surgery by the veterinary surgeon.
Practice of veterinary medicine	As defined under the Veterinary Surgeons Act, 1974.
Preliminary Investigation Committee	means the Committee formed under section 39(2) of the Veterinary Surgeons Act 1974 to make preliminary investigation into complaints or information touching on any disciplinary matter that may be inquired into by the Council and to determine whether or not there shall be an inquiry by the Council.
Veterinary Authority	means the authority that is given the power of the administration of veterinary services, animal husbandry and animals by the State which includes the Director General of Veterinary Services, West Malaysia, the Director of State Veterinary Services in Peninsular Malaysia and the Veterinary Authority in the State of Sarawak or the Director of Veterinary Services and Animal Industry of the State of Sabah.

CHAPTER 3: THE VETERINARY SURGEON-CLIENT RELATIONSHIP

3.1 VETERINARY SURGEON/CLIENT/PATIENT RELATIONSHIP

3.1.1 General Comments

- 3.1.1.1 This aspect can be regarded as the summation of the Guide of Professional Conduct and Ethics for Veterinary Surgeons. If the spirit of this Guide is applied, very few of the other legal and regulatory provisions will be transgressed.
- 3.1.1.2 The tripartite relationship which consists of the veterinary surgeon, his client and his patient forms the basis of our profession. Without clients and patients, there would be no need for veterinary surgeons.
- 3.1.1.3 When considering the rights and interests of the client, the client has the right to expect high professional competency from the veterinary surgeon. A veterinary surgeon shall exercise a reasonable standard of skill and diligence normally expected and accepted by his profession.
- 3.1.1.4 The veterinary surgeon has the following duties in providing veterinary services:
- (a) While performing his/her duties, the veterinary surgeon is entitled to make a living in order to provide for himself/herself and his/her dependants;
 - (b) While the importance of making a good living is accepted, there are certain constraints which shall be borne in mind, such as:
 - (i) economic justice towards employees;
 - (ii) freedom to compete with other veterinary surgeons and to accept competition; and
 - (iii) dedication to patients and clients.
 - (c) It must be borne in mind that the veterinary surgeon must fulfil the following four important functions:
 - (i) healer;
 - (ii) friend or counsellor;
 - (iii) businessman; and
 - (iv) an economic manager or consultant (especially in the case of farmed animals).

- 3.1.1.5 The patient, although unable to lobby for itself or to make demands, is as important as the other two parties. The welfare of the patient is paramount.
- 3.1.1.6 Civilised society demands that veterinary surgeons, in performing their duties, must always bear the following in mind:
- (a) the patient cannot speak for itself;
 - (b) animals do feel pain and can suffer too;
 - (c) the veterinary surgeon is morally bound to be kind and humane towards his/her patients; and
 - (d) the patient should always get the best treatment within the constraints of financial considerations, practicability of the procedure, while they should never be allowed to suffer unduly.

3.1.2 Client relationships

- 3.1.2.1 At times, the client's interests are in conflict with those of the patient, and a veterinary surgeon is torn between serving the two. Although freedom of choice of a veterinary surgeon to the client has been addressed in this Guide, there may be good reasons for turning a client away. Examples of good reasons are:
- (a) Questionable payers
Notwithstanding the above, it is cautioned that the veterinary surgeon must not assume that because a client is not rich that he does not intend to pay. Many poor people have an enormous regard for their animals that are not owned by them;
 - (b) Disgruntled clients of other veterinary surgeons
Situations that can cause a veterinary surgeon to end up in a dispute with another veterinary surgeon or make it difficult to treat the patient competently;
 - (c) Potentially difficult clients
Difficult clients need to be handled diplomatically as they can test veterinary surgeon/client relationships:-
 - (i) Clients who are reluctant to understand the complexity of the patients' illness; and
 - (ii) Clients seeking free service on the pretext of not owning the animal.

3.1.3 Withdrawal from the veterinary surgeon/client/patient relationship

Clients may become financially unreliable, strange or threatening, necessitating the withdrawal of the services by the veterinary surgeon. However, this must always be done with due consideration of legal and moral issues.

3.1.4 Fees and collection

- 3.1.4.1 The professional services of a veterinary surgeon in private practice shall be remunerated solely by fees payable by his client.
- 3.1.4.2 There is a general belief that a fair or ethical fee is what the market will tolerate. This question of fees will never be entirely cleared up, but veterinary surgeons should always bear in mind that the moral obligation to charge a fee that is fair to both client and veterinary surgeon while attempting not to allow undue suffering by to any animal as a result of financial constraints.
- 3.1.4.3 The following constitutes a fair fee:
 - (a) The veterinary surgeon's educational background, training and expertise will have a bearing on the fee charged;
 - (b) Fees should bear direct relationship to the work done for the specific client;
 - (c) Veterinary surgeons should not take advantage of situations where clients have restricted choices of whether to accept a specialized service or resort to a general veterinary care.
- 3.1.4.4 Exceptions can be made for clients who are unable to settle their bills.
- 3.1.4.5 Collection of fees should take place in a morally appropriate manner.
- 3.1.4.6 Any preliminary estimate/quotation offered must be stated clearly and unambiguously and should constitute the whole fee (inclusive of any tax that is required by statutory requirement where applicable) payable by the client for the procedure, treatment or service in question.
- 3.1.4.7 The veterinary surgeon shall prior to the delivery of professional services, inform his client of the conditions of engagement and the scale of professional fees and charges to be applied.

- 3.1.4.8 The veterinary surgeon shall not attempt to supplant any other fees and charges to be applied.
- 3.1.4.9 The veterinary surgeon shall not give or offer remuneration or other inducements for the introduction of clients.
- 3.1.4.10 The veterinary surgeon shall not accept any discount, gift, commission or any form of inducement from tradesmen or suppliers in connection with the services and duties entrusted to him and shall not permit his staff to receive such discount, gift, commission or inducement.
- 3.1.4.11 The veterinary surgeon may be paid professional fees for any consultancy services, provided that a client engages him for the purpose of rendering such services and he assumes responsibility for those services

3.2 FREEDOM OF CHOICE

- 3.2.1 Veterinary surgeons shall not, base on their personal and professional conduct thereon, and as far as it is within their professional ability, refuse treatment to an animal with the exception of the following mitigating circumstances:
 - (a) An uncontrollable animal e.g. a vicious dog or temperamental animal;
 - (b) Veterinary surgeons or assistants placed in life threatening positions;
 - (c) In the circumstances which make it impossible to render a professional service e.g. not enough assistants to control the animal, insufficient light, inadequate facilities;
 - (d) Where there is a history of the client not settling accounts or refusing to pay. However, initial emergency treatment must always be given regardless of client history of non-payment;
 - (e) Where the owner of an animal has been rude, antagonistic or has sought the services of the veterinary surgeon with ulterior motives;
 - (f) Where the treatment required falls outside the ability of the veterinary surgeon, which may reasonably be expected of him. In an emergency, a veterinary surgeon must render a service to the best of his ability until the animal can be referred to a more capable colleague or institution;

- (g) If by boarding (keeping the animals for a fee without treatment) or hospitalising an animal where treatment and practice of veterinary medicine is required, the risk of spreading a highly infectious disease to other animals is deemed too great;
 - (h) If the client interferes with the work of a veterinary surgeon;
 - (i) Request for euthanasia of a perfectly healthy animal when it is clear that the owner does not want to accept responsibility for the care of the animal and when the veterinary surgeon is of the opinion that the animal cannot be satisfactorily relocated.
 - (j) When a veterinary surgeon wishes to give notice to a client that he proposes to terminate his services, he should inform the client specifically and preferably do so in writing, keeping full records of and reasons for such notification
- 3.2.2 A veterinary surgeon shall not abandon the treatment of an animal under his professional care unless he is satisfied that he has done his utmost to safeguard the welfare of the animal concerned.

3.3 BONA FIDE CLIENTS

- 3.3.1 The owner of an animal which has been under regular care by the veterinary surgeon and who has not indicated that he/she no longer wishes to make use of the particular veterinary surgeon's services is considered a bona fide client.
- 3.3.2 The following persons are not bona fide clients:
- (a) A client consulting a veterinary surgeon as a referral or for a second opinion, is not a bona fide client of the veterinary surgeon referred to;
 - (b) The owner of an animal treated at an event such as a show, endurance ride, etc. is not regarded as a bona fide client of the veterinary surgeon who treats the animal; and
 - (c) People are not bona fide clients if veterinary surgeons merely merchandise products to them.
- 3.3.3 By implication, a person may be a bona fide client of more than one practice e.g. in the equine industry where horses move to different centres.
- 3.3.4 The onus rests on the veterinary surgeon to exercise utmost caution (considering the above constraints) when corresponding or communicating to clients. Should they not be bona fide clients of his/hers, this may constitute

canvassing.

3.4 CERTIFICATES AND NOTIFICATIONS

3.4.1 Veterinary surgeons may be required professionally to issue certificates, notifications or other such forms which, after signing, become legal documents. It is essential that the followings should be appended only to such documents that are complete and accurate in every respect:

- (a) veterinary surgeon's signature;
- (b) name;
- (c) address;
- (d) date of examination;
- (e) council registration number; and
- (f) annual practicing certificate number.

3.4.2 Animals which are the subject of such certificates and notifications issued manually or electronically where appropriate or required by legislation must be identified as completely as possible. In some instances individual identification of an animal is difficult. If an animal cannot be identified individually, a qualifying statement to that effect must be added and signed by the veterinary surgeon. The extent of the examination which has been carried out should be noted on the certificate of health or soundness, i.e. whether the examination was confined to clinical examination or supported by laboratory or other tests. Certificates should be furnished on notepaper with a printed heading or on an electronically printed form.

3.4.3 Veterinary surgeons must never sign any certificate which is false or misleading in any particular way or written in a language which he/she does not understand. Every veterinary surgeon must realise that careless or negligent certification can harm an individual's professional reputation, expose the veterinary surgeon to legal redress and may also seriously affect the credibility of the veterinary profession with respect to certification.

3.4.4 Veterinary surgeons must not issue certificates under the following circumstances:

- (a) where he has not examined the animals;
- (b) where he has been asked to certify examination, treatment or vaccination conducted by another veterinary surgeon; and

(c) when he suspects that the certification is untrue.

3.4.5 As a general rule, a Veterinary Surgeon shall not certify, affix or put his signature to any certificate which is not prepared by him or members of his staff under his supervision.

