

INDIAN MEDICAL COUNCIL
(Professional Conduct, Etiquette and Ethics)

Regulations, 2002



(AMENDED UPTO 8th OCTOBER 2016)

**MEDICAL COUNCIL OF INDIA
Pocket-14, Sector 8, Dwarka
New Delhi - 110077**

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 I

1. CODE OF MEDICAL ETHICS

A. Declaration: Each applicant, at the time of making an application for registration under the provisions of the Act, shall be provided a copy of the declaration and shall submit a duly signed Declaration as provided in Appendix 1. The applicant 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 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.

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;

- **1.1.3** No person other than a doctor having qualification recognised 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.

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 try continuously to **improve medical knowledge and skills** and should make available to their patients and colleagues the benefits of their professional attainments.

- **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 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 organizations.

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.

- **1.3.2** If any request is made for medical records either by the patients / authorised 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 shall always enter the identification marks of the patient and keep a copy of the certificate.

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.

1.3.4 Efforts shall be made to computerize medical records for quick retrieval.

1.4 Display of registration numbers

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** Physicians shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognizes 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.

- ***The above Clause-1.5 is substituted in terms of Notification published in the Gazette of India on 08.10.2016 as under.***
- ***"Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs"***

1.6 Highest Quality Assurance in Patient care:

- 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 permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required.

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.

1.8 Payment of Professional Services:

The physician, engaged in the practice of medicine shall give priority to the interests of patients.

A physician **should announce his fees** before rendering service and not after the operation or treatment is under way.

1.9 Evasion of Legal Restrictions:

The physician shall observe the laws of the country in regulating the practice of medicine and shall also not assist others to evade such laws.

A physician should observe the provisions of the State Acts like

Drugs and Cosmetics 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 Governments 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 discharges in the course of his professional duties.

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 which is not within the range of experience of the treating physician, the physician may refuse treatment **and refer the patient to another physician.**

2.2 Patience, Delicacy and Secrecy

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 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.

- **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 he withdraw from the case without giving adequate notice to the patient and his family.

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 in 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 Consultation ;

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 opened 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, reasons for the variations should be discussed/ explained.

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 letter head.

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 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.

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 requests 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.

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 an option of being present.

CHAPTER 5

5 DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION

5.1 Physicians as Citizens: Physicians, 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 interests of humanity.

- **5.2 Public and Community 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.
- 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 paramedical 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 construed as unethical –

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.

- 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.

- 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 change of type of practice.

(2) On starting 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.

- **6.2 Patent and Copy rights**: A physician may patent surgical instruments, appliances and medicine or Copyright applications, methods and procedures.
- However, it shall be unethical if the benefits of such patents or copyrights 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.

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.

- **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 cardio-pulmonary 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.

- **The Clause No. 6.8, as under, is included in terms of Notification published on 14.12.2009 in Gazette of India .**
- ***“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.***

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:

1) Ensure that his professional integrity and freedom are maintained.

2) Ensure that patients' interests are not compromised in any way.

3) Ensure that such affiliations are within the law.

4) 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”.

The title of Section 6.8 shall be further amended by deleting the words "*and professional association of doctors*" in terms of Notification published on 01.02.2016 in Gazette of India as under:-

"6.8 Code of conduct for doctors in their relationship with pharmaceutical and allied health sector industry."

The Section 6.8.1(b) shall be substituted in terms of Notification published on 01.02.2016 in Gazette of India, as under:-

(b) Travel Facilities : A medical practitioner shall not accept any travel Facility inside the country or outside, including rail, road, air, ship, cruise tickets, paid vacation, 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.

- *(iii) Action to be taken by the Council for violation of Section 6.8, as amended vide notification dated 10/12/2009, shall be prescribed by further amending the Section 6.8.1 as under:-*

SECTION	ACTION
<p>6.8.1 <i>In dealing with Pharmaceutical and allied health sector industry, a medical practitioner shall follow and adhere to the stipulations given below:-</i></p>	
<p>a) Gifts: <i>A medical practitioner shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives.</i></p>	<p>Gifts <i>more than Rs. 1,000/- upto Rs. 5,000/- : Censure</i></p> <p>Gifts <i>more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3</i></p>

(three) months.

***Gifts** more than Rs. 10,000/- to Rs. 50,000/- : Removal from Indian Medical Register or State Medical Register for 6(six) months.*

***Gifts** more than Rs. 50,000/- to Rs. 1,00,000/- : Removal from Indian Medical Register or State Medical Register for 1 (one) year.*

***Gifts** more than Rs. 1,00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.*

b) Travel facilities:

A medical practitioner shall not accept any travel facility inside the country or outside, including rail, road, 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.

