

**Practitioners of Indian Medicine
(Standards of Professional Conduct, Etiquette and Code of Ethics)
Regulations, 1982**

G.S.R.-In exercise of the powers conferred by clause (1) of section 36 read with sub section (1) and (2) of section 26 of the Indian Medicine, Central Council Act 1970 (48 of 1970), the Central Council of Indian Medicine, with the previous sanction of the Central Government, hereby makes the following regulations for laying down standards of professional conduct, etiquette and code of ethics to be observed by practitioners of Indian, Medicine namely :-

PART I

PRELIMINARY

1.Short title and commencement.-

(1) These regulations may be called the Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982.

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

2. Definitions.-

(1) In these regulations, unless the context otherwise requires :-

(a) "Act" means the Indian Medicine Central Council Act, 1970 (48 of 1970);

(b) "Form" means a form appended to these rules;

(c) "Practitioner of Indian medicine" means the Physicians and Surgeons of Indian Medicine who are for the time being enrolled on any State Register of Indian Medicine and who possess any of the recognised medical qualifications;

(d) "Section" means section of the Act.

(2) Words and expressions used but not defined in; these regulations shall have the meanings assigned to them in the Act.

3. Declaration.-

Every practitioner of Indian Medicine shall, within a period of 30 days from the date of commencement of these regulations, and every practitioner of Indian medicine who gets himself registered after the commencement of these regulations shall, within a period of 30 days from such registration, make before the Registrar of the State Council or the Board, a declaration in Form A and shall agree to abide by the same.

PART II

PROFESSIONAL CONDUCT AND ETIQUETTE DUTIES AND OBLIGATIONS OP PRACTITIONERS OF INDIAN MEDICINE TOWARDS PATIENTS AND PUBLIC

4. Character of the Practitioners of Indian Medicine-

The main object of the medical profession is to render service to humanity. Whosoever chooses this profession, assumes the obligation to conduct himself in accordance with its ideals. A practitioner of Indian medicine shall be an upright man, instructed in the art and science of healing. He shall keep himself pure in character and be diligent in caring for the sick. He shall be modest, sober, patient, prompt to do his duty without anxiety and, pious in all the actions of his life.

5.Duties of practitioners of Indian medicine towards their patients.-

(1) A practitioner of Indian medicine shall be ready to respond to the calls of the patients in emergencies for the sake of humanity and the noble traditions of the profession, though he is not bound, to treat each and every one asking his services.

(2) He shall not permit, considerations of religion, nationality, race, caste, creed, party politics or social standing to intervene in his duties towards patients.

6. Practitioner's responsibility.- A practitioner of Indian medicine shall merit the confidence of patients entrusted to his care, rendering to each a full measure of service and devotion and shall try continuously to improve his knowledge and skill. He shall make available to his patients and colleagues the benefits of his professional attainment. The honoured ideals of the medical profession imply that the responsibility of such practitioner shall extend not only to individuals but also to society.

7. Patience, delicacy and secrecy.-Patience and delicacy shall characterise the practitioner of Indian medicine. Confidence concerning individuals or domestic life entrusted by patients to a practitioner of Indian medicine and defects in the disposition or character of patients observed during medical attendance shall never be revealed unless their revelation is required by law. Sometimes, however, a practitioner must determine whether his duties to society require him to employ knowledge obtained through confidences to him as such practitioner to protect a healthy person against a communicable disease to which he is about to be exposed. In such instances, the practitioners of Indian medicine shall act as he would desire another to act towards one of his own family in like circumstances.

8. Prognosis.- A practitioner of Indian medicine shall neither exaggerate nor minimise the gravity of a patient's condition and shall assure himself that the patients, 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.

9. The patient must not be neglected.--A practitioner of Indian medicine shall be free to choose whom he will serve. He shall, however, respond to any request for his assistance in any emergency or whenever temperate public opinion expect his services. Once having undertaken a case, the practitioner of Indian Medicine shall not neglect the patient, nor shall he withdraw from the case without giving notice to the patient, his relatives or his responsible friends sufficiently in advance to allow them to secure another medical attendant. No provisionally or fully registered medical practitioner of Indian medicine shall wilfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

10. Upholding the honour of the profession.- A practitioner of Indian medicine shall uphold the dignity and honour of his profession.

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

12. Practitioner as a Citizen.-A practitioner of Indian medicine as a good citizen, possessed of special training, shall advise concerning the health of the community wherein he dwells. He shall lend his support in enforcing the laws of the community and in sustaining in the institutions that advance the interests of humanity. He shall cooperate with the proper authorities in the administration of sanitary laws and regulations.