3.5 USE OF TITLE – CONSULTANT/SPECIALISTS/OTHER TITLES

The veterinary surgeon can only use the title 'Consultant' or 'Veterinary Consultant', 'Specialist', 'Member' or 'Fellow of the Malaysian College of Veterinary Specialist', 'Member of the Malaysian College of Veterinary Specialist' or any similar title or description which may infer superior professional qualifications and experience, if such qualification is approved and entered into the Register of Veterinary Surgeons. Titles such as post-graduate degrees/diplomas in veterinary practice specialisation relevant to professional practice may be affixed to the qualifications of the veterinary surgeon as entered into the Register of Veterinary Surgeons.

3.6 OPTIONS FOR TREATMENT OF PATIENTS AND COMMUNICATION WITH CLIENTS

3.6.1 Before performing veterinary procedures upon an animal, the attending veterinary surgeon should, where possible, fully discuss the available options for treatment, their associated costs, prognosis and possible complications. It is always prudent to recommend the most appropriate treatment for the animal, make such person aware of the costs and prognosis, and allow him/her to make a decision regarding the treatment. Do not use euphemisms regarding cost or mode of treatment when discussing a patient with a client.

3.6.2 The client should always be made aware that, even if the optimal method of treatment is used, it is both impossible and unethical to guarantee full recovery. Where a client is either unable or unwilling to accept the optimal treatment for the client's animal and chooses a less satisfactory method of treatment, it is important to ensure that the client is fully aware of the more common complications and further costs that may be directly associated with this particular choice of treatment. Refusal of more optimal course of diagnosis or treatment should be documented in patient records.

3.6.3 It is advisable that, where a number of options for treatment are available and have been discussed with the client, their associated costs and prognosis be listed on either a consent form or clinical record. The consent of the client or his agent to any particular procedure should be obtained, documented and clearly agreed by the client by putting his signature on the written consent form. This is particularly important when the treatment chosen by the client

may be less than satisfactory to that recommended by the veterinary surgeon.

- 3.6.4 Despite having been provided with written consent by the client to proceed with the procedure/surgery, it remains incumbent upon the veterinary surgeon to attempt to contact the client and to inform him of any substantial complications discovered during initial procedure/surgery which requires the veterinary surgeon to perform more extensive procedures/surgery than was originally envisaged. Should it occur that the client cannot be contacted, it will then fall within the veterinary surgeon's professional discretion to decide whether or not to proceed without having informed the client of the complications. It is recommended that, in many instances, a substantial increase over and above the price originally quoted for the procedure/surgery should serve as guide to the veterinary surgeon in electing whether or not to halt the procedure/operation until the client has been contacted. It is furthermore recommended that in a situation where the veterinary surgeon has been instructed to proceed regardless of the costs involved, a veterinary surgeon should still be guided by his professional judgment as to whether or not to proceed on that basis.
- 3.6.5 In the event that the veterinary surgeon is confronted with the need to undertake far more extensive and complicated procedures than originally envisaged, and, if he is not qualified to undertake a procedure/surgery of such magnitude, it is recommended that the veterinary surgeon should halt the procedure/operation if it is safe to do so, inform the client of the options and refer the case to an appropriately qualified practitioner, or proceed to the best of his professional ability. By doing so, he is acting in the best interest of the patient and his client.
- 3.6.6 In cases other than emergency situations, veterinary surgeons should at all times uphold their personal and professional integrity by being honest with their clients as to their professional limitations.
- 3.6.7 Proper documentation of the above should be kept in case of dispute.

3.7 POST-MORTEM EXAMINATION

- 3.7.1 Post-mortem examinations, where possible, should be undertaken by an independent party (a veterinary pathologist or by another veterinary surgeon). However, if the client insists that the attending veterinary surgeon performs the post-mortem examination he may proceed to do so.
- 3.7.2 The client should be advised of the financial implications and also that the results may prove inconclusive.

- 3.7.3 When a post-mortem examination has been performed and no definitive diagnosis can be made, the client should be consulted as to whether further laboratory or other tests should be performed in order to arrive at a diagnosis. In all cases, complete records and where necessary, duplicate specimen samples must be collected by the veterinary surgeon performing the post-mortem examination. The same applies if the client cannot be contacted to inform him/her of the findings. The veterinary surgeon should take all reasonable steps to allow further tests to be carried out or seek a second opinion should the client so wish. No evidence should be destroyed until the client is satisfied.
- 3.7.4 If a veterinary surgeon wishes to do a post-mortem examination on an animal that has died under his care for his own information he should first obtain the client's permission prior to conducting the post-mortem examination and without cost to the client.
- 3.7.5 The client may retain the carcass of the animal and request another veterinary surgeon to carry out an independent post-mortem examination. In such instances, the attending veterinary surgeon shall supply all the relevant information, after being advised by the referred colleague that a post-mortem examination is to be carried out. Normal ethical rules regarding supersession and second opinions should apply.
- 3.7.6 In the case of small animals, carcasses preferably should be kept for 3 days in chillers or freezers to allow minimal deterioration. In cases where the client cannot be contacted, whereupon the carcass can be disposed.
- 3.7.7 In the case of large animals where the carcass cannot be kept, a second veterinary surgeon, where possible, should preferably be present when the post-mortem examination is performed.
- 3.7.8 Animals may be insured by their clients. The veterinary surgeon shall take this in consideration. If the animal is insured, the veterinary surgeon shall take all reasonable steps to obtain the insurance policy and contact the relevant insurance company and to discuss the matter with them.

3.8 CHANGE OF VETERINARY SURGEONS BY CLIENTS

It is the right of the client as the owner of the animal to change from one veterinary surgeon or practice to another. It is expected, as an act of courtesy, that the receiving veterinary surgeon informs the attending veterinary surgeon of the client's intentions and acquire any information which may be important for the future treatment of the client's animal(s). When a request is received from a client to close his account, it is advisable to remove such a client from the mailing list of the practice to prevent future complaints pertaining to canvassing or touting.

3.9 UNPAID ACCOUNTS - RETENTION OF ANIMAL

Where a patient has been released without any payment, except in obvious cases of hardship, it could lead to other clients also attempting to detract from payment. It is, therefore recommended that attempts should be made to obviate this situation from arising by offering credit facilities, discussing the fee in advance, accepting genuine offers of payment by instalments, etc. The interest of the patient should be considered as the most important factor in all such cases. However, it should be recognized, that there is little to be gained by retaining the patient pending payment, since additional costs will simply accrue while the patient is being housed and fed by the practice. It must also be appreciated that public sympathy may also be mounting for the client. It may be preferable to release the patient and pursue the matter of the outstanding fees through normal legal channels.

3.10 DEPOSITS FOR TREATMENT

3.10.1 Veterinary surgeons are advised to impose initial payment from clients as a deposit before admitting patient particularly in cases involving extensive treatment for the following reasons:

- (a) it avoids unseemly confrontations with clients unwilling or unable to pay for such treatment;
- (b) it avoids the abandoning of animals at clinics;
- (c) it avoids the broaching of the subject of fees and gives the client the immediate option of choosing an alternative and cheaper treatment; and
- (d) it saves the veterinary surgeon having to pay for drugs and materials used, as well as the frustration and costs of collecting bad debts.

3.10.2 If the client is unwilling or unable to lodge such a deposit, the veterinary surgeon has the option to treat the animal to make it comfortable in the case of an emergency or to refuse to treat the animal in the case of a non-emergency and refer the client elsewhere.

CHAPTER 4: RESPONSIBILITIES ARISING FROM THE TREATMENT OF ANIMALS

4.1 TREATMENT OF ANIMALS IN THE ABSENCE OF OWNER(S)/CLIENT(S)

It is advisable, where an animal is in the care of a veterinary surgeon and it is not possible to contact the client due to the client's temporary absence, the following guidelines apply:

- (a) If the animal becomes ill, whilst in the care of the veterinary surgeon he/she should notify the client in writing at his/her last known address without delay or make every reasonable effort to contact the client or an agent acting on behalf of the client.
- (b) Where the veterinary surgeon anticipates in-depth enquiry from the client, he/she should have a post-mortem examination performed as per provision in clause 3.6.
- (c) Veterinary surgeons can accept instructions from an agent acting legally on behalf of the client, but it is advisable to verify these instructions with the client.
- (d) If the animal dies, the client should be contacted on the same day. If the client is not contactable then the carcass may be disposed off following a reasonable lapse of 3 days.
- (e) Procedures which can be postponed without undue distress to the patient should be delayed until permission has been obtained from the client.
- (f) Emergency treatment must be administered regardless of whether contact has been established with the client in order to save the patient's life or to prevent suffering.

4.2 EMERGENCY SERVICES

This clause must be read in conjunction with other relevant clauses such as the clauses dealing with supersession, canvassing and touting, treatment of species not normally dealt with, etc.

The spirit of this clause is to provide a humanitarian service to the animal e.g. relief of pain, saving of a life and not an attempt at self-advancement (to obtain another client).

- 4.2.1 A veterinary surgeon is expected to provide emergency services within his capabilities when necessary. Such situations may include, amongst others, the following:
- (a) in the case of an accident, road or otherwise;
 - (b) when the client's usual veterinary surgeon is not available;
 - (c) when the emergency is of such a nature that transport to the usual veterinary surgeon would cause unnecessary suffering or death.
- 4.2.2 The veterinary surgeon providing the emergency service must release the patient to the usual veterinary surgeon as soon as requested to do so by such veterinary surgeon.
- 4.2.3 A veterinary surgeon may be called upon to provide emergency service to a stray animal or to an animal whose owner may be unable to pay for such treatment. In such circumstances the veterinary surgeon is expected to display the highest standards of integrity. Financial considerations should not absolve the practicing veterinary surgeon from his duty. After treating the animal, the veterinary surgeon is expected, in such cases, to assist the owner to make contact with an animal charity or animal home.

4.3 HOURS OF SERVICE AND TWENTY FOUR (24) HOUR SERVICE

- 4.3.1 There is no obligation on a one-person practitioner to remain constantly on duty 24 hours a day, seven days a week. He should ensure that when he is off duty, clients can obtain help from any other veterinary surgeon with whom prior arrangements have been made and who is sufficiently close at hand to be able to provide a service to the clients of the first practice on a reasonably practical basis. In addition, it is not acceptable to refer clients to a practice so distant that the life of a sick animal is put at risk.
- 4.3.2 If the emergency service is not available after working hours, it is imperative that the emergency contact number be displayed on a notice board outside the building and be recorded on an answering device connected to the facility's usual telephone line.
- 4.3.3 The veterinary surgeon must have an arrangement with one or more veterinary surgeons to ensure that a veterinary surgeon is available at all times for the relief of pain or suffering of animals and the administering of further treatment, when necessary.

