



**INDIAN MEDICAL ASSOCIATION
VIJAYAWADA
BEZWADA MEDICAL ASSOCIATION**

CODE OF MEDICAL ETHICS

(Approved by the Central Government u/s.33 of the Indian Medical Council Act, 1956. Vide their letter No. F. 17-44 MPT, dated 23rd October, 1970)



MEDICAL COUNCIL OF INDIA

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MEDICAL COUNCIL OF INDIA

CODE OF MEDICAL ETHICS

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

DECLARATION

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality race party politics or social standing to intervene between my duty and my patient.
5. I will practise my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confided in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of medical profession.
10. My colleagues will be my brothers.

I make these promises solemnly, freely and upon my honour.

CODE

GENERAL PRINCIPLES

1. Character of the Physician

The prime object of the medical profession is to render service to humanity: reward of financial gain is a subordinate consideration. Who-so-ever chooses this profession, assumes the obligation to conduct himself in accord with its ideals. "A physician should be an upright man, instructed in the art of healings". He must keep himself pure in character and be diligent in caring for the sick, he should be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition conducting himself with propriety in his profession and in all the actions of his life.

2. The Physician's Responsibility

The Principle objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. Physician should try continuously to improve medical knowledge and skill and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.

3. Advertising

Solicitation of patients directly or indirectly, by a physician, by groups of physicians or by institutions or organisations is unethical. A physician shall not make use of or aid or permit others to make use of him (or his name) as subject of any form or manner of advertising or publicity through lay channels either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill, qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandisements nor shall he give to any person who-so-ever, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through lay channels nor shall be boast of cases, operations cures or remedies or permit the publication of report thereof lay channels. A medical practitioner is permitted a formal announcement in press regarding the following:

1. On starting practice.
2. On change of type of practice.
3. On changing address
4. On temporary absence from duty
5. On resumption of practice
6. On succeeding to another practice.

4. Payment of Professional Service

The ethical physician, engaged in the practice of medicine, limits the sources of his income received from professional activities to service rendered to the patient. Remunerations received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure no payment."

5. Patent and Copy Rights

A physician may patent surgical instruments, appliances and medicine or copy right applications methods and procedure. The use of such patents or copyright or the receipt of remuneration from them which retards or inhibits research or restrict the benefits derivable therefrom are unethical.

6. Running an Open shop (Dispensing of Drugs and Appliances by Physicians)

A physician should not run an open shop for sale of medicine for dispensing prescriptions prescribed by doctors other than himself or for sale of medical or surgical appliances. It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient.

7. Rebates and Commission

A physician shall not give, solicit, or receive nor shall he offer to give, solicit or receive, any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. A physician shall not directly or be any subterfuge participate in or by a party to act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

The provisions of this para shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic, or other study or work. Nothing in this section, however, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care under his supervision.

8. Secret Remedies

The prescribing of dispensing by a physician of secret medicine or other secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical.

9. Evasion of Legal Restrictions

The physician will observe the laws of the country in regulating the practice of medicine and will not assist others to evade such laws. He should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of public health. A physician should observe the provisions of the State Acts like Drugs Act, pharmacy Act, Poisonous and Drugs Act and such other Acts, Rules, Regulations made by the Central Govt./State Govts. or Local Administrative Bodies for protection and promotion of public health.

DUTIES OF PHYSICIANS TO THEIR PATIENTS

10. Obligations to the Sick

Though a physician is not bound to treat each and every one asking his services except emergencies for the sake of humanity and the noble traditions of the profession, he should not only be ever ready to respond to the calls of the sick and the injured, but should be mindful of the high character of his mission and the responsibility he incurs in the discharge of his professional duties. In his ministrations, he should never forget that the health and the lives of those entrusted to his care depend on his skill and attention. A physician should endeavour to add to the comfort of the sick by making his visits at the hour indicated to the patients.

11. Patience Delicacy and Secrecy

Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences to him as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances.

12 Prognosis

The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

13. The Patient Must not be Neglected

A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives or his responsible friends sufficiently long in advance of his withdrawal to allow them to secure another medical attendant. No provisionally or fully registered medical practitioner shall wilfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

DUTIES TO THE PHYSICIAN TO PROFESSION AT LARGE

14. Upholding the Honour of the Profession

A Physician is expected to uphold the dignity and honour of his profession.

15. Membership in Medical Society

For the advancement of his profession, a physician should affiliate with medical societies and contribute his time, energy and means so that these societies may represent the ideals of the profession.

