



THE ASSOCIATION
OF OTOLARYNGOLOGISTS
OF INDIA

MEDICOLEGAL GUIDELINES FOR ENT PRACTICE **2025**

Formulated by
The Association of Otolaryngologists of India





Message from the President, Association of Otolaryngologists of India (AOI)

It gives me immense pleasure to introduce this Medicolegal Booklet under the banner of the Association of Otolaryngologists of India (AOI). In an era where medical practice is constantly evolving and medico-legal challenges are increasingly significant, it becomes essential for every clinician—especially in a specialty as dynamic as ENT—to stay informed, ethically guided, and legally protected.

This booklet is an important step towards empowering our members with clarity, awareness, and preparedness. It emphasizes responsible medical practice, accurate documentation, informed consent, communication, and adherence to ethical and legal standards. I firmly believe that when clinicians are updated and aware, patient safety and professional confidence are both strengthened.

I congratulate the medicolegal committee, legal and medical experts, and everyone who contributed their time, effort, and expertise to make this booklet possible. May it serve as a practical guide and valuable reference for all ENT surgeons across the country.

The hard yards and dedication of all the committee members Dr.Deendayal D.S., Dr.Rupali Patil, Dr.Praveen Gopinath, Dr.Seemab Shaikh, Dr.Snehasish Barman, Dr.Srikumar Vasudevan, Dr.Medikari are commendable and deeply appreciable for doing this job.

My special thanks to Dr.Praveen Gopinath & Dr.Srikumar Vasudevan, for going extra mile in coordinating everything in a time bound manner.

My colleagues in AOI, President Elect Dr.Kaushal Sheth, Secretary Dr.Samir Chaudhaury & Treasurer Dr.Samir Thakare facilitated the process flawlessly.

Together, let us continue to uphold the highest standards of care, professionalism, and integrity.

Warm regards,

**Dr.Dwaipayan Mukherjee
President, AOI**

Long live AOI



Message from the Honorary Secretary, Association of Otolaryngologists of India (AOI)

It gives me immense pleasure to present this Medico-Legal Guidelines Booklet, an important initiative of the Association of Otolaryngologists of India (AOI) aimed at empowering our fraternity with clarity, confidence, and preparedness in an increasingly complex medico-legal environment.

Today, medical practice extends far beyond clinical expertise. As ENT surgeons, we are expected not only to deliver the best possible care but also to navigate a framework of legal responsibilities, patient rights, documentation standards, and ethical considerations. This booklet seeks to bridge that gap by offering practical guidance, simplified explanations, and relevant case-based insights that can be readily applied in day-to-day practice.

Our goal is to help every member of AOI remain well-informed, well-protected, and professionally secure. By understanding the medico-legal landscape, we strengthen our ability to deliver safe, transparent, and compassionate care while safeguarding the dignity and integrity of our profession.

I extend my sincere appreciation to the contributors, reviewers, and the entire academic team whose efforts and expertise have shaped this valuable resource. Their dedication reflects the spirit of AOI—collaborative, forward-thinking, and committed to excellence.

I am confident that this booklet will serve as a dependable companion for practitioners at all stages of their careers and will promote a culture of responsibility, ethical practice, and medico-legal awareness across our community.

Warm regards,

Dr. Samir Choudhary
Honorary Secretary, AOI

MEDICOLEGAL GUIDELINES COMMITTEE MEMBERS



Dr. Dwaipayan Mukherjee

President AOI



Dr. Samir Choudhary

Secretary AOI



Dr. Kaushal Sheth

President Elect AOI



Dr. Medikeri

Past President AOI



Dr. Samir Thakare

Treasurer AOI



Dr. Deendayal D.S.



Dr. Rupali Patil



Dr. Praveen Gopinath



Dr. Seemab Shaikh



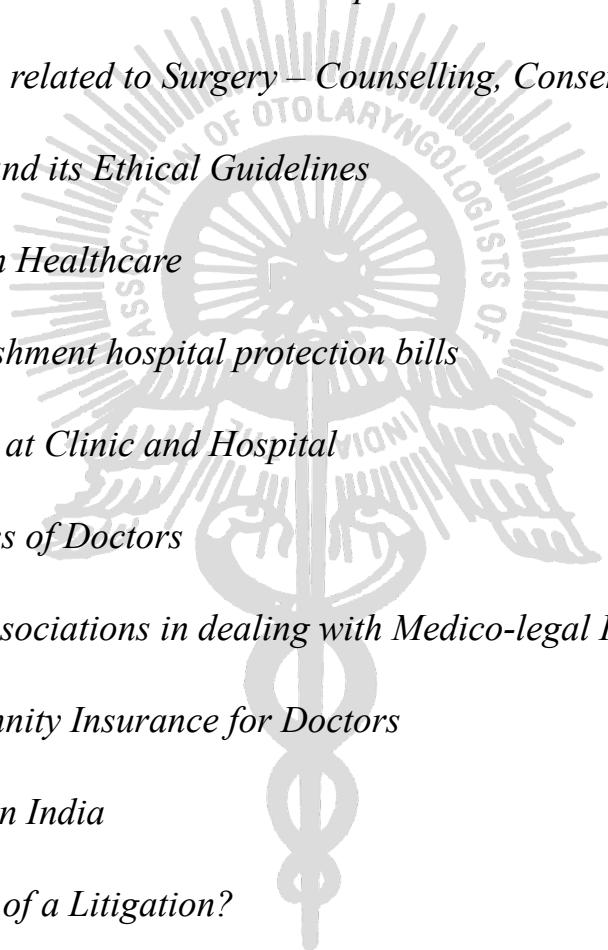
Dr. Snehashish Barman



Dr. Srikumar Vasudevan

NEED FOR MEDICOLEGAL AWARENESS

Table of contents



- 01** Potential areas for trouble in clinical ENT practise- OP and IP
- 02** Medicolegal issues related to Surgery – Counselling, Consent, Post- Op care
- 03** Medical Jousting and its Ethical Guidelines
- 04** EMRs and EHRs in Healthcare
- 05** Healthcare establishment hospital protection bills
- 06** Display of charges at Clinic and Hospital
- 07** Social Media Ethics of Doctors
- 08** Role of Medical Associations in dealing with Medico-legal Issues related to Doctors
- 09** Professional Indemnity Insurance for Doctors
- 10** Rights of Doctors in India
- 11** What to do in case of a Litigation?
- 12** What to do in case of a Mob attack?
- 13** How to handle Death on Table?

NEED FOR MEDICOLEGAL AWARENESS

It is crucial for doctors to have knowledge about medicolegal issues involving their profession for several key reasons:

1. ***Patient Safety and Rights:*** Doctors need to understand the legal rights of patients, such as consent and confidentiality. Being knowledgeable about medicolegal issues ensures they respect patient autonomy, provide proper informed consent, and protect sensitive medical information.
2. ***Legal Protection:*** Medicine is a high-risk profession where doctors can face lawsuits for alleged malpractice or negligence. Understanding the legal framework allows doctors to take preventive measures, document patient care thoroughly, and avoid situations that could lead to legal action.
3. ***Professional Accountability:*** Knowledge of medicolegal issues helps doctors understand their professional responsibilities and the standards of care required. This ensures they comply with ethical and legal guidelines and provides a basis for defending their actions if needed.
4. ***Regulatory Compliance:*** Doctors are obligated to strictly adhere to the laws and regulations within their jurisdiction. A thorough understanding of medicolegal issues is essential for ensuring that doctors stay well-informed about the legal frameworks governing medical practice, including critical areas like prescribing practices, medical record management, and patient care. For instance, familiarity with laws such as the POCSO Act, PCPNDT Act empowers doctors to navigate these regulations with confidence and uphold their professional and ethical responsibilities.
5. ***Awareness of Special Privileges:*** Doctors should be aware of the special legal privileges granted to them concerning charges of criminal negligence. Understanding these protections is essential to ensure they can practice with confidence while upholding professional standards.
6. ***Ethical Decision-Making:*** Medicolegal knowledge helps doctors make ethically sound decisions when faced with complex situations, such as end-of-life care, patient consent, or treatment options. Being aware of the legal implications of these decisions helps them navigate ethical dilemmas appropriately.

7. ***Collaboration with Legal and Insurance Entities:*** Doctors frequently work with insurance companies, legal teams, and regulatory bodies. An understanding of medicolegal principles helps them communicate effectively in such collaborations, ensuring that their actions are legally sound and well-documented. When doctors are called upon to serve as expert witnesses, it is imperative that they not only possess deep knowledge and expertise in their medical specialty but also have a clear understanding of the legal implications their testimony may carry. Their opinion can significantly influence the course of justice, potentially impacting reputations, careers, and the outcome of the case.
8. ***Maintaining Trust and Reputation:*** Doctors who are well-versed in medicolegal matters are less likely to make mistakes that could harm their reputation, or the trust patients place in them. Knowledge in this area also strengthens the public perception of the profession, reinforcing the doctor's commitment to providing safe and ethical care.
9. ***Navigating Legal and Ethical Challenges in Modern Medicine:*** With the rapid advancements in science and technology, the field of medicine is evolving at an unprecedented pace. In this dynamic landscape, it is crucial for doctors to stay informed and up-to-date with the latest legal and ethical guidelines surrounding cutting-edge practices such as organ donation, genetic engineering, telemedicine, and artificial intelligence. Their awareness of these guidelines ensures they navigate these complex issues with the highest standards of care and responsibility.
10. ***The Crucial Role of Doctors in Medicolegal Jurisprudence:*** Doctors play a vital role in handling complex medicolegal cases, where their expert opinion carries significant weight in uncovering the truth behind alleged crimes, such as determining the guilt or innocence of an accused individual. Given the gravity of their role in such pivotal decisions, it is essential that doctors are well-versed in the intricacies of medicolegal jurisprudence to ensure accuracy and uphold justice.

In short, medicolegal knowledge is essential for doctors to provide quality care while minimizing legal risks, ensuring compliance with the law, and maintaining a strong ethical framework.

KEY POINTS

- ➡ **Medicolegalliteracy** is vital for every doctor — it protects both patients and practitioners.
- ➡ **Patient safety and rights** are best upheld when doctors understand consent, confidentiality, and autonomy.
- ➡ **Legal awareness** helps prevent malpractice claims through proper documentation and adherence to standards of care.
- ➡ **Regulatory compliance** with laws such as the PCPNDT Act, POCSO Act, and Telemedicine Guidelines is a professional obligation.
- ➡ **Ethical decision-making** becomes sounder when guided by both moral and legal understanding.
- ➡ **Professional protection** — knowledge of special legal safeguards and indemnity provisions enables confident practice.
- ➡ **Expert testimony** by informed doctors supports justice and upholds the integrity of the profession.
- ➡ **Staying updated** with evolving laws and technologies is essential in modern medical practice.

POTENTIAL AREAS FOR TROUBLE IN CLINICAL ENT PRACTICE - OP AND IP

There are several potential areas for medicolegal trouble in clinical ENT practice for both Outpatient (OP) and Inpatient (IP) settings:

1. *Outpatient (OP) Setting*

- ▶ Incomplete or incorrect documentation – Missing details about patient complaints, examination findings, and follow-ups.
- ▶ Missing ***malignant lesions*** in the oral cavity, pharynx, or larynx during routine examinations.
- ▶ Failure to recognize ***sudden sensorineural hearing loss (SSNHL)*** as a medical emergency leading to irreversible hearing loss.
- ▶ Misdiagnosing ***vertigo*** as a benign condition when it could indicate a posterior fossa tumor or a vascular event.

2. *Inpatient (IP) Setting*

A. *Surgical Complications*

- ▶ Wrong site surgery – Operating on the wrong ear or sinus.
- ▶ Nerve damage – Injury to facial, recurrent laryngeal, or auditory nerves during surgery.
- ▶ Anaesthesia-related complications – E.g., airway compromise during or after general anaesthesia.