4.4 EUTHANASIA

In most cases, euthanasia is a sensitive and emotive issue. The veterinary surgeon performing euthanasia must do so with great sensitivity, bearing in mind the situation of the animal (pain and suffering), the plight of the owner (grief) and possible legal implications.

When an animal is brought in and the owner is unknown to the veterinary surgeon, his first responsibility is to relieve pain and suffering of the animal. Should the animal be too badly injured or suffering too much to warrant prolonging its life, euthanasia should be considered. In such cases, the veterinary surgeon should take reasonable steps to contact the owner. If this is not possible, extreme care should be taken not to destroy the animal without valid reason. If possible, another responsible person acting as a witness, should agree to euthanasia.

It is a veterinary surgeon's duty to perform this unpleasant task when requested to do so by the client. A veterinary surgeon has the right to advise the client on the need for euthanasia e.g. from euthanasia of a perfectly healthy dog at one end of the spectrum to refusal by the client of a suffering animal at the other end. Unless an animal is suffering from unbearable pain, the decision lies with the client. However, the advice given should never be construed as harassment or the passing of moral judgment.

If the veterinary surgeon is of the opinion that immediate euthanasia to alleviate suffering is the only viable option, he may carry out the procedure with or without the client's permission (the decision rests with the veterinary surgeon to perform his ethical duty). Accurate records and motivations must be kept to justify the treatment and the opinion of an independent veterinary surgeon should be sought to verify the procedure.

4.4.1 Circumstances under which euthanasia should be declined:

Veterinary surgeons are justified, in the case of a completely healthy pet, to refuse euthanasia if they sincerely believe that the animal might be helped or placed with another owner. They can tell clients that it is against their moral values to euthanize a healthy, well-behaved animal on demand. Indiscriminate killing of healthy animals may prevent members of the public from giving the very best care to their animals and exercising responsible ownership.

4.4.2 Euthanasia is clearly justified when all of the following elements are present:

- (a) the patient is suffering from a condition for which there is no cure or solution at any cost;

- (b) the condition is already causing the animal severe pain for which palliative measures, short of inducing virtual unconsciousness, are not available;
- (c) the client is psychologically able to make a voluntary and rational decision regarding euthanasia; and
- (d) the client is able to request euthanasia, understanding that the animal's interests with regard to freedom from suffering ought to take precedence over his own impending grief or sense of loss.

4.4.3 The following conditions must be met before performing euthanasia:

- (a) The veterinary surgeon must ensure that the person presenting the animal is the owner. Should this not be the case, it is wise to request that the person presenting the animal, sign an authorization for euthanasia. When minors (persons less than 18 years of age) present an animal, their parents' consent should be obtained. In all cases, the veterinary surgeon must be certain that he/she is justified to proceed with euthanasia.
- (b) A client must give his permission in writing by signing a release letter. If a client is obstructive in any way and refuses to give permission for euthanasia, it is advisable to transfer the case into the hands of animal welfare. Veterinary surgeons must take note that civil courts may not view animals or a client's sentiments in the same way as veterinary surgeons do. The Council can only guide colleagues, but these directives may be challenged in open courts.
- (c) To avoid any misunderstanding, no euphemisms for euthanasia should be used. The veterinary surgeon must be absolutely sure that the owner means euthanasia when he/she requests that the animal be 'knocked out', 'be put to sleep' or 'be put down'.
- (d) When the patient is insured and a claim is to be made, the insurance company must be notified so that it can arrange for an inspection by its own veterinary surgeon if there is time. The veterinary surgeon employed by the insurance company must liaise with the veterinary surgeon treating the animal with regard to the time and date when the examination is to be made. It is the client's responsibility to inform the veterinary surgeon that the animal is insured and to inform the insurance company. However, it is recommended that the veterinary surgeon inquires as to whether or not the animal is insured.
- (e) When performing euthanasia on a companion animal, the client has the right to remain with the animal or to be absent during the

procedure as well as the opportunity to be alone with the animal. The veterinary surgeon must take all reasonable steps to ensure that the procedure is as atraumatic as possible.

- (f) The veterinary surgeon should make sure of the correct diagnosis before advising euthanasia. After having taken the decision to destroy an animal, all unnecessary delay must be avoided.
- (g) It is up to the veterinary surgeon to decide what method of euthanasia to use. When using barbiturates, care should be taken to ensure that the carcass does not end up being used as a source of food for other animals or humans.
- (h) If a firearm is used, all safety rules should be adhered to.
- (i) A veterinary surgeon should always strive to permit clients to make their own informed, rational and voluntary decisions about a sensitive issue like euthanasia.
- (j) The veterinary surgeon must in all cases make absolutely sure that after the procedure has been carried out and the animal is in fact dead.

4.4.4 The same principles apply to animals that are a danger to people e.g. a vicious dog lost in a car park or a lion escaped from zoo, namely:

- (a) The veterinary surgeon should try to contact the owner of the animal or his/her relative, any animal welfare society, the police or wildlife offices;
- (b) The veterinary surgeon should euthanise only as a last resort and make sure that the action can be justified in court.

4.5 INVOLVEMENT WITH SPECIES NOT USUALLY DEALT WITH

4.5.1 In emergency situations, it is the ethical duty of the veterinary surgeon to administer treatment in the best interest of the patient in accordance with the veterinary surgeon's ability and competence.

4.5.2 Minor procedures and treatments which fall within the scope of the general practitioner may be carried out.

4.5.3 More complicated or specialized treatments should be referred to a practitioner who normally deals with the particular species, where possible; however, if for practical reasons (e.g. transport/proximity to a referring

veterinary surgeon) this is not possible, a veterinary surgeon who is experienced in the species concerned must be consulted.

4.5.4 It is the duty of the attending veterinary surgeon to inform the owner that he does not normally treat that particular species.

4.5.5 It is unwise and may be regarded as unethical conduct if an unwary veterinary surgeon should involve him with reports or certifications in a species he does not normally deal with.

4.6 SURGERY TO ALTER OR DISGUISE GENETIC DEFECTS / CONFORMATION COSMETIC SURGERY

4.6.1 Veterinary surgeons must continuously endeavour to discourage clients requesting surgery merely for cosmetic reasons.

4.6.2 Furthermore, veterinary surgeons are requested to use their knowledge and influence to advise breed societies to refrain from stipulating breed standards that may result in the animal being subjected to potential painful and unnecessary surgical procedures. Veterinary surgeons must also assist organizations such as the kennel association, cat clubs and associated societies in controlling and out breeding of inherited defects or abnormalities

4.6.3 Veterinary surgeons may report operations which alter the natural conformation of a registered animal to registering authorities (e.g. cat or kennel clubs). The rules of registering authorities should absolve veterinary surgeons from the obligation of confidentiality in such cases.

4.6.4 However, veterinary surgeons are obliged to treat an animal if presented with a pathological problem. When it is clear that a condition is without doubt genetic, the veterinary surgeon should advise sterilization.

4.7 UNCLAIMED ANIMALS

4.7.1 A veterinary surgeon has an ethical duty to care for any patient in his care, even if his professional services have been completed and the owner has not claimed the patient.

4.7.2 It is fair to assume that after a reasonable period of time of three (3) days has lapsed and every reasonable effort has been made to contact the owner, as was agreed upon between the owner and the practice at the time of admittance, the veterinary surgeon has the right to determine what the veterinary surgeons thinks is best at his own discretion.

4.7.3 The costs incurred during this time must be retrieved through normal legal channels.

CHAPTER 5: RESPONSIBILITIES ARISING FROM THE VETERINARY PRACTICE

5.1 FACILITIES: GENERAL PRINCIPLES

Care should be taken to ensure that the premises or locations used for practice purposes would enhance the dignity of the profession

The practice of veterinary medicine should take place in the premises approved by the Council with the exception of emergency cases and field procedures that require to be done outside of the premises. Surgery of companion animals (for example dogs and cats), in normal circumstances, should not be performed out of the premise or in the presence of the general public or owner.

5.1.1 Structural

- (a) Adequate facilities (structural and equipment) to satisfy the veterinary needs of the clients and patients in the area must be provided by the practice involved.
- (b) All facilities must be in good order that creates the atmosphere of clinical cleanliness and efficiency. The areas surrounding the facilities must be maintained in a clean and tidy state. The facilities must be free of offensive odours and all attempts must be made to keep noise levels as low as possible in accordance with the requirements of local authorities.
- (c) The facilities must be well lit to ensure the safety of all people and prevent injury to clients. The veterinary surgeon must supply the necessary equipment to ensure protection of staff e.g. protective clothing, handling equipment (gags, catching sticks, muzzles, etc), radiation protection and monitoring devices. There must be adequate precautions against fire and other hazards. Personnel must be trained in the use of fire extinguishing apparatus. It is advisable to have fire drills from time to time and to install smoke detectors.
- (d) There should be sufficient parking to accommodate clients, staff and practice vehicles. It is advisable to provide proper entrances for disabled persons.
- (e) It is advisable to provide a room or office where confidential discussions with clients and personnel can be held.
- (f) It is advisable, where applicable and possible, to create facilities (waiting rooms, wards) to separate species.
- (g) Adequate storage facilities must be available.

- (h) Proper and adequate precautions must be taken against theft.
- (i) The veterinary surgeon shall equip the facility with sufficient equipment supplies and medicine to ensure that the practice of veterinary medicine and the services provided are satisfactory to the scope of services offered to the public.
- (j) A veterinary surgeon commencing his professional practice as a company shall submit to the Council in the prescribed Form under the Regulations. All proposed changes to the layout of the practice shall be submitted in the prescribed form and prior approval shall be obtained before commencing on the changes to the layout of the practice.
- (k) A veterinary surgeon who is in practice and manages a trading business for the retail sale of non-medicines and non-veterinary practice equipment should ensure that:
 - (i) any consulting room, surgery or laboratory, diagnostic facilities or dispensary associated with the practice must be part of the professional rooms and should be physically distinct from the premises used for trading purposes;
 - (ii) medicines restricted for the use of veterinary surgeons or legally available on prescription only shall not be sold from the trading business; and
 - (iii) any vehicle displaying an advertisement associated with the business shall be regarded as part of the trading premises and shall not be used in connection with the veterinary surgeon's practice.
- (l) Animal Transport Vehicle/Mobile Clinics

A vehicle which is used for the transport of animals to and from the practice shall be constructed in such a way that animal welfare and the prevention of cruelty to animals is paramount and that injuries to the animals are prevented, animals cannot escape there from and it be easily sanitized.

Mobile clinics as a practice is not allowed as it may be misused as touting for business. Unless approved by the Council or exempted for public service or for the teaching students or if allowed for where veterinary services are hard to reach as in rural areas of Sabah, Sarawak and West Malaysia the general consideration is that is shall have a physical base practice for which services are provided for.

