ETHICS IN MEDICINE

Doctor’s Dilemma

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MEMBER: Ethics comm. & Council of World Medical Association (WMA)
PRESIDENT: Urological Society of India (2008-2009)
VICE PRESIDENT: Commonwealth Medical Association (2007-2010)
ADVISOR: Confederation of Medical Associations in Asia and Oceania (CMAAO)
THE PIONEERS OF SCIENCE & ART OF MEDICINE, WHO LAYED DOWN THE FOUNDATION OF ETHICS IN MEDICAL PRACTICE
Practice of medicine is a multifaceted subject and has drawn inspiration and sustinance from every source of human knowledge to benefit mankind.
In last few decades all the advances in medicine has made many impossibilities in definite possibilities and has made medicine glamorous and glittering.
The public which treated us as “GODS” is now treating us as another professional out to mint money.
Medical Practice Today

“Maze”
(Chakravyuh)

“To be or not to Be”
PROBLEMS OF SMALL CLINICAL ESTABLISHMENT

- **MCI REGULATIONS**
- **GOVT. REGULATIONS**
- **LOCAL BODY REGULATIONS**
- **PRESS & Media**

- PMT
  - MBBS
  - PGMET PG - EXAM

- Minimum 10-12yrs

- ON HUMANITARIAN GROUND, EVERY BODY EXPECTS CHARITY

- CONSUMER PROTECTION ACT
- Taxes & Donations
- RANGDARI (HIGH HANDEDNESS)
- Violence at Work Place
- Ambulance Chasing Litigants
1. MCI Act & Regulations

2. Consumer Protection Act

DILEMMA

We are always quoted as “nobler than thee”. By bringing us in the ambit of CPA we are ‘Traders’ and ‘Patients’ are ‘clients’. Medical council of India, which regulates the medical ethics in the country has laid down certain criteria which do not allow us to be traders. The traders can advertise, solicit, can employ commission agents, put up large sign boards and bargain the price for selling the goods. Medical council of India prohibits doctors from doing such an act.
3.Govt. Acts and Regulations

1) Clinical Establishment Act
2) MTP Registration
3) Tubal ligation Registration
4) ESI Act
5) Provident Fund Act
6) Labour Act (Minimum Wages)
7) Drug and Cosmetics Act 1940
8) Pharmacy Act 1948
9) Narcotic Drugs and Psychotropic Substances Act 1985
10) MTP Act 1971
11) Transplantation of Human Organ Act 1994
12) Mental Health Act 1987
13) Environment Protection Act 1986
14) PNDT Act 1994
15) Drugs and Magic Remedies Act 1954
16) Person with Disabilities Act 1995
4. **Local Body Regulations**
   
   (1) NH not allowed in residential area
   (2) Commercial Electricity
   (3) Commercial Water
   (4) Nagar Nigam Licensing
   (5) Nagar Nigam Capital Cost House Tax

5. **Taxes & Donations**
   
   (1) Income Tax PAN Card
   
   (2) Sales Tax Registration, if annual sales of medicine is above 3 lac
   
   (3) Donation to Political Parties *(mostly due to fear)*
   
   (4) Donation for any public function in the locality *(Rangdari Tax)*
6. **RANGDARI (High handedness)**
   - Politicians
   - Beauraocrats
   - Police
   - Anti Social Elements *(Goonda Raj)*

7. **Violence at work Place**

8. **Ambulance Chasing Litigants**
9. **Press & Media Watching Like a HAWK**

Recurrent bad publicity by media causing public mistrust
Then What?

I am Competent and Eminent

Why to take risk of entering the Maze (Chakravyuh)?
LARGE CORPORATE HOSPITALS (In metropolis, treating less than 5% of vast population.)

MANAGERS IN KEY ROLE LOOKING FOR PROFITS

DOCTORS AT BACK SEAT (INSIGNIFICANT ROLE IN HOSPITAL MANAGEMENT)
<table>
<thead>
<tr>
<th>Investment</th>
<th>Return</th>
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<tr>
<td>Civil Work</td>
<td>Shares in stock market</td>
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<tr>
<td>Manpower</td>
<td>Patients Turnover</td>
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<td>Hi-Tech and high cost equipments</td>
<td>Hi-Tech Surgical Procedures</td>
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<td>Advertising &amp; Commission</td>
<td>Investigations</td>
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<td>Maintenance of five star service</td>
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**Result**

HIGH COST OF TREATMENT OUT OF REACH for general population which is aware of the advancements in medical science through access to Information Technology.
Horse trading for doctors

Audit of turnover in different sectors (patients, operations, investigations etc.) of the hospital

Looking for patients to use the machines and not using the machines on patients

Export of Medicare through Medical Tourism

Exporting wheat when 95% of own population starving
You may feel that you are ethical. But, you become part of an unethical system

Let us look at

MEDICAL COUNCIL OF INDIA, REGULATIONS

Visit www.mciindia.org for details
CHAPTER 1

B. Duties and responsibilities of the Physician in general:

1.1 Character of Physician: (Doctors with qualification of MBBS or MBBS with post graduate degree/ diploma or with equivalent qualification in any medical discipline):

1.1.1 A physician shall uphold the dignity and honour of his profession.

1.1.2 The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration.

A doctor is scientist, an artist, a technologist and a social worker & above all a humanist, all rolled into one to tend his fellow beings to overcome adversaries of all kind - physical, mental, and social to keep them healthy.
1.2.3 A Physician should participate in professional meetings as part of Continuing Medical Education programmes, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organisations. The compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils as the case may be.

