Updating and modifying what constitutes professional misconduct

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Definition of professional misconduct (infamous professional conduct): Any conduct of the doctor which is reasonably regarded as disgraceful or dishonorable by professional men of good repute and competence.

There is need for change because if we go strictly by this definition, only a doctor of good repute and competence, ethical to the core, should judge another doctor's ethical malpraxis. As a result of commercialisation of the medical profession, it is difficult to find such reputed doctors.

The rules laid down in our code of medical ethics are age-old and need modification since it is practically impossible, even for those who are serious about upholding ethical values of our ancient and noble profession, to adhere to them.

Some examples of offences which are deemed to constitute infamous conduct that need modification

1. Dichotomy (fee splitting): In an era of polyclinics and high-technology hospitals catering to the needs of patients under one roof it is natural to have a network of specialists referring patients to one another. This is desirable as there is no fear of choosing an incompetent physician and facing legal action for negligence. It is also beneficial to the patients because they get consultations, investigations conducted under one roof saving on transport and time.

2. Use of touts or agents: This is to be condemned only if the doctor hires quacks or non-medical men to get patients to promote his practice. A family physician constantly referring patients to a particular hospital or doctor cannot be faulted. Similarly, there is nothing wrong in doctors with basic degrees taking patients to consultants.

3. Drug shops and the doctor: We are told that no doctor should operate a drug shop. This is not practical. When nursing homes, polyclinics, private hospitals attended by many consultants are run day and night, it would be useful for doctor and patient to have all drugs and emergency appliances on sale in the hospital or nursing home. This will help relatives of patients avoid having to search for essential and life-saving drugs at odd hours of the day and night. The doctor, by virtue of his training in pharmacology and pharmacy, has a right to possess and dispense dangerous drugs. Restrictions should be limited to ensuring that there is no exploitation of the patient.

4. Advertisement: Doctors are instructed to use modest sign boards with white background and black letters. Since clinics and hospitals are now situated in busy lanes, cheek by jowl with business establishments having glittering sign boards, it is difficult for patients to trace the doctor's clinic in the absence of a prominent sign board.

The use of a sticker on the windscreen of the car announcing that one is a doctor probably amounts to advertisement but can be defended as it draws the attention of a needy person in a manner similar to that by the sign AMBULANCE.

The indiscriminate use of the Red Cross emblem by the medical profession is illegal as per Geneva Convention. However, since doctor has long been identified with this emblem, we can modify it (one limb of the cross can carry the word 'DOCTOR') and get it registered for the use of medical profession.

Icons depicting 'backbone' (used by orthopedic surgeons), 'baby in cradle' (used by pediatrician) on the doctor's sign board could be said to amount to advertisement. They can be defended on the ground that they help illiterate patients to locate the clinic.

Discussion

Some of the offenses listed in the existing medical code are outdated. They are not practical in the present situation. There is no sense teaching these to our students. Most doctors conveniently forget them when they start practice.

When the medical profession, as a whole, fails to adhere to rules laid down decades ago, it is better to keep pace with modernisation in other walks of life.

The State Medical Councils and the Medical Council of India should make suitable modifications. The new rules must then be rigidly imposed on all registered doctors.

The Councils should, on their own, ensure that doctors adhere to ethical practice rather than wait for complaints from organisations or patients or vindictive people with vested interests.

Only then will we preserve this most sacred and noble profession.

The authors of this essay suggest that we should discard some essential elements of code of ethics. We solicit responses from our readers on their suggestions. — *Editor*

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