5.1.2 Procedural

- (a) Veterinary services and care shall be provided in a competent and humane manner. All aspects of veterinary services shall be performed in a manner compatible with up-to-date veterinary practice.
- (b) Clients shall be addressed in a friendly manner and treated professionally at all times.
- (c) All staff shall subscribe to an atmosphere of excellence by maintaining high standards of dress, cleanliness and personal appearance.
- (d) There shall be sufficiently trained and motivated staff available to ensure adequate care of animals on the premises at all times.
- (e) Sufficient telephonic capacity shall be provided to meet the workload of the facility. Telephones must be answered promptly and professionally.
- (f) Adequate health and safety precautions must be taken against the hazards of veterinary practice e.g. rabies, dog bites, radiation, etc.
- (g) Workers must be educated in the proper restraint and handling of animals, as well as in dealing with infectious diseases, in particular zoonoses and potentially dangerous diseases.
- (h) Proper safety precautions must be taken in respect of boarded animals after hours.
- (i) It is advisable to have adequate professional indemnity insurance coverage for all personnel.
- (j) There must be job descriptions for all personnel.
- (k) Practice owners should have a policy of encouraging the professional development of all staff in the practice and to further their own training.
- (l) Referral should be recommended in complex cases in that require special knowledge, experience or facilities. **(Refer Chapter 6)**
- (m) A library of current veterinary journals and textbooks shall be available on the premises of an animal clinic or hospital for reference and should or can be utilized as visual explanatory material when advising clients.

5.2 HOUSE CALLS

- 5.2.1 Making house calls is the personal choice of the veterinary surgeon provided that, in doing so, professional treatment can be undertaken without the facilities and equipment available in his registered facility.
- 5.2.2 If, for whatever reason, it is impossible to move a patient to the registered facility (e.g. lack of adequate transport, condition of patient) the veterinary surgeon is obliged to make a house call to minimize the patient's distress and suffering or to administer interim treatment until circumstances permit that the patient be hospitalized.
- 5.2.3 Refusal to make a house call is permitted when the personal safety of veterinary surgeons, their security and the security of their equipment may, for whatever reason, be at risk.
- 5.2.4 It is the duty of the veterinary surgeon to explore all options for treatment of the patient under these circumstances and to inform the ~~owner~~ client that the treatment may not meet the standards of treatment the patient would receive at a registered facility.
- 5.2.5 In the event that the veterinary surgeon is prevented from rendering a house call, it is his duty to assist the owner of the animal in making alternative arrangements such as to collect the patient from the client's premises in an animal transport vehicle or refer it to an animal ambulance service.
- 5.2.6 If a patient requires special care, supervision or treatment that can only be rendered at a veterinary hospital, the veterinary surgeon must refer the case to such hospital and assist the client in the arrangements.

5.3 ADVERTISING

Veterinary surgeons are permitted to advertise in the media or press, sponsored media or in other forums approved under the council which includes Veterinary Association Malaysia, Malaysian Small Animal Veterinary Association or with the permission of the Dean/Head in local Universities and Institutions under the Higher Education Ministry under the following guidelines:

- 5.3.1 The primary purpose of advertisements to act as directories and listing the practice and veterinary surgeon's basic details. It can be advertised in the media or press, directories or classified with the following information and for the following purposes only: Setup, Commencing, Discontinuing, Change or Practice Address, Temporary Stoppage of Services, Resumption, Sale or Purchase, Change in Partnership.

Additionally advertisement for job positions and vacancies for veterinary surgeons in the practice is allowed

5.3.2 The followings are therefore permitted:

- (a) Name of practice, name of veterinary surgeon(s) engaged in the practice including professional and qualifications entered into the Register of Veterinary Surgeons
- (b) Location: Address of the Practice, Map or GPS Coordinates, Directions to Practice
- (c) Contact details including phone, fax, email and emergency contact number
- (d) List of services offered and hours of services offered (Note: the veterinary surgeon or the practice must be able to provide the services as advertised)
- (e) Specie(s) of animal. services are offered to. If the veterinary surgeon wishes to advertise by indicating that his or her practice provides services principally for one or more species of animal, this is permissible on condition that:
 - (i) the advertisement in question makes clear that other species of animals will also be provided with treatment of a first-aid nature in an emergency;
 - (ii) the advertising veterinary surgeon and his practice observe scrupulously the provisions of emergency services.
- (f) In the case of openings and vacancies in the practice, the position and general job description required for the position, years of experience but not the remuneration details.

5.3.3 The followings are NOT permitted:

- (a) Fees and charges for services and procedures should not be the subject of an advertisement.
- (b) Comparisons.
 - (i) Advertisements should not claim for the advertising veterinary surgeon or his practice superiority in any respect over any or all other veterinary practices.

(ii) Advertisements should not directly or indirectly disparage the services provided by any or all other veterinary practices. In this context the use of any comparative adverb or adjective is clearly unacceptable.

(c) Specialists/Consultant/Other qualifications status

No advertisement shall contain any claim to specialization in particular areas of veterinary treatment in respect of the advertising veterinary surgeon, his practice or any colleague working within the said practice unless approved by the Council.

(d) Unprofessional claims

No advertisement should:

(i) employ any words, phrases or illustration which conveys a guarantee that any injury or disease affecting any animal will be cured.

(ii) contain any offer to make a diagnosis, advise, prescribe or provide treatment in relation to any animal, without an examination thereof.

(iii) contain any offer of secret or exclusive methods or case reports or special services that will extend the services of the practice.

(iv) play upon the fears of animal owners by making reference to the existence, extent or expectation of disease situations with a view to persuading such owners to consult the advertising veterinary surgeon or practice.

(v) recommend or endorse products or equipment such as propriety preparations, patented medicine, animal foods, equipment or appliances with his name or practice is advertising and

(vi) contain confusing veterinary terminology, generic or trade names of products.

(e) Articles on professional subjects may be published in the Press, signed only with the name, title and qualification(s) of the veterinary surgeon as entered in the Register of Veterinary Surgeons, provided they contain no advertising matter which would be to the advantage of the author provided that:

(i) the circumstances indicate that the article was not inspired by a desire to promote the veterinary surgeon's own personal advancement; and

(ii) the article is not detrimental to the interest of the profession;

- (f) Articles published subsequent to an interview with a reported should as far as possible be governed by the same principles as those set out regarding signed articles
- 5.3.4 The words “Animals Transport Vehicle”, the approved name and logo of the registered veterinary facility and the telephone number of the veterinary facility may be displayed on the vehicle.
- 5.3.4 Practitioners should be cautioned when they communicate to the clients orally or written in any media as these may be used as evidence against the veterinary surgeon in breach of any of the provisions of the guidelines of professional conduct and ethics. These include comments or opinions or remarks to and of clients or veterinary surgeons or the profession.
- 5.3.5 The use of social media, websites or other media in print for a) making appointments, mail-order, on-line marketing, real time bookings, patient testimonials, using advertisements and charging fees for any service or consultation for premium services or making money or at special rates or freebie offers or b) discussing cases/clinical conditions seen in practice with the client or others or the public where the means cannot be controlled or can be viewed by the public or list of contacts through advertising or promotions or by group mailing is unethical.
- 5.3.6 Any veterinary surgeon in doubt regarding the interpretation of this section of the Guide or any course of action the veterinary surgeon proposes to follow in relation to any advertisement should seek guidance at the earliest possible opportunity from the Council.
- 5.4 INVOLVEMENT OF VETERINARY SURGEONS IN ORGANISED SPORT/SHOWS/ SPONSORSHIPS**
- 5.4.1 Veterinary surgeons who perform professional duties in an official capacity at any event of this nature may have their names listed in the official programme.
- 5.4.2 When a veterinary surgeon undertakes to act as a veterinary surgeon to a show, race meeting, gymkhana, etc., it is his/her obligation to ensure adequate equipment such as suitable human killer, drugs, bandages, etc are available. In the event emergency or remedial attention or treatment is required it should not be assumed that the organizers will make such equipment available. Clients whose animals are treated at such events may not necessarily constitute bona fide clients of the veterinary surgeon.
- 5.4.2 Sponsorship may be allowed if in good taste and in compliance with the relevant rules.

5.5 PRACTICES BY STUDENTS PURSUING VETERINARY MEDICINE/SCIENCE

Students who are pursuing veterinary medicine/science in approved universities and institutions of higher learning, who enter the clinical part of their study may, when instructed by a veterinary surgeon in the institution or university, carry out procedures which ordinary lay people are not permitted to do.

- 5.5.1 The veterinary surgeon in charge is fully responsible for all procedures performed by students in his charge and may be rendered liable for disciplinary proceedings by their actions.
- 5.5.2 The procedures embarked upon by students will be determined by their level of training and expertise on the one hand and the degree of difficulty of the procedure on the other.
- 5.5.3 While students are permitted to carry out these procedures, all work must be carried out under the direction, supervision or direct and continuous supervision of a veterinary surgeon, where:
 - (a) direction means that the veterinary surgeon gives the student directions but is not necessarily present when they are carried out;
 - (b) supervision means that the veterinary surgeon is present and in a position to assist, yet is not necessarily at the student's side or in the same room; and
 - (c) direct and continuous supervision means that the veterinary surgeon is present and giving the student and the patient his undivided attention.
- 5.5.4 The level of supervision will be determined by the difficulty of the procedure and the expertise of the student (see 5.5.2). A student may therefore examine an animal or carry out tests under a veterinary surgeon's direction, administer treatment under a veterinary surgeon's supervision, and perform surgery under the direct and continuous personal supervision of a veterinary surgeon.
- 5.5.5 A veterinary surgeon may collect fees for work performed by a student. A student may not perform any task which is not permitted by law e.g. sign certificates, sign register of controlled medicines, sign prescriptions, etc. by virtue as posing as a veterinary surgeon which he is not entitled to.

5.6 CONDUCT OF SUPPORT STAFF/PARA-VETERINARY PROFESSIONALS

Support staff or para-veterinary personnel who are not registered veterinary surgeons includes veterinary nurses or veterinary technicians recognized by the Council shall only be permitted to carry out task and duties recognized by the Council or in their job description shall not infringe the definition of practice of veterinary medicine in the Veterinary Surgeons Act, 1974.