16. Safeguarding the Profession

Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician should not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and should not permit such persons to attend, treat or perform operations upon patients in respect of matters regarding professional discretion or skill as it is dangerous to public health.

17. Exposure of Unethical Conduct

A physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. Questions of such conduct should be considered, first before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations, provided such a course is possible and provided also that the law is not hampered thereby, if doubt should arise as to the legality of the physician's conduct, the situation under investigation may be placed before officers of the law, and the physician investigators may take the necessary steps to enlist the interest of the proper authority.

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

18. Dependence of Physicians on each other

There is no rule that a physician should not charge another physician for his service, should cheerfully and without recompense give his professional services to physicians or his dependants if they are in his vicinity.

19. Compensation for Expenses

A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependents. When a physician is called from a distance to attend or advise another physician or his dependents, reimbursement should however be made for travelling and other incidental expenses.

DUTIES OF PHYSICIAN IN CONSULTATION

20. Consultation should be Encouraged

In case of serious illness, especially in doubtful or difficult conditions the physician should request consultation.

21. Consultation for Patient's Benefit

In every consultation, the benefit to the patient is first importance. All physicians' interest in the case should be candid with the patient, a member of his family or responsible friend.

22. Punctuality in Consultation

Utmost punctuality should be observed by a physician in meeting for consultation.

23. Conduct in Consultation

In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the physician in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose no discussion should be carried on in the presence of the patient or his representatives.

24. Statement to Patient after Consultation

- (a) All statements of the patient or his representatives should take place in the presence of all the physicians consulting, except as otherwise agreed; the announcement of the opinion to the patient or his relations or friends shall rest with the medical attendant.
- (b) Differences of opinion should not be divulged unnecessarily but when there is irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or his friends. It would be open to them to seek further

advice should they so desire.

25. Treatment after Consultation

No decision should restrain the attending physician from making such subsequent variations in the treatment any unexpected change may require, but at the next consultation, reasons for the variations should be stated. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending physician. The attending physician may prescribe at any time for the patient the consultant only in case of emergency.

26. Consultant not to take Charge of the Case

When a physician has been called as a consultant, none but the rarest and most exceptional circumstances would justify that consultant taking charge of the case. He must not do so merely on the solicitation of the patient or friends.

27. Patients Referred to Specialists

When a patient is referred to a specialist by the attending physician, a statement of the case should be given to the specialist, who should communicate his opinion in writing in a closed cover direct to the attending physician.

DUTIES OF PHYSICIAN IN CASE OF INTERFERENCE

28. Appointment of Substitute

Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment in consistent with his other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician. All such patients should be restored to the care of the latter upon his return.

29. Visiting another Physician's Case

A physician called to visit a patient who has recently been under the care of another physician in the same illness, should not take charge of, nor prescribe for such patient except in a case of emergency when he should communicate to the former explaining the circumstances under which the patient was seen and treatment given, or when the physician has relinquished his case, or when the patient has notified such physician to discontinue his services.

When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should

communicate to the physician in attendance so as to give him an option of being present. The medical officer should avoid remarks upon the diagnosis of the treatment that has been adopted.

30. Engagement for an Obstetric Case

If a physician agrees to attend a woman during her confinement, he must do so. Inability to do so on an excuse of any other engagement is not tenable except when he is already engaged on a similar or other serious case. When a physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fees, but should secure the patient's consent to resign on the arrival of the physician engaged.

DUTIES OF PHYSICIAN TO THE PUBLIC

31. Physicians as Citizens

Physicians, as good citizens, possessed of special training should advise concerning the health of the community wherein they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should operate especially with the proper authorities in the administration of sanitary laws and regulations.

32. Public Health

Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, a physician must continue his labour without regard to the risk to his own health.

33. Pharmacists

Physicians should recognize and promote the practice of pharmacy as a profession and should recognize the cooperation of the pharmacist in education of the public concerning the practice of ethical and scientific medicine.