B. *Postoperative Care and Follow-Up*

- ▶ Inadequate postoperative monitoring – Missing signs of bleeding, airway obstruction, or infection.
- ▶ Failure to manage complications – Delayed recognition and treatment of issues like hematoma or airway compromise.
- ▶ Lack of clarity in post-discharge instructions leading to ***non-compliance***.

C. Consent and Communication

- ▶ Failure to record consent – Not documenting verbal or written consent for procedures
- ▶ Failure to obtain proper consent – Not explaining the potential risks of complications like hearing loss or taste disturbance after middle ear surgery, risk of anosmia following endoscopic sinus surgery.
- ▶ Poor discharge instructions – Lack of proper guidance on wound care, medication use, and follow-ups.
- ▶ Lack of documentation of consent for minor office procedures (e.g., nasal cauterization)

D. Infection Control

- ▶ Hospital-acquired infections – e.g., surgical site infections
- ▶ Improper use of antibiotics – Overprescription or failure to treat resistant infections.

E. Documentation and Reporting

- ▶ Missing details of intraoperative findings and postoperative care.
- ▶ Failure to report complications – Not documenting adverse events or postoperative complications.
- ▶ Incomplete handover – Poor communication during shift changes leading to missed care steps.
- ▶ Mismatched details between nursing and surgical notes.
- ▶ Incomplete handover documentation.
- ▶ Poor communication – Misunderstandings due to lack of clear instructions about medications, follow-ups, or home care
- ▶ Failure to explain the side effects of medications like ***ototoxic antibiotics*** (e.g., aminoglycosides).

KEY POINTS

In ENT practice, most medicolegal problems arise not from complications themselves, but from *poor documentation, inadequate consent, or delayed recognition*.

1. *Outpatient (OP) Setting*

- ▶ Incomplete documentation of symptoms, findings, or advice.
- ▶ Missed malignancy in oral, pharyngeal, or laryngeal regions.
- ▶ Failure to treat **SSNHL** as an emergency.
- ▶ Misdiagnosed vertigo with missed serious causes.
- ▶ No written consent for minor procedures (e.g., nasal cautery).

2. *Inpatient (IP) Setting*

- A. Surgical Complications – Wrong site surgery, nerve injury, airway compromise.
- B. Postoperative Care – Inadequate monitoring, delayed recognition of bleeding/infection, poor discharge instructions.
- C. Consent & Communication – Incomplete consent, poor explanation of risks, unclear follow-up advice.
- D. Infection Control – Lapses in sterilisation, irrational antibiotic use.
- E. Documentation & Reporting – Incomplete notes, missed complications, poor handover, record discrepancies.
- F. Medication Issues – Failure to warn about drug side effects (e.g., ototoxic antibiotics).

MEDICOLEGAL ISSUES RELATED TO SURGERY- COUNSELLING, CONSENT, POST OP CARE

COUNSELLING

Counselling is a crucial component of the care process for procedures, providing patients with essential information and support before and after surgery. It helps individuals understand the nature of their condition, the details of the proposed treatment or surgery, potential risks and benefits, and the expected outcomes.

Pre-Operative Counselling

Before undergoing a procedure, pre-operative counselling sessions addresses different aspects of the upcoming procedure and prepares patients for the changes they might experience post-surgery. Before head and neck surgeries, speech-language pathologists evaluate current speech and swallowing functions and educate patients about anticipated changes. This session typically is tailored to the specific surgery planned.

Medical Counselling: This involves detailed discussions with the ENT surgeon about the diagnosis, the necessity of the procedure, the surgical plan, potential risks, benefits, and expected outcomes. Patients are encouraged to ask questions to gain a clear understanding of the process.

Anaesthesia Counselling: An anaesthesiologist explains the type of anaesthesia to be used, addresses any concerns, and reviews the patient's medical history to ensure safety during the procedure

Speech and Swallowing Evaluation: For surgeries affecting the head and neck, such as those for head and neck cancers, a speech-language pathologist (SLP) assesses the patient's current speech and swallowing functions. The SLP educates the patient on anticipated changes post-surgery and prepares them for rehabilitation.

Psychological Counselling: Undergoing surgery can be stressful. Psychological counselling helps patients manage anxiety, set realistic expectations, and develop coping strategies for the emotional aspects of surgery and recovery.

Audiological Counselling: For surgeries aimed at improving hearing, such as tympanoplasty or cochlear implantation, audiologists assess current hearing levels and discuss anticipated

changes post-surgery. They may also explore alternative options, like hearing aids, if surgery is not the preferred choice

Pre-Surgical Instructions: Patients receive guidance on pre-operative preparations, such as medications to avoid, fasting requirements, and lifestyle modifications like smoking cessation to promote optimal healing

Nutritional Counselling: Proper nutrition is vital for healing. Nutritionists provide guidance on maintaining a balanced diet before surgery to promote better recovery outcomes

Post-Operative Counselling and Rehabilitation

After surgery, counselling focuses on rehabilitation and adaptation to changes resulting from the procedure.

Medical Follow-Up: Post-operative appointments with the surgeon monitor healing, address any complications, and provide guidance on activity restrictions and wound care.

Speech and Swallowing Rehabilitation: Post-surgery, especially after procedures like total laryngectomy, patients work with speech-language pathologists (SLPs) to learn new methods of communication and swallowing techniques. This may involve using a tracheoesophageal voice prosthesis or other assistive devices. This ongoing support is vital for regaining functional abilities and improving quality of life

Physical Therapy: For surgeries impacting physical function, such as those involving the neck, physical therapy helps restore movement, strength, and reduce pain.

For procedures affecting balance or the vestibular system, physical therapy may be recommended to help restore equilibrium and prevent dizziness

Psychological Support: Continued psychological counselling assists patients in adjusting to lifestyle changes, managing any post-operative depression or anxiety, and facilitating a smoother transition back to daily activities.

Audiological Rehabilitation: If the surgery impacts hearing, audiologists conduct follow-up assessments and may recommend hearing aids or other assistive devices to optimize hearing outcomes

Nutritional Guidance: Dietitians provide post-operative dietary plans to support healing, especially if the surgery affects eating habits or digestion.

Lifestyle Counseling: Patients receive advice on resuming daily activities, including guidelines on exercise, diet, and work, to promote a smooth recovery

Post-Operative Care Instructions: Patients are provided with detailed guidelines on managing common post-surgical symptoms such as nasal congestion, swelling, and minor bleeding. Instructions may include:

- ▶ **Nasal Saline Irrigation:** Using saline sprays or rinses multiple times daily to keep nasal passages clean, reduce crusting, and promote healing.
- ▶ **Activity Restrictions:** Minimizing physical activity for a specified period to prevent complications and support recovery.
- ▶ **Medication Management:** Guidance on using prescribed medications, including pain relievers, antibiotics, and decongestants, as well as over-the-counter options like oxymetazoline for minor bleeding control.

Follow-Up Appointments: Emphasizing the importance of attending scheduled post-operative visits for monitoring healing progress, removing any nasal packing or splints, and addressing any concerns

Engaging in these various forms of counselling ensures that ENT patients receive comprehensive care, addressing both the physical and emotional aspects of surgery and recovery

CONSENT

Obtaining informed consent is a fundamental legal and ethical obligation in medical practice, ensuring respect for patient autonomy and safeguarding against legal liability. Below are key considerations for obtaining valid consent in surgical procedures:

1. **Written Consent for Adults:** For patients aged 18 years and above, it is imperative to obtain written informed consent prior to any surgical procedure. This process involves:

- ▶ Clearly explaining the diagnosis, nature, purpose, risks, benefits, and alternatives of the proposed procedure.
- ▶ Ensuring the patient comprehends this information and voluntarily agrees to proceed.
- ▶ Documenting the consent in writing, with the patient's signature.

This practice aligns with the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which mandate obtaining written consent before performing operations.

2. **Consent for Minors:** For patients under 18 years of age, consent must be obtained from a parent or legal guardian. In emergency situations where parents or guardians are unavailable, a person acting *in loco parentis* (in place of a parent) may provide consent.

3. **Anaesthesia Consent:** When general anaesthesia is required, it is advisable to obtain a separate consent specifically for the anaesthesia procedure, detailing its risks and benefits.

4. **Documentation Best Practices:**

- ▶ **Patient's Handwriting:** While it is not a legal requirement for the consent to be in the patient's handwriting, it is essential that the patient reads, understands, and acknowledges the consent form. If using a printed form, the patient should sign and date it to confirm understanding and agreement.

- ▶ **Procedure Details:** Clearly specify the diagnosis and the name of the procedure without using abbreviations.

- 👉 **Signatures and Witnesses:** Include the date and the names and signatures of the attending surgeon(s). Although not legally mandated, having one or two witnesses sign the consent form can provide additional validation.
- 5. **Emergency Situations:** In emergencies where the patient is unconscious and no authorized representative is available, life-saving procedures may be performed without prior consent under the principle of implied consent. This is based on the presumption that a reasonable person would consent to emergency treatment if able.
- 6. **Disclosure of Risks:** It is crucial to inform patients about all common and known complications associated with the proposed procedure. This disclosure should be documented as part of the informed consent process to ensure transparency and uphold patient autonomy.
- 7. **Consent for Revision Surgery:** If a second surgery is needed, ensure fresh informed consent is taken

Adhering to these guidelines not only fulfils legal and ethical obligations but also fosters trust and communication between healthcare providers and patients, ultimately enhancing the quality of care.

POST-OPERATIVE CARE

Medicolegal issues related to post-operative care in Ear, Nose, and Throat surgery are crucial for ensuring patient safety and avoiding litigation. Below are some key areas of concern:

Post-Operative Monitoring & Documentation

► Proper documentation of vital signs, symptoms, and interventions is critical in defending against legal claims.

Informed Consent & Documentation

► ***Preoperative Counseling:*** Patients must be thoroughly informed about potential complications, including ***bleeding, infection, airway compromise, and sensory deficits*** (e.g., loss of smell, hearing impairment). ***Failure to disclose possible postoperative risks can lead to legal claims.***

► ***Consent for Revision Surgery:*** If a ***second surgery*** becomes necessary, ***a fresh informed consent*** must be obtained to ensure legal and ethical compliance.

Delayed Recognition & Management of Complications

► ***Hemorrhage:*** A common post-tonsillectomy complication, where delayed intervention can result in hypovolemic shock or aspiration. Secondary hemorrhage (7–10 days post-op) is a life-threatening emergency. Failure to intervene promptly or to educate patients on warning signs can lead to legal liability.

► ***Airway Compromise:*** Procedures such as tonsillectomy, thyroidectomy, and laryngeal surgeries carry the risk of airway obstruction. Failure to monitor or intervene appropriately (e.g., intubation, tracheostomy) may result in hypoxia, brain damage, or death, exposing the surgeon to legal consequences.

► ***Tracheostomy Care:*** Mismanagement (e.g., blocked tube, accidental decannulation) can lead to severe complications, making proper post-op care and monitoring essential to avoid litigation.

► ***Infection & Sepsis:*** Neglected post-op infections can escalate into severe complications underscoring the importance of early detection and management.



Epistaxis Post-Sinus Surgery: Patients on anticoagulants or those with clotting disorders require careful perioperative planning and monitoring to prevent excessive bleeding and medico-legal risks.

Infection Control & Negligence



Post-op Wound Infections: Failure to administer indicated antibiotics or neglecting early signs of infection can lead to negligence claims. Proper infection control protocols must be strictly followed.



Meningitis Post-Ear or Sinus Surgery: Delayed diagnosis and intervention can result in severe complications, including neurological damage or death, leading to legal consequences. Early recognition and prompt treatment are critical.