13. Public Health.-A practitioner of Indian medicine especially engaged in public health work, shall enlighten the public concerning measures for the prevention of epidemics and communicable diseases. At all times, the practitioner shall notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, he shall continue his labour without regard to the risk of his own health.

PART III

DUTY OF ONE PRACTITIONER TOWARDS ANOTHER PRACTITIONER

14. Dependence of practitioners on each other.- There is no rule that a practitioner of Indian medicine shall not charge another practitioner for his services, but a practitioner shall cheerfully and without recompense give his professional services to another practitioner or his dependents if they are in the vicinity.

15. Compensation for expenses.-A practitioner of Indian medicine shall consider it a privilege to render gratuitous service to all practitioners and their immediate family dependents. When he is called from a distance to attend or advise another practitioner or his dependents, reimbursement shall be made to him for travelling and other incidental expenses.

16. Consultation to be encouraged.-In case of serious illness, especially in doubtful or difficult conditions, a practitioner may request consultation.

17. Consultation for patients benefit.-In every consultation, the benefit to the patient is of first importance. All practitioners interested in the case shall be candid with the patient, a member of his family or responsible friend.

18. Punctuality in consultation.-Utmost punctuality shall be observed by a practitioner of Indian medicine in meeting for consultation.

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

20. Statement to patient after consultation.- (1) All statements of the case to the patient or his representatives shall take place in the presence of all the practitioners consulting, except as otherwise agreed the announcement of the opinion to the patient or his relatives or friends shall rest with the practitioner initially attending on the patient.

(2) Difference of opinion shall not be divulged unnecessarily but when there is an irreconcilable difference of opinion the circumstances shall be frankly and impartially explained to the patient or his relatives or friends. It would be open to them to seek further advice, if they so desire.

21. Treatment after consultation.-No decision shall restrain the attending practitioner of Indian medicine from making such subsequent variations in the treatment as any unexpected changes may require, but at the next consultation, reasons for the variations shall be stated. The same privilege, with its obligations belongs to the consultant when sent for in an emergency during the absence of attending practitioner of Indian medicine. The attending practitioner may prescribe at any time for the patient, the consultant only in case of emergency.

22. Visiting another practitioner's cases.-A practitioner of Indian medicine called to visit a patient who has recently been under the care of another practitioner in the same illness, shall not take charge of, nor prescribe for such patient, except in a case of emergency when he shall communicate to the former explaining the circumstances under which the patient was seen and treatment given, or when the practitioner has relinquished his case, or when the patient has notified such practitioner to discontinue his services or unless the patient specifically refuses to go back to his original practitioner. When it becomes the duty of practitioner occupying an official position to see and report upon an illness or injury, he shall communicate to the practitioner attending so as to give him an option for being present. Such practitioner shall avoid remarks upon the diagnosis or the treatment that has been adopted.

23. Patient referred to specialists.-When a patient is referred to a specialist by the attending practitioner, a statement of the case shall be given to the specialist who shall communicate his opinion in writing in a closed cover direct to the attending practitioner.

PART IV

CODE OF ETHICS

24. Advertising.-Solicitation of patients directly or indirectly either personally or by advertisement in the newspaper, by placards or by distribution of circular cards or hand bills by a practitioner of Indian medicine is unethical. A practitioner shall not make use of or aid or permit others to make use of him or his name and/or photograph as subject of any form or manner of advertising or publicity. This provision shall not apply to authors of purely medical literature written for the advancement of the profession and science.

25. Nomenclature of qualification.-It shall be compulsory for a practitioner of Indian medicine to affix the correct degree or diploma before or after his name.

26. Change of address and announcement relating thereto.-A notice of change of address shall be intimated by every practitioner of Indian medicine to the concerned State Board or Council and the Control Council.

A practitioner may issue a formal announcement in the Press one-insertion in one or more papers, regarding the following :-

- (a) On starting practice;
- (b) On change of type of practice;
- (c) On change of address;
- (d) On temporary absence from duty;
- (e) On resumption of practice;
- (f) On succeeding to another practice.

27. Payment for professional services.-A practitioner of Indian medicine shall not enter into a contract of "No cure, no payment".

28. Rebates and commission.-A practitioner of Indian medicine 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 in return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. He shall not directly or by any subterfuge participate in or be a party to the act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

29. Evasion of legal restriction.-A practitioner of Indian medicine shall observe the laws of the country in regulating the practice of medicine and shall not assist others to evade such laws.