- 5.6.1 Support staff is prohibited from acting independently on all procedures and the use of instruments considered practice of veterinary medicine unless exempted by law.
- 5.6.2 Support staff may only work in ancillary services such as nursing, kennel and stable hands, wound dressing or tasks of restraining animals. They should not be permitted to:
 - (a) examine any animal and make any diagnosis;
 - (b) treat any animal if not under the direction and continuous supervision of the veterinary surgeon;
 - (c) induce local or general anaesthesia, administer any controlled medicine or biologics;
 - (d) perform any kind of surgical procedure;
 - (e) pass any advice on veterinary matters to clients, unless specifically instructed by a veterinary surgeon;
 - (f) have access to any medicines in the absence of a veterinary surgeon or a prescription.
- 5.6.3 It is the duty of the veterinary surgeon to supervise and control the actions of his staff.
- 5.6.4 The veterinary surgeon in charge is at all times fully responsible for all procedures performed by support staff in his employ and may be rendered liable for disciplinary proceedings by their actions.

5.7 CONDUCT WHEN IN ALLIANCE OR MEETING AN UNQUALIFIED PERSON IN CONSULTATION

- 5.7.1 Veterinary surgeons are advised that if they train lay persons to do veterinary procedures considered as practice of veterinary medicine under the Act, they are acting to the detriment of the profession and such conduct will be regarded as unprofessional.
- 5.7.2 No veterinary surgeon should aid or countenance veterinary practice by an unregistered veterinary surgeon or allow his name or qualifications to be used for such purposes. This extends to non-qualified persons in employ in the practice.
- 5.7.3 Meeting for this purpose refers to consultation with a view to arriving at a clinical diagnosis, with an unqualified person. Such a consultation is unethical. It will also be misleading to members of the public in that it can lead them to believe that an unqualified person is, in fact, a ~~registered~~ veterinary surgeon. The prohibition on meeting an unqualified person in consultation is not meant to include the consultation a practicing veterinary surgeon should properly have with experts in specific scientific disciplines such as soil science, nutrition, etc.,

5.8 VETERINARY RELATED BUSINESS

- 5.8.1 It is permissible for a veterinary surgeon to supply ancillary services such as grooming, kennelling and sale of pet accessories, stock remedies and food directly as a service to clients.
- 5.8.2 A veterinary surgeon may not allow any ancillary business in lay ownership or under lay control to be conducted at or advertised with his address or professional or private telephone number.

5.9 SERVICE AND EMPLOYMENT CONTRACTS AND PARTNERSHIP AGREEMENTS

- 5.9.1 A veterinary surgeon may only enter into a partnership for private practice with a veterinary surgeon. A veterinary surgeon is reminded to observe Section 17 (9) of the Act in particular to partnership with the practice of veterinary medicine with veterinary surgeons who do not have an annual practicing certificate, a veterinary surgeon who is not registered, employ or

- hire a locum tenem who has no annual practicing certificate. In addition the veterinary surgeon shall not be employed to carry on the business of a veterinary surgeon on behalf of a person not having such a certificate.
- 5.9.2 A veterinary surgeon may enter into a partnership with foreign veterinary surgeon or consultants by application in writing if such a partnership has the approval of the Council.
- 5.9.3 A veterinary surgeon shall not enter into partnership in the practice of veterinary medicine with another veterinary surgeon whose name has been removed from the Register of Veterinary Surgeon in Malaysia or out of Malaysia.
- 5.9.4 A veterinary surgeon shall not be permitted to enter into partnership with other veterinary surgeon, local or foreign, unless he and his partners undertake to abide by this Code and subsequent guidelines or circulars on professional conduct and ethics, and a breach of this Code, subsequent guidelines or circulars by any member of the partnership shall be deemed a breach by the said veterinary surgeon.
- 5.9.5 When a veterinary surgeon enters a practice as an assistant, contractor or locum tenens, the relationship should always be defined clearly in an agreed, fair and correctly worded contract. In the event of a dispute, both parties could seek the assistance of the Council for arbitration. The veterinary surgeon whom the practicing certificate is issued to shall ensure that only veterinary surgeons including locums tenens with valid annual practicing certificates for the current year in the approved premise may practice subject to provisions of the Act under Section 27 and if he fails to do so shall be guilty of an offence against the Act.
- 5.9.6 It is the duty of locum tenens and/or the manager, partner of a practice/joint practice to exercise the same care and attention in the practice as would be exercised if the practice were the person's own.
- 5.9.7 Veterinary surgeons leaving a practice should do so with dignity and respect and should not engage in touting for clients away from their previous practice.

5.10 PROFESSIONAL INDEMNITY INSURANCE

- 5.10.1 It is an obligation to inform the client of the prognosis, the dangers and other circumstances that may alter the outcome of work to be carried out. An ethical responsibility exists for the result of professional errors, but not as far as the result of the operation is concerned.
- 5.10.2 Professional negligence is said to occur when a veterinary surgeon fails, in

the course of his professional activity to act in a way commensurate with his training or skill. Where the health of an animal suffers, or a client or other person suffers distress or financial loss, the veterinary surgeon involved may be sued. Legal arguments concerning negligence may be prolonged and highly technical.

5.10.3 Veterinary surgeons are strongly advised to hold appropriate professional indemnity insurance.

5.11 INVOLVEMENT WITH OTHER TRADES

5.11.1 A veterinary surgeon shall not, while practicing his profession, carry on or engage in any trade or business which is not inconsistent with the fitting and proper discharge of his professional duties. He must not hold, assume or consciously accept a position in such trade or business in which his interest is in conflict with his professional duty.

5.11.2 A veterinary surgeon shall avoid being in a position of conflict in discharging his professional duties in writing.

CHAPTER 6: RESPONSIBILITIES ARISING FROM RELATIONSHIPS WITH COLLEAGUES

It is of importance that no veterinary surgeon should speak or write disparagingly about a fellow of the profession to any third party. To do so not only undermines the standing of the colleague in question in the eyes of a member of the public, but will reduce that person's confidence in the profession as a whole.

A veterinary surgeon on being approached or instructed to proceed with professional consultancy or service for which he knows or can ascertain by making reasonable enquiries that another veterinary surgeon has been engaged shall, before proceeding with such consultancy or services, communicate in writing with that veterinary surgeon and obtain a letter of release from him or obtain such letter through his prospective client.

6.1 SECOND OPINIONS AND REFERRALS

A second opinion is when a veterinary surgeon or client requests the advice or confirmation from another veterinary surgeon on a diagnosis or treatment with the intention of retaining the continued responsibility of the original veterinary surgeon for treatment of the case.

A referral occurs when at the request of a veterinary surgeon or client a case is referred to a second veterinary surgeon or to another therapist (hereafter referred to as "referral veterinary surgeon") for further diagnosis and treatment with the objective of returning the patient to the responsibility of the referring veterinary surgeon at a mutually agreed upon time.

- 6.1.1 Every animal owner is free to consult the veterinary surgeon of his choice and a veterinary surgeon should not refuse a request by a client for a second opinion or a referral. A referral is merely a recommendation and the owner is still free to consult the veterinary surgeon of his choice.
- 6.1.2 Obstructing the owner to seek and/or obtain a second opinion or a referral for any but sound welfare reasons (transport of animal may result in severe complications e.g. severely shocked animal, colic in horses) would not only be unwise, but may be unethical.
- 6.1.3 A client must be clearly informed of the difference (by definition) between a second opinion and a referral.
- 6.1.4 If special difficulties regarding diagnosis and/or treatment exist, the option of referral to a specialist or obtaining of a second opinion should be offered without waiting for the client to suggest or request it.

- 6.1.5 A veterinary surgeon may request a second opinion on the condition of the animal, or refer an animal, only if his client agrees to it. It is recommended that the client is informed on the approximate costs involved and agrees to the terms of payment.
- 6.1.6 Second opinions and referrals should be conducted in a spirit of professional co-operation between attending and referral veterinary surgeons so as to assure the confidence of the client in veterinary science.
- 6.1.7 Under no circumstances should there be any payment of commission or sharing of fees between the attending and referral veterinary surgeon. Where appropriate the attending veterinary surgeon may charge a reasonable administration fee in connection with a second opinion or referral.
- 6.1.8 Ideally, the arrangements for a second opinion or referral should be made by the attending veterinary surgeon. He/she must in any event give his/her full co-operation in making the appropriate arrangements.
- 6.1.9 Once it has been agreed upon between the attending veterinary surgeon and the client that a second opinion or referral is required, the referral veterinary surgeon must be contacted and his/her approval for acceptance of the case must be requested. A full history, pertinent records and diagnostic images must be submitted, preferably before the animal is presented to the referral veterinary surgeon. Written reports and requests to prevent any confusion or misconceptions are advisable at all times. A clear indication must be given to the referral veterinary surgeon whether a second opinion or a referral is sought. Any supplementary information requested by the referral veterinary surgeon must be forwarded without delay.
- 6.1.10 The referral veterinary surgeon should be circumspect in avoiding any comments which might be interpreted by the client as conflicting with advice already received from the attending veterinary surgeon. To criticize or disparage another veterinary surgeon's service to a client is unethical. If the second opinion is at variance with that of the attending veterinary surgeon, it should be discussed with him/her privately.
- 6.1.11 The veterinary surgeon providing the second opinion or the referral veterinary surgeon should:
- (a) inform the client that the animal will not be treated for any ailment other than the one it was referred for except in an emergency or with the consent of the initial attending veterinary surgeon;
 - (b) report the relevant findings promptly to the initial attending veterinary surgeon; and

- (c) upon discharging the animal, provide the initial attending veterinary surgeon with a full written report including advice or instructions regarding continuing care within two weeks. Should follow-up treatment be required this must be communicated to the initial attending veterinary surgeon on the day of discharge. Any records of the initial attending veterinary surgeon must also be returned.

6.1.12 After the referral veterinary surgeon has furnished a second opinion on a case to the initial attending veterinary surgeon he may only treat the animal concerned at the request or on consent of the initial attending veterinary surgeon.

6.1.13 Under no circumstances shall a referral veterinary surgeon visits or communicates by any means directly or indirectly with the client of the initial attending veterinary surgeon on the referred condition after discharge of the patient without the knowledge and consent of the initial attending veterinary surgeon.

6.1.14 Under no circumstances should the owner of the patient be placed on the mailing list of the referral veterinary surgeon.

6.2 SUPERSESSION

Supersession takes place when a veterinary surgeon assumes responsibility for the diagnosis and treatment of a case previously under the supervision of another veterinary surgeon without a referral from or the consent of the supervising/attending veterinary surgeon.

6.2.1 The ethical considerations in respect of supersession, as for second opinions and referrals, apply.

6.2.2 If a veterinary surgeon is approached by an owner of an animal with whom he is not acquainted or to whom no previous service has been rendered, it is advisable that he/she conducts himself/herself by word and action as if the patient has been referred by a colleague. He/she should try to ascertain by careful questioning whether the client has consulted another veterinary surgeon and, if so, determine the veterinary surgeon's name, diagnosis and treatment.