Nerve Injury & Sensory Loss

Iatrogenic Nerve Damage: Injuries to critical nerves can cause permanent disability, leading to lawsuits if not properly managed. Facial nerve paralysis is a known risk in parotidectomy, mastoidectomy, and ear surgeries. Failure to disclose this risk preoperatively may result in claims of inadequate informed consent. Hypoglossal, Recurrent Laryngeal, or Spinal Accessory Nerve Injury are known complications in thyroid and neck surgeries, leading to voice changes, dysphagia, or shoulder dysfunction. Lack of proper documentation and postoperative care can result in medico-legal complications.

Foreign Body Retention & Surgical Errors



Retained Surgical Materials: Packing, sponges, or instruments left behind can lead to severe infections, toxic shock syndrome, or legal claims. Implementing strict surgical counts and post-op imaging, when necessary, helps prevent such errors.



Unintentional Damage to Adjacent Structures:

- o Orbital injury in endoscopic sinus surgery can result in vision loss or diplopia, leading to serious medico-legal consequences.
- o Middle ear damage during tympanoplasty can lead to hearing loss, making informed preoperative counselling crucial.

Failure to Address Patient Complaints



Ignoring or Dismissing Post-Operative Symptoms

- o Failure to properly evaluate patient complaints can lead to worsening complications and legal consequences. Any worsening pain, fever, swelling, difficulty breathing, or persistent bleeding must be taken seriously.



Impact on Professional Voice Users

- o Surgeries involving the vocal cords, larynx, or recurrent laryngeal nerve can significantly affect singers, teachers, or public speakers. Failure to counsel these patients about potential voice changes, hoarseness, or loss of livelihood can result in litigation.



Red-Flag Symptoms & Patient Education

Patients should be clearly informed about symptoms that require immediate medical attention (e.g., airway compromise, uncontrolled bleeding, signs of infection). Proper documentation of counselling is essential to defend against medico-legal claims.

Discharge Planning & Follow-Up

- o Discharging a patient before ensuring stability can lead to readmissions, worsening complications, or fatal outcomes. Patients should meet discharge criteria, and documentation should confirm that they were stable at discharge.
- o Discharge summaries should include:
 - ▶ When and where to seek emergency care
 - ▶ Medication details
 - ▶ Follow-up appointment schedule
- o Patients should be given clear written and verbal instructions about the importance of follow-ups. If a patient develops complications due to missed follow-ups, the physician may be held liable if there is no documentation of proper post-op instructions.

MEDICAL JOUSTING & ITS ETHICAL GUIDELINES

In its historical context, jousting was a medieval sport or martial contest in which two knights, mounted on horseback and armed with lances, charged at each other in an attempt to unseat the opponent.

In the contemporary medical context, "***jousting***" refers to the act of one healthcare professional criticizing or undermining the clinical decisions, treatment methods, or competencies of another colleague, often in the presence of patients, their relatives, or other staff members. This behavior is not only unethical but can also have serious professional and legal repercussions.

Jousting may be driven by various factors such as ***professional jealousy, competition, or a desire to appear more competent*** in the eyes of patients or peers. It is especially prevalent in settings where different specialties intersect, leading to differing approaches to patient management. For instance, a surgeon may question a physician's conservative treatment plan for a condition that could potentially be resolved through surgical intervention, or a radiologist may critique a clinician's request for imaging, suggesting it was unnecessary or improperly indicated.

It is usually done when the other doctor has a higher patient volume, indicating greater popularity or reputation, or when the doctor making such comments has limited knowledge about the specific field or specialty of the other doctor.

Jousting is often observed when ***practitioners from different streams or specialties criticize each other's work*** due to differing treatment modalities or management approaches. For example, an orthopedician might criticize a physiotherapist's conservative approach to a musculoskeletal injury, or a general practitioner might question a specialist's decision to order a series of diagnostic tests, claiming them to be excessive or unnecessary.

While some instances of jousting may stem from genuine concern for patient care, the manner in which it is conveyed can undermine a colleague's reputation, sow distrust among patients, and potentially result in legal repercussions. Furthermore, jousting can foster a toxic work culture, damaging professional relationships and impeding effective teamwork. It can also contribute to patient anxiety and confusion, as they may begin to doubt the competence of their treating physician based on the comments made by another healthcare provider.

This behaviour is contrary to the principles outlined in the Declaration of Geneva, which emphasizes treating colleagues as brothers and sisters and maintaining a sense of professional solidarity. The Declaration reminds physicians to “maintain the utmost respect for human life” and to “not permit considerations of age, disease, or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient.”

Therefore, addressing jousting requires cultivating a culture of mutual respect, open communication, and professional courtesy, where constructive feedback is offered in private settings and in a manner that prioritizes patient welfare rather than personal gain.

While it is acceptable to review, compare, or reference another practitioner’s work especially in academic discussions or journal clubs it must always be done respectfully and with a constructive intent. Criticism should be grounded in sound evidence, balanced judgment, and professional courtesy. Any attempt to discredit a fellow professional using derogatory or demeaning language, particularly in public or in front of patients, is unacceptable.

Before pointing out potential errors or deficiencies in another doctor’s work, one must be doubly sure of the facts, understand the clinical context, and be aware of any limitations the other practitioner may have faced. Criticism must be healthy, and both the ***tone and tenor*** should reflect respect and decorum.

The ***Medical Council of India*** has clearly outlined professional conduct in such situations. As per ***Section 4.2 of the Medical Code of Ethics Regulations***, in consultations, no insincerity, rivalry, or envy should be indulged. All due respect should be observed toward the physician in-charge of the patient and no statement or remark be made, which would impair the confidence reposed in him. For this purpose, no discussion should be carried in the presence of the patient or his representative.

Professional Courtesy in Medical Practice: Avoiding Unethical Criticism

When a patient is referred after having received primary treatment from another physician, it is important to handle the case with sensitivity and professionalism. If any perceived error, shortcoming, or deviation in the previous treatment is noticed, it is prudent ***not*** to mention this directly to the patient or their attendant.

If the concern is clinically significant and necessitates clarification, it should be addressed privately and respectfully with the physician in charge. The discussion with the patient should focus on managing the current issue without casting aspersions on the previous caregiver.

Maintaining mutual respect among healthcare professionals is essential, not only for professional solidarity but also for preserving patient trust in the medical fraternity as a whole. Personal or professional criticisms of colleagues especially in the presence of patients, their families, or non-medical personnel must be strictly avoided.

Such indiscretions may not only violate ethical norms but can also erode the confidence that patients have in the profession. A constructive, collegial approach benefits everyone and upholds the dignity of medical practice.

Consequences of Jousting in Medical Practice

Engaging in jousting, making disparaging or critical remarks about a fellow healthcare professional can have serious and far-reaching implications. Though it may seem like a momentary lapse, its effects can ripple through the healthcare ecosystem, undermining both individual and institutional integrity.

1. ***Erosion of Patient Trust:*** When patients witness or hear conflicting opinions among their doctors, it can sow confusion and doubt. This often results in a loss of faith in the treating physician or the prescribed plan of care. In such scenarios, patients may begin “doctor shopping,” seeking multiple opinions and potentially undergoing unnecessary tests or treatments, which can jeopardize continuity and quality of care.
2. ***Increased Litigation Risk:*** Comments made in the heat of professional rivalry or out of misplaced superiority can be misconstrued by patients as indicators of incompetence or negligence. This can trigger formal complaints or legal action against the physician who was the subject of the remarks regardless of the true clinical picture.
3. ***Creation of a Hostile Work Environment:*** Jousting undermines collegiality and mutual respect within the healthcare team. It promotes an environment of mistrust, rivalry, and poor communication all of which are detrimental to patient safety, team efficiency, and workplace morale. Over time, this toxic culture can lead to burnout, staff attrition, and reduced job satisfaction.

4. ***Damage to Institutional Reputation:*** When such behaviour becomes habitual or public, it not only reflects poorly on individual practitioners but also tarnishes the image of the institution. Patients and communities expect cohesive, professional teams. Repeated instances of jousting can diminish public confidence, reduce referrals, and negatively affect recruitment and retention of quality staff.

Preventive Measures to Curb Jousting in Medical Practice

To uphold professional integrity and ensure optimal patient care, it is essential to proactively address the issue of jousting within the healthcare environment. The following measures can significantly mitigate the risk:

- ▶ ***Institutional Policies:*** Develop and enforce clear institutional policies that explicitly discourage jousting. These should emphasize professional courtesy, constructive communication, and mutual respect among healthcare providers. A zero-tolerance approach to derogatory remarks or public criticism of colleagues should be adopted.
- ▶ ***Conflict Resolution Training:*** Promote training programs focused on communication skills, emotional intelligence, and conflict resolution. These programs can empower healthcare professionals to manage disagreements respectfully and constructively, fostering a culture of collaboration rather than confrontation.
- ▶ ***Structured Peer Review Systems:*** Implement formal peer review mechanisms to handle clinical differences or concerns. These systems provide a confidential and objective platform to discuss deviations in clinical care without undermining professional dignity or patient confidence.
- ▶ ***Patient Education:*** Actively educate patients on the collaborative nature of modern medical care. Reinforce the message that differences in medical opinions do not equate to error or negligence but rather reflect the complexity and individuality of patient care.

In essence, medical jousting represents a subtle yet harmful form of professional conflict that can undermine trust, damage reputations, and erode the collaborative spirit essential to effective healthcare delivery. Its consequences extend beyond individual practitioners to affect patient outcomes and institutional integrity. Therefore, it is imperative for the medical fraternity to cultivate a culture rooted in mutual respect, constructive communication, and

collegial support. By doing so, we not only safeguard the dignity of our peers but also reinforce the core values that uphold the nobility of our profession.

On **2nd August 2023**, the ***Ethics and Medical Registration Board*** of the ***National Medical Commission (NMC)***, through ***Notification No. R-12013/01/2022/Ethics***, issued the ***Regulations relating to the Professional Conduct of Registered Medical Practitioners***.

According to NMC GUIDELNES ***Responsibilities of RMP To Each Other***

Professional Integrity: In consultations, professional rivalry should not be indulged in. All due respect is owed to the RMP in charge of the case, and no derogatory statement or remark be made which would impair the confidence reposed in him by the patient. For this purpose, professional discussions should not take place in the presence of the patient or family or legally appointed representative. The specialist must provide the clinical opinion only to the RMP who referred the patient. Every discussion/opinion regarding the patient should be kept confidential.

If a referral is sought by an RMP, it should be clarified if the specialist will take over the care of the patient or if the patient will remain with the primary RMP. (L1 and/or L2)

RMP as Locum: Whenever RMP requests another RMP to attend to his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when the RMP can discharge the additional responsibility along with his /her other duties. The RMP acting under such an appointment should give the utmost consideration to the interests and reputation of the absent RMP and all such patients should be restored to the care of the latter upon his/her return. (L1 and/or L2)

Reporting and Inspection: When it becomes the duty of RMP occupying an official position to inspect and report on an illness or injury, he should communicate this to the RMP in attendance to give him the option of being present. The RMP occupying an official position should avoid making any derogatory remarks regarding the diagnosis or the treatment plan adopted. (L1 and/or L2)

Status of Professional Conduct Regulations under NMC

On **23rd August 2023**, the ***National Medical Commission (NMC)***, through ***Notification No. R-12013/01/2022/Ethics***, announced that the ***National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023*** are to be ***held in abeyance with immediate effect***.

The notification clarified that these 2023 regulations will ***not be operative or effective*** until a further Gazette Notification is issued by the Commission.

Consequently, the NMC has decided to ***adopt and give immediate effect*** to the ***Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002***, treating them as if they had been enacted by the NMC under the powers vested in it through the ***National Medical Commission Act, 2019 (Act No. 30 of 2019)***.

Thus, ***the 2002 Regulations are currently in force***, effective immediately, until further orders.

According to MCI Guidelines

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. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician and all such patients should be restored to the care of the latter upon his/her return.

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. The medical officer /

physician occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

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.

