

# INDIAN MEDICAL COUNCIL

(PROFESSIONAL CONDUCT,  
ETIQUETTE AND ETHICS)  
REGULATIONS, 2002



## MEDICAL COUNCIL OF INDIA

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**MEDICAL COUNCIL OF INDIA**

**NOTIFICATION**

New Delhi dated the 11th March, 2002. No.MCI-211 (2) 2001 Regn. In exercise of the powers conferred under section 20 A read with section 33 (m) of the Indian Medical council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following regulations relating to the professional Conduct, Etiquette and Ethics for registered medical practitioners, namely :-

**Short Title and Commencement:** (1) These Regulations may be called the Indian Medical Council(Professional conduct, Etiquette and Ethics) Regulations, 2002.

(2) They shall come into force on the date of their publication in the Official Gazette.

**Chapter 1**

**1. CODE OF MEDICAL ETHICS**

**A. Declaration :** Each applicant at the time of making an application for registration under the provision of the Act, shall be provided a copy of the declaration and shall submit a duly signed Declaration as provided in Appendix 1. The application shall also certify that he/ she had read and agreed to abide by the same

**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 the 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 professional is to render service to humanity; reward or financial gain is a subordinate consideration. Who-so- ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions if his life.

1.1.3 No person other than a doctor having qualification recognized by Medical Council of India and registered with Medical Council of India/ State Medical Council (s) is allowed to practice Modern system of Medicine or Surgery. A person obtaining qualification in any other system of Medicine is not allowed not allowed to practice Modern system of Medicine in any form.

## **1.2 Maintaining good medical practice :**

- 1.2.1 The Principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man. Physicians should merit the confidence of patient entrusted to their care, rendering to each a full measure of service and devotion. Physician should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainment. The physician should practice methods of healing founded on scientific basis and should not associated professionally with anyone who violate this principle. The honoured ideals of the medical profession imply that the responsibility of the physician extend not only to individuals but also a society.
- 1.2.2 **Membership in medical Society :** For the advancement of his profession, a physician should affiliate with associations and societies of allopathic medical professions and involve actively in the functioning of such bodies.
- 1.2.3 A Physician should participate in profession meetings as part of continuing Medical Education programme, for at least 30 hours every five years. Organized by reputed professional academic bodies or any other authorized organizations. The compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils as the case may be.

## **1.3 Maintenance of Medical records :**

- 1.3.1 Every physician shall maintain the medical records pertaining to his/her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India and attached as Appendix 3.
- 1.3.2 If any request is made for medical records either by the patients/ authorized attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.
- 1.3.3 A Registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate he/ she always enter the identification marks of the patient and keep a copy of the certificates. He/she shall not omit to record the signature and / or thumb mark, address and at least one identification mark of the patient on the medical certificates or report. The medical certificate shall be prepared as in Appendix 2.
- 1.3.4 Efforts shall be made to computerize medical records for quick retrieval.

## **1.4 Display of registration number :**

- 1.4.1 Every physician shall display the registration number accorded to him by the State Medical Council / Medical Council of India in his clinic and in all his prescriptions, certificates, money receipts given to his patients.
- 1.4.2 Physician shall display as suffix to their names only recognized medical degrees or such certificates/ diplomas and membership/ honours, which confer professional knowledge, or recognize any exemplary qualification/ achievements.

- 1.5 **Use of Generic names of drugs :** Every physician should, as far as possible, prescribe drugs with generic names and he/ she shall ensure that there is a rational prescription and use of drugs.
- 1.6 **Highest Quality Assurance in patient care:** Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician shall not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and shall not such persons such persons to attend treat of perform operations upon patients wherever professional discretion or skill is required.
- 1.7 **Exposure 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.
- 1.8 **Payment of Professional Service :** The physician, engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment in under way.

Remuneration 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". Physician rendering services on behalf of the state shall refrain from anticipating or accepting any consideration.

- 1.9 **Evasion of Legal Restrictions :** The physician shall observe the laws of the country in regulation the practice of medicine and shall also 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 and Cosmetic Act, 1940; Pharmacy Act, 1948; Narcotic Drugs and Psychotropic substances Act, 1985; Medical Termination of Pregnancy Act, 1971; Transplantation of Human Organ Act, 1994; Mental Health Act, 1987; Environmental Protection Act, 1986; Pre-natal Sex Determination Test Act, 1994; Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; Persons with Disabilities (Equal opportunities and full Participation) Act, 1995 and Bio- Medical Waste (Management and Handling) Rules, 1998 and such other Acts, Rules; Regulations made by the central/ State Government or local Administrative Bodies or any other relevant Act relating to the protection and promotion of public health.