Expenses for travel facilities

more than Rs.1,000/- upto Rs. 5,000/-Censure

Expenses for travel facilities *more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.*

Expenses for travel facilities *more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State medical Register for 6 (six) months.*

Expenses for travel facilities *more than more than Rs. 50,000/- to Rs. 1,00,000/-: Removal from Indian Medical Register or State Medical Register for 1 (one) year.*

Expenses for travel facilities *more than Rs. 1,00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.*

c) Hospitality:

A medical practitioner shall not accept individually any Hospitality like hotel accommodation for self and family members under any pretext.

Expenses for Hospitality more than Rs. 1,000/- upto Rs. 5,000/-: Censure

Expenses for Hospitality more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.

Expenses for Hospitality more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State medical Register for 6 (six) months.

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.

Cash or monetary grants more than Rs. 1,000/- upto Rs. 5,000/-: Censure

Cash or monetary grants more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.

Cash or monetary grants more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State Medical Register for 6 (six) months.

Cash or monetary grants more than more than Rs. 50,000/- to Rs. 1,00,000/-: Removal from Indian Medical Register or State Medical Register for 1 (one) year.

Cash or monetary grants more than Rs1,00,000/-: Removal for A period of more than 1 (one) year from Indian Medical Register or State Medical Register.

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 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.

First time censure, and
There after removal of name from Indian Medical Register or State Medical Register for a period depending upon the violation of the clause.

(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 documents/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.

First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.

First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register for a period depending upon the violation of the clause.

(ii) Ensure that patients interest are not compromised in anyway.

(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.*

First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.

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 1.3.2.

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.

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 Tests: 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:

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 there under. 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; 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.

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 center 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 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.

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

1) in a court of law under orders of the Presiding judge.

2) in circumstances where there is a serious and identified risk to a specific person and / or community;

And

3) 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 to 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 and 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 or other journal 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 a special qualification in that branch.

7.21 No act of invitro fertilization or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as the donor.

7.22 Research: Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind.

Violation of existing ICMR guidelines in this regard shall constitute misconduct.

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 calls for disciplinary action, 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 other form of professional misconduct on the part of a registered practitioner.

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, 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 of the name of the delinquent registered practitioner.

Deletion from the Register shall be widely publicized in local press as 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 limit 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.

8.7 *The following Clause No. 8.7 & 8.8 are included in terms of Notification published on 27.05.2004 in Gazette of India.*

- **“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.”

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

APPENDIX -1

• **A. DECLARATION**

- 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:
 - 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 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) 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.

APPENDIX-3

FORMAT FOR MEDICAL RECORD (see regulation 3.1)

Name of the patient

Age

Sex

Address

Occupation

Date of 1st visit

Clinical note (summary) of the case

- Investigations advised with reports :

- Diagnosis after investigation :

- Advice :

• Follow up :

• Date :

Observations:

Signature in full

Name of Treating Physician

APPENDIX-4

- **LIST OF CERTIFICATES, REPORTS, 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 there under.
- g) Under the Workmen's Compensation Act and Persons with Disability Act.

- h) Under the Acts and orders relating to the notification of infectious diseases.
- i) Under the Employee's State Insurance Act.
- j) connection with sick benefit insurance and friendly societies.
- k) Under the Merchant Shipping Act.

