KING KHALID UNIVERSITY

Rules and Regulation during Undergraduate Study and Postgraduate Training

Medical Ethics · MED 431 · Lecture 2

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Three things that will happen to you

- A relative asks you to prescribe for a family member. You have graduated; your Commission registration has not come through.
- A consultant asks you, in a corridor, to write up an examination that you did not see performed.
- You count your absences in week twelve and find they are more than you thought.

None of these is a dilemma. Each one already has a rule — and you are expected to know it.

Last week: ethics is not law

- Law sets a floor of minimally acceptable behaviour, enforced by sanction
- Ethics often demands more than the law requires — and occasionally requires deviating from a law that demands unethical conduct
- **Today is about the floor**
  - Who wrote it, what it says, and who can stop you when you fall through it

One career, five gates

Years 1–6	Year 7	Registration	Licence	Renewal
Student	**Intern**	**SCFHS**	**MOH · Article 2**	**CPD · Article 7**
KKU regulations	supervised, unlicensed	before any practice	the legal permission	kept, not given

Each gate has a document behind it. This lecture opens them in order.

1 · The student

The rules you are living under this term

Who writes the rules you study under

- Study and Examinations Regulations for the undergraduate stage — Council of University Affairs, 1444H (2022), with KKU's own executive rules
- KKU Student Conduct and Discipline Code — approved by the University Council, 1444H
- The College's guidelines for clinical placement in affiliated hospitals
- The SCFHS Code of Ethics — it applies to every healthcare practitioner, and its Chapter 8 is written for trainees
- **Regulations are revised. The copies on Blackboard are for study; check the current edition before you rely on a rule**

Attendance: the rule that ends courses

- Article 14: a student absent for more than 25% of a course's contact hours is barred from the final examination
  - The bar counts as a fail — the grade recorded is محروم (DN)
- The executive rule: a first warning at 10% absence, a second at 15%, and the bar beyond 25%, applied automatically by the Deanship of Admission and Registration
- An excuse goes to the head of department within seven days of the lecture — he accepts or refuses it
- **Absence is recorded by the course teacher within seven days. Follow your own percentage weekly; the regulation says so**

Your rights, in the same regulation

- The right to see your marked answer paper after a term test, to learn from your mistakes
- The right to appeal a final grade within fifteen days of the result being approved (Article 36)
- A second-round examination (دور ثانٍ) for Medicine and Dentistry, in failed courses of up to 20% of the year's load (Article 35)
- The right to complain or appeal without any harm following from it — and the duty not to complain maliciously
- **Lifting the bar is possible, not automatic: the College Council, an acceptable excuse, and an alternative examination**

Cheating: the price is fixed in advance

- Rule 36 of the Conduct Code: cheating, or attempting to cheat, in any examination
  - First time — a fail in that course
  - Second time — that course and the next one in the examination timetable
  - Third time — that course and the two that follow it
- Plagiarism, undocumented quotation and submitting work you did not prepare carry the same penalties
- Recording a lecture without the lecturer's written permission: the recording is destroyed, and the student is counselled, reprimanded or admonished in turn
- **The rule does not ask whether you knew it**

Dress: three documents, one message

- Conduct Code, Rule 34 — health colleges: the college's scrub colour, closed quiet shoes, a long white coat below the knee carrying the university logo only
  - Outside the campus, the training facility's own rules apply on top
- The College's placement guidelines: badge above the waist; hair controlled; nails short, no polish, no artificial nails; jewellery plain, no necklaces, one ring; no fragrance; closed shoes
- The Ministry's poster for the medical cadre: a roomy coat to mid-calf, formal clothes under it, the head fully covered with a plain opaque cover, no makeup or nail polish
- **The reasons are not fashion: infection control, identification, and the patient's trust**

On the ward: what the College asks of you

- Introduce yourself and take permission: “I am a fourth-year medical student; may I take a history from you?”
- Do not screen patient lists, files or computers. Anyone not on the caring team has no access to health information
- No photographs and no recordings of anything patient-related — notes, results, images
- Never see a patient of the opposite sex alone. Draw the curtains; in a shared room, conversations carry
- Thank the patient. Ask whether you may discuss the case with your group and come back with the doctor
- **Corridors, waiting areas and nurses' stations are not classrooms**

The Commission's rules already apply to you

- Code of Ethics, Chapter 8 — Ethics of Teaching and Learning on Patients
  - Learn on manikins and simulation first; on patients only when you have the skill
  - The patient must know they are in a teaching institution, and that you are a trainee under a supervising consultant
  - Permission before history, examination or any procedure — the patient may refuse
  - No training on the private parts of the body except in necessity
- **Item 13: the trainee stops at the limit of their abilities and seeks help — that is the rule, not a confession**

Consequences that follow you

- The university's ladder: warning, recorded reprimand, suspension from an examination, a course or a semester, expulsion
- The Conduct Code fixes the penalty for a first, second and third offence in advance — there is no negotiation at the table
- Breaching a student's duties “exposes the offender to dismissal from the university, or referral to the competent authorities”
- **The Commission may weigh documented academic misconduct when it assesses fitness to practise. A file opened in year four can be read in year seven**

2 · The intern

A doctor by degree. Not yet by law.