## **Chapter- 2**

### **2. DUTIES OF PHYSICIANS TO THEIR PATIENTS**

#### **2.1 Obligations to the Sick:**

2.1.1 Though a physician is not bound to treat each and every person asking his services, 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 discharge in the course of

his professional duties. In his treatment, 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 to the sick by making his visits at the hour indicated to the patients. A physician advising a patient to seek service of another physician is acceptable, however, in case of emergency a physician must treat the patient, no physician shall arbitrarily refuse treatment to a patient, however for good reason, when a patient is suffering from an ailment is not within the range of experience of the treating physician, the physician may refuse treatment and refer the patient to another physician.

2.1.2 Medical practitioner having any incapacity detrimental to the patient or which can affect his performance vis-a-vis the patient is not permitted to practice his profession.

2.2 **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 patient 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, obtaining through confidence 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 wish another to act toward one of his own family in like circumstances.

2.3 **Prognosis :** The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should ensure 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.

2.4 **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. Once having undertaken a case, the physician should not neglect the patient, nor should be withdrawn from the case without giving adequate notice to the patient and his family. Provisionally or fully registered medical practitioner shall not wilfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

2.5 **Engagement for an Obstetric 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.

### **CHAPTER - 3**

#### **3. DUTIES OF PHYSICIAN IN CONSULTATION**

##### **3.1 Unnecessary consultations should be avoided :**

3.1.1 However in case of serious illness and in doubtful or difficult conditions, the physician should request consultation, but under any circumstances such consultation should be justifiable and in the interest of the patient only and not for any other consideration.

3.1.2 Consulting pathologists/ radiologists or asking for any other diagnostic Lab investigation should be done judiciously and not a routine and not a routine manner.

3.2 **Consultation for Patient's Benefit :** In every consultation, the benefit to the patient is of foremost importance. All physicians engaged in the case should be frank with the patient and his attendants.

3.3 **Punctuality in Consultation :** Utmost punctuality should be observed by a physician in making themselves available for consultations.

3.4 **Statement to Patient after Consultations :**

3.4.1 All statements to the patient or his representatives should take place in the presence of the consulting physicians, except as otherwise agreed. The disclosure of the opinion to the patient or his relatives or friends shall rest with the medical attendant.

3.4.2 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 relatives or friends. It would be open to them to seek further advice as they so desire.

3.5 **Treatment after Consultation :** No decision should restrain the attending physician from making such subsequent variations in the treatment if any unexpected change occurs, but at the next consultation, reason for the variations should be discussed/ explained. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of attending physician. The attending physician may prescribe medicine at any time for the patient, whereas the consultant may prescribe only in case of emergency or as an expert when called for.

3.6 **Patients Referred to Specialists :** When a patient is referred to a specialist by the attending physician, a case summary of the patient should be given to the specialist, who should communicate his opinion in writing to the attending physician.

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.

3.7.2 A physician shall write his name and designation in full along with registration particulars in his prescription letterhead.

Note: In Government hospital where the patient-load is heavy, the name of the prescribing doctor must be written below his/ her signature.

#### **CHAPTER- 4**

##### **4. RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER**

4.1 **Dependence of Physicians on each other :** A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants.

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 incharge 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.

4.3 **Consultant not to take charge of the case :** When a physician has been called for consultation, the Consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The Consultant shall not criticize the referring physician. He/she shall discuss the diagnosis treatment plan with the referring physician.

4.4 **Appointment of Substitute :** Whenever a physician request another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge the additional responsibility along with his/ her other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician and all such patients should be restored to the care of the latter upon his/ her return.

4.5 **Visiting another Physician's Case :** 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 so an option of being present. The medical officer/ physician occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

#### **CHAPTER- 5**

##### **5. DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION**

5.1 **Physician as citizens:** Physician as good citizens, possessed of special training should disseminate advice on public health issues. They should play their part in enforcing the laws of

the community and in sustaining the institutions that advance the interest of humanity. They should particularly co-operative with the authorities in the administration of sanitary/ public health laws and regulations.