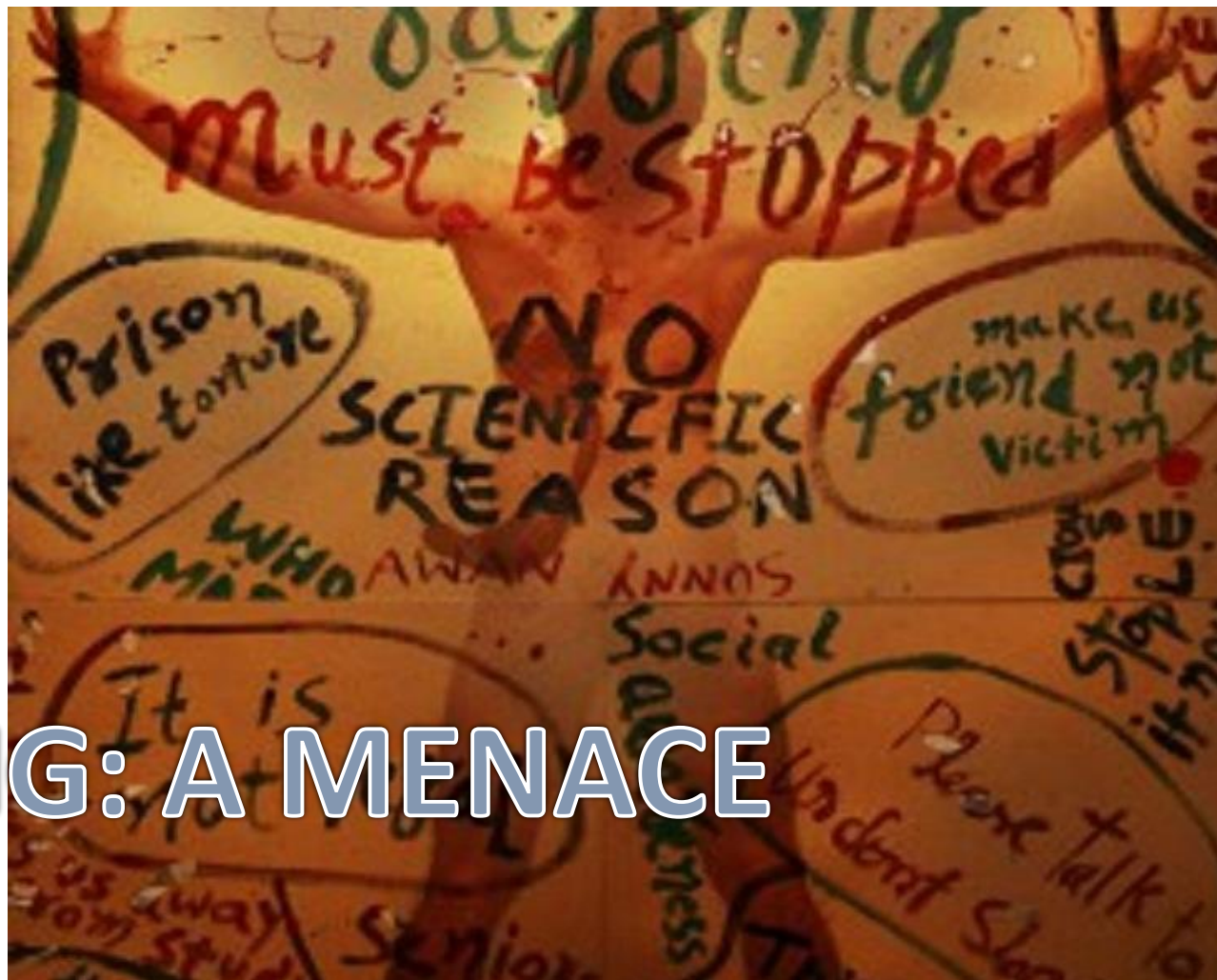
- l) For procuring / issuing of passports.

- m) For excusing attendance in courts of Justice,
in public services, in public offices 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.

RAGGING: A MENACE



WHAT IS RAGGING?

The Supreme Court Of India has defined ragging as –

“ Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling with rudeness any student, indulging in rowdy or undisciplined activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student. ”

- In simpler terms, Ragging is a systematic human rights abuse practiced by the seniors on the freshers so as to exert their dominance over the juniors.

- ❖ Can result in physical injury due to beating, hitting with the help of objects, or due to tasks performed against a person's will.
- ❖ Psychological fear due to intense fear.
- ❖ It is an abuse of human rights.
- ❖ Can lead to forceful initiation on alcohol and drugs.
- ❖ Sometimes, people are so affected by ragging, that they tend to drop out of college.
- ❖ It leads to mob mentality and mindset.
- ❖ Can also result in deaths.

MYTHS AND FACTS OF RAGGING

MYTHS

- Ragging makes a **student bold and prepares us for the difficult** circumstances in Life. It makes us strong.
- Ragging helps in **breaking the ice** between the seniors and freshers. It helps in their interaction and developing friendship between them.

FACTS

- Boldness as instilled by ragging is a weak acceptance of fate by victims. It teaches us **how to be exploited** and mutely, non-resistively accept it.
- Ragging is an archaic method of interaction with **several harmful effects**. Today with advance psychological science there are many other healthy ways of interaction which are more effective and without any human rights abuse.

MYTHS AND FACTS OF RAGGING

MYTHS

- Ragging generates a feeling of unity and Oneness.

FACTS

- Ragging divides the students on the lines of caste, region, class etc. It sets mob mentality in the students.



THE PSYCHOLOGY BEHIND RAGGING

- Discrimination based on caste, region, language, class etc plays a vital role in influencing it, especially in small cities and towns.
- Ragging is used as a measuring rod to test the courage of the seniors. Many seniors who are reluctant to rag, finally succumb to peer pressure. Many seniors rag just to stay in their group of friends.
- In many instances it starts as a healthy interaction but due to adrenaline rush and excitement in the group, the seniors get carried away and ragging turns ugly.
- Students consider ragging as an old ritual having social acceptance.

