Address for Correspondence:
Apex Hospital, University Road,
Gwalior - 474011, MP, India.
Phone: 2340910, 2340924;
Mobile: 09827383008
Email: dr_mtiwari@rediffmail.com

Journal *of* Indian Medico Legal And Ethics Association

Vol.: 03 | Issue: 04 | Oct-Dec 2015

CONTENTS

INDIAN MEDICO LEGAL & ETHICS ASSOCIATION

Aims & Objectives

- To promote, support and conduct research related to medico-legal, ethical and quality care issues in the field of medicine.
- To help, guide, co-ordinate, co-operate and provide expert opinion to the government agencies, NGO, any semi-government, voluntary, government agencies, legal bodies / institutions and judiciary in deciding settled or unsettled laws or application of laws / rules related to medico-legal or ethical issues.
- To train the medical professionals in doctor-patient relationship, communication skills, record maintenance and prevention of litigations.
- To promote and support the community members and individuals in amicable settlements of the disputes related to patient care, management and treatment.
- To provide specialized training in related issues during undergraduate or postgraduate education.
- To organize conferences, national meets, CME, updates, symposia etc related to these issues.
- To identify, establish, accreditation and promote organizations, hospitals, institutes, colleges and associations working on the related and allied issues.
- To promote goodwill, better care, quality care, professional conduct, ethical values.
- To establish and maintain educational institutes, hospitals, medical colleges, libraries, research centers, laboratories etc. for the promotion of its objects and to provide scholarships, fellowships, grants, endowments etc. in these fields.
- To print and publish the bulletins, books, official journal / newsletters or periodicals etc on related and allied subjects.
- To co-operate, co-ordinate, affiliate and work with other bodies, agencies or organizations to achieve the objects.

Do's and Dont's for RMPs

Dr. (Prof.) Mahesh Baldwa
M.D, D.C.H, FIAP, MBA, LL.B, LL.M, PhD (Law)
Senior Pediatrician & Medicolegal Advisor

Dr. Sushila Baldwa
MBBS, MD,DGO, Senior Gynecologist,
(Baldwa Hospital, Sumer Nagar, S.V. Road, Borivali (West) Mumbai)

Dr. Namita Padvi
MBBS, MD,DNB, PGDML
(Fellowship in Pediatric Anesthesiology, Assistant Professor of Anesthesiology,
T.N. Pediatric Medical College and Nair Hospital, Mumbai)

Dr. Varsha Gupta
MBBS, MD, PGDML
(Department of Pathology and Bblood Bank, Bhagwati Hospital, Borivali (West) Mumbai)

I. Duties to the Patient.

II. Duties to Public.

III. Duties towards Law Enforcers.

IV. Duties not to violate Professional Ethics.

V. Duties not to do anything illegal or hide illegal acts.

VI. Duties to each other.

I. DUTIES TO THE PATIENT

These are : Standard Care, Providing Information to the Patient/ Attendant, Consent for Treatment and Emergency Care.

A. Standard Care

This means application of the principles of standard care which an average person takes while doing similar job in a similar situation as per bolams law:

1. Due care and diligence of a prudent Doctor.
2. Standard, suitable, equipment in good repair.
3. Standard assistants: Where a senior doctor delegates a task to a junior doctor or paramedical staff, he must assure himself that the assistant is sufficiently competent and experienced to do the job, and fulfills the prescribed qualifications.
4. Non-standard drug is a poison by definition.
5. Standard procedure and indicated treatment and surgery.
6. Standard premises, e.g. Nursing Home, Hospital, must comply with all laws applicable as imposed by the State and these must be registered wherever required.
7. Standard proper reference to appropriate specialist.
8. Standard proper record keeping for treatment given, surgery done, X-ray and pathological reports.
9. Standard of not to experiment with patient
10. Anticipation of standard risks of complications and preventive actions taken in time.
11. Observe punctuality in consultation.

B. Duty to provide information to patient / attendant

1. Regarding necessity of treatment.
2. Alternative modalities of treatment.
3. Risks of pursuing the treatment, including inherent complications of drugs, investigations, procedure,

surgery, etc.