5.2 **Public and Community Health**: Physician, 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 occurs a physician should not abandon his duty for fear of contracting the disease himself.

5.3 **Pharmacists/Nurses** : Physicians should recognize and promote the practice of different services such as, pharmacy and nursing as professions and should seek their cooperation wherever required.

## CHAPTER – 6

6. **UNETHICAL ACTS** : A physician shall not aid or abet or commit any of the following acts which shall be constructed as unethical.

### 6.1 Advertising :-

6.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organizations is unethical. A physician shall not make use of him/her (or/his/her name) as subject of any form or manner of advertising or publicity through any mode 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, specialties, appointments, associations, affiliations or honours and /or of such character as would ordinarily result in his self aggrandisement. 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. A medical practitioner is however permitted to make 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 another practice.
- (6) On succeeding to another practice.
- (7) Public declaration of charges.



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. However, printing of sketches, diagrams, picture of system shall not be treated as unethical.

**6.2 Patent and Copy rights:** A physician may patent surgical instruments, appliances and medicine or Copyright application, methods and procedures. However, it shall be unethical if the benefits of such patents of copyright are not made available in situations where the interest of large population is involved.

**6.3 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. Drugs prescribed by a physician or brought from the market for a patient should explicitly state the proprietary formulae as well as generic name of the drug.

**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. A physician shall not directly or indirectly, participate in or be a party to act

of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

**6.4.2** Provisions of para 6.4.1 shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic purposes or other study/work. Nothing in this section, however, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care under this supervision.

**6.5 Secret Remedies :** The prescribing or dispensing by a physician of secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical and as such prohibited. All the drugs prescribed by a physician should always carry a proprietary formula and clear name.

**6.6 Human Rights :** The physician shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights.

**6.7 Euthanasia :** Practicing euthanasia shall constitute unethical conduct. However on specific occasion, the question of withdrawing supporting devices to sustain cardiopulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, Chief Medical Officer / Medical Officer in charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.

## **CHAPTER -7**

**7. MISCONDUCT :** The following acts of commission or omission on the part of a physician shall constitute professional misconduct rendering him/her liable for disciplinary action.

**7.1 Violation of the Regulations:** If he/she commits any violation of these Regulations.

**7.2** If he/she does not maintain the medical records of his/her indoor patients for a period of three years as per regulation 1.3 and refuses to provide the same within 72 hours when the patient or his/her authorised representative makes a request for it as per the regulation 1.2.3.

**7.3** If he/she does not display the registration number accorded to him/her by the State Medical Council or the Medical Council of India in his clinic, prescriptions and certificates etc. Issued by him or violates the provision of regulation 1.4.2.

**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.

**7.5 Conviction by Court of Law :** Conviction by a Court of Law for offences involving moral turpitude/ Criminal acts.

**7.6 Sex Determination Test:** On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act.

**7.7 Signing professional Certificates. Reports and other Documents :**

Registered medical 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 similar character signed by them in their professional capacity for subsequent use in the courts or for administrative purposes etc. Such documents, among others, include the ones given at Appendix -4. Any registered practitioner who is shown to have signed or given under his name and authority any such certificate, notification, report or document of a similar character which is untrue, misleading or improper is liable to have his name deleted from the Register.

**7.8** A registered medical practitioner shall not contravene the provisions of the Drugs and Cosmetics Act and regulations made thereunder. Accordingly, -

- a) Prescribing steroids/psychotropic drugs when there is no absolute medical indication;

b) Selling Schedule 'H' & 'L' drugs and poisons to the public except to his patient; in contravention of the above provisions shall constitute gross professional misconduct on the part of the physician.

**7.9** Performing or enabling unqualified person to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication.

**7.10** A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person.

(Note : The foregoing does not restrict the proper training and instruction of bonafide students, midwives, dispensers, surgical attendants or skilled mechanical and technical assistants and therapy assistants under the personal supervision of physicians.)

**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.

**7.12** An institution run by a physician for a particular purpose such as a maternity home, nursing home, private hospital, rehabilitation centre or any type of training institution 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, type of training and other facilities offered and the fees.

**7.13** It is improper for a physician to use an unusually large sign board and write on anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his specialty, 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 signboard on a chemist's shop or in places where he does not reside or work.

