

MAHARASHTRA COUNCIL OF INDIAN MEDICINE, MUMBAI
CODE OF MEDICAL ETHICS

The Maharashtra Council of Indian Medicine, Mumbai, having been empowered by section 14 (c) of the Maharashtra Medical Practitioners Act, 1961 to prescribe a Code of Ethics for regulating the professional conduct of registered practitioners and under section 20 to take cognizance of professional misconduct and to direct the removal of names of medical practitioners registered under section 17 of the Act, who may be found guilty of infamous conduct in principles of Medical Ethics are published for their information and guidance.

Section 20(1) reads as follows :—

"If a registered practitioner has been, after due inquiry held by the Council (or the Executive Committee) in the manner prescribed by rules, found guilty of any misconduct by the Council, the Council may,—

(a) issue a letter of warning to such practitioner ; or

(b) direct the name of such practitioner,—

(i) to be removed from the register for such period as may be specified in the direction, or

(ii) to be removed from the register permanently,

Explanation.—For the purpose of this section, "Misconduct" shall mean,—

(i) the conviction of a registered practitioner by a criminal court for an offence which involves moral turpitude and which is cognizable within the meaning of the Code of Criminal Procedure, 1898 ; or

(ii) the conviction under the Army Act, 1950, of a registered practitioner subject to military law for an offence which is cognizable within the meaning of the Code of Criminal Procedure, 1898 ; or

(iii) any conduct which in the opinion of the Council, is infamous in relation to the medical profession particularly under any code of ethics prescribed by the Council.

Note 1.—Infamous conduct in any professional respect means any line of conduct that the generality of profession may hold as derogatory to the profession and calculated to lower its dignity and prestige in the estimation of the public and profession.

Note 2.—The following remarks do not embody every kind of professional conduct for which name are liable to be erased from the Medical Register or under section 20. The Council is not precluded from considering and dealing with any form of professional misconduct or unethical practice (as for example, immorality involving abuse of professional relationship, or outraging the modesty of a female patient, health visitor, of a lady doctor, nurse or midwife, etc., or any other categories of offences or professional misconduct, such as drunkenness, gambling, etc.) as they arise from time to time although it may not appear to come within the scope of precise words of categories mentioned below.

SOME OBJECTIONABLE PRACTICES

1. The following and similar practices which tend to lower the dignity of the profession should be avoided :—

(a) Soliciting private practice, either personally or by advertisement in the news papers, by placards, or by the distribution of circulars, card or handbills through price lists or publishing materials of manufacturers.

(b) The publication of an advertisement to announcement or that of an absence or objectionable nature; or making claims regarding treatment or medicine, used in one's own practice or giving certificates in the lay press regarding patent or proprietary medicines, drug, food, sanatoria or appliances used by him or medicines used or treatment given by any other person.

(c) Standing in any open space on roadside any announcing or exhibiting remedies or teaching of their use to the lay public.

(d) Receiving commissions from irades-people in return for recommending them or their wages or appliances or from other practitioners including specialists for recommending, patients, and paying commissions to hotel proprietors, lodging-house keepers, nurses, midwives or others for introducing to-cases.

(e) Writing prescription in secret formula of which only a particular pharmacist has the key. Such secret, prescriptions are unprofessional.

(f) Agreeing to attend any patient on the terms of "no cure, no pay".

(g) Exhibiting publicly a scale of fees at a place other than where he practices.

(h) Publishing or sanctioning the publication of letters of thanks from patients, or of any kind of laudatory notices with regard to professional matters, with or without photograph in newspapers or journals.

(i) to display an unusually large signboard writing on it anything else than the name, the qualifications, appointments held and the name of his speciality, if any, he practices. The same should be mentioned on the prescription paper, which may also contain the address and the telephone number. It is improper for a medical practitioner to affix signboards on chemist's shops or places where he does not reside or practice.

(j) Doing anything that means unfair competition.

(k) Performing or enabling person to perform abortion or any illegal operation for which there is no medical, surgical or psychological indication.

MEDICAL CERTIFICATES

2. (a) Certificates issued by medical practitioners over his signature should correspond with facts within his personal knowledge, and should not be untrue, misleading or improper.

(b) They should not be given for inadequate or extraneous reasons.

(c) Record of cases wherein the practitioner has an occasion to issue certificate should be preserved for a period of one year from the date of certificate. A form of certificate for the guidance of practitioners is given below.

MEDICAL ATTENDANCE AND CONSULTATION

3. No practitioner should meet in consultation or associate in professional matters with any practitioner, whose name has been removed from the register or for infamous conduct in professional respect.

4. Every practitioner should endeavour to observe punctuality in consultation appointments. If the practitioner has not arrived within a reasonable time, the consultant shall be at liberty to see the patient alone, and should leave his conclusions in writing in a closed envelope. The consultant also should be as punctual as possible.

5. The result of the consultation shall be mutually arranged between the practitioner and the consultant, and the duty of announcing it to the patient, or his relatives or friends shall rest with the practitioner or the consultant at their discretion.