DISCIPLINARY ACTION

1. The Medical Council of India desire to bring to the notice of the registered medical practitioners the following statement upon offences and form the professional misconduct, which may be brought before the appropriate Medical Council for disciplinary action in view of the authority conferred upon the Medical Council of India and/or State Medical Councils as provided under Indian Medical Council Act, 1956, or State Medical Councils Acts as may be subsequently amended.
2. The appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period from the Register, the name of any registered practitioner who has been convicted of any such offence as implies in the opinion of the Medical Council of India and/or State Medical Councils, a defect of character or who after an enquiry at which opportunity has been given to such registered practitioner to be heard in person or by pleader, has been held by the appropriate Medical Council to have been guilty of serious professional misconduct. The appropriate Medical Council may also direct that any name so removed shall be restored.
3. It must be clearly understood that the instances of offences and of professional misconduct which are given do not constitute and are not intended to constitute a complete list of the infamous acts which may be punished by erasure from the Register, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils have to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.

LIST

1. Adultery or Improper Conduct or Association with a Patient

Any medical practitioner, who abuses, his professional position by committing any adultery or improper conduct with a patient or by maintaining an improper association with a patient, is liable for disciplinary action as provided under the Indian Medical Council Act, 1956 and/or State Medical Acts, as may be subsequently amended.

2. Conviction by Court of Law for offences involving moral turpitude.

3. Professional Certificates, Reports and other Documents

Registered practitioners are in certain cases bound by law to give or may from time to time be called upon or requested to give certificates, notification, reports and other documents of kindred character signed by them in their professional capacity for subsequent use in the courts of justice or for administrative purposes etc.

i. Such documents include among other certificates, notifications reports —

- (a) Under the Acts relating to birth, death or disposal of the dead.
- (b) Under the Acts relating to Lunacy and Mental Deficiency and the rules made thereunder.
- (c) Under the Vaccination Acts and the regulations made thereunder.
- (d) Under the Factory Acts and the regulations made thereunder.
- (e) Under the Education Acts
- (f) Under the Public Health Acts and the order made thereunder.
- (g) Under the Workmen's Compensation Act.
- (h) Under the Acts and order relating to the notification of(infectious diseases.
- (i) Under the Employee's State Insurance Act.
- (j) In connection with sick benefit insurance and friendly societies.
- (k) Under the Merchants Shipping Act.
- (l) For procuring the issuing of passports.
- (m) For excusing attendance in courts of Justice, in public services in public offices or in ordinary employments.
- (n) In connection with Civil and Military matters.
- (o) In connection with matters under the control of Ministry of the Pensions.

ii. Any registered practitioner who shall be shown to have signed or given under his name and authority and such certificate, notification, report or document of a kindred character which is untrue, misleading or improper relating to the several matters above specified or otherwise, is liable to have his name erased from the Register.

iii. A Registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate always enter the identification marks of the patient

and keep a copy of the certificate. Do not omit to note down the signature or thumb mark, address and identification marks of the patient on the medical certificates or report.

- 4) **Contravening the provision of the Drugs Act** and regulations made thereunder.
- 5) **Selling Schedule poison** to the public under the cover of his own qualification except to his patient.
- 6) **Performing or enabling unqualified person:** to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication.
- 7) A physician should not issue certificates of efficiency in modern medicine to unqualified or non-medical person.

(Note: The foregoing does not apply so as to restrict the proper training and instruction of *bona fide* students, legitimate employees of doctors, midwives, dispensers, surgical attendants, or skilled mechanical and technical assistants under the personal supervision of physicians).

- 8) A physician should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practices, but is open to write to the lay press under his own name on matters of public health hygienic living or to deliver public lectures, give talks on the radio broadcast for the same purpose and send announcement of the same to the lay press.
- 9) An institution run by a physician for a particular purpose such as a maternity home, a sanatorium, a house for the crippled or the blind, etc. may be advertised in the lay press, but such advertisements should not contain anything more than the name of the institution, type of patients admitted, facilities offered and the residential fees. Name of either the superintendent or the doctor attending should not appear in the advertisement.
- 10) It is improper for a physician to use an unusually large signboard and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality. The name should be the contents of his prescription papers. It is improper to affix a sign-board on a chemist's shop or in places where he does not reside or work.
- 11) Do not disclose the secrets of a patient that have been learnt in the exercises of your profession. Those may be disclosed only in a Court of Law under orders of the presiding judge.

- 12) Refusing on religious grounds alone to give assistance in our conduct of sterility, birth control, craniotomies on living children, and therapeutic abortions when there is medical indication; unless the medical practitioner feels himself/herself incompetent to do so.
- 13) Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of a minor, or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed.
- 14) Do not publish photographs or case reports of your patients in any medical or other journal in a manner by which their identity could be made out without their permission. Should the identity be not disclosed his consent is not needed.
- 15) If you are running a nursing home and if you employ assistants to help you, the ultimate responsibility rests on you.
- 16) No physician must exhibit publicly the scale of fees. But there is not objection to the same being put in the physicians' consulting or waiting room.
- 17) No physician shall use touts or agents for procuring patients.
- 18) Do not claim to be a specialist unless you have put in a good few years of study and experience or a special qualification in that branch. Once you say you are one, do not undertake work outside your speciality even for your friends.