**7.14** The registered medical practitioner shall not disclose the secrets of a patient not have been learnt in the exercise of his /her profession except-

- i) in a court of law under orders of the Presiding Judge;
- ii) in circumstances where there is a serious and identified risk to a specific person and /or community; and
- iii) notifiable diseases.

in case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

7.15 The registered medical practitioner shall not refuse on religious grounds alone ;o give assistance in or conduct of sterility, birth control, circumcision and medical termination of pregnancy when there is medical indication, unless the medical practitioner feels himself/herself incompetent to do so.

7.16 Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian 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 wife is needed.

7.17 A registered medical practitioner shall not publish photographs or case reports of his/ her patients without their permission, in any medical of either in a manner by which their identity could be made out. If the identity is not to be disclosed, the consent is not needed.

7.18 In the case of running of a nursing home by a physician and employing assistants to help him/her, the ultimate responsibility rests on the physician.

7.19 A physician shall not use touts or agents for procuring patients.

7.20 A physician shall not claim to be specialist unless he has special qualification in that branch.

7.21 No act invitro fertilisation or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as the donor. Such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedure and possible risks and hazards,

7.22 **Research:** Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provide ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be construed a misconduct.

7.23 If a physician posted in rural area is found absent on more than two occasions during inspection by the Head of the District Health Authority or the Chairman, Zila Parishad, the same shall be construed as a misconduct if it is recommended to the Medical Council of India/State Medical Council by the State Government for action under these Regulations.

7.24 If a physician posted in a medical college institution both as teaching faculty or otherwise shall remain absent in hospital/college during the assigned duty hours. If they are found absent on more than two occasions during this period, the same shall be construed as a misconduct if it is certified by the Principal medical Superintendent and forwarded through the State Government to Medical Council of India/State Medical Council for action under these Regulations.

## **CHAPTER 8**

### **8. PUNISHMENT AND DISCIPLINARY ACTION**

8.1 It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which call for disciplinary action, and that by issuing this notice Medical council of India and or State Medical Councils are in no way precluded from considering and dealing with any other 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.

8.2 It is made clear that any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the Register shall be widely publicized in local press well as in the publications of different Medical Associations/Societies/Bodies.

8.3 In case the punishment of removal from the register is for a limited period, the appropriate Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.

8.4 Decision on complaint against delinquent physician shall be taken within a time taken of 6 months.

8.5 During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.

8.6 Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India.

**A. DECLARATION**

At the time 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;

- 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 practice 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 confined in me.
- 8) I will give to my teacher 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) I will treat my colleagues with all respect and dignity.
- 11) I shall abide by the code of medical ethics as enunciated in the Indian

Medical Council (professional conduct, Etiquette and ethics) Regulations, 2002.

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

Signature.....

Name .....

place.....

Address.....

Date .....

## **APPENDIX-2**

### **1. FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR**

#### **EXTENSION OR COMMUNICATION OF LEAVE AND FOR FITNESS.**

Signature of patient

Or thumb impression \_\_\_\_\_

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

#### **Identification marks:**

1. ....

2. ....

I, Dr. \_\_\_\_\_ after careful examination of the case certify 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.

I, Dr. \_\_\_\_\_ after careful examination of the case certify hereby  
that.....on restoration of health is now fit to join service.

Place .....

Signature of Medical attendant.

Date .....

Registration-No.....

(Medical Council of India/State Medical Council of  
.....State)

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.

**FORMAT FOR MEDICAL RECORD**

(see regulation 3.1)

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1<sup>st</sup> visit :

Clinical note (summary) of the case :

Prov : Diagnosis :

Diagnosis after investigation :

Advice :

Follow up :

Date

Observation

Signature in full .....

Name of Treating Physician



**LIST OF CERTIFICATES, REPORT, NOTIFICATIONS ETC., ISSUED BY DOCTORS FOR THE PURPOSES OF VARIOUS ACTS/ADMINISTRATIVE REQUIREMENTS.**

- a) under the Acts relating to birth, death or disposal of the dead.
- b) Under the Acts relating to Lunacy and Mental Deficiency and under the Mental illness Act 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 orders made thereunder.
- g) Under the Workmen's Compensation Act and Person with Disability Act.
- h) Under the Acts and orders relating to the notification of infectious diseases.
- i) Under the Employee's State Insurance Acts.
- j) In connection with sick benefit insurance and friendly societies.
- k) Under the Merchant Shipping Act.
- l) For procuring/issuing of passports.
- m) For excusing attendance in courts of Justice, in public services, in public officers or in ordinary employment.
- n) In connection with Civil and Military matters.
- o) In connection with matters under the control of Department of Pensions.
- p) In connection with quarantine rules.
- q) For procuring driving licence.