6. Difference of opinion should not be divulged unnecessarily but when there is an irreconcilable difference of opinion, the circumstances should be frankly and impartially explained to the patient or his relatives or friends by the practitioner or the consultant at his direction. It is open to them to seek further advice either as is preferable in consultation with those already, in attendance, or with practitioner only. No consultant or attendants should talk disparagingly of his colleagues who attended the case before him or with him.

7. The attendance of a consulting practitioner should cease when the consultation is concluded unless another appointment is arranged by the practitioner or unless the patient has dispensed with the services of the practitioner and engaged those of another. In no case shall the consulting practitioner treat the patient alone or hand him over to his assistant or remove him to a nursing home or private hospital without the knowledge of the practitioner, or injure the latter position in any respect except in emergency.

8. When it becomes the duty of a practitioner occupying an official position to see and report upon a case of illness or injury he should communicate with the practitioner in attendances so as to give him the option of being present. The Practitioner seeing the case officially should scrupulously avoid interference with or remark upon, the treatment or diagnosis that has been adopted.

9. When the consultant in his room sees a patient at the request of a practitioner, it is his duty to write to the latter, stating his opinion of the case, with the mode of treatment he thinks should be adopted, and he shall not again see the same patient without a fresh note from the practitioner.

10. A practitioner entrusted with the care of the practice of another member during sickness or absence should not charge the absent practitioner for the services, except in the case of a special arrangement between the practitioners.

11. A practitioner called upon in an emergency to visit a patient who under ordinary circumstances would have been attended by another practitioner, should when the emergency is provided for, retire in favour of the ordinary practitioner, and shall be entitled to charge the patient for his services.

12. There is no rule that medical practitioners should not charge one another for their services, but it should be regarded as a pleasure and privilege to give one's services freely to a fellow practitioner, his family or to a medical student.

13. A medical practitioner is not justified in refusing to attend on a patient who has been not his customer, unless,—

- (a) he finds another practitioner is in attendance ;
- (b) other remedies than those prescribed by him are being used ;
- (c) his remedies are refused and prescribed diet not followed ; the patient or his relatives are unco-operative ;
- (d) he is convinced the illness is an imposture, and he is being made party to a false pretence ;
- (e) the patient persists in the abuse of opium, alcohol, chloral or similar poisons ;
- (f) another practitioner is consulted with his knowledge ;
- (g) his fees are not paid ;
- (h) the practitioner is unable to attend due to unavoidable circumstances ;
- (i) the practitioner does not desire to attend a new case except when there is no practitioner in the neighbourhood.

He is not in any way bound to give up a case because he cannot cure it, so long as the patient desires his services.

It is a practitioner's responsibility to exercise due care and diligence in the diagnosis and treatment, using the best means and forms according to him and should not leave the patient without his consent except for a very valid reason. He should employ the skill and professional knowledge expected of him.

GENERAL MATTERS

14. Before performing an operation or anaesthesia the practitioner should obtain in writing the consent from the husband or wife, parents or guardians in the case of 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.

15. A medical practitioner is under an obligation to his patient to preserve his secrets and in legal matters should, except with the patient's consent answer question, only at the case direction of Judge or Magistrate, presiding in a Court of Law.

A medical practitioner is not bound to answer questions put to him by policemen, solicitors, vakils or other non-medical persons.

16. No medical practitioner should volunteer to give evidence in a Court of Law against any person who has been under his professional care, he should only appear on sub-poena.

17. Medical Officer of Health should not visit a patient under the care of a medical practitioner without notice and should not express doubt or dissent with respect to the diagnosis before the patient or his friend. A Medical Officer of Health or Sanitary Authority must not demand a statement of the symptoms upon which a diagnosis of a notifiable disease was based by any medical practitioner.

18. It is the duty of medical practitioners as citizens to assist cordially in carrying out the provisions of the Public Health Act especially with regard to the notification of disease so as to enable the Public Health Authorities to take preventive measures to check the spread of epidemics

MISCELLANEOUS

19. No medical practitioner should enter into any contract with a nurse, midwife or any other person who may own or manage private hospital, nursing home, or lying-in hospital, and receive a share of the profits there from:

20. It is not in consonance with the professional ethics that a medical institution should be advertised in the lay papers unless such institution is registered as a charitable society.

21. When a registered practitioner wishes to notify a change in his address he should be careful to see that such notices are published either twice in one English or in one Vernacular or once in both. Such notices should not state anything else than the bare change of address or resumption of practice after a long interval.

22. 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.

If you are running a nursing home and if you employ assistants to help you, the ultimate responsibility rests on you.

23. The medical practitioner should not make any professional allegation against a fellow practitioner by handbills or circulars in newspaper, etc.

CLAUSE 2—FORMS OF CERTIFICATES

1. This is to certify that shri is under my treatment since He is suffering from and is advised to take rest for a period of from to
Place Signature
Date Registered No.

2. This is to certify that I have examined Shri and he is in my opinion fit to resume his duties from
Place Signature
Date Registered No.