1.7 **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.
CHAPTER 2

2. DUTIES OF PHYSICIANS TO THEIR PATIENTS

2.1 Obligations to the Sick:

in case of emergency a physician must treat the patient.

CHAPTER 3

3. DUTIES OF PHYSICIAN IN CONSULTATION

3.1 Unnecessary consultations should be avoided:

3.7 Fees and other charges:

3.7.1 A physician shall clearly display his fees and other charges on the board of his chamber and/or the hospitals he is visiting. Prescription should also make clear if the Physician himself dispensed any medicine.
4. RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER

4.2 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. The Consultant shall not criticize the referring physician. He / she shall discuss the diagnosis treatment plan with the referring physician.
CHAPTER 6

6. **UNETHICAL ACTS**:

6.1 **Advertising**:

6.1.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations is unethical.

CONT'D....
A physician shall not give to any person, 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 any mode nor shall he boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode.
6.1.2 Printing of self photograph, or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physician.
6.4 Rebates and Commission:

6.4.1 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.
7. MISCONDUCT:

7.4 Adultery or Improper Conduct:

Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient will render a Physician liable for disciplinary action as provided under the Indian Medical Council Act, 1956 or the concerned State Medical Council Act.
7.11 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/TV/internet chat for the same purpose and send announcement of the same to lay press.
7.13 It is improper for a physician to use an unusually large sign board and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality, registration number including the name of the State Medical Council under which registered. The same 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.*

7.19 *A Physician shall not use touts or agents for procuring patients.*
MEDICAL COUNCIL OF INDIA NOTIFICATION
New Delhi, the 10th December, 2009

1. (i) These Regulations may be called the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2009 - Part-I”.

3. The following clause shall be added after clause 6.7:-

“6.8 Code of conduct for doctors and professional association of doctors in their relationship with pharmaceutical and allied health sector industry.”
6.8.1 In dealing with Pharmaceutical and allied health sector industry, a medical practitioner shall follow and adhere to the stipulations given below:-

(a) Gifts:  A medical practitioner shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives.

(b) Travel facilities:  A medical practitioner shall not accept any travel facility inside the country or outside, including rail, air, ship, cruise tickets, paid vacations etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops, CME programme etc as a delegate.
(c) **Hospitality:** A medical practitioner shall not accept individually any hospitality like hotel accommodation for self and family members under any pretext.

(d) **Cash or monetary grants:** A medical practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law / rules / guidelines adopted by such approved institutions, in a transparent manner. It shall always be fully disclosed.
(e) Medical Research: A medical practitioner may carry out, participate in, work in research projects funded by pharmaceutical and allied healthcare industries. A medical practitioner is obliged to know that the fulfillment of the following items (i) to (vii) will be an imperative for undertaking any research assignment / project funded by industry – for being proper and ethical.

Thus, in accepting such a position a medical practitioner shall:-

(i) Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.

(ii) Ensure that such a research project(s) has the clearance of national/ state / institutional ethics committees / bodies.
(iii) Ensure that it fulfils all the legal requirements prescribed for medical research.

(iv) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.

(v) Ensure that proper care and facilities are provided to human volunteers, if they are necessary for the research project(s).

(vi) Ensure that undue animal experimentations are not done and when these are necessary they are done in a scientific and a humane way.

(vii) Ensure that while accepting such an assignment a medical practitioner shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other document / agreement for any such assignment.
(f) Maintaining Professional Autonomy: In dealing with pharmaceutical and allied healthcare industry a medical practitioner shall always ensure that there shall never be any compromise either with his / her own professional autonomy and / or with the autonomy and freedom of the medical institution.

The Pharmaceutical and allied healthcare industry is all out to procure business "by hook or by crook". If they cannot CONVINCE, they will try to CONFUSE and if still not successful, then the last shot is fired ie CORRUPT.
(g) **Affiliation:** A medical practitioner may work for pharmaceutical and allied healthcare industries in advisory capacities, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a medical practitioner shall always:

(i) Ensure that his professional integrity and freedom are maintained.
(ii) Ensure that patients interest are not compromised in any way.
(iii) Ensure that such affiliations are within the law.
(iv) Ensure that such affiliations / employments are fully transparent and disclosed.

(h) **Endorsement:** A medical practitioner shall not endorse any drug or product of the industry publically. Any study conducted on the efficacy or otherwise of such products shall be presented to and / or through appropriate scientific bodies or published in appropriate scientific journals in a proper way”. 
It's my job to figure out what a physician's price is. For some it's dinner at the finest restaurants, for others it's enough convincing data to let them prescribe confidently and for others it's my attention and friendship...but at the most basic level, everything is for sale and everything is an exchange.

—Shahram Ahari

David Berger

‘There is widespread corruption in the pharmaceutical industry, with doctors bribed to prescribe drug.’

‘A doctor demanded that the company fly him to Thailand and provide prostitutes’
Introspection by Medical Profession

“We cannot afford to keep on seeing our own reflection “ and ignore the vast sea of deprived humanity who deserve a dignified life and good health.”

1. We are ‘doctors’ and not ‘traders’.
2. Service to humanity is our first priority.
3. Smile on the face of our patients is worth millions rupees.
4. While enjoying the fruits of our labour we should not forget our commitment to society which has given us so much to be proud of.
5. Keeping others needs before our own is shortest and surest road to happiness.

Rich move in Cars, Poor move in Carts, we move in People’s Heart
Remember

We are the only professionals in the world, who can undress any woman and charge the fee for undressing her from her husband. If we breach such impeccable faith of the society, there is zero tolerance.

Thank you!