(Published in Part III, Section 4 of the Gazette of India, dated 22<sup>nd</sup> February, 2003)

**MEDICAL COUNCIL OF INDIA**

**NOTIFICATION**

**New Delhi, dated 2003**

No.MCI-21 I(2)2002-Regn.- In exercise of the powers conferred under section 20A read with section 33(m) of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following amendments to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, namely:-

**Short Title and Commencement:**

- (i) These Regulations may be called the Indian Medical Council (Professional conduct, Etiquette and Ethics) (Amendment) Regulations, 2003.
  - (ii) They shall come into force on the date of their publication in the Official Gazette.
- (2) In the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, the regulations, 7.23 and 7.24 appearing under Chapter 7, shall be omitted.

(Published in Part III, Section 4 of the Gazette of India, Extraordinary dated 27<sup>th</sup> May, 2004)

## **MEDICAL COUNCIL OF INDIA**

### **NOTIFICATION**

New Delhi, dated 26<sup>th</sup> May, 2004

No. MCI-21 I(2)/2004-(Ethical). - In exercise of the powers conferred under section 20A read with section 33(m) of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following amendments to the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, namely:-

- (1) Short Title and Commencement: (i) These Regulations may be called the Indian Medical Council (Professional conduct, Etiquette and Ethics) (Amendment) Regulations, 2004.
- (2) In the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, after the regulation 8.6 appearing under Chapter 8, the following regulations, shall be added:

*"8.7 Where either on a request or otherwise the Medical Council of India is informed that any complaint against a delinquent physician has not been decided by a State Medical Council within a period of six months from the date of receipt of complaint by it and further the MCI has reason to believe that there is no justified reason for not deciding the complaint within the said prescribed period, the Medical Council of India may-*

*(i) Impress upon the concerned State Medical council to conclude and decide the complaint within a time bound schedule;*

*(ii) May decide to withdraw the said complaint pending with the concerned State Medical Council straightaway or after the expiry of the period which had been stipulated by the MCI in accordance with para (i) above, to itself and refer the same to the Ethical Committee of the Council for its expeditious disposal in a period of not more than six months from the receipt of the complaint in the office of the Medical Council of India. "*

*"8.8 Any person aggrieved by the decision of the State Medical Council on any complaint against a delinquent physician, shall have the right to file an appeal to the MCI within a period of 60 days from the date of receipt of the order passed by the said Medical Council:*

*Provided that the MCI may, if it is satisfied that the appellant was prevented by sufficient cause from presenting the appeal within the aforesaid period of 60 days, allow it to be presented within a further period of 60 days.*



# भारत का राजपत्र The Gazette of India

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## भारतीय आयुर्विज्ञान परिषद् अधिसूचना

नई दिल्ली, 10 दिसम्बर, 2009

सं. भा.आ.प.-211(1)/2009 (नैतिकता)/55667.—

भारतीय आयुर्विज्ञान परिषद् अधिनियम, 1956 (1956 का 102) की धारा 33 द्वारा प्रदत्त शक्तियों का इस्तेमाल करते हुए, "भारतीय आयुर्विज्ञान परिषद् (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) विनियमावली, 2002 में पुनः संशोधन करने हेतु भारतीय आयुर्विज्ञान परिषद्, भारत सरकार के पूर्व अनुमोदन से एतद्वारा निम्नलिखित विनियम बनाती है, नामतः :-

1. (i) इन विनियमों को "भारतीय आयुर्विज्ञान परिषद् (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) (संशोधन) विनियमावली, 2009 भाग I" कहा जाए।

(ii) वे सरकारी राजपत्र में उनके प्रकाशन की तारीख से प्रवृत्त होंगे।

2. "भारतीय आयुर्विज्ञान परिषद् (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) विनियमावली, 2002" में निम्नलिखित पारिवर्धन/संशोधन/ विलोप/प्रतिस्थापन दर्शाए जाएंगे :-