6.2.3 The veterinary surgeon faced with supersession must contact the original veterinary surgeon to discuss the case and obtain information relevant to the case.

6.2.4 When it becomes clear that the client prefers a change of veterinary surgeon, the attending veterinary surgeon has no right to decline to release the case

and may not approach the client directly or indirectly in an effort to persuade him otherwise. Furthermore, the attending veterinary surgeon should not refuse to supply requested records or images or withhold any information, whether requested or not, which may influence the welfare of the animal.

- 6.2.5 When called in for an emergency as a substitute for a fellow veterinary surgeon in his absence, it is the veterinary surgeon's duty to render the necessary service and then to turn over his colleague upon his return.

6.3 CLIENTS DISTANT FROM THE PRACTICE

- 6.3.1 Veterinary surgeons with particular expertise with regard to an individual species, clinical condition or type of preventive medicine, may be called upon to treat animals or advise a client that is located distance away. There is nothing improper in agreeing to provide such services, but the following points must be borne in mind:

- (a) Where a visit is made to premises distant from the practice in order to treat an individual animal or group of animals, consideration must be given to the possibility of subsequent complications arising or of further help being required at short notice. If it would not be practical for the veterinary surgeon concerned to respond within the required time scale, he must make arrangements in advance with a colleague closer at hand to act on his behalf, should the need arise.
- (b) The client should also be made aware of the difficulties which may arise as described in (a) above, and of the provisional arrangements made to deal with such a situation.

CHAPTER 7: RESPONSIBILITIES ARISING FROM THE USE OF VETERINARY MEDICINES

7.1 General considerations

- 7.1.1 Veterinary surgeons are empowered to treat animals (Veterinary Surgeons Act 1974) and prescribe, administer and sell medicines or biologics for animal treatment (Poisons Act 1952, Dangerous Drugs Act 1952, Sale of Drugs Act 1952, Animals Act 1953, Pesticides Act, Feed Act, 2009 and any other relevant regulations).
- 7.1.2 Controlled medicines and biologics can only be supplied or administered for use in animals under the care of the prescribing veterinary surgeon. Similarly, a veterinary surgeon may only instruct the client to use such medicine for animals under his/her care.
- 7.1.3 Veterinary surgeons are obligated to give clients an unbiased opinion on the safety, efficacy and worth of a medicine prescribed or dispensed.

7.2 Prescribing, Dispensing and Sale of Medicines

- 7.2.1 A veterinary surgeon may only prescribe, dispense medicines for administration or sell medicines to an owner of an animal following consultation.
- 7.2.2 Veterinary surgeons must exercise particular care when using a medicine in a manner or for a purpose for which it is not licensed (so called 'extra label' use). This includes variation in administration route, dose rate, species treated and indications for treatment. The same caution must be exercised when dealing with medicines which do not carry recommendation by the manufacturer for veterinary use.

7.3 Medication of Food Animals/Performance Horse/Show Animals or Animals in Competition Events

- 7.3.1 Veterinary surgeons are reminded of their obligation of ensuring that they are fully informed on the use of medicines and the excretion times of drugs used by them, and that they advise their clients accordingly. This obligation applies equally in the case of informing and adhering to the requirements on the withdrawal times when medications are used in/on animals, drug residues in the tissues of food animals or the before, during and after effects of the pharmaceutical active ingredients on racing and show animals.
- 7.3.2 Any drug or substance which may affect the courage, speed or stamina or

performance of an animal is considered to be a doping agent. Veterinary surgeons should not be associated in any way with doping practices which would undoubtedly bring disrepute to the profession.

7.3.3 By definition in the rules of controlling bodies, prohibited substances also include many therapeutic drugs used for legitimate therapy of performance animals. Any veterinary surgeon that prescribes supplies or administers such medicines to performance horses, show animals and competition animals must be aware that detection of any such drug or its metabolites by a controlling body may result in serious consequences, advantages or disadvantage. Therefore it is imperative that involved veterinary surgeons have a thorough knowledge of the pharmacology of drugs used for therapeutic purposes and the variable factors which affect their excretion and pharmacological action. Veterinary surgeons must also be thoroughly familiar with the veterinary rules of the particular equine sporting event or show animal pertaining to drug use and should not be involved or partake in competition or sporting events of animals which are not sanctioned by the Council or are illegal under other regulations. When considering the use of therapeutic substances, the welfare of the horse/show animal must take precedence over decisions based purely on excretion rates and racing schedules.

7.3.4 In the event the veterinary surgeon is aware of any illegal administration of substances to an animal before, during or after competition which is against the Rules of the Agencies conducting the sports, the veterinary surgeon has the obligation to inform the stewards as well as the Veterinary Authority, the Council or to the relevant authority.

7.4 Regulatory Control of Equine Sports

7.4.1 All veterinary surgeons engaged in equine practice on a full-time or part-time basis must be fully conversant with the following:

- (a) Rules, regulations and notices issued by the Malayan Racing Association (MRA) with regard to the Rules of Racing, Medication, Identification and Registration of Horses, Deletion and Retirement of Horses from Racing, Prohibited Substances, Veterinary Scratching Procedures, Bleeders, Sampling for Dope Tests and Procedures for Referral of Samples including the list of MRA approved forensic laboratories;
- (b) Guides of Conduct issued by the Federation Equestre Internationale (FEI) and the Equestrian Association of Malaysia (EAM) and including sampling procedures and FEI approved forensic laboratories;

- (c) Standards for Registration of Equestrian Centre's issued by the Malaysian Equine Council (MEC)
- 7.4.2 As malpractice can implicate veterinary surgeons and others involved in the racing and other equine sports, all veterinary surgeons engaged in equine practice must be conversant with Prohibited Practices as well as Acceptable Practices that are banned Pre-Race.

CHAPTER 8: CONTINUING PROFESSIONAL DEVELOPMENT

- 8.1 All veterinary surgeons are obliged to remain up to date in their knowledge of the science and art of veterinary medicine and should know of technical advances in the spheres in which they practise.
- 8.2 All veterinary surgeons should continually strive to improve their veterinary knowledge and skill, making available to their colleagues the benefit of their professional achievements, and seeking, through consultation, assistance of others when it appears that the quality of veterinary science may be enhanced thereby.
- 8.3 Newly graduated practitioners are reminded that they may not have the skills to be confident and able to provide professional service to their client and the patient. As such they should seek assistance and guidance from experienced practitioners and continue to learn and improve their skills and confidence.
- 8.4 In the event of a major change in professional activity or after a career break, veterinary surgeons are advised to prepare themselves by way of internship and practice with experienced practitioners or institutions so that they are ready to provide a full and satisfactory professional service.
- 8.5 Veterinary surgeons should continue to update their knowledge in this regard as this will be of great assistance should they ever be called upon to explain their conduct in performing any veterinary procedure.

CHAPTER 9: MISCELLANEOUS

9.1 GUIDE OF CONDUCT RELATING TO VETERINARY SURGEONS EMPLOYED OR WORKING IN COMMERCE, INDUSTRY, FARMED ANIMALS FACILITIES, ANY ANIMAL REARING FACILITY OR ANIMAL BREEDING CENTRES

9.1.1 General

- (a) This clause refers to the veterinary surgeons who are employed by or work in farm operations, feedmills, veterinary pharmaceutical companies, food processing plants where services are generally not involved in the conventional sense of practice of veterinary medicine but commercial advisory or diagnostic services servicing industry. In addition, these may include employment and/or in their own enterprises as well as in farmed or reared animal operations which include animal rearing facilities, pet shops, animal breeding centres including dogs, cats and other animals wild or domesticated, where treatment of animals and practice of veterinary medicine occurs.
- (b) Veterinary surgeons shall follow the general principles of the code of professional conduct and ethics laid down in this document and should not do anything which will bring disrepute to the profession and be coerced or induced to do or ignore acts contrary to the practice of veterinary medicine, animal welfare, compromises food safety, public health, spread of disease, illegal activities and acts of wrongdoings of management. It is the duty of the veterinary surgeon to report such acts to the Council.
- (c) Depending on the structure of individual operations, the veterinary surgeon may be required to provide service to other farms/facilities that are outside their contractual arrangements, where such farms/facilities may also be receiving consultation or services from other private veterinary surgeons. A cordial working relationship with all sectors is necessary.
- (d) Veterinary surgeons who are employed by commercial firms with their specialized knowledge and contacts with related professionals can be of considerable service to the farms/facility owners concerned either directly or indirectly through the private practitioner to other farms/facilities'.
- (e) Many procedures in the management of farmed animals are carried out by production personnel with or without veterinary supervision as allowed under the section of Exemptions, Veterinary Surgeons Act 1974. It is the responsibility of the attending veterinary surgeon to advise the farm producers when the well-being of farmed animals is affected or

when management procedures are deemed cruel to the animal and that veterinary supervision is required. Where treatment and procedures are animals are performed in commercial operations, the veterinary surgeon shall ensure that his conduct meets the basic requirements of animal care and welfare and that as far as possible, educate the producers and/or his employees the necessary skill to perform these procedures correctly and to ascertain the animal's well-being has not been mistreated

9.1.2 Farm/Facility visits

Where a veterinary surgeon employed by the commercial or industrial firm is required by the company to carry out an investigation in a farm/facility NOT within the contractual arrangement of the company, he/she should endeavour, wherever possible to advise the consulting veterinary surgeon of the farm, his/her requirement to do so before undertaking the visit and to offer him/her the opportunity to consult at the same time. If this is not possible, he/she should attempt to contact the consulting veterinary surgeon concerned at the earliest opportunity.

Any advice to NON-contractual farms should adhere to the following:

- (a) Determine if the farmer has received advice from the farm's consulting veterinary surgeon or another veterinary surgeon. This should be ascertained regardless of whether the problem is caused by disease, nutrition, management or any other factor that may have affected the health or productivity of the animal and farm operation. If the farmer has been so advised, it is obviously essential that, in the interest of all concerned, that the consulting veterinary surgeon who advised the producer previously should be contacted and the investigation to be carried out through him/her or in the presence of the consulting veterinary surgeon concerned.
- (b) If the farmer does NOT have a consulting veterinary surgeon in a valid client-veterinary surgeon relationship, the company veterinary surgeon may proceed with the investigation assisted if possible by an independent veterinary surgeon to avoid bias and to protect the company's image. The company veterinary surgeon must provide the necessary advice or take an appropriate course of action. The farm should also be advised to establish an arrangement for regular service from a consulting veterinary surgeon.
- (c) In either case, the company veterinary surgeon must report his findings and any further course of action necessary to the management as well as to the consulting veterinary surgeon servicing the farm/facility and in the case of notifiable diseases report to the relevant veterinary authority or its equivalent where indicated.

