Rules for medical practice

At last, there is something for us to cheer about. The Medical Council of India (MCI) has just published 'Regulations relating to the Professional conduct, Etiquette and Ethics for registered medical practitioners' (1). This replaces an earlier version published as far back as 1970.

This new code of ethics has rules for medical practice organised into eight chapters. The first contains the duties of the doctor in general - how to maintain good medical practice and medical records, display registration numbers, use generic drugs, ensure quality assurance, expose unethical conduct, and rules regarding payment for services. The second covers physician's duties to their patients: obligations to the sick, incapacity to practice, secrecy of patient information, explaining the prognosis, patient neglect and rules for obstetric care. The third chapter provides guidance during consultation including avoiding unnecessary consultations, observing punctuality, informing the patient, treatment after consultation, and charges. The fourth chapter deals with the responsibilities of doctors towards each other. The fifth chapter covers the duties of doctors to the public and the paramedical professions. The sixth chapter covers unethical acts including advertising, soliciting patients, rebates and commissions, using secret remedies, human right violations and euthanasia. Chapter seven deals with misconduct and violations of the code of ethics, and the last chapter covers punishment and disciplinary action.

The code has covered the entire range of medical ethics and, if followed, will restore the dignity and honour of our once-noble profession. However we disagree with a few of its clauses:

It refers to scientific medicine as 'allopathic', a term used by mainly by practitioners of homoeopathy to designate all systems of medicine other than their own. Perhaps 'scientific' or even evidence-based medicine might have been a better term.

There is confusion about brain death and the Transplantation of Human Organs Act of 1994. The Act states clearly that a team of four doctors is empowered to pronounce someone brain dead after which 'support' systems can be withdrawn. However the MCI code in the section on Euthanasia (an unrelated subject) pronounces that 'withdrawing supporting devices to sustain cardio-pulmonary function ***even*** after brain death (our italics) shall be decided by a team of doctors and not merely the treating physician alone'. This is contrary to the Act, will result in unnecessary expenditure and emotional trauma for relatives and will make the position of doctors in ICUs even more difficult. It may also stop harvesting of organs from heart-beating donors for transplantation. This section should be corrected quickly before legal problems arise.

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The suggested use of generic drugs may be useful in curbing the nexus between pharmaceutical companies and doctors as well as reducing the cost of medicines. However the other side of the coin is that reputed manufacturers who adhere to quality assurance norms may not be able to compete in price with small companies making spurious versions of the same drugs. The decision of choosing the drug as well as its brand should remain the prerogative of the treating physician and not relegated to a dispensing chemist.

There are no guidelines on 'e-health' and for providing medical advice on the Internet. This needs to be addressed as the revolution in information technology will soon change the practice of medicine. The computerisation of medical records and posting them on the Net for easier access and retrieval will raise many ethical issues which mainly involve patient confidentiality. There will also be changes in the way physicians learn and access medical literature in the future. No longer will they need to be, as the code advises, 'members of medical societies'. All they will have to do will be to access regularly good health sites on the Net.

Though advertising has been deemed unethical, only the conventional media has been included in the code of ethics. There is no reference to advertisement by doctors on the web. In fact the whole issue of the ethics of advertising by doctors needs to be dealt with in much more detail taking into account consumer protection legislation which makes us tradesmen and the norms for advertising in other countries like the United States of America. We are pleased that a debate on this important issue has already started in this Journal (**2**).

We are passing through a fairly important phase in health care with growing privatisation and this code is timely. Medical ethics should be uppermost in our minds and we should not be allowed to get away with the excuse that as doctors we cannot remain untouched by the corrupt environment in which we live. It is our responsibility not only to serve the population medically but also to set an example for probity.

In conclusion we feel, like most things in our country, that the MCI code of ethics is admirable on paper. What is sorely needed is its strict implementation perhaps beginning at its source (3).

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References:

1. MCI. Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002. Gazette of India dated 06.04.02, part III, section 4.

2. Pandya SK, Malpani A. Mamdani B, Mamdani M. Jesani A. Debate. *Issues in Medical Ethics* 2001; 9: 15-19.

3. Pandya S.K. and Nundy S. Dr. Ketan Desai and the Medical Council of India: lessons yet to be learnt. Editorial: *Issues in Medical Ethics* 2002; 10 (1):