4. Regarding duration of treatment.
5. Regarding prognosis. Do not exaggerate nor minimize the gravity of patient's condition.
6. Regarding expenses and break-up thereof.

C. Consent for treatment

D. Emergency Care

A doctor is bound to provide emergency care on humanitarian grounds, unless he is assured that others are willing and able to give such care. It may be noted that prior consent is not necessary for giving emergency / first-aid treatment. In emergency medico-legal cases, condition of first being seen by medical jurist is not essential.

II. DUTIES TO THE PUBLIC

1. Health Education
2. Medical help when natural calamities like drought, flood, earth-quakes, etc. occur.
3. Medical help during train accidents.
4. Compulsory notification of births, deaths, infectious diseases, food poisoning etc.
5. To help victims of house collapse, road accidents, fire, etc.

III. DUTY TOWARDS LAW ENFORCERS, POLICE, COURTS, ETC.

1. To inform the police all cases of poisoning, burns, injury, illegal abortion, suicide, homicide, manslaughter, grievous hurt and its natural complications like tetanus, gas-gangrene , etc. This includes vehicular accidents, fractures, etc.
2. To call a Magistrate for recording dying declaration.
3. To inform about bride burning and battered child cases.

IV. DUTY NOT TO VIOLATE PROFESSIONAL ETHICS (only important few given)

1. Not to associate with unregistered medical practitioner and not allow him to practice what he is not qualified for.
2. Not to indulge in self-advertisement except such as is expressly authorized by the M.C.I. Code of Medical Ethics.
3. Not to issue false certificates and bills.
4. Not to run a medical store / open shop for sale of medical and surgical instruments.
5. Not to write secret formulations.
6. Not to refuse professional service on grounds of religion, nationality, race, party politics or social status.
7. Not to attend patient when under the effect of alcohol
8. No fee sharing (Dichotomy).
9. Not to talk loose about colleagues.
10. Information given by patient /attendant to be kept as secret. Not to be divulged to employer, insurance company, parents of major son/daughter without consent of patient. Even in court this information is given only if ordered by the Court.
11. Recovering any money (in cash or kind) in connection with services rendered to a patient other than a proper professional fee, even with the knowledge of the patient.

V. DUTY NOT TO DO ANYTHING ILLEGAL OR HIDE ILLEGAL ACTS

1. Perform illegal abortions / sterilization's
2. Issue death certificates where cause of death is not known.

Contd....99.

Frequently Asked Questions Related to MCI Code of Ethics

Dr. (Prof.) Mahesh Baldwa
M.D, D.C.H, FIAP, MBA, LL.B, LL.M, PhD (Law)
Senior Pediatrician & Medicolegal Advisor

Dr. Sushila Baldwa
MBBS, MD,DGO, Senior Gynecologist,
(Baldwa Hospital, Sumer Nagar, S.V. Road, Borivali (West) Mumbai)

Dr. Namita Padvi
MBBS, MD,DNB, PGDML
(Fellowship in Pediatric Anesthesiology, Assistant Professor of Anesthesiology,
T.N. Pediatric Medical College and Nair Hospital, Mumbai)

Dr. Varsha Gupta
MBBS, MD, PGDML
(Department of Pathology and Bblood Bank, Bhagwati Hospital, Borivali (West) Mumbai)

Q 1. Does ethics 2002 recommends having affiliations with IMA IAP, surgeons association, physicians associations etc?

Ans. Yes. Though it is not mandatory.

Q 2. Up to which age is it necessary for RMP to complete least 30 hours Continuing Medical Education programmes [CME] every five years and /or 6 hours per year for renewal of licence.

Ans. This rule is up to attainment of age of 70 years. After 70 one need not submit proof of CME.

Q 3. Should RMP display the registration number in clinic and in all prescriptions, certificates, money receipts etc.

Ans. Yes. It is mandatory otherwise it may constitute misconduct.

Q 4. Is consent from both husband and wife necessary for sterilization operation?

Ans. Yes.

Q 5. Whose consent is required for vitro fertilization [IVF] or artificial insemination [AI]?

Ans. Informed consent of the female patient and her spouse as well as the donor.