In conclusion, while constructive feedback is an essential component of medical practice, it is crucial to distinguish it from harmful jousting. The line between professional guidance and derogatory commentary must never be blurred. Healthcare institutions have a responsibility to foster a culture of respect, collegiality, and open communication—where concerns are addressed through appropriate channels and with the right intent. Only then can we ensure that professional integrity is preserved and that patient care remains our foremost priority.

KEY POINTS

◆ ***Concept of Jousting***

Medical meaning: When one doctor ***criticizes, undermines, or questions another doctor's decisions or competence***, especially ***in front of patients, their relatives, or staff***.

Nature: Unethical professional behaviour with potential ***legal, reputational, and institutional consequences***.

◆ ***Causes of Jousting***

- Professional jealousy or rivalry
- Competition for patients or popularity
- Desire to appear more competent
- Differences in treatment approaches across specialties

◆ ***Ethical Concerns***

- Undermines ***professional solidarity*** and ***patient trust***.

- Should be replaced by **constructive, private feedback** grounded in evidence and courtesy.

◆ ***Consequences of Jousting***

1. ***Erosion of Patient Trust*** – Patients lose faith, seek multiple opinions, risk fragmented care.
2. ***Litigation Risk*** – Derogatory comments may be used in legal complaints.
3. ***Hostile Work Environment*** – Leads to mistrust, poor communication, burnout, and attrition.
4. ***Damage to Institutional Reputation*** – Public disputes reduce credibility and referrals.

◆ ***Preventive Measures***

Institutional Policies: Zero tolerance for public criticism; promote professional courtesy.

Conflict Resolution Training: Teach emotional intelligence and communication skills.

Structured Peer Review: Handle clinical disagreements confidentially and objectively.

Patient Education: Explain that differing medical opinions do not equal negligence.

◆ ***Professional Courtesy in Practice***

- Avoid mentioning a colleague's mistakes to patients.
- Discuss concerns privately with the concerned doctor.
- Maintain focus on ***current management*** rather than blame.
- Collegial respect strengthens ***trust, teamwork, and the profession's dignity***.

EMRS AND EHRS IN HEALTHCARE

Electronic Medical Records (EMRs) and Electronic Health Records (EHRs) are crucial digital tools in healthcare, allowing for the electronic entry, storage, and maintenance of patient data. EMRs are a subset of EHRs, encompassing various functionalities that enhance patient care and operational efficiency.

- ▶ EMRs allow for patient registration, billing, preventive screenings, and appointment scheduling.
- ▶ EHRs include comprehensive patient records, demographics, test results, medical history, and medications.
- ▶ EMRs track patient data over time and improve overall quality of care.

Popular EMR/EHR Software Systems

The healthcare industry utilizes various EMR/EHR software systems to manage patient data effectively. The choice of software can significantly impact the efficiency and quality of care provided. The selection of software is critical for hospitals to ensure comprehensive patient management.

Benefits of EMRs and EHRs

The implementation of EMRs and EHRs offers numerous advantages that enhance healthcare delivery. These benefits contribute to improved patient outcomes and operational efficiencies.

- ▶ Comprehensive patient-history records facilitate better treatment decisions.
- ▶ Patient data becomes shareable, enhancing collaboration among healthcare providers.
- ▶ The use of EMRs and EHRs leads to improved quality of care and increased convenience and efficiency in healthcare services.

Risks Associated with EMRs and EHRs

While EMRs and EHRs provide significant benefits, they also pose various risks that healthcare organizations must address. Understanding these risks is essential for effective management and protection of patient data.

- ▶ Security and privacy issues are prevalent, making EMRs a target for cyberattacks.

- ▶ Data can be lost or destroyed, leading to treatment errors.
- ▶ User-related issues and design flaws can hinder effective healthcare delivery.

Cyber Attack Value of EMRs and EHRs

EMRs and EHRs are highly valuable to cyber attackers due to the sensitive Protected Health Information (PHI) they contain. This data can be exploited for various malicious purposes.

- ▶ PHI includes several identifiers, such as Social Security numbers, medical record numbers, and biometric identifiers.
- ▶ Cybercriminals can profit from stolen healthcare data through extortion, fraud, and identity theft.

Data Breach Costs in Healthcare

Data breaches in the healthcare sector have significant financial implications, with healthcare organizations facing the highest costs per incident. Understanding these costs is vital for risk management.

Storage and Handling of EMR/EHR Data

The storage and handling of EMR/EHR data are critical for maintaining data integrity and security. Proper management practices are essential to protect sensitive information.

- ▶ EMR/EHR data is stored on dedicated servers in specific physical locations.
- ▶ Organizations must implement robust security measures to safeguard this data from cyber threats.

Cybersecurity Threats to Healthcare

The healthcare industry faces numerous cybersecurity threats that can compromise EMR/EHR systems. Awareness of these threats is crucial for effective defense strategies.

- ▶ Common threats include phishing attacks, malware, ransomware, and insider threats.
- ▶ Organizations must educate staff and implement security measures to mitigate these risks.

Strategies for Protecting EMR/EHR Data

Healthcare leaders must adopt comprehensive strategies to protect EMR/EHR data from cyber threats. These strategies should focus on risk assessment and proactive measures.

- ▶ Evaluate operational vulnerabilities and create preparedness plans.
- ▶ Implement VPN with multifactor authentication to secure remote access.
- ▶ Develop endpoint hardening strategies and engage in threat hunting practices.

Importance of Cybersecurity Training

Training and awareness among healthcare staff are essential components of a robust cybersecurity strategy. Educating employees can significantly reduce the risk of data breaches.

- ▶ Regular training on recognizing phishing attempts and secure data handling is crucial.
- ▶ Organizations should foster a culture of cybersecurity awareness among all staff members.

KEY POINTS

Definition:

- ▶ **EMR:** Digital version of a patient's chart used within one facility.
- ▶ **EHR:** Comprehensive, shareable record integrating data across multiple providers.

Functions:

- ▶ Registration, billing, preventive screenings, scheduling.
- ▶ Records of demographics, tests, history, medications.
- ▶ Tracks patient data over time to guide better decisions.

Benefits:

- ▶ Centralized, accurate patient data.
- ▶ Improved coordination and continuity of care.



Enhanced efficiency, safety, and quality of service.

Risks:

- ▶ Cyberattacks, privacy breaches, data loss.
- ▶ User errors or poor system design.
- ▶ High financial and legal costs from data breaches.

Cybersecurity Concerns:

- ▶ Contains sensitive ***Protected Health Information (PHI)***.
- ▶ Target for fraud, extortion, identity theft.
- ▶ Requires secure servers, encryption, and access control.

Protection Strategies:

- ▶ Regular risk assessments.
- ▶ VPN + multifactor authentication.
- ▶ Endpoint protection and reliable backups.
- ▶ Continuous staff training and phishing awareness.

HEALTHCARE ESTABLISHMENT HOSPITAL PROTECTION BILLS

Violence against doctors at their workplace is not a new phenomenon. However, in recent times, reports of doctors getting thrashed by patients and their relatives are making headlines more frequently than before. The Indian Medical Association has reported that 75% of doctors face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% doctors.

This violence has occurred in the form of physical violence, verbal abuse, aggressive gestures, blackmail, and cyber-bullying. Almost every doctor is worried about violence at his/her workplace.

Historically, the erstwhile state of Andhra Pradesh was first to bring in a law for this purpose. The Andhra Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008, was established to safeguard Medicare service personnel and protect property within healthcare institutions. Subsequently nearly 24 states have their own laws to protect medical professionals. However, the punishment varies from state to state and in most of the states the offence is non-cognisable and bailable.

IMA has been demanding a strong Central Law for protection of the healthcare professionals. This is because although several states have some form of a law for this purpose it has failed to prevent acts of violence. The recent incident on 9 August 2024, where a second-year postgraduate trainee (PGT) doctor at RG Kar Medical College in Kolkata, West Bengal was found dead in a seminar hall on the college campus shook the entire country and we must ensure that such a tragic occurrence should never be repeated.

On August 16, the Ministry of Health and Family Welfare issued an order that “in the event of any violence against any health care worker while on duty, the head of the institution shall be responsible for filing an institutional FIR within a maximum of six hours of the incident,”

The National Task Force (NTF), formed by the Supreme Court in connection with the suo motu matter of RG Kar rape and murder case, has suggested in its report a ‘separate central law’ is not needed to protect healthcare professionals.

The NTF report filed in the apex court cited that existing state laws and the Bharatiya Nyaya Sanhita, 2023 (BNS), can address violence against doctors and other medical professionals. The report dealt with the question of whether existing law enforcement mechanisms needed to

be strengthened to address violence against healthcare professionals. The NTF report highlighted that 24 states have already enacted laws addressing violence against medical professionals. Most of the state laws cover minor offences and prescribe punishment for them. The major offences/heinous offences are adequately covered under BNS,"

In 2019, the Union Ministry of Health and Family Welfare drafted the '***Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill***', aiming to protect healthcare workers and institutions. These draft proposed stringent penalties, including imprisonment ranging from six months to five years and fines between ₹50,000 and ₹5 lakhs for those found guilty of violence against healthcare personnel. In cases of grievous injury, the punishment could extend to 10 years in jail and fines up to ₹10 lakh. However, the central government decided not to enact this legislation. The government indicated that a separate law for prohibiting violence against healthcare professionals would not be pursued.

Hence, as of October 2025, India does not have a dedicated central law specifically addressing violence against healthcare professionals.

During the COVID-19 pandemic, the Epidemic Diseases Act of 1897 was amended in April 2020 to include protections for healthcare workers. This amendment made acts of violence against healthcare service personnel cognizable and non-bailable offenses, with imprisonment ranging from three months to five years and fines between ₹50,000 and ₹2 lakh. However, these provisions were specific to the pandemic context and are not part of a permanent, overarching law.

Though several Indian states have enacted their own legislation to protect healthcare professionals the most stringent one is that enacted by the state of Kerala.

KEY POINTS

► *Rising Violence:*

75% of doctors in India have faced verbal or physical abuse at work. Fear of violence is a major cause of stress among healthcare professionals.

► *Forms of Violence:*

Includes physical assault, verbal abuse, threats, blackmail, and cyber-bullying.

► **State Laws:**

Andhra Pradesh was the first (2008) to enact a law protecting medical staff and property.

Now, **24 states** have similar laws—but punishments vary and most offences remain **bailable and non-cognisable**.

► **Demand for Central Law:**

The **Indian Medical Association (IMA)** continues to demand a strong **Central Act** for uniform protection.

► **Government Order (Aug 2024):**

The Health Ministry directed that an **FIR must be filed within 6 hours** of any act of violence against healthcare workers.

► **Supreme Court's National Task Force (NTF) View:**

Suggested that a **separate central law is not necessary**, as the **Bharatiya Nyaya Sanhita (BNS), 2023** and state laws can handle such offences.

► **Earlier Draft (2019):**

The **Healthcare Service Personnel & Clinical Establishments (Prohibition of Violence & Damage to Property) Bill, 2019** proposed imprisonment up to **10 years** and fines up to **₹10 lakh**, but it was **not enacted**.

► **COVID-19 Temporary Protection (2020):**

Amendment to the **Epidemic Diseases Act, 1897** made violence against healthcare staff **non-bailable**, but this was **temporary**.

Current Status (as of Oct 2025):

No central law specifically protects healthcare professionals.

Kerala Act remains one of the **strictest** in India.

DISPLAY OF CHARGES AT CLINICS AND HOSPITALS

Introduction

Transparency in medical billing is an essential component of ethical and accountable healthcare delivery. Patients have the right to know the cost of consultation, investigations, procedures, and other hospital services before availing them. Displaying charges prominently in clinics and hospitals is not only a matter of good practice but also a ***legal requirement*** under Indian law.