9.1.3 Product investigation

- (a) If a complaint involving the product(s) of the company is received, the company veterinary surgeon should investigate on the complaint to ascertain the root cause of the problem and institute corrective actions, including informing the registration authority or veterinary authority or its equivalent. Where indicated, the defective product should be withdrawn from sale or reprocessed where feasible and economical without compromising quality standards.
- (b) Any extended investigation required at the level of suppliers of animals for food processing, raw materials or ingredients should be conducted in an objective manner without casting unfounded blame on the defective product.

9.1.3 Public meetings

- (a) Any veterinary surgeon who intends addressing a public meeting on veterinary matters, should as a matter of courtesy, make the meeting open to all the veterinary surgeons residents in the area.
- (b) A company veterinary surgeon required to give comment on propriety or branded products must discuss products objectively based on his/her scientific and professional knowledge, when he/she is advising lay persons.

9.1.4 Quality Assurance

A veterinary surgeon should endeavour to train and educate the personnel of the establishment with regards to the quality of products. He must be well versed in Good Animal Husbandry Practice (GAHP), Good Manufacturing Practice (GMP), Hazard Analysis of Critical Control Points (HACCP), ISO, Hazard Inspection Model Programs (HIMP), Occupational Health and Safety (OHS), government sponsored prevention and control programs e.g. salmonella control and bio-assurance programs, early warning systems as well as other standards governing food safety and quality assurance.

9.1.5 Conducting clinical and field trials

- (a) A veterinary surgeon may undertake the evaluation of the products of a company which employs him under the following conditions.
- (b) If the company intends to make arrangements with a livestock owner to run clinical trials on his animals or conduct trials with medicines, feed or products of any other kind, the company veterinary surgeon or other body concerned ought first to approach, where appropriate, the consulting

veterinary surgeon where applicable, who normally attends to the animals of the livestock owner in order to fully discuss the proposed programme. The conduct of the clinical or field trial should be conducted according to a professional standard agreed in writing by all parties. The advertising and promotion of findings should be restricted to the veterinary profession.

- (c) Refer to Section 9.3 on **GUIDE OF CONDUCT FOR VETERINARY SURGEONS IN ANIMAL BREEDING/ REPRODUCTIVE STUDIES/ LABORATORY AND RESEARCH ANIMALS**

9.1.6 Liaison with Veterinary Authority and other authorities

- (a) A veterinary surgeon is obligated by his profession to report on notifiable diseases under any other relevant Act or Ordinance required in Malaysia.
- (b) Where required, the veterinary surgeon should liaise with the veterinary authority or its equivalent where applicable where such programs require the veterinary surgeon to be involved or in the case of the local authority for which license and their requirements for the management of the facility apply.
- (c) Veterinary surgeons engaged in food production should assist the Department of Veterinary Services or its equivalent in the following regard:
 - (i) protecting consumers through guarding information spread and providing extension services related to potential risks and benefits to health; and
 - (ii) provide clear and unambiguous legal framework, including both the establishment and control of adequate production and its' standards.
- (d) Veterinary surgeons engaged in providing services to farmed animals in particular the breeding of companion animals e.g. dogs, cats, household pets, and other pets – domesticated or wild shall:
 - (i) provide clear and unambiguous professional service based on the code of professional conduct and ethics, legal and other requirements including consulting, treatment, administration, selling and dispensing of medicines and biologics;
 - (ii) report where animal cruelty are violated to the Veterinary Authority or to its equivalent.

9.1.7 Employment Issues: Dismissal or Suspension of Veterinary surgeons on Professional Grounds by Employers

All matters related to claims of professional incompetence, attempts to discredit and render veterinary surgeons unemployable in specific sectors of the animal industry must be reported to the Council for investigation. The Council is the sole authority to recommend disciplinary proceedings for actions committed under Section 29 and may in the exercise of its disciplinary jurisdiction, impose punishments under Section 30 of the Act.

9.2 GUIDE OF CONDUCT RELATING TO VETERINARY SURGEONS IN ZOOS, WILDLIFE AND CONSERVATION

9.2.1 The veterinary profession recognizes that the veterinary surgeon is morally obliged to provide emergency medical assistance to all wildlife, including protected species and those that are not lawfully acquired (as listed under the Wildlife Conservation Act, 2010 and the Convention on International Trade in Endangered Species of Wild Fauna and Flora, CITES).

9.2.2 Veterinary surgeons that attend, consult, treat protected or unlawfully acquired animals are required to inform the Department of Wildlife & National Parks, Malaysia (PERHILITAN) as soon as possible. Non-reporting represents a breach of professional ethics.

9.2.3 Wildlife veterinary surgeons should have a sound knowledge of:

- (a) legislation relative to the prevention and control of animal diseases, use of medicines and animal welfare related to the handling of such animals;
- (b) epidemiology of infectious diseases of domestic animals and free-ranging wild animals;
- (c) ecological principles of management of healthy and diseased populations of wild animals;
- (d) mechanical and chemical capture techniques; and
- (e) medicines used in the capture/restraining of wild animals.

9.2.4 Wildlife veterinary surgeons should always maintain professional standards with regard to clinical procedures and interaction with game capturers and other professionals involved in game capture operations.

- 9.2.5 The health and welfare of wild animals at all times remain the responsibility of the veterinary surgeon who should continually strive for perfection and for the development of techniques that will consistently result in zero mortality.
- 9.2.6 The diagnosis, treatment and immobilization/anaesthesia of wild animals remain the responsibility of the veterinary surgeon. Delegation of these responsibilities should only be considered with due consideration to the training and capabilities of the relevant person and with full realization of the fact that the veterinary surgeon ultimately remains responsible.
- 9.2.7 The chemical immobilization/anaesthesia of wild animals by non-veterinary surgeons should only be undertaken in consultation with and under supervision of a wildlife veterinary surgeon suitably qualified. Suitably qualified implies the successful completion of a qualifying course and examination recognized by the Council.
- 9.2.8 The veterinary surgeon is responsible for the optimum care of immobilized/anaesthetized animals. The immobilisation/anaesthesia of free-ranging wild animals is especially challenging since they are immobilized/anaesthetized without a prior physical examination, without knowledge of their exact body mass and often under less than optimal conditions. The veterinary surgeon is responsible for the choice of drug or drug combination, calculation of dose, the method of administration of drugs and the monitoring of animals until they are fully recovered from the effects of the drug. However, the technical aspects of the immobilisation/anaesthesia of animals need not necessarily be performed by the veterinary surgeon.
- 9.2.9 It is particularly important to note that the veterinary surgeon remains fully responsible for the effects of the administration of drugs for which he/she has issued a prescription, regardless of whether the effects are beneficial or harmful and also regardless of whether the drug was administered by intent or accidentally or whether it was administered by the veterinary surgeon or another person.

9.2.10 Responsibility for the health and welfare of animals in transit

The veterinary surgeon in attendance to wildlife and game animals should be familiar with guidelines recognized internationally, regional, and local or from experience which are conducive to the safe and humane transport of animals whether by road, air or sea. Particular emphasis is placed on feeding, watering, construction of enclosures, appropriate enclosure sizes, tranquilisation where necessary and optimal handling procedures.

The veterinary surgeon may have to accept the responsibility for establishing a veterinary health team to assist him/her in his/her duties but still retain full responsibility for the activities of such a team. This will have to be planned within the constraints of qualified persons and the law and may include training of non-qualified personnel to assist the veterinary surgeon. These practices should be documented to allow the veterinary surgeon to justify against professional conduct against him.

9.2.11 Responsibility for the health and welfare of animals held in captivity for any length of time

Holding facilities should be planned, managed and maintained in consultation with the veterinary surgeon. The veterinary surgeon cannot be in a position to condone the keeping of animals in captivity under conditions detrimental to their health and well-being. Feeding of the animals must be planned in consultation with the veterinary surgeon.

9.2.12 Responsibility for animal products safe for human consumption

The veterinary surgeon is empowered to perform the necessary inspections to approve or condemn animal products for human consumption.

9.2.13 Animal welfare

This aspect is primarily the responsibility of the veterinary surgeon. Public concerns have to be met and controversy pre-empted. The veterinary surgeon must be sensitive to the animals' needs which vary from species to species.

9.2.14 Responsibility for research

The veterinary surgeon if required to work on research should ensure that research should be beneficial and take into account animal welfare and responsible use of animals. All research studies shall be documented and approved prior to being put into operation. When and wherever animals are handled, this should be done with the full knowledge, co-operation and approval of the veterinary surgeon.

9.2.16 Responsibility for the release, relocation and rehabilitation of wildlife

The veterinary surgeon should ensure that the release, translocation and rehabilitation of wild animals are conducted in such a way as to optimize the chances of survival and reproduction of these animals.

9.3 GUIDE OF CONDUCT FOR VETERINARY SURGEONS IN ANIMAL BREEDING/ REPRODUCTIVE STUDIES/ LABORATORY AND RESEARCH ANIMALS

9.3.1 General

(a) Veterinary surgeons may be involved in animal breeding/reproductive studies/embryo transfers, laboratory and research animals and be involved with the research team. Advances in research which may involve the testing of medicines, production of biological active substances or pharmacologicals or pharmatherapeutics or animal breeding technology, such as embryo transfer (ET), in-vitro fertilization, various techniques for animal breeding and animal testing may impose an additional responsibility on veterinary surgeons in respect of:

- (i) their professional relationships with colleagues;
- (ii) compliance with legal and other requirements; and above all
- (iii) ensuring the welfare of animals involved

(b) Veterinary surgeons are expected to have gained sufficient experience and attained a high level of competence in the techniques involved in these techniques or in the case of experimental or non-established techniques, ethical responsibilities should be considered to ensure high standards of animal welfare through sound technique and good professional behaviour are in place.

(c) Institutions, facilities, research centres that undertake such studies shall form an ethical committee on the care of animals where generally accepted animal care guidelines, otherwise endorsed national guidelines on testing in and on animals approved by institutions. The study shall be approved by the committee before a study is to be undertaken. It is highly recommended that a non-veterinary surgeon who is neutral/impartial to the study be appointed to the ethical committee to be convinced that all necessary measures have been put in place before, during and after procedures that the animals are treated with dignity, care and that the welfare of the animals have to be taken into consideration.