Q 6. Can RMP publish photographs or case reports revealing the patients identity without permission of patients in any medical journal?

Ans. No. Consent of patient is a must.

Q 7. Is it mandatory to take Consent from patient for trial of drug as per the ICMR, DGCI and Schedule Y guidelines otherwise misconduct.

Ans. Yes.

Q 8. Is RMP is bound to treat each and every person.

Ans. No, but RMP needs to respond mandatorily to treat in emergency patients

Q 9. Can RMP having undertaken a patient withdraw from the case without giving notice to the patient.

Ans. No.

Q 10. How should RMP tell about patient's prognosis ?

Ans. RMP should neither exaggerate nor minimize the gravity of a patient's prognosis.

Q 11. Can RMP refuse to treat on religious grounds

Ans. No. RMP cannot refuse to treat patients on grounds of religion, nationality, race, party politics or social status.

Q 12. Should RMP Confidentiality and secrecy

Ans. Yes. Only to be breached if required by the laws of the State.

Q 13. Should RMP report communicable diseases to local authority?

Ans. Yes

Q 14. Can RMP under influence of alcohol, sleeping pills, sleep deprived, overworked, emotionally unstable, suffering from anxiety neurosis treat his patient

Ans. No.

Q 15. Should RMP disclose if he /she is having HIV, Au antigen positive, HCV positive, epilepsy while or before undertaking or giving treatment to his/her patients.

Ans. Yes

Q 16. Should RMP use rational prescription and prescribe drugs by generic names ?

Ans. Preferably yes

Q 17. Should RMP use reference for investigations and specialist and super specialist consultations judiciously?

Ans. Preferable Yes

Q 18. Consultant RMP should not criticize the referring RMP unnecessarily.

Ans. Yes

Q 19. Should RMP claim to be specialist only if one has a special qualification in that branch?

Ans. Yes

Q 20. Is it necessary to appoint another RMP [locum] to attend his patients during his temporary absence?

Ans. Yes

Q 21. Should all RMP's render gratuitous service to all RMP's and their immediate family dependants?

Ans. Yes

Q 22. Is it ethically not a Prime object of RMP to render service to humanity and reward or financial gain is a subordinate.

Ans. Yes

Q 23. Does rule of caveat emptor (let the buyer beware) does apply in the doctor patient relationship.

Ans. No.

Q 24. Are there any capping of fees charged by RMP

Ans. No

Q 25. Should RMP display fee charged in waiting room?

Ans. Yes

Q 26. Should RMP announce his fees before surgical operation?

Ans. Yes

Q 27. Is It unethical to enter into a contract of "no cure no payment"?

Ans. No

Q28. How long to maintain the medical records of indoor patients

Ans. Three years

Q 29. How long one should take to give treatment records if asked?

Ans. Within 72 hours

Q 30. Can RMP indulge in cut practice for referring patients.

Ans. No

Q 31. Can RMP receive gifts, Travel facilities, monetary grants, Medical Research grants from pharma co routinely

Ans. No

Q 32. Can RMP do Advertising

Ans. No

Q 33. Can RMP use touts or agents for procuring patients.

Ans. No

Q 34. Can RMP use unusually large sign boards?

Ans. No. Normally, more than 3 feet by 2 feet boards are large sized

Q 36. Can RMP patent surgical instruments, appliances and medicine or Copyright applications, methods and procedures?

Ans. Yes

Q 37. Can RMP run shop for sale of medicine and surgical appliances?

Ans. No

Q 38. Can RMP indulge in prescribing secret remedial agents?

Ans. No

Q 39. Can RMP Practice mercy killing or euthanasia for terminally ill or in extreme pain or agony?

Ans. No

Q 40. Can RMP abuse professional position to committing adultery, molestation or rape etc?

Ans. Never.

Q 41. Can RMP practice other profession like law etc.

Ans. No. one can only take registration to practice one profession only.

Q 42. Can RMP own liquor shop, bar etc

Ans. No, it may be considered infamous conduct.

Do's and Dont'ts for RMPs (Contd....)

3. Not informing police a case of accident, burns, poisoning, suicide