Legal Provisions

The ***Clinical Establishments (Registration and Regulation) Act, 2010*** and corresponding ***State Clinical Establishment Rules*** mandate that every registered healthcare establishment must ***prominently display the charges*** for various categories of services provided.

This includes:

- ▶ Consultation fees of doctors (general and specialist)
- ▶ Bed or room charges (general, semi-private, private, deluxe, etc.)
- ▶ ICU, operation theatre, and procedure charges
- ▶ Diagnostic tests and imaging charges
- ▶ Emergency and after-hours consultation charges
- ▶ Ambulance and casualty charges, if applicable
- ▶ Any additional or ancillary service fees

The schedule of charges must be:

- ▶ Displayed ***in English and the local language***
- ▶ ***Clearly legible and visible to patients and attendants*** in the reception or billing area
- ▶ ***Regularly updated*** to reflect current rates
- ▶ Submitted to the appropriate registering authority as part of the establishment's registration documents

Failure to display charges or misrepresentation of fees can result in:

- ▶ **Penal action** including warning, fine, or cancellation/suspension of registration
- ▶ **Consumer complaints** under the Consumer Protection Act for unfair trade practice
- ▶ **Ethical censure** under medical council regulations

Ethical Imperative

The duty of transparency in healthcare charges is rooted in the ethical principles of **autonomy**, **justice**, and **non-maleficence**:

- ▶ **Autonomy:** Patients have the right to make informed decisions regarding their care, including financial implications. Concealing or withholding cost information undermines informed consent.
- ▶ **Justice:** Fairness in healthcare demands that patients be treated equitably, without hidden costs or discriminatory pricing.
- ▶ **Non-maleficence:** Avoiding harm includes preventing financial exploitation or distress arising from unexpected or unexplained billing.

Professional codes of conduct, such as the **Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002**, emphasize that a doctor must display his or her consultation fees and ensure that the patient is aware of the cost implications before treatment begins.

Practical Guidelines for Compliance

To maintain both legal compliance and public trust, healthcare establishments should:

1. **Display a comprehensive rate list** at:
 - Reception or registration counters
 - Waiting areas
 - Hospital website (where available)
2. **Use clear, patient-friendly language**, with separate columns for service description, charges, and remarks.

3. **Update periodically**, especially when there is a change in tariffs or taxation.
4. **Provide written cost estimates** for planned procedures, surgeries, or hospital admissions, especially in private healthcare settings.
5. **Ensure billing transparency**, showing breakup of all charges—consultation, procedures, drugs, consumables, nursing, equipment use, and taxes.
6. **Avoid hidden charges** or unapproved “packages.” Patients must be informed of optional or additional costs upfront.

Benefits of Transparent Display

- ▶ Builds ***trust and goodwill*** among patients and attendants
- ▶ Reduces ***billing disputes and medico-legal complaints***
- ▶ Demonstrates ***ethical and professional integrity***
- ▶ Enhances the ***public image*** of the clinic or hospital
- ▶ Encourages ***cost discipline and accountability*** within the institution

Conclusion

Displaying charges in clinics and hospitals is more than an administrative requirement. It is an ***ethical obligation and a patient right***. Transparent communication of costs reinforces the credibility of the medical profession and promotes fairness in healthcare delivery.

Institutions that voluntarily maintain high standards of financial transparency set a model for patient-centred and ethically grounded medical practice.

KEY POINTS

Transparency in billing is an ethical and legal duty. Patients have a right to know the cost of consultations, procedures, and investigations before availing services.

Legal Requirement:

Under the ***Clinical Establishments (Registration and Regulation) Act, 2010***, every clinic and hospital must prominently display charges for all services — consultation, room rent, ICU/procedure, diagnostics, emergency, and ambulance.

- ▶ Display in English and local language
- ▶ Keep clearly visible, updated, and submitted to the registering authority
- ▶ Non-compliance may attract penalties, registration suspension, or consumer complaints

Ethical Basis:

- ▶ Autonomy: Enables informed financial consent
- ▶ Justice: Ensures fair and transparent pricing
- ▶ Non-maleficence: Prevents financial harm or exploitation (IMC Regulations, 2002, mandate display of consultation fees.)

Good Practice Guidelines:

- ▶ Display rate lists at reception, waiting area, and website
- ▶ Use simple, patient-friendly formats
- ▶ Give written cost estimates for planned procedures
- ▶ Provide detailed, transparent bills—no hidden charges

Benefits:

- ▶ Builds patient trust and goodwill
- ▶ Prevents billing disputes
- ▶ Demonstrates ethical integrity and professionalism

In essence: Displaying charges is both a ***legal obligation*** and an ***ethical commitment*** to fair, patient-centred healthcare.

SOCIAL MEDIA ETHICS OF DOCTORS

Introduction

Social media has profoundly transformed how doctors communicate with patients, colleagues, and society at large. Platforms such as Facebook, Instagram, X (Twitter), YouTube, and LinkedIn now serve as powerful tools for medical education, professional networking, and public health advocacy. However, these same digital platforms also blur the boundaries between professional and personal domains, giving rise to complex ethical dilemmas and medico-legal challenges that demand thoughtful reflection and responsible conduct.

The ***Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002*** and subsequent updates by the ***National Medical Commission (NMC)*** prohibit solicitation, self-advertisement, and any form of publicity that is self-aggrandising or misleading. While doctors may share factual information about their qualifications, areas of practice, and contact details, they must refrain from turning social media into a marketing platform.

Doctors may maintain professional profiles on social media that include:

- ▶ Qualifications and registration details
- ▶ Areas of special expertise
- ▶ Clinic or hospital contact information
- ▶ Authored publications or academic achievements
- ▶ Health awareness or educational content

Such communication must remain factual, educational, and patient-centred never self-promotional.

Crossing the Ethical Line: In the pursuit of visibility and recognition, some doctors may unintentionally adopt social media behaviours that cross the ethical boundary between professional communication and self-advertisement. Such practices can distort public perception, mislead patients, and undermine the dignity of the medical profession.

The following online activities are ***ethically inappropriate*** and may attract ***professional or legal consequences***:

1. ***Posting “before-and-after” treatment photos for publicity:*** Sharing visual results of procedures whether surgical, dermatological, or cosmetic may appear to highlight professional skill, but such images can easily be construed as advertising, especially when paired with promotional captions or hashtags. Even with patient consent, these posts risk violating confidentiality, oversimplifying outcomes, and creating unrealistic public expectations. Medical results vary widely and should never be used as marketing tools.
2. ***Displaying patient testimonials or success stories to attract clientele:*** Posting or quoting patient feedback that praises a doctor’s skill or compares services to others constitutes indirect solicitation. Testimonials are inherently selective, often highlighting only successes while omitting complications or failures. The NMC discourages such practices, as they commercialise medical care and weaken the trust-based doctor–patient relationship.
3. ***Announcing “miraculous cures,” “100% success rates,” or comparing outcomes:*** Claims of perfect results or superiority violate the ethical principles of honesty and humility. Medicine is an indefinite science since no treatment guarantees success. Exaggerated claims mislead patients and constitute false representation, punishable under both the ***Consumer Protection Act*** and professional ethics regulations. Doctors must communicate with scientific accuracy, not marketing hyperbole.
4. ***Using titles such as “leading surgeon,” “top doctor,” or “number one specialist”:*** Self-proclaimed titles or superlatives are unverifiable and inherently promotional. They foster unhealthy competition and erode collegiality. Recognition must come from credible, peer-reviewed, or institutional platforms and not self-assigned labels on social media.
5. ***Buying followers, fake reviews, or paid posts to inflate reputation:*** Artificially boosting online popularity through purchased likes, followers, or fabricated reviews misrepresents credibility and violates ethical integrity. Patients depend on perceived reputation while choosing doctors; thus, such deception amounts to misleading advertisement and can attract disciplinary action.
6. ***Participating in “influencer-style” collaborations with hospitals, devices, or pharmaceuticals:*** Doctors endorsing or promoting hospitals, devices, or pharmaceutical products on social media must exercise great caution. Accepting monetary or material benefits for promotional content without disclosure is a clear conflict of interest.

Educational content should always remain unbiased, evidence-based, and free from commercial influence.

Ethical and Legal Implications: These behaviours contravene both the NMC and IMA Codes of Ethics and may invite penalties under laws against false or misleading advertisements. More importantly, they compromise professional integrity, corrode public trust, and may expose doctors to disciplinary sanctions or legal liability.

KEY POINTS

Purpose:

Use social media for ***education, awareness, and professional communication*** — not for ***self-promotion***.

Permitted:

- ▶ Share factual details — name, qualifications, registration, contact info.
- ▶ Post health education or awareness content.
- ▶ Maintain professionalism and confidentiality.

Prohibited:

- ▶ “Before–after” photos or patient testimonials.
- ▶ Claims of “miraculous cures” or “100% success.”
- ▶ Using titles like “***top doctor***” or “***leading surgeon***.”
- ▶ Buying followers, fake reviews, or paid promotions.
- ▶ Endorsing hospitals, drugs, or devices for commercial gain.

Ethical Basis:

Violations breach NMC/IMA Codes of Ethics and may attract legal action under:

- ▶ ***Consumer Protection Act, 2019***
- ▶ ***Drugs & Magic Remedies Act, 1954***

ROLE OF MEDICAL ASSOCIATIONS IN DEALING WITH MEDICO-LEGAL ISSUES RELATED TO DOCTORS

The Role of Medical Associations in Safeguarding Practitioners

In an increasingly litigious medical landscape, doctors today face a dual burden: the demand of delivering high-quality clinical care and the growing vulnerability to legal challenges. Amid these pressures, medical associations such as the ***Association of Otolaryngologists of India (AOI)*** and the ***Indian Medical Association (IMA)*** serve as indispensable pillars of support.

These organizations play a pivotal role in both shielding medical practitioners from undue legal harassment and in upholding ethical and lawful standards of practice. Through legal advisory cells, professional protection schemes, and continuous medical education on medico-legal matters, they empower doctors to defend themselves effectively when confronted with legal scrutiny.

Importantly, this engagement is not just beneficial, it is also encouraged by ethical mandates.

According to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, under Clause 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."

This clause not only legitimizes but emphasizes the importance of active professional association membership. By affiliating with such bodies, physicians gain access to collective wisdom, legal protection mechanisms, policy advocacy, and platforms for continuous professional development.

Thus, in the face of both medical and legal challenges, active involvement in professional associations is not just a protective measure, it is a professional obligation and a means of collective empowerment.

1. Legal Support and Protection

Indian Medical Association (IMA) serve as the ***first line of defence*** for doctors facing medico-legal challenges. In a climate where even routine clinical decisions can lead to complaints or litigation, these associations provide vital infrastructure to protect practitioners.

- **Legal Advisory Services**

IMA has a **Professional Protection Scheme (PPS)** that offers expert guidance on issues ranging from alleged medical negligence and consumer court complaints to police inquiries and criminal accusations. Early legal advice often prevents escalation and ensures timely compliance with procedural requirements. Recognizing the urgency in medico-legal situations, PPS maintains a **panel of experienced legal professionals**. These lawyers are well-versed in healthcare laws and can intervene swiftly in case of police harassment, legal notices, or court summons minimizing stress and procedural lapses for the doctor involved.

Schemes like the **IMA Professional Protection Scheme (PPS)** are specifically designed to offer:

- **Financial coverage** for legal defence
- **Compensation support** in case of civil liability and
- Access to an expert legal team.

These schemes act as a **safety net**, ensuring that doctors do not have to face legal battles alone or bear the costs of litigation from their own pocket.

Policy Advocacy and Representation

Medical associations play a pivotal role in **shaping healthcare policy** and ensuring that the interests of medical professionals are represented in the legislative and regulatory spheres.

- **Engaging Regulators**

Associations such as the IMA and AOI maintain **ongoing dialogue with statutory bodies** like the **National Medical Commission (NMC)**, Ministry of Health and Family Welfare, and state medical councils. Their presence in stakeholder meetings ensures that doctors' concerns are incorporated into new regulations and ethical guidelines.