3. खण्ड 6.7 के पश्चात् निम्नलिखित खण्ड जोड़ा जाएगा :-

"6.8 फार्मास्यूटिकल एवं संबद्ध स्वास्थ्य सेक्टर उद्योग के साथ अपने संबंधों में डॉक्टरों और डॉक्टरों के व्यावसायिक संघ के लिये आचरण संहिता।

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6.8.1 फार्मास्यूटिकल एवं संबद्ध स्वास्थ्य सेक्टर उद्योग के साथ कार्य व्यवहार में, कोई चिकित्सक नीचे दी गई प्रतिबंध शर्तों का पालन करेगा :-

(क) उपहार : कोई चिकित्सक, किसी फार्मास्यूटिकल या संबद्ध स्वास्थ्य सुरक्षा उद्योग और उनके बिक्रीकर्ताओं या प्रतिनिधियों से कोई उपहार प्राप्त नहीं करेगा;

(ख) यात्रा सुविधाएं : कोई चिकित्सक, किसी प्रतिनिधि के रूप में किन्हीं सम्मेलनों, संगोष्ठियों, कार्यशालाओं, सी एम ई कार्यक्रमों आदि में भाग लेने हेतु या छुट्टियों में स्वयं अथवा अपने परिवार के सदस्यों के लिए किसी फार्मास्यूटिकल या संबद्ध स्वास्थ्य सुरक्षा उद्योग अथवा उनके प्रतिनिधियों से रेल, वायुयान, जलयान, परिभ्रमण टिकटों, भुगतान प्रदत्त छुट्टियों आदि सहित देश में या देश के बाहर कोई यात्रा सुविधा प्राप्त नहीं करेगा;

(ग) आतिथ्य : कोई चिकित्सक, किसी भी बहाने से स्वयं के लिए या अपने परिवार के सदस्यों के लिए व्यक्तिगत रूप से होटल आवास जैसा कोई आतिथ्य स्वीकार नहीं करेगा;

(घ) नकदी या आर्थिक अनुदान : कोई चिकित्सक, किसी भी बहाने से व्यक्तिगत हैसियत से व्यक्तिगत उद्देश्य के लिए किसी फार्मास्यूटिकल एवं संबद्ध स्वास्थ्य सुरक्षा उद्योग से कोई नकदी या आर्थिक अनुदान प्राप्त नहीं करेगा। एक पारदर्शी तरीके से अनुमोदित संस्थानों द्वारा अपनाए गए, कानून/नियमों/दिशानिर्देशों द्वारा निर्धारित की गई

(1)

रूपात्मकताओं के जरिए, अनुमोदित संस्थानों के माध्यम से चिकित्सा अनुसंधान, अध्ययन आदि के लिए धनराशि प्राप्त की जा सकती है। इसे हमेशा पूरी तरह व्यक्त किया जाएगा;

(ड) **चिकित्सा अनुसंधान :** कोई चिकित्सक, फार्मास्यूटीकल एवं संबद्ध स्वास्थ्य सुरक्षा उद्योगों द्वारा वित्तपोषित अनुसंधान परियोजनाएं चला सकता है, उनमें भाग ले सकता है, उनमें काम कर सकता है। किसी चिकित्सक के लिए यह जानना अनिवार्य है कि उचित और नैतिक होने के लिए उद्योग द्वारा वित्तपोषित कोई अनुसंधान कार्य/परियोजना आरंभ करने हेतु निम्नलिखित (i) से (vii) मर्दों को पूरा करना अनिवार्य होगा। इस प्रकार ऐसा पद स्वीकार करने में कोई चिकित्सक :

