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MISCONDUCTS IN MEDICAL PROFESSION

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The Medical Council of India has prepared a list of conducts which amount to professional misconduct. It also states that new circumstances of professional misconduct may arise beside those enumerated in the list. If doctor is found guilty, he/she may become subject to disciplinary action, which may be a warning notice, in milder offence, but in cases of serious offences, the punishment may be severe, his /her name may be removed from the register of the council, temporarily or permanently, which is called 'professional death of the doctor'.¹

The list is as follows:

1. Not following various rules and regulations , meant for medical profession
2. Registration numbers issued by MCI , for undergraduate and post graduate qualifications, are not being displayed by the doctor , in his/ her clinic or hospital or nursing home , and on his /her prescriptions and also on the certificates issued by him
3. Not properly maintaining various types of medical records, at least for 3 years
4. Taking undue advantage of his professional status, by committing adultery or improper conduct or maintaining an improper association with the patient.
5. If doctor is convicted by Court of Law, in some criminal case or a case related to morality of doctor.
6. Doing sex determination for the purpose of female feticide.
7. Issuing false, untrue, misleading, improper medical certificates or reports or documents.
8. Doctor violating the regulations of Drugs and Cosmetics Act. For example: Steroids and Psychotropic Drugs should only be prescribed only when it is absolutely necessary for the treatment similarly schedule 'H' and 'L' drug should be prescribed to patient only and not to others.
9. Helping unqualified person to perform an abortion OR any illegal operation when there is no any scientific indication
10. Issuing certificate of efficiency in modern medicine to unqualified, non- medical person.
11. Self advertisement, in any form, directly or indirectly, in TV, distributing leaflets, press, hoardings, cinema slides, using a large signboard, etc.
12. Using a chemist shop for the practice, where he does not reside or work.

13. Not maintaining professional secrets unless there is necessity in the interest of patient or the society
14. Denying treatment to patient on religious grounds.
15. Not following rules related with consent of patient
16. Dichotomy, i.e. using touts and agents to procure patients
17. Doctor claiming to be specialist of a particular branch but he is not having any recognized qualification in that subject.
18. For research purposes, doctor is not following the regulations framed by ICMR

This may not be the end of the list. The present code of medical ethics is the Hippocratic oath, which has been adopted by the World Medical Association in the name of “Declaration of Geneva”. The Medical Council of India as “code of Ethics” has accepted this and is the guiding principle for all medical practitioners registered in India.

Two causal factors have been reported for dishonesty at every level of our profession. The first is the background of intense competition. We compete to get into medical school and compete to stay there. We compete for internship and residency positions. And we ultimately compete for patients, research grants, or whatever. The other factor is human frailty—particularly ignorance, greed, the fear of being found wrong, and the need for aggrandizement. Patients often foster our frailties by conferring God-like qualities on us. We, in turn, accommodate that perception in order to protect the image for them, as well as for our colleagues and ourselves.²

In an interesting study Elkin and colleagues examined 485 cases in which disciplinary tribunals of Australia and of New Zealand found doctors guilty of professional misconduct and suggested that medical boards or tribunals are far more likely

to remove physicians from practice who engage in sexual relationships with patients than at others who fail to meet professional standards, including those who provide unsafe care.³

A majority of respondents in the study by Dhingra et al witnessed publication misconduct (gift-authorship, ghost-authorship, falsification of data, fabrication of data, plagiarism, and duplication) thereby revealing the common occurrence of this problem among Indian biomedical researchers.⁴

Doctors should possess not only high moral standards but also the requisite knowledge and skills for safe and effective practice. The licensing boards and tribunals in India and abroad should take their responsibility to the public seriously, with zero tolerance for transgressions that reflect professional misconducts.

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