Lifelong learning: After the unseemly confusion over the cause of Kumaramangalam's death, the Health Ministry has decided to introduce legislation, which will make re-registration for doctors every 5 years compulsory. The Delhi Medical Council has already started it with every doctor needing to complete a CME module of 100 hours over 3 years before applying for re-registration after 5 years. Legislation for minimal standards of infrastructure, manpower and equipment are also on the cards. The patients' medical record will also be available to patients on request based on a presidential ordinance, which will soon come into being. The Indian Medical Association has in turn produced a charter of patients' rights and duties. Situations when a doctor can refuse medical aid have been listed which include a personal night call, aggressive or abusive patient, when he is attending to another patient, when the patient has defaulted in payment of fees earlier or if the patient is a family member (Lancet Interactive 14 October 2000).

Doctor and the Media

Increasing public interest in health matters has brought doctors more and more in to contact with the media. The registered Medical practitioners should be aware of the ethics involved in dealing with the media. The British Medical Association in its "Hand Book of Medical Ethics" (1981) suggested the following guidelines.

Those doctors able to comment authoritatively in medical subjects should be prepared to do so in order that the public may be informed. Those doctors able to help the public with information should regard taking to the media as an extension of their medical practice.

A doctor has the responsibility to ensure that when a subject under discussion is controversial within the medical profession, the producer or editor of a programme is made aware of that fact.

It is unacceptable for the doctor's identity to be revealed in the following circumstances:

It is acceptable for the doctor's identity to be revealed in the following circumstances

- when it does not add to his professional stature;
- when it is in the public interest;
- when he is speaking on behalf of an identifiable section of the profession;
- when using medic primarily aimed at doctors'

A doctor may use his own name in connection with subjects other than medicine. When discussing a medical subject, he may be named only if he confines himself to general terms, avoiding discussion of individual cases.

In the field of general health education the name and relevant qualifications of the doctor may be given to lend added authority.

Doctors making statements on behalf of known organizations may be named when this is in the public interest. However, a doctor must not exploit the medic to promote any organisation in which he has a financial interest.

No doctor should enter into correspondence with an individual member of the lay public as a result of any publicity gained by the doctor.

For Attention of the Medical Practitioners Registered with the Maharashtra Medical Council under the Maharashtra Medical Council Act, 1965

It is observed by the council that some Medical practitioners are indulging in Advertising Personal Superiority or Ability to perform services in a superior manner. It is unethical to contribute to lay press articles for the purpose of Advertising himself and seeking or soliciting professional practice. It is highly objectionable to advertise or sanction publication in lay press of reports of cases or operations or special treatment or letters of thanks from patients of special certificates and diplomas with or without photographs which has the effect of advertising himself or soliciting practice.

It is obligatory on the part of the Medical Practitioners to follow the Code of Medical Ethics prescribed by Medical Council of India, New Delhi/ Maharashtra Medical Council, Bombay. Breach of any provision of the Code of Medical Ethics is liable for punitive action including De-registration also under Section 22 of the Maharashtra Medical Council Act, 1965.

To practice without valid Registration is an offence under Section 15 of the Indian Medical Council Act, 1965 leading to one year's imprisonment or a fine of Rs.1000/- (Re. One Thousand only) or with both.

However, Medical practitioners can write to or for the lay press under his own name on matters of Public Health and matters which will promote Health Education. He may with a similar purpose deliver public lectures, give talks on Radio appear on television, grant press interview. Maharashtra Medical Council has inherent *suo-moto* rights to hold enquiries in any unethical behaviour of Medical Practitioners registered in allopathy.

No. MMC/CG/33/510/86
21st February 1986
Office of the Registrar
Maharashtra Medical Council
Bombay - 4000 004

sd/-
(S.A. Gadre, M.A.)
Registrar

THE INTERNATIONAL CODE OF MEDICAL ETHICS

Duties of Doctors in General:

A Doctor must always maintain the highest standards of professional conduct.