- **Reforming Laws**

Associations serve as the **collective voice** pushing for amendments to burdensome laws that affect medical practice. Notable areas of advocacy include:

- **Consumer Protection Act:** Demanding safeguards against the misuse of consumer laws in medical contexts.

- **Clinical Establishments Act:** Seeking rationalization of compliance norms to reduce bureaucratic overload.
- **Biomedical Waste Rules:** Ensuring clarity and practicality in implementation.
- **Timely Interventions**

During **crises** such as assaults on healthcare workers, sensational media trials, or politically charged litigation, associations act as **public representatives of the profession**. They engage with the media, government officials, and law enforcement to ensure a **balanced narrative and fair treatment** of medical professionals.

In instances of violence against doctors, associations have coordinated legal protests, secured police protection, and engaged with the judiciary to uphold the dignity and safety of practitioners.

3. Capacity Building and Education

- **Medico-legal CMEs & Workshops**

Associations like AOI and IMA conduct **frequent Continuing Medical Education (CME) programs** and workshops focusing on:

- **Informed consent** protocols
- Proper clinical documentation
- **Effective doctor-patient communication**
- Legal aspects of clinical practice

These sessions not only update practitioners on current medico-legal standards but also reduce the risk of litigation through proactive compliance.

- **Guidelines & Handbooks**

These associations publish **specialty-specific medico-legal guides**, FAQs, and reference manuals that are user-friendly and relevant to common challenges in the field. These serve as ready reckoners for practitioners facing legal uncertainty.

4. Ethical Oversight and Self-Regulation

Medical associations not only defend the rights of practitioners but also **uphold the integrity of the profession** through ethical oversight and internal accountability.

- **Codes of Ethics**

Indian Medical Association (IMA) have formulated **ethical codes**, such as the **IMA Code of Medical Ethics**, which provide practical guidance on:

- Clinical decision-making
- Patient autonomy and confidentiality
- Professional interactions and advertising ethics

These codes align with national and international standards like the **Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002**, **WMA International Code of Medical Ethics** and the **Declaration of Geneva**.

- **Bioethics Training**

Given the growing complexity of modern medical practice, **bioethics education** is crucial. Associations now routinely offer training on:

- Research Ethics
- Ethics of new and experimental interventions
- Balancing patient choice with clinical judgment

5. Mental Health and Peer Support

Doctors entangled in legal or ethical disputes often endure significant **emotional distress**, **reputational damage**, and **professional isolation**. Medical associations must recognize these human dimensions and offer structured support mechanisms.

- **Peer Counselling & Support Groups**

Associations like AOI and IMA can facilitate:

- **Peer support circles** where doctors share experiences and learn coping strategies.

- Access to **mental health professionals** familiar with the unique pressures of medical practice.
- Confidential platforms for **ventilation and emotional support**, particularly during litigation or inquiry proceedings.

Peer interaction reduces burnout and helps doctors regain emotional balance, especially when facing prolonged legal scrutiny.

- ***Public Relations Support***

In an era of viral misinformation and media sensationalism, even an unproven allegation can cause irreparable harm. Associations can offer:

- ***Crisis communication training*** to handle patient families, media, or institutional inquiries professionally.
- ***Guidance on public statements***, press responses, and digital reputation management.
- ***Social media defamation monitoring***, particularly where medical errors are misrepresented or sensationalized.

Timely and dignified public communication can protect a doctor's professional image and prevent further psychological damage.

6. Research and Trend Analysis

Proactive prevention of medico-legal issues requires data-driven insights. Medical associations play a crucial role in identifying risk patterns and shaping evidence-based interventions.

- ***Case Databases***

Develop and maintain comprehensive ***repositories of medico-legal case histories***, including:

- Alleged negligence in common ENT procedures.
- Outcomes of consumer court verdicts or criminal charges.
- Patterns of documentation failure or communication gaps.

These databases act as learning tools for practitioners, helping them avoid recurring pitfalls.

- ***Feedback Loops***

Insights from medico-legal cases can be channelled into:

- ***Revision of clinical guidelines***, especially for high-risk interventions.
- ***Improved patient consent protocols***, especially in high-stakes ENT surgeries.
- ***Targeted education programs*** focusing on commonly mismanaged situations.

Evidence-based revisions enhance both clinical safety and legal defensibility.

7. Public Awareness and Conflict Prevention

A significant proportion of medico-legal disputes originate not from clinical errors, but from miscommunication and mismatched expectations. Medical associations have a pivotal role in bridging this gap.

- ***Patient Education Campaigns***

Launch awareness initiatives to help the public understand:

- The realistic outcomes and limitations of medical treatments.
- The importance of informed consent and adherence to follow-up protocols.
- The complexity and unpredictability of certain high-risk procedures, particularly in ENT and airway management.

Educated patients are less likely to misinterpret adverse outcomes as negligence.

- ***Improved Communication Training***

Develop training modules to enhance:

- Empathetic doctor-patient dialogue, especially when delivering bad news or discussing complications.
- Clear and jargon-free explanation of procedures, risks, and alternatives.
- Handling of irate or anxious attenders with professionalism and calm.

Effective communication is not just a clinical skill—it is a medico-legal shield.

Conclusion

Medical associations are indispensable allies for doctors navigating medico-legal terrain. Their support extends far beyond courtrooms—into education, advocacy, mental health, and ethics. For ENT specialists, especially those performing high-risk interventions, active engagement with associations like AOI and IMA is no longer optional but essential.

Suggested Action for AOI Members

- Enroll in your state IMA's Professional Protection Scheme (PPS) or National PP Scheme.
- Attend regular medico-legal & Communication skill improvement CME programs.
- Maintain meticulous documentation.
- Stay updated on laws impacting medical practice via AOI newsletters and IMA circulars.

KEY POINTS

Role of Medical Associations in Medico-Legal Issues

1. Protection & Legal Aid

- Professional Protection Schemes (PPS) offer early legal advice, lawyer support, and defence funding.
- Assist during police, media, or court issues.

2. Policy & Advocacy

- Represent doctors before NMC, Government, and Courts.
- Campaign for fair laws under CPA, CEA, and other regulations.

3. Education & Capacity Building

- Conduct CMEs on consent, communication, and documentation.
- Publish guidelines and FAQs on medico-legal best practices.

4. Ethics & Self-Regulation

- Frame and uphold Codes of Medical Ethics.
- Promote bioethics and professional integrity.

5. Mental Health & Peer Support

- Provide counselling, stress management, and crisis support for doctors under pressure.

6. Data & Research

- Maintain medico-legal case databases and analyze trends for prevention.

7. Public Awareness

- Conduct patient education and promote clear doctor–patient communication to prevent disputes.

In essence: Medical associations like AOI and IMA protect doctors legally, guide them ethically, and strengthen the profession collectively. Membership is both a professional duty and a safeguard.

PROFESSIONAL INDEMNITY INSURANCE FOR DOCTORS

A Crucial Safeguard in Today's Medical Practice

In the current medico-legal landscape, ***Professional Indemnity Insurance*** is essential for healthcare professionals. It safeguards doctors from ***legal and financial liabilities*** that may arise from alleged errors, omissions, or negligence during the provision of medical services.

While multiple indemnity schemes exist, the ***National Professional Protection Scheme (NPPS)*** offered by the ***Indian Medical Association (IMA)*** stands out as ***one of the most doctor-friendly schemes*** available today.

Medical practitioners are increasingly being drawn into litigation following deaths or complications during treatment, often ***for no fault of theirs***. Many doctors express concern that unless protective measures are in place, they may be forced to:

- Be selective in accepting patients,
- Delay treatment pending elaborate investigations,
- Resort to ***defensive medicine***, which ultimately ***delays care and escalates costs***.

I. Aims & Objectives of NPPS

1. To ***protect IMA members*** and assist them in cases of ***harassment, litigation, or other legal challenges*** arising from their professional practice.
2. To ***provide legal aid*** to members of the scheme.

II. Eligibility

- ***Only Life Members of the Indian Medical Association (IMA)*** are eligible to join the Scheme.

III. Jurisdiction

- Only claims ***arising within the jurisdiction of the Republic of India*** will be entertained by the Scheme.

IV. Membership & Contribution

- ***First-Year Membership Fee: ₹3,000 + 18% GST***

- **Validity:** One calendar year from the date of realization of the fee.
- **Cause of Action:** Defined as treatment rendered by the member that subsequently leads to litigation.

Renewal:

- Members can renew annually by paying the same fee with a **rebate of ₹100 + 18% GST** for up to **6 years, provided no compensation** has been paid on their behalf.
- After 6 years, members continue to pay the same annual amount if no claim has been settled against them.

Multiple Units:

- A member may subscribe to ***multiple units*** of indemnity cover.
- The ***claimable amount is proportional*** to the number of units subscribed. (**e.g., 2 units = double the claim amount of 1 unit**)

Enhanced Unit: A member can avail an ***enhanced unit*** by paying ₹10,000 + 18% GST

V. Members' Rights & Duties

- The Scheme will ***defend consumer, civil, and criminal cases*** arising solely from a member's ***medical practice***, up to the level deemed appropriate by the ***Managing Committee***.
- ***Non-medical litigations*** (e.g., administrative issues, personal disputes) ***are not covered*** under the Scheme.

KEY POINTS

- Purpose: Protects doctors from legal and financial liabilities arising from alleged negligence, errors, or omissions in professional practice.
- Best Option: The National Professional Protection Scheme (NPPS) of the Indian Medical Association (IMA) offers one of the most doctor-friendly protections in India.

I. Aims & Objectives

- Safeguard IMA members from harassment or litigation related to professional work.
- Provide legal aid and defence support in medico-legal cases.

II. Eligibility

- Only Life Members of IMA can join.

III. Jurisdiction

- Covers cases within India only.

IV. Membership & Fees

- First-year fee: ₹3,000 + 18% GST.
- Validity: One calendar year from fee realization.
- Renewal: Annual renewal with ₹100 rebate (for up to 6 years if no claim).
- Multiple units: Members can take multiple indemnity units; claim limit rises proportionally.
- Enhanced Unit: ₹10,000 + 18% GST

V. Rights & Duties

- Scheme defends consumer, civil, and criminal cases linked to professional practice.
- Non-medical disputes (personal or administrative) are not covered.

RIGHTS OF DOCTORS IN INDIA

Doctors hold a unique position of trust and responsibility in society. Their duties toward patients and the public are matched by certain rights that safeguard their professional autonomy, dignity, and security. Recognising and protecting these rights is essential for the ethical and effective functioning of the medical profession.

1. Right to Professional Autonomy

Doctors have the right to exercise independent professional judgment in diagnosis, treatment, certification, and medical decision-making. Their decisions must be based on scientific evidence and the patient's best interests, free from undue interference by administrators, politicians, or commercial entities. This right flows from *Article 19(1)(g)* of the Constitution of India, which guarantees the freedom to practise any profession, and is reaffirmed in the *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations*.

2. Right to Life, Safety and Security

Every doctor has the right to protection from violence, threats, intimidation, or abuse while performing professional duties. Violence against healthcare personnel is a criminal offence under several laws:

- ***Indian Penal Code (IPC) Sections:*** Assault on a public servant during duty.
- ***State Medical Protection Acts:*** In force in several states, providing specific protection to healthcare workers.
- ***Epidemic Diseases (Amendment) Act, 2020:*** Declares violence against healthcare workers as a cognisable and non-bailable offence.

Hospitals and authorities are ethically bound to ensure a safe workplace.

3. Right to Reasonable Fees and Remuneration

Doctors are entitled to charge *reasonable professional fees* for their services. The relationship between doctor and patient is contractual, and patients are legally obliged to pay for services rendered unless otherwise agreed.