30. Professional certificates, reports and other documents.- (1) A registered practitioner of Indian medicine is, in certain cases, bound by law to give or may be called upon or requested from time to time to give certificate, notifications, reports or similar documents signed by him in his professional capacity for subsequent use in the course of justice or for administrative purposes. (2) Such documents include among other certificate, or reports:- (a) under the Acts relating to birth, death or disposal of the dead; (b) under the Acts relating to Lunacy and mental deficiency and the rules made thereunder; (c) under the vaccination Acts and the regulations made thereunder; (d) under the Factory Acts and the regulations made thereunder; (e) under the Education Acts; (f) under the Public Health Acts and the orders made thereunder; (g) under the Workmen's Compensation, Act; (h) under the Acts and order relating to the notification of infectious diseases; (i) under the Employee's State Insurance Act; (j) in connection with sick benefit insurance and friendly societies; (k) under the Merchant Shipping Act; (l) for procuring the issuing of passports; (m) for excusing attendance in courts of justice, in public services, in public offices or in ordinary employments; (n) in connection with rural and military matters; (o) in connection with matters under the control of ministry of the pensions. (3) Any practitioner of Indian medicine who shall be shown to have signed or given under his name and authority any such certificate, notification, report or similar document which is untrue, misleading or improper is liable for professional misconduct or disciplinary action under the Act or under any law for the time being in force in any State regulating the registration of such practitioner, to have his name removed from the Central Register of Indian Medicine and the provisions of section 27 shall apply.

31. Register of medical certificate issued by practitioner.-A practitioner of Indian medicine shall maintain a register of medical certificates giving full details of the certificates issued. When issuing a medical certificate, he shall always enter the identification marks of the patient and keep a copy of the certificate. He shall not omit to obtain the signature or thumb mark, address and identification marks of the patient on the medical certificates and on the copies kept by him.

PART V

DISCIPLINARY ACTION

32. (1) The Central Council desires to bring the notice of the practitioners of Indian Medicine the following list of offences which constitute professional misconduct and may warrant disciplinary action against them under the Act or under any law for the time being in force in any State regulating the registration of such practitioners.

LIST

(i) Adultery or improper conduct or association with a patient. Any practitioner of Indian medicine who abuses his professional position by committing any adultery or improper conduct with a patient or by maintaining an improper association with a patient, is liable for disciplinary action under the Act or under any law for the time being in force in any State regulating the registration of such practitioners;

(ii) any offences involving moral turpitude.

(iii) if convicted under the provisions of the Drugs and Cosmetic Act, 1940 or the rules made hereunder.

(iv) if convicted for selling Scheduled poison to the Public under the cover of his own qualification except to his patient, and in accordance with the provision of any law for time being in force,

(v) performing or enabling unqualified person to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication;

(vi) A practitioner of Indian medicine shall not issue certificates of efficiency in Indian Medicine to unqualified or non-medical person.

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

(vii) It is improper for a practitioner of Indian medicine 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. The same should be common on 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.

(viii) Do not disclose the secrets of a patient that have been learnt in the exercise of the profession. Those may be disclosed only in a Court of Law under orders of the Presiding Judge.

(ix) Refusing on religious grounds alone to give assistance in conduct of sterility, birth control, craniotomies on living children, and therapeutic abortions when there is medical indication; unless the practitioner of Indian medicine feels himself incompetent to do so.

(x) Before performing an operation the consent in writing shall be obtained; from, the husband or wife, parent or guardian in the case of a minor, or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed.

(xi) The photographs or case reports of patients shall not be published in any medical or other journal in a manner by which their identity could be made out without their permission. Should the identity be not disclosed his consent is not needed.

(xii) If a practitioner of Indian, medicine is running a Nursing home and he employs assistants to help him the ultimate responsibility rests on such practitioner.

(xiii) No practitioner of Indian medicine shall exhibit publically the scale of fees. But there is no objection to the same being put in the practitioners' consulting or waiting room.

(xiv) No practitioner of Indian medicine shall use touts or agents for procuring patients.

(xv) Advertisement through hoarding and tour programmes shall be unethical.

(2) The appropriate authority that is to say, the State Board or the State Council may issue a letter of warning or may direct the removal altogether or for specified period from the register the name of any practitioner of Indian medicine who has been convicted of any specified offence or who after an inquiry, at which opportunity has been given to him to be heard in person or through a lawyer, has been held guilty of professional mis-conduct or infamous conduct in any professional respect, and the provisions of section 27 shall apply.