THE ANTI-RAGGING ACT

- **Indian Penal Code. Punishment under the following IPC sections**
- 294 – Obscene acts and songs
- 323 – punishment for voluntarily causing hurt
- 324 – voluntarily causing hurt by dangerous weapon or means
- 325 – punishment for voluntarily causing grievous hurt
- 326 – voluntarily causing grievous hurt by dangerous weapon
- 339 – Wrongful Restraint
- 340 – Wrongful Confinement
- 341 – Punishment for Wrongful Restraint
- 342 – Punishment for Wrongful Confinement
- 506 – Punishment for culpable homicide not amounting to murder

THE PUNISHMENTS

- **UGC Regulations On Curbing The Menace Of Ragging In Higher Educational Institutions, 2009**
- 1. Cancellation of admission.
- 2. Suspension from attending classes.
- 3. Withholding/withdrawing scholarship/fellowship and other benefits.
- 4. Debarring from appearing in any test/examination or other evaluation process.
- 5. Withholding results.

THE PUNISHMENTS

- 6. Debarring from representing the institution in any national or international meet, tournament, youth festival, etc.
- 7. Suspension/expulsion from the hostel.
- 8. Rustication from the institution for periods varying from 1 to 4 semesters or equivalent period.
- 9. Expulsion from the institution and consequent debarring from admission to any other institution.
- 10. Fine up to Rs. 25,000/-

UGC mandatory Regulations for all higher educational Institutions across the Country: -

- As multiple mechanisms are required to ensure a ragging-free campus, here are some recommendations and action steps which are need to be taken by all university and all institutions.
- **A. Basic Measures:**
 - 1. Constitution of anti-ragging committee, anti-ragging squad, setting up of Anti-Ragging Cell and adequate publicity for these measures through various media.
 - 2. A clear mention of anti-ragging warning in the institution's prospectus and information booklets /brochures shall be ensured.
 - 3. Preparation of e-admission booklet or brochure, e-leaflets of the institutions giving detailed guidance to admitted students in case of ragging, instead of print/hard copy.

- 4. Display of banners/posters at conspicuous places in the campus to create awareness on anti-ragging measures amongst students (soft copy of the posters attached are also available on UGC website www.ugc.ac.in & www.antiragging.in).
- 5. Updation of websites of institutions with the complete address and contact details of nodal officers related to anti-ragging committee.
- 6. An online undertaking in every academic year to be submitted by each student and every parent, in compliance with the UGC Regulations and its 2'd Amendment regarding submission of undertaking.
- 7. UGC has notified 3'd Amendment in UGC Regulations on 29th June, 2016 to expand the definition of ragging by including the following:
 - "3. (i) Any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise) on the ground of colour, race, religion, caste, ethnicity, gender (including transgender), sexual orientation, appearance, nationality, regional origins, linguistic identity, place of birth, place of residence or economic background."
- 8. Installation of CCTV cameras at vital points.

- **B. Counseling and monitoring measure.**
- 1. Regular interaction and counseling with the students to detect early signs of ragging and identification of trouble-triggers.
- 2. Surprise inspection at hostels, students' accommodation, canteens, rest-cum-recreation rooms, toilets, bus-stands and any other measure which would augur well in preventing/quelling ragging and any uncalled for behaviour/incident.

- **C. Creative Dissemination of the idea of ragging-free campus**
- 1. Events like Anti-Ragging workshops, seminars and other creative avenues to spread the idea.
- 2. Safety and security apps without affecting the privacy of individuals can be creatively deployed.

- **D. Using other UGC initiated measures**
- I. Students in distress due to ragging related incidents can call the National Anti-Ragging Helpline **1800-180-5522 (24x7 Toll Free)** or e-mail the Anti-Ragging Helpline at **helpline@antiragging.in**.
- 2. For any other information regarding ragging, please visit the UGC website i.e. **www.ugc.ac.in** & **www.antiragging.in** and contact UGC monitoring agency i.e. Centre for Youth on **mobile No. 09818044577 (only in case of emergency)**.
- 3. UGC also drives an Anti-Ragging Media Campaign through different modes and has undertaken various activities to promote antiragging which are available on **UGC website i.e. www.ugc.ac.in**.

- a. UGC has developed 05 TVCs of 30 seconds each from different perspectives i.e. Parents, Victim and Offenders.
 - b. UGC has designed and distributed posters amongst Universities/Regulatory Authorities/Councils/IITs/NITs/Other educational institutions for prominent display.
 - c. UGC has consecutively organized 02 Anti-Ragging Competitions for students/faculty /general public for the wider awareness of the menace of ragging.
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- Any violation of UGC Regulations or failure of institution to take adequate steps to prevent ragging in accordance with these Regulations or failure to punish perpetrators of incidents of ragging suitably, will attract punitive action under the UGC Act.

THANK YOU