4. Right to Consent and Refusal

Doctors have the right to:

- Obtain ***informed consent*** before any procedure or intervention.
- ***Refuse treatment*** in non-emergency situations if the patient is uncooperative, abusive, or refuses consent.
- ***Withdraw from a case*** after giving due notice and ensuring that the patient's life is not endangered.

This right preserves the ethical integrity of the profession and protects both doctor and patient.

5. Right to Confidentiality of Practice

Doctors have a right to maintain the ***confidentiality of their professional records***, treatment notes, and patient information. Disclosure is permissible only under legal compulsion, court order, or when ethically justified (for example, in public health emergencies or to prevent serious harm).

6. Right to Respect and Dignity

The doctor–patient relationship is founded on ***mutual respect***. Doctors are entitled to courteous and dignified behaviour from patients, attendants, media, and the community. Professional dignity must be upheld by all healthcare institutions and fellow practitioners.

8. Right to Continuous Learning and Academic Freedom

Doctors have the right to pursue ***continuous medical education (CME)***, research, and professional development. Academic independence is vital to maintain scientific integrity and to advance evidence-based medicine.

9. Right to Association and Representation

Doctors have the right to ***form and join professional associations*** such as the Indian Medical Association (IMA) or specialty societies. These bodies represent doctors in professional, ethical, and policy matters, and safeguard collective interests.

10. Right to Conscientious Objection

A doctor may ethically refuse to participate in procedures that conflict with personal, moral or religious beliefs such as abortion, euthanasia, or assisted reproduction provided that:

- Patient care is not jeopardised; and
- The doctor refers the patient to another competent practitioner.

This right reflects the moral agency and integrity of the profession.

11. Right to Safe and Ethical Workplace

Doctors are entitled to:

- Adequate safety measures against infection and workplace hazards.
- Freedom from harassment, exploitation, or discrimination.
- Transparent service conditions, fair workload, and ethical institutional practices.

Hospitals and clinics have a duty to ensure a healthy and supportive working environment.

12. Right to Fair Media Representation

Doctors have the right to protect their *professional reputation* from unverified or sensational media coverage. Media must report medical issues responsibly, respecting due process and avoiding public vilification before investigation or judgment.

13. Right to Participate in Policy and Decision-Making

Doctors should have representation in:

- Hospital management committees,
- Ethics committees, and
- Health policy forums at state and national levels.

Participation ensures that decisions affecting healthcare delivery remain informed by ethical and clinical insight.

Conclusion

Doctors' rights are not privileges but essential safeguards for ethical and effective medical practice. A society that respects its doctors' rights ensures that they can, in turn, uphold the rights and welfare of their patients.

KEY POINTS

1. Professional Autonomy

- Freedom to exercise independent clinical judgment in diagnosis and treatment.
- Protected under Article 19(1)(g) of the Constitution and MCI Ethics Regulations.

2. Safety and Security

- Right to protection from violence, intimidation, or abuse while on duty.
- Safeguarded by IPC provisions, State Medical Protection Acts, and the Epidemic Diseases (Amendment) Act, 2020.

3. Reasonable Fees

- Right to charge fair professional fees.

4. Consent and Refusal

- Right to obtain informed consent before procedures.
- May refuse or withdraw from treatment (except in emergencies) if patient is uncooperative or abusive.

5. Confidentiality

- Right to protect patient records and information; disclosure only when legally or ethically required.

6. Respect and Dignity

- Entitled to courteous behaviour from patients, colleagues, and media.
- Institutions must uphold doctors' professional dignity.

7. Continuous Learning

- Right to pursue CME, research, and academic freedom for professional growth.

8. Association and Representation

- Right to form and join professional bodies like IMA and specialty associations for advocacy and protection.

9. Conscientious Objection

- May decline participation in procedures conflicting with moral or religious beliefs, ensuring patient care is not compromised.

10. Safe and Ethical Workplace

- Right to safe, harassment-free, and ethically managed work environments.

11. Fair Media Representation

- Protection against defamatory or sensational reporting; right to fair portrayal.

12. Policy Participation

- Right to representation in hospital, ethics, and policy committees to ensure clinical perspectives inform decisions.

WHAT TO DO IN CASE OF A LITIGATION

Receiving a notice of litigation from a court is one of the most harrowing experiences a doctor can face. This stems from the fact that most doctors tend to think of the law only in the context of defending a case of alleged medical negligence. However, numerous legal provisions govern the day-to-day practice of medicine, and it is imperative that medical professionals develop at least a basic understanding of them.

This does not imply that a doctor should act as his own lawyer. Such an approach is neither practical nor advisable. Nevertheless, a foundational awareness of the law, the structure of the legal system, its functions, and key jurisprudential concepts can be immensely valuable. It enables a doctor to align their practice with legal expectations by placing greater emphasis on effective communication, meticulous documentation, informed consent, and ethical, evidence-based medical care.

When a doctor receives a notice of litigation from a court, initiated by a complainant, it is essential that he immediately contacts a qualified advocate and signs a *Vakalatnama*.

In legal terminology, the **complainant** is the individual who files a formal complaint or initiates legal action, while the **defendant** is the person against whom the complaint is made. A *Vakalatnama* is a written authorization submitted to the court by an advocate, stating that he has been empowered by his client to represent them in the legal proceedings.

The *Vakalatnama* should clearly state the name of the case, the court in which it is filed, and the names of all parties involved, including the client and the advocate. Both the client and the advocate must sign the *Vakalatnama* in the designated areas. It should also include the advocate's address.

Filing of Written Version and Submission of Evidence

Once the *Vakalatnama* is submitted, the advocate representing the defendant (in this case, the doctor) prepares a detailed **written version** or **reply** to the complaint. This response outlines the doctor's version of events and serves as a formal rebuttal to the allegations made by the complainant.

Both parties — the **Complainant** (the person who has filed the case) and the **Defendant** or **Opposite Party** (the doctor against whom the complaint has been filed) are expected to:

- Submit all **relevant documents** and **evidence** that support their claims or defence.
- Furnish a **list of witnesses**, if any, who can testify in support of their version.

These documents and testimonies form the foundation of the case and play a critical role in determining its outcome.

Filing of Proof Affidavits

After the written versions are submitted, both the **Complainant** and the **Defendant** are required to file their respective **proof affidavits**. A proof affidavit is a **sworn written statement** submitted to the court, in which a party presents factual details and evidence in support of their claims or defence.

This document becomes a crucial part of the legal proceedings and is considered as **evidence**. Once filed, it:

- **Forms part of the official court record**, accessible to both parties and their legal representatives.
- **Enables the opposing counsel** to examine the contents in preparation for **cross-examination**.
- Helps the court assess the **credibility of the evidence**, the **merit of the case**, and the **reliability of witnesses**.

The proof affidavit must be **accurate, truthful**, and **comply with legal standards**, as it will be scrutinized thoroughly during the trial.

After the filing of the proof affidavit, the legal proceedings continue with the cross-examination of witnesses and the defendant. Here's how the process unfolds:

1. Cross-Examination of the Defendant (Doctor):

- After the **proof affidavit** is filed by the complainant, the complainant's advocate will have the opportunity to cross-examine the **defendant** (the doctor involved in the case).
- **Cross-examination** serves to question the **reliability** and **credibility** of the defendant's testimony. The goal is to highlight **contradictions, weaknesses**, or **inconsistencies** in the defendant's version of events, potentially casting doubt on their defence.

- It also aims to *clarify* certain aspects of the case, making it easier for the judge to evaluate the facts and decide the outcome.

2. *Examination of the Complainant's Witnesses:*

- After the defendant's cross-examination, the *complainant's witnesses* (e.g., family members, other doctors, or experts) will be called to testify.
- **Examination-in-Chief:** The complainant's advocate will *examine* these witnesses first, also known as *chief examination*. The goal here is to allow the witness to present their side of the story or provide testimony in favour of the complainant's case.
- Questions asked during the *examination-in-chief* are typically *open-ended*, allowing the witness to describe events and offer their perspective freely.
- Its purpose is to *elicit relevant facts* from the witness *without leading questions* (i.e., without suggesting the answers).

3. *Cross-Examination of the Complainant's Witnesses:*

- Once the complainant's advocate has completed the examination-in-chief, the *defendant's advocate* will have the opportunity to cross-examine the complainant's witnesses.
- Similar to the cross-examination of the defendant, the *defendant's lawyer* will attempt to *discredit* the witness's testimony by questioning their *credibility, reliability, and accuracy*.
- They may point out *inconsistencies, contradictions, or biases* in the witness's statements that could weaken the complainant's case.

After cross-examination, the party who called the witness may conduct a *re-examination*, but it is *limited to clarifying points* raised during cross-examination.

Significance:

- **Unquestioned Facts:** If no cross-examination takes place on a particular fact from the examination-in-chief, it is typically inferred that the opposing party accepts that fact as true.

- **Value of Testimony:** If a witness fails to appear for cross-examination after examination-in-chief, their evidence often becomes *inadmissible* or *worthless*, as the opportunity to challenge its veracity is denied.

In essence, cross-examination serves as a tool to ensure that all testimony is accurate, truthful, and not skewed in favour of one party.

After the **Complainant's** witnesses have been cross-examined by the Defendant's advocate, the next steps in the legal process unfold as follows:

1. Cross-Examination of the Complainant:

- The **Defendant's advocate** then cross-examines the **Complainant** (or their representative) to challenge the claims made by the complainant and to examine the strength and credibility of their case.
- This is the same process as cross-examining a witness: the goal is to test the *reliability*, *consistency*, and *truthfulness* of the Complainant's testimony.

2. Examination-in-Chief of Defendant's Witnesses:

- The **Defendant's advocate** will now conduct the *examination-in-chief* of the witnesses they have called to testify. This is similar to the Complainant's advocate's role earlier, where the Defendant's advocate will allow the witness to present their version of events. The goal here is to establish a defence or provide evidence in favour of the Defendant.

3. Cross-Examination of the Defendant's Witnesses:

- After the **Defendant's advocate** finishes their questioning, the **Complainant's advocate** will have the opportunity to cross-examine the Defendant's witnesses.
- The cross-examination of the Defendant's witnesses follows the same principles as the earlier cross-examination. The **Complainant's advocate** will attempt to point out inconsistencies, contradictions, or inaccuracies in the Defendant's witnesses' testimonies.

After all the witness testimonies, cross-examinations, and submission of evidence, the next stage in the legal process is typically ***posting for arguments***. This process is crucial to how the court will ultimately arrive at a decision.

Posting for Arguments:

- After both sides have presented their cases (through examination-in-chief, cross-examination, and filing of evidence), the court will set a date for ***oral arguments***.
- During ***oral arguments***, both the ***Complainant's advocate*** and the ***Defendant's advocate*** will summarize the key points of their case, highlight the strengths of their evidence, and make legal arguments to persuade the court in their favour.
- ***Written arguments*** may also be submitted, where each party outlines their position on the legal issues, and their interpretation of the law and facts of the case.
- The court will often allow both sides to present these arguments in a manner that will help the judge clarify any uncertainties and make a reasoned ruling.
- In cases involving medical issues, ***medical treatises*** and literature may be submitted as part of the evidence. These can include ***peer-reviewed journal articles***, ***Textbooks***, and ***Clinical guidelines***.
- These documents serve as ***authoritative evidence*** to help establish medical facts and support the claims made by either party. It can be used to prove whether the defendant's actions met the expected standard of care in the medical community.

After all the arguments, submissions, and evidence have been presented, the case is then ***posted for judgment***. This phase signifies the conclusion of the active litigation process, and the court moves toward announcing its ***final decision*** or ***judgment*** after reviewing all the evidence, arguments, and legal principles.

This judgment will be communicated to both parties, either by reading it aloud in court, or by publishing it in written form. It may also be available on the ***court's website*** or through legal databases for public access.