9.3.2 Guide of practice for studies and experiments in animals

(a) A good ethical relationship must be maintained between veterinary surgeons. Arrangements must be made well in advance of the operation and the responsibilities of all veterinary surgeons have to be agreed. Tendering, canvassing and supersession must be avoided, as must the use of any disparaging comments. In the event of disputes the name of the profession must be protected and, when necessary, the Council should be

consulted. Veterinary surgeons cannot make any claim to specialist or consultant status unless their names have been entered into the Register of Veterinary Surgeons of the Council.

(b) The objectives, procedures and outcomes of the study are to be documented and approved prior to the initiation of the procedure. This would include the following and is not exhaustive to the following:

- (i) the study team, qualifications and responsibilities;
- (ii) the place, proposed dates of study;
- (iii) the selection of the donor and recipient animals;
- (iv) the techniques to be used;
- (v) the use of medicines for the various procedures, instruments that will be used, laparotomies or procedures including the need for caesarean section or surgical intervention;
- (vi) aseptic precautions must be applied where ever applicable;
- (vii) all measures should be taken to control pain or other forms of discomfort whatever procedure is performed;
- (viii) attendance of a veterinary surgeon when procedures are taking place;
- (ix) documentation on the procedure and the use of medicines used in pain control, anaesthesia as well as euthanasia where required; and
- (x) preventive, corrective and review procedures for experimentation, research and the responsible use and care of animals

(c) The authority and control of the team veterinary surgeon must be effective at all stages of the procedure. The veterinary surgeon must ensure that any other veterinary surgeon acting on their behalf are experienced and properly informed so that they can exert their authority and be responsible for non-professional team members.

(d) Direct and continuous personal supervision of team members is expected in the early stages of training. Supervision of team members, entailing the presence of the veterinary surgeon will be necessary at all stages of the various procedures. Supervision will also be required during implantation until such time as the veterinary surgeon can be reasonably certain that the team members can work independently.

9.4 GUIDE OF CONDUCT RELATING TO VETERINARY SURGEONS IN GENETIC MODIFICATION AND CLONING OF ANIMALS

The use of animals in genetic modification and cloning is contentious. Any proposals for genetic modification and cloning of animals must be submitted in writing to the Council. The proposal submitted should be comprehensive and expected of professionalism and should contain the principle elements or requirements however not exhaustive as described in paragraph 9.3. No

attempt should be made to initiate the study prior to the approval by the Council.

9.5 GUIDE OF CONDUCT RELATING TO CO-OPERATION BETWEEN VETERINARY SURGEONS AND ANIMAL WELFARE SOCIETIES/ ORGANISATIONS

Veterinary surgeons engaging with responsibilities in animal welfare societies and organizations should recognize that their roles should be complementary and not antagonistic. It must be borne in mind by all parties that the welfare of animals should be of prime importance to all concerned. It requires all parties to behave in a professional manner.

- 9.5.1 Veterinary surgeons and welfare societies/organizations must recognize that the veterinary surgeon's first responsibility in terms of his professional conduct is to the Council. Welfare societies/organisations when permitted by the Council to employ or put engage the services of veterinary surgeons part-time or full-time should not expect them to behave in a manner which will bring them into conflict with their professional body. These veterinary surgeons must maintain the same standards of professionalism as they would in private practice.
- 9.5.2 Veterinary surgeons who not under the employment of any welfare societies/organizations must acknowledge that their colleagues who work in the field of animal welfare are no less entitled to professional courtesy than those employed elsewhere.
- 9.5.3 In the case where areas localities or towns where a welfare society cannot engage or employ a full-time veterinary surgeon when permitted by the Council to do so, such welfare society should endeavour to spread the work equitably between all veterinary surgeons who are prepared to offer their services.
- 9.5.4 Veterinary surgeons in private practice should be willing to administer basic emergency treatment to stabilize an injured stray animal before transferring it to the welfare society, even if there is no hope of financial compensation. In cases where it is obvious that an animal will have to be destroyed, the veterinary surgeon should proceed with euthanasia rather than subject the animal to further stress and pain.
- 9.5.5 All veterinary surgeons should familiarize themselves with the Animals Act 1953 or the equivalent Acts and Enactments. Any veterinary surgeon encountering a contravention of the said Act is obliged to report the matter to the relevant authority. If such a veterinary surgeon is not prepared to give evidence in court, he must contact a welfare veterinary surgeon, if available

immediately so that such a veterinary surgeon can prepare a full report and present the testimony in court.

- 9.5.6 All veterinary surgeons should acknowledge the problems caused by pet over-population and should support the welfare societies in their efforts to curb this problem.

CHAPTER 10: ALTERNATIVE VETERINARY THERAPY, COMPLEMENTARY VETERINARY THERAPY AND THERAPEUTIC OPTIONS

10.1 INTRODUCTION

There is a host of modalities that can be grouped under the above heading. They present non-conventional approach to the treatment of conditions and diseases in animals and humans.

10.1.1 The following modalities are by no means exhaustive:

- (a) Acupuncture
- (b) Aromatherapy
- (c) Cell therapy
- (d) Chiropractice
- (e) Holistic veterinary medicine
- (f) Homeopathy
- (g) Magneto therapy
- (h) Massage
- (i) Myofacial therapy
- (j) Osteopathy
- (k) Physical therapy

10.1.2 It is recommended that veterinary surgeons undertake educational programs before they are considered competent to put into use any of these modalities. The veterinary surgeon should seek the advice of the Council as to the qualifications referred to as "Other qualifications" in the Act related to this modalities and if so desire apply in the prescribed form for the qualifications to be entered into the Register of Veterinary Surgeons. The veterinary surgeon shall not in any instance claim of such competence or expertise until he is given the approval by the Council in any of the modalities.

10.2 GUIDELINES

- 10.2.1 It is to be noted that the practicing of the aforementioned modalities on animals constitutes the practice of veterinary medicine. Thus the practice of these modalities would be a breach in professional conduct, if the veterinary surgeon has not received the approval of the Council.
- 10.2.2 These modalities should be offered in the context of a valid veterinary surgeon/client/patient relationship. The veterinary surgeon must inform the client of his intention to treat the animal in an alternative way and obtain the consent. The veterinary surgeon must inform the owner of the animal about the nature and possible side effects of the treatment.
- 10.2.3 The veterinary surgeon that practices alternative or complementary therapy is subjected to all the acts and rules regulating the practice of the veterinary profession. In the case of a complaint lodged with the Council the veterinary surgeon will have to explain his conduct as a veterinary surgeon and not as a person qualified to perform therapeutic alternatives.

CHAPTER 11: THE VETERINARY SURGEON AS AN EXPERT WITNESS

- 11.1 An expert witness is a person, who by reason of education or specialized experience possesses advanced knowledge in respect of a subject.
- 11.2 Bearing the above definition in mind, veterinary surgeons can be classified as experts with regard to the practice of veterinary medicine, animal care, restraint, production, animal welfare, or any other animal related subject by reason of their veterinary education and experience. Veterinary surgeons testifying as experts are there to assist the Court in forming an accurate opinion. The expert usually does not have any first-hand knowledge of the matter in question but gives evidence by expressing an opinion based on his knowledge and experience.
- 11.3 Guidelines when giving testimony as an expert:
- (a) Veterinary surgeons should know their subject and review all pertinent materials before the trial.
 - (b) Be confident, co-operative, courteous and calm. Do not get upset on gruelling cross-examination.
 - (c) Be honest and objective in your answers. Veterinary surgeons should not support the party who has called you as an expert witness unless you are sure that their contentions are true. If you do not believe in the case or if the facts make it difficult to strongly support or oppose a party's contention, decline to testify as an expert.
 - (d) When notes are needed, take them along to court and use them. Bear in mind that the opposite side will be entitled to inspect these notes.
 - (e) If statements are quoted from books or journals request to inspect the books and journals to review the material, date of publication and the context of the quote.
 - (f) The status of the expert must be maintained and his actions, dress, speech and behaviour must reflect this.

CHAPTER 12: DISCIPLINE WITHIN THE PROFESSION

12.1 LEGISLATIVE AUTHORITY

The legislative authority for the discipline of all veterinary surgeons lies with the Council. Any conduct of a veterinary surgeon that harms the individual or collective interests of the public or against the provisions made in the Acts and regulations and in its relationship with veterinary surgeons that could be interpreted as being 'conduct disgraceful in a professional respect or unethical' may be the subject of investigation.

12.2 COMPLAINT PROCEDURES

12.2.1 Any person seeking to make a complaint of professional misconduct against a veterinary surgeon should make the complaint in writing to the Secretary of the Council.

12.2.2 The Preliminary Investigation Committee is entrusted with the task of determining the merits of the complaint and to provide advice and guidance to the Council for further action.

ANNEX

Veterinarian's oath (Ikrar Doktor Veterinar)

Dengan diterimanya saya ke dalam Ikhtisas Kedokteran Veterinar, saya bertekad akan menyumbang segenapnya daya dan pengetahuan saya bagi kebajikan masyarakat, mengekalkan sumber ternakan dan mengelakan penderitaan kepada haiwan.

Saya akan mengamalkan ikhtisas saya dengan penuh minat, dedikasi dan kesopanan, kesihatan pesakit, keperluan tuanpunyanya dan kebajikan insan seluruhnya adalah tanggungjawab saya.

Saya akan menjalankan tugas dan tanggungjawab saya dengan penuh minat dan dedikasi dan dengan sikap bertimbangrasa. Saya akan menggunakan pengetahuan saya sepenuhnya tanpa bertentangan dengan undang-undang perikemanusiaan dan peraturan etika ikhtisas veterinar. Saya berazam akan mempertahankan dan memperbaiki keluhuran tradisi ikhtisas veterinar yang saya terima ini.

Ikrar ini saya buat dengan penuh keazaman dan kerelaan semoga direstui Tuhan

Tandatangan

Nama:

Tarikh:

Di hadapan
Pendaftar, Majlis Veterinar Malaysia

Translation

It is hereby declared, that I in being accepted into the profession as a veterinary surgeon, undertake to provide to the best of my abilities and the knowledge to the welfare of the public, protection of animal resources and to promote to the causes on the prevention of cruelty to animals

I will practice my profession with the deepest conviction, dedication and with professional conduct and meet the responsibilities to ensure the health of patients, the needs of clients and the overall welfare of all life.

I commit to perform my work with full responsibility, dedication and with mutual understanding. I will use my knowledge to the best of my ability without breaking the laws on humanity and professional conduct and ethics. I will strive to defend, improve and uphold the tradition of this noble profession.

This oath, I take with all and conscientiousness and with all willingness before the Almighty.

Signed

Name

Date

In the presence
Registrar, Malaysian Veterinary Council