What the internship is

- The mandatory year of supervised practice after the MBBS, across the major specialties
- The Law, Article 2(b): a practitioner must complete the internship prescribed by the Commission, and be medically fit
  - Regulation 2-4: the training must be under the direct supervision of a licensed practitioner in the same field
- The intern holds a degree and no licence
  - May perform clinical tasks under supervision
  - May not practise independently
  - May not sign as the responsible physician

Four obligations of the intern

- Practise within supervision — “I need supervision for this” is professional maturity, not weakness
- Document honestly — including your uncertainty and your supervisor's involvement
- Escalate — a situation beyond your competence, or a patient deteriorating, is reported promptly
- Keep confidentiality — a signed confidentiality agreement is part of the programme
- **Regulation 41-12: the hospital is bound by the acts of the physician in training and jointly liable for them. You are covered — and watched**

Registration, classification, renewal

- Every healthcare practitioner is registered with the Commission before practising — the Law makes registration a condition of the licence
- Classification places the practitioner at a level that matches qualification and experience, and the employer writes out the privileges that go with it (Regulations 9-2 and 9-3)
- Article 7: the practitioner must develop their knowledge and follow the science of their specialty
  - Regulation 7-1: this is weighed at re-registration and renewal of the licence
  - Regulation 7-2: the Commission sets the hours of continuing education and accredited training
- **The CPD Code of Ethics (2024): no credit for activities not attended, no falsified attendance, no incentive to complete them**

3 · The practitioner

Royal Decree M/59 — the floor beneath every doctor in the Kingdom

The regulatory ecosystem

Ministry of Health

- Healthcare policy, planning and delivery
- Issues the licence to practise, through the regional health directorates
- Sets and enforces standards for facilities
- Publishes the Patient Bill of Rights and Responsibilities
- Public-health surveillance and notifiable disease
- The 937 line for complaints and concerns

SCFHS · since 1992

- Registration — before any practice
- Classification by level
- Continuing education for keeping registration
- The Code of Ethics for Healthcare Practitioners
- Discipline — may suspend or revoke registration
- The Saudi Board programmes in every specialty

SFDA

- Drugs, medical devices, food, biologicals and cosmetics
- Licensing of new pharmaceutical products
- Pharmacovigilance — safety after marketing
- Regulation of clinical trials of new agents

The Law: what it is

- Law of Practicing Healthcare Professions — Royal Decree M/59, 4 Dhu al-Qi'dah 1426H (2005)
- Implementing regulation by ministerial resolution 4080489, 1439H (2018)
- Forty-four articles in five chapters
  - The licence · the practitioner's duties · professional liability · investigation and trial · concluding provisions
- Article 42: it replaced the 1409H law on medicine and dentistry, and the 1398H law on pharmacy and the trade in medicines
- **Two copies are on Blackboard: the English text, and the Arabic law with its regulation**

Article 2: no licence, no practice

- (a) “It is strictly forbidden to practise any health profession without obtaining a licence from the Ministry”
- (b) Four conditions
  - A qualification the Commission recognises
  - The mandatory internship, and medical fitness
  - Registration with the Commission
  - No conviction for a crime against honour or honesty, unless rehabilitated
- (c) Employment in a government health post counts as a licence — provided you are registered
- **Regulation 3-4: a licence unused for six months is cancelled. Article 3: two years away means renewal before you return**

Article 28: practising without one

- Imprisonment of up to six months, a fine of up to 100,000 riyals, or both, for anyone who:
  - Practises a health profession without a licence
  - Obtains a licence by misleading statements
  - Advertises an eligibility to practise that they do not have
  - Claims a title usually associated with health practitioners
  - Possesses the tools of a health profession without a licence or a legitimate reason
  - Abstains from treating a patient without an acceptable reason
- **The relative who asks for a prescription is asking you to commit the first offence on the list**