The following practices are deemed unethical -

- (a) Any self advertisement except such as in expressly authorized by the national code of medical ethics.
- (b) Collaboration in any form of medical service in which the doctor does not have professional independence.
- (c) Receiving any money in connection with services tendered to a patient other than a proper professional fee, even with the knowledge of the patient.

Any act or advice which could weaken physical or mental resistance of a human being may be used only in his interest.

A doctor is advised to use great caution in divulging discoveries or new techniques of treatment.

A doctor should certify or testify only to that which he has personally verified.

Duties of Doctors to the Sick

A doctor must always bear in mind the obligations of preserving human life.

A doctor owes to his patient complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond his capacity he should summon another doctor who has the necessary ability.

A doctor shall preserve absolute secrecy on all he knows about his patients because of the confidence entrusted in him.

A doctor must give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

Duties of Doctors to Each other :

A doctor ought to behave to his colleagues as he would have them behave to him.

A doctor must not entice patients from his colleagues.

A doctor must observe the principles of "The Declaration of Geneva" approved by World Medical Association.

The Declaration of Geneva (as amended by the 22nd World Medical Assembly, Sydney, Australia, in August 1968)

At the time of being admitted as a Member of the Medical Profession :

I solemnly pledge myself to consecrate my life to the services of humanity;

I will give to my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity;

The health of my patient will be my first consideration;

I will respect the secrets which are confided in me even after the patient has died.

I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;

I will not permit consideration of religion, nationality, race party, politics or social standing to intervene between my duty and my patients;

I will maintain the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

Contributory Negligence.

It is an unreasonable conduct or negligence on the part of the patient which is the cause of the harm complained of, although the attending doctor was also negligent, e.g., if the patient fails to cooperate with his doctor in carrying out all reasonable and proper instructions, or refuses to take the suggested treatment or fails to attend as requested for treatment. As such, the doctor's negligence is not the direct, proximate cause of the harm suffered by the patient. In such a case, the defendant's negligence is not recognized after law as a defence in an indictment of *criminal* negligence but is a good defence in cases of *civil* liabilities, and is taken into consideration by the court while awarding damages to the plaintiff.

Precautions against negligence:

To prove that reasonable care and skill has been exercised the following precautions should be taken :

01. Never guarantee a cure.
02. Keep full and accurate medical records.
03. Employ ordinary skill and care at all times.
04. Do not criticize another practitioner.
05. Do not fail to get written consent.
06. The diagnosis should be confirmed by laboratory tests.
07. Skiagrams should be taken in bone or joint injuries or when diagnosis is doubtful.
08. Immunisation should be done whenever necessary, particularly for tetanus.
09. Sensitivity tests should be done before injecting drugs which are likely to produce anaphylactic shock.
10. When diagnosis is obscure, consult a specialist.
11. No procedure should be undertaken which is beyond one's skill.
12. In suspected cases of cancer all laboratory and radiological investigations should be done without delay to establish early diagnosis.
13. The drug should be identified before being injected or used otherwise.
14. The consent of the patient should be obtained before doing an operation or giving anaesthesia.
15. The surgeon should obtain a written consent to use his discretion in obscure cases.
16. No experimental methods should be adopted without consent.
17. The doctor should keep informed of technical advances and use standard procedure of treatment.
18. Proper instructions should be given to the patient and proper post-operative care should be taken.
19. Anaesthesia should be given by a qualified person. Only generally accepted anaesthetic should be given after clinical and laboratory examination of the patient. The patient should be watched until he fully recovers from its effects. In the case of death from an anaesthesia or during operation the matter should be reported to the Police for holding a public inquiry. The anaesthetist should check the drugs to be given, bottles and cylinders, the apparatus to be used and take precautions to prevent static electric explosion and fire.
20. Do not fail to exercise care in the selection of assistants, and in the delegation of duties to them.
21. Do not leave a patient unattended during labour.
22. Do not fail to secure the consent of both husband and wife if an operation on either is likely to result in sterility.

**Form of Certificate Recommended for Leave or Extension of
Communication of Leave**

Signature of applicant

or thumb impression _____

To be filled in by the applicant in the presence of the Government
Medical Attendant, or Medical Practitioner,

I, _____ after careful examination of the case hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

Date _____

Signature of Medical Attendant

NOTE: The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

(Approved by the Central Government u/s. 33(m) of the Indian Medical Council Act, 1956, vide their letter No.F.17-4/64-MPT dated 23-10-10).

References

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3. *Indian Pediatrics, Vol.37, No.12, Dec.2000*