After Judgment:

- ***Appeals:*** Once a judgment is issued, either party has the right to file an ***appeal*** if they believe the decision was wrong, or there were legal errors made during the trial. An appeal is filed in a higher court, which reviews the case for any mistakes or misapplication of the law.
- ***Execution of Judgment:*** After a judgment becomes final, it is enforced. In civil cases, this could mean the payment of damages, while in criminal cases, it may involve penalties, fines, or imprisonment.

In legal proceedings, especially in medical malpractice or negligence cases, the ***trial court*** is where all the ***evidence*** and ***witnesses*** should be presented and thoroughly examined. Once the case has moved beyond the trial court and is brought to an ***appellate court***, the scope for introducing new evidence is severely limited. The appellate court primarily focuses on whether there were legal errors or procedural mistakes in the trial court's judgment. It does not typically allow for the introduction of new facts or evidence unless exceptional circumstances are present.

1. Significance of the Trial Court: The trial court is the stage where all evidence, witnesses, and arguments are laid out. This is the most critical phase for establishing your defence or position. Both ***direct and expert witnesses*** must be thoroughly examined in the trial court. Any missing or poorly presented testimony could weaken the case, and in the appeal process, it is unlikely that the court will allow you to correct this oversight.

In medical malpractice cases, the evidence must be presented in a clear and convincing manner. The ***complexity of medical facts*** often requires expert testimony to explain medical procedures, diagnoses, and treatments to the court. If expert testimony is absent or insufficiently detailed, it could severely impact the case's outcome.

2. Role of the Defence: Defendants (doctors, in this case) must be ***vigilant*** in following up on their case at every stage. They should be actively involved in ensuring that all necessary documents, medical records, and evidence are being presented effectively. Regular communication with their ***legal counsel*** is essential to ensure no important detail is overlooked.

Given the technical nature of medical cases, it is critical that ***medical experts*** are involved from the outset. These experts should be capable of explaining the ***medical nuances*** clearly

and in a way that the court can understand. An advocate who is unfamiliar with medical terminology and processes will be less effective in defending a doctor unless the ***medical expert*** helps them understand the case thoroughly.

3. Educating the Advocate: The role of the ***defendant's advocate*** is crucial in ensuring that the medical facts are properly communicated to the court. However, given the technicalities involved in medical malpractice cases, the advocate needs to be ***well-versed*** in the medical nuances and should work closely with the medical expert to understand the facts. The advocate should be assisted in framing questions during cross examining the Complainant & their witnesses and also while chief examining the defendant's witnesses.

The appellate court may affirm, reverse, or remand the trial court's decision

1. Affirm: When the appellate court ***agrees*** with the decision made by the trial court, it ***upholds the verdict***.

2. Reverse: When the appellate court ***disagrees*** with the trial court's decision and ***overturns*** it.

3. Remand: When the appellate court may not make a final decision but rather instructs the trial court to ***reconsider*** the case considering the appellate court's findings. The trial court may need to correct legal errors, conduct a new trial, or address specific issues that were overlooked or improperly handled.

WHAT TO DO IN CASE OF A MOB ATTACK

1. Ensure Safety First

- Protect ***human life above property*** — evacuate staff, patients, and bystanders from the violence zone.
- Move patients who can be transferred safely to secure rooms or ICU areas with lockable doors.
- Switch off oxygen and electrical panels in affected zones to prevent fire or explosion.

2. Alert Security and Police

- Inform ***local police immediately***.
- If possible, alert the ***Hospital Protection Committee*** or ***District Medical Officer***.
- Maintain a ***pre-displayed emergency contact list*** — local SHO, fire station, IMA PPS officer, and legal counsel.

3. Do Not Engage or Retaliate

- Form a cordon around the victim and shift them away from the site of confrontation.
- Hospital staff must ***avoid confrontation*** or use of force.
- No verbal argument or counter-attack; it can escalate and later be misrepresented.
- Record evidence (CCTV, mobile videos) ***whenever possible***.

4. Secure Evidence and Property

- Lock records, cash counters, and drugs to prevent theft or tampering.
- Preserve CCTV footage and access logs — these will be ***crucial for FIR and insurance claims***.

AFTER THE INCIDENT

5. Register a Police Complaint (FIR)

► The ***Hospital Administrator or Duty Doctor*** should file an FIR under:

- o ***IPC Sections***— assault on public servant, causing damage, criminal intimidation, trespass.

- o ***State Hospital Protection Act*** (where applicable)

► If FIR is not registered, escalate in writing to the ***District Superintendent of Police*** or approach the court.

6. Document the Incident

► Maintain an ***Incident Report File*** containing:

- o Date, time, and location of attack
- o Persons involved (names, contact, witnesses)
- o Extent of injury or damage
- o Immediate action taken (police, press, management)
- o Photographs/video if available

7. Medical Legal Intimation

- File ***Medico-Legal Reports (MLRs)*** for injured staff or patients.
- Maintain confidentiality and clinical records properly — these may be summoned later in court.

PREVENTIVE & PROTECTIVE STRATEGIES

8. Institutional Preparedness

- Install ***CCTV cameras***, panic alarms, and restricted access points.
- Display ***Hospital Protection Act and Penal Consequences*** prominently at the entrance.

- Maintain a ***Crisis Response Protocol*** and conduct ***mock drills*** every 6 months.
- Keep ***insurance coverage*** for property and professional indemnity.

9. Communication Management

- Designate ***one authorized spokesperson*** to address the media, to avoid misinformation.
- Use ***calm, factual statements and avoid*** defensive or accusatory remarks in public or social media.

10. Liaison and Support

- Inform ***IMA, Hospital Association*** for legal and moral support.
- Engage local community leaders and law enforcement for confidence-building.
- Offer ***counselling or debriefing*** for traumatised staff members.

KEY POINTS

Mob Attack

- Ensure Safety
- Alert Authorities
- Do Not Confront
- Secure Records & Property

After the Incident

- File FIR
- Document Everything
- Medico-Legal Work

Preventive

- Institutional safety
- Media Handling
- Liaison & Support

HOW TO HANDLE DEATH ON TABLE?

Death on table is the most serious surgical complication and can occur in any surgery. Death on table can be a very sensitive issue as no one is ready to accept the death of their near and dear ones.

Death can be due to anaesthesia causes surgical errors, uncontrolled bleeding, airway issues, cardiac arrest, embolism, machine failure, etc.

What should a surgeon do in such cases?

1. Stop the surgery and close the incision with a single suture.
2. Organise things in OT but do not clean it. Keep aside the vials, ampoules, syringes used for the patient. Remove all the instruments and airway devices from the patient's body. Keep them separate in a box. They will be required for investigation purposes.
3. All Notes and paperwork with exact date and timings must be completed and kept in your custody to prevent unauthorised copying of the papers. Nursing notes, Surgeon notes and Anesthetist notes should be contemporaneous.
4. Surgeon notes should include consent form, fitness certificates, investigation reports. OT notes should include the surgery done, note of any organ removed, or damaged and any bleeding encountered.
5. Anesthetist notes should include the type of anesthesia given, drugs injected, resuscitation measures taken and vital charts.
6. Nursing notes should include vital charts, drugs given and notes of any machine failure.
7. It is mandatory to inform police to demand for a post-mortem. It can be done on phone or in writing and take an acknowledgment copy. If done on phone, note the buckle number and designation of the police personnel.
8. The investigation officers will visit the hospital to do Panchnama, interrogate you, your staff and the connected persons. They will collect all the evidence (used vials and drugs). They will demand for all the medical documents which will have to be handed to them within 72 hours.

9. Make sufficient Xerox copies of all the medical documents and keep them safely with you. Give the authorities only the Xerox copies.
10. Inform your insurance company as soon as possible of the incident occurred.
11. Breaking bad news to the relatives is an art. Call only 2-3 close relatives to your chamber. Have a sympathetic and empathetic attitude. Avoid medical jargons.
12. Call your colleagues for help, your local IMA group, association members, Crisis group.
13. Allow only One person from your hospital to communicate with the media. They should know all the facts before hand.
14. Don't try to settle things with money.

Disclaimer - Collaborative effort by The Association of Otolaryngologists of India and Cipla in knowledge dissemination with the focus on continuous scientific upgradation. Information provided is intended for medical update strictly for Registered Medical Practitioners. Medical and related views expressed by the individual contributor/ author/ doctor are their independent opinions. Although great care has been taken in compiling and checking the information, the authors and its associates or agents, and sponsors or Cipla shall not be responsible, or in any way liable for any errors, omission or inaccuracies in this publication whether arising from negligence or otherwise however, or for any consequences arising therefrom. The inclusion or exclusion of any product does not mean that the publisher or author recommends or rejects its use either generally or in any particular field or fields. Prescription of the drug is the prerogative of Registered Medical Practitioners at his /her sole discretion. Copying, reproduction, circulation of the information published here in any form or by any means either mechanically/ print or electronically without Cipla's prior consent is strictly prohibited. Any unauthorised person having possession of this document should inform/ notify/ return to Cipla Ltd"

In Allergic Rhinitis,

Rx Montair[®] FX
Montelukast 10 mg + Fexofenadine 120 mg **Tablets**

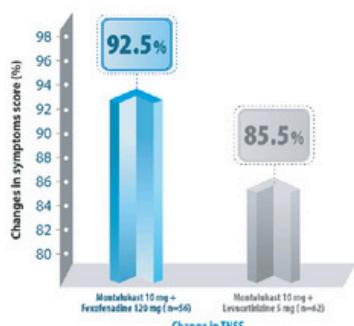
cARe with Convenience



NO.1 BRAND^{}**



Reduction in TNSS
with Montelukast and
Fexofenadine FDC compared to
Montelukast and Levocetirizine FDC¹



Fexofenadine
Better Bioavailability
over Bilastine²



For the use of a Registered Medical Practitioner or a Hospital & Laboratory only

Expiry Date: Dec 2026

*The Uncommon Cold is a coined term for Allergic rhinitis **IQVIA MAT Feb 25

1. Nayak P, et al. A randomized, open label, prospective, comparative, multicentric study to evaluate the efficacy and safety of montelukast and fexofenadine fixed-dose combination vs montelukast and levocetirizine fixed-dose combination in allergic rhinitis. Indian Journal of Clinical Practice. 2013 Aug; 24(3):241-6. 2. Prescribing information for Bilastine and Fexofenadine TNSS- Total Nasal Symptom Score FDC- Fixed Dose Combination

To report any adverse events/special situation, email at drugsafety@cipla.com or report to Cipla Ltd on 1800 2677779 as soon as possible.

For any further information, please contact:

Cipla
Cipla Ltd., Regd. Office: Cipla House, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013, India. Website: www.cipla.com

For complete prescribing information of
Montair FX Please scan the QR code Last
updated on 24th Sept'2024



In Nasal & Ocular symptoms with AR



In Perennial Allergic Rhinitis



In Rhinorrhea & Sneezing
with Moderate to Severe AR



In Nasal Congestion with AR



For the use of a Registered Medical Practitioner or a Hospital or Laboratory only

Expiry Date: Dec 2026



Facebook Group
Academic Sessions



*The Uncommon Cold is a coined term for Allergic rhinitis AR - Allergic rhinitis

Toreport any adverse events/special situation, email at drugsafety@cipla.com or report to Cipla Ltd on 1800 2677779 as soon as possible.
IN-PM-IN-2025-0041

For any further information, please contact:



Cipla Ltd., Regd. Office: Cipla House, Peninsula Business Park, Ganpatrao Kadam Marg,
Lower Parel, Mumbai - 400013, India. Website: www.cipla.com

For Complete
prescribing information of
Flomist F Please
Scan the QR code
Last Updated on 04 Oct 2021



The Association of Otolaryngologists of India Medicolegal Committee Meeting





THE ASSOCIATION
OF OTOLARYNGOLOGISTS
OF INDIA

The Association of Otolaryngologists of India