The duties: general

- Article 5: practise in the interest of the individual and society, respecting the human right to life, safety and dignity
  - Regulation 5-2: the Commission's Code of Ethics binds every practitioner
  - Regulation 5-3: no photographing or publishing of procedures without written consent, facility approval and a scientific purpose
- Article 8: a patient in a critical condition receives all possible assistance — urgent care is given without asking for fees first
- Article 9: healthcare is always in the patient's interest; and, except in emergencies, no act beyond your specialty or capacity
- Article 11: suspected criminal injury and infectious disease are reported to the authorities

The duties: the prohibitions

- Article 10: no self-advertising, and no title or specialty on a sign, card or prescription that you have not earned
- Article 12: one profession only; no commission, reward or benefit for prescribing a drug or an appliance, or for directing a patient to a pharmacy, hospital or laboratory
- Article 13: no examination or treatment in a pharmacy or any place not designated for it, outside emergencies
- Article 14: no employing unlicensed staff, no selling drugs or samples, no undue benefit to a patient, no prohibited equipment
- **Regulation 14-1: no incorrect or exaggerated report to give a patient sick leave, a certificate, or any other benefit**

The duties: towards patients

- Article 15: due diligence in diagnosis; reports and results on the patient's request
- Article 16: a non-urgent patient may be declined for professional or acceptable personal reasons — never for religion, colour, sex or race
- Article 17: alert the patient to the need for a second opinion; introduce yourself, your specialty and your degree
- Article 19: no intervention without the consent of the patient, representative or guardian; a narrow emergency exception; never ending a terminally ill patient's life on request
- Article 21: confidentiality, with a closed list of exceptions — a criminal death, a notifiable disease, rebutting an accusation, written consent, a judicial order
- **Consent is week 6 and confidentiality week 13. Today's point: they are statute, not only ethics**

The duties: towards colleagues

- Article 24: the relationship between practitioners is one of cooperation and mutual trust
  - No conspiring against a colleague, no detracting from their professional or moral standing, no rumours
  - No soliciting a colleague's patients, directly or indirectly
- Article 25: a practitioner who replaces a colleague does not exploit the position
  - Regulation 25-1: review the file, complete what the patient's condition requires, and record it
- **The Code adds Chapter 4: duties towards professional colleagues**

Three kinds of liability

Civil · Articles 26–27

- The commitment is to due diligence by recognised scientific principles
- Malpractice causing harm is compensated
- The amount is set by the Sharia Medical Panel
- Any clause limiting a practitioner's liability is void

Criminal · Articles 28–30

- Up to six months' imprisonment and/or a fine to 100,000 riyals for the listed offences
- Up to 50,000 riyals for advertising, commissions, and practising in undesignated places
- Up to 20,000 riyals for any violation not otherwise provided for

Disciplinary · Articles 31–32

- For breaching a duty in the Law, a code of practice, or professional ethics
- A warning
- A fine of up to 10,000 riyals
- Cancellation of the licence and removal from the roll — no reapplication for two years

What the Law calls malpractice

- Article 27 lists it:
  - Error in treatment or in follow-up
  - Lack of the knowledge and skill expected of others in the profession
  - Experimental or unrecognised surgery; unaccredited research on patients; experimental drugs
  - Using instruments or equipment without adequate knowledge of their use, or without precautions against the damage they can cause
  - Inadequate monitoring or supervision
  - Failing to consult when the patient's condition required it
- **Regulation 40-1: penalties are graduated by seriousness and by recurrence**

Malpractice: the four Ds

- Duty — a doctor–patient relationship existed, creating a duty of care
- Deviation — from the standard of care: what a reasonably competent practitioner with equivalent training would have done in the same circumstances
- Damage — the patient was harmed
- Direct causation — the deviation caused the damage
- **All four, or there is no malpractice. A bad outcome with the standard of care met is not malpractice**

Who judges: the Sharia Medical Panel

- Article 33: a judge as chairman, a legal adviser, a member of a college of medicine, a member of a college of pharmacy, two experienced physicians and a pharmacist — seated in Riyadh, with panels in the provinces
- Article 34: it hears claims of private right — blood money, indemnity, retribution — and every malpractice causing death or the loss of an organ, even without a claim
- Article 35: decisions by majority, the judge among them; appeal to the Board of Grievances within sixty days
- Article 37: the public-right claim is heard within one year of knowledge of the malpractice
- Article 39: the Minister may suspend a practitioner pending investigation; appeal within thirty days

The investigation: what actually happens

- Regulation 40-2: the harmed person, or the heirs, apply to the facility or the health affairs directorate — the complaint is itself a claim of private right; an investigation may also be ordered without one
- Regulation 40-3: the investigator may stop the defendant travelling for thirty days, renewable once
- Regulation 40-6: you are told the violations attributed to you; your statement is recorded, read back to you and signed
- Regulations 40-8 to 40-10: witnesses heard one by one; specialists consulted; every file, image and report handed over on request
- Regulation 40-11: the whole investigation is secret — for the investigators, and for everyone summoned
- **Regulation 40-15: the proceedings are in Arabic. A practitioner who does not speak it brings a reliable interpreter**