- (i) यह सुनिश्चित करेगा कि विशेष अनुसंधान प्रस्ताव(वों) के लिए संबंधित सक्षम प्राधिकारियों से उचित अनुमति प्राप्त है;
- (ii) यह सुनिश्चित करेगा कि अनुसंधान प्रस्ताव(वों) के लिए राष्ट्रीय/राज्य/संस्थागत नैतिकता समितियों/निकायों की स्वीकृति प्राप्त है;
- (iii) यह सुनिश्चित करेगा कि वह, चिकित्सा अनुसंधान के लिए निर्धारित सभी कानूनी शर्तों को पूरा करता हो;
- (iv) यह सुनिश्चित करेगा कि वित्तपोषण का स्रोत और धनराशि आरंभ में ही सार्वजनिक रूप से व्यक्त की जाए;
- (v) यह सुनिश्चित करेगा कि स्वैच्छिक कार्यकर्ताओं को उचित स्वास्थ्य सुरक्षा और सुविधा उपलब्ध कराई जाए, यदि वे अनुसंधान परियोजना(ओं) के लिए आवश्यक हैं;
- (vi) यह सुनिश्चित करेगा कि पशुओं पर अनावश्यक प्रयोग न किया जाए और जब ऐसा करना आवश्यक हो तो ऐसे प्रयोग, वैज्ञानिक और मानवोचित तरीके से किए जाएं;
- (vii) यह सुनिश्चित करेगा कि कोई कार्य स्वीकार करते समय किसी चिकित्सक को यह स्वतंत्रता होगी कि वह किसी ऐसे कार्य के लिए समझौता ज्ञापन या किसी अन्य दस्तावेज/करार में एक खण्ड जोड़कर समाज के वृहत्तर हित में अनुसंधान के परिणाम प्रकाशित कर सके।

(च) **व्यावसायिक स्वायत्ता बनाए रखना :** फार्मास्यूटीकल एवं संबद्ध स्वास्थ्य सुरक्षा उद्योग के साथ कार्य व्यवहार करने में कोई चिकित्सक हमेशा यह सुनिश्चित करेगा कि या तो उसकी अपनी स्वायत्तता और/या चिकित्सा संस्थान की स्वायत्तता और स्वतंत्रता के साथ कोई समझौता न किया जाए;

(छ) **संबद्धता :** कोई चिकित्सक, फार्मास्यूटीकल एवं संबद्ध स्वास्थ्य सुरक्षा उद्योगों के लिए, सलाहकार की हैसियत से,

परामर्शदाता के रूप में, अनुसंधाता के रूप में, उपचारी डाक्टर के रूप में कार्य कर सकता है। ऐसा करने में कोई चिकित्सक हमेशा :

- (i) यह सुनिश्चित करेगा कि उसकी व्यावसायिक निष्ठा और कायम रखी जाए;
- (ii) यह सुनिश्चित करेगा कि मरीजों के हित के साथ किसी भी प्रकार से समझौता न किया जाए;
- (iii) यह सुनिश्चित करेगा कि यह संबद्धता कानून के दायरे में हो;
- (iv) यह सुनिश्चित करेगा कि ऐसी संबद्धता/नियोजन पूरी तरह पारदर्शी हों और उन्हें व्यक्त किया जाए।

(ज) **पृष्ठांकन :** कोई चिकित्सक, उद्योग की किसी औषधि या उत्पाद का पृष्ठांकन सार्वजनिक रूप से नहीं करेगा। ऐसे उत्पादों की प्रभावोत्पादकता या अन्यथा पर किया गया कोई अध्ययन, उपयुक्त वैज्ञानिक निकायों को और/या के माध्यम से प्रस्तुत किया जाएगा या एक उचित तरीके से उपयुक्त वैज्ञानिक जर्नल में प्रकाशित किया जाएगा।”

ले.क. (सेवानिवृत्त) डॉ. ए. आर. एन. सीतलवाड़, सचिव

[विज्ञापन III/4/100/09-अस.]

**पाद टिप्पणी :** प्रधान विनियमावली नामतः “भारतीय आयुर्विज्ञान परिषद् (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) विनियमावली, 2000” भारत के राजपत्र के भाग III, खण्ड 4 में दिनांक 6 अप्रैल, 2002 को प्रकाशित की गई थी और इसे भा.आ.प. के दिनांक 22-2-2003 और 26-5-2004 के अंतर्गत संशोधित किया गया था।

## MEDICAL COUNCIL OF INDIA

### NOTIFICATION

New Delhi, the 10th December, 2009

**No. MCI-211(1)/2009 (Ethics)/55667.**—In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following Regulations to amend the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 :—

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

(ii) They shall come into force from the date of their publication in the Official Gazette.

2. In the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002”, the following additions/modifications/deletions/substitutions, shall be, as indicated therein :—

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 committee /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.
- (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”.

Lt. Col. (Retd.) Dr. A. R. N. SETALVAD, Secy.

[ADVT III/4/100/09-Exty.]

**Foot Note :** The Principal Regulations namely, “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002” were published in Part III, Section (4) of the Gazette of India on the 6th April, 2002, and amended vide MCI notification dated 22-2-2003 and 26-5-2004.