Insurance is not optional

- Article 41: cooperative insurance against malpractice is mandatory for every physician and dentist, public and private
  - Regulation 41-5: the insurer's certificate is produced at licensing and at every renewal
- The facility guarantees payment of a final judgment beyond your cover — and may recover the difference from you (Regulation 41-10)
- Regulation 41-12: the institution answers for the physician in training, jointly with them
- **A judgment for blood money is paid. The only question the Law leaves open is by whom**

The Code of Ethics: legally binding

- Regulation 5-2 of the Law makes the Commission's Code binding on every practitioner
- Code of Ethics for Healthcare Practitioners, third edition, 1435H (2014) — fifteen chapters
  - 1 The practitioner's own ethics · 2 Duties towards patients · 3 The community · 4 Colleagues · 5 Oneself · 6 The profession · 7 Religious rulings
  - 8 Teaching and learning on patients · 9 Documentation · 10 Financial affairs · 11 Research · 12 Communicable disease · 13 New developments · 14 Emergencies · 15 Life-threatening and incurable disease
- **The Commission issued** أسس أخلاق المهن الصحية **in 1446H (2024), thirteen articles, updating the Arabic book. The English Code is what is on Blackboard**

Chapter 1: what the Code asks of you first

- Devotion — the work is worship; it is judged in every small and great act, whether or not anyone is watching
- The best of manners: truthfulness, honesty and integrity, humbleness, patience and forbearance, passion for the patient, moderation and fairness
- Self-accountability (محاسبة) — judge yourself before you are judged by others: the small lapses too, favouring some patients, being late for appointments, speaking irresponsibly
- **Chapter 2 then lists the duties towards patients: good treatment, the patient's interest, consent, reassurance, secrets, photographs, refusal, conscientious objection**

Chapter 9: documentation, in the Code's words

- Write “the true reality, without exaggeration or underestimation” — not swayed by kinship, passion, fear, or the desire of benefit
- Records clear and precise; every document signed and dated; any change dated and signed, preferably on a separate sheet
- The record belongs to the institution; the patient may see it and have a copy
- Certificates and reports — death certificates, sick leave, attendance — carry grave consequences if abused; do not sign what may be false or misleading
- A prescription is not written to please the patient or the relatives
- **This is the rule the intern in Case 17.2 broke — and Regulation 14-1 is the Law's version of the same rule**

When the error is yours

- Errors are inevitable in a complex system, under time pressure, with incomplete information
- The ethical response is not concealment:
  - Disclose — the harmed patient has a right to honest information about what happened
  - Apologise — genuinely; it often matters more to the patient than proceedings
  - Report — through the incident system, so the system learns
  - Remediate — find the contributing factors and fix them
- **Disciplinary proceedings are about patient protection, not punishment. So is disclosure**

The law is the floor. Nothing in it stops you doing more.

READ Applied Medical Ethics §17.1 — Why Regulations Matter husainalkhaldy.site/books/applied-medical-ethics#h206

Now work one

Two cases from Chapter 17

Case 1 — the unlicensed prescription

- A newly graduated physician is waiting for the Commission to process his registration
- A relative asks him to prescribe for a family member with a chronic condition. He has the clinical knowledge to manage it
- Is he permitted — legally, ethically? What are the risks: clinical, legal, professional?
- **What should he do — and what should he say?**

Case 2 — the scope violation

- A general practitioner in a primary care centre performs a joint injection — within his training, but not among the privileges credentialed to him at that facility
- The patient develops a complication
- Run the four Ds. Then Article 9(b) and Regulation 9-2
- **What should happen now — to the patient, and to the practitioner?**

Work it in this order

- Which rule applies — university, Commission, Ministry, statute?
- Which authority enforces it, and by what process?
- Which liability is engaged — civil, criminal, disciplinary, or all three?
- What should happen now?
- **And what did ethics require that the law did not?**

Before next week

- Week 4 · Professionalism — the professional student, the professional doctor — Chapters 2 and 3
- Work the four cases at the end of Chapter 17 and bring your answers
- The reference set on Blackboard, under Lectures → “Rules and Regulation”: the SCFHS Code (English), the Law (English), the Arabic law with its regulation, the KKU student guide, and the link to أخلاقيات الممارس الصحي
- **The copies on Blackboard are for study. For any rule that touches your registration, attendance or examinations, check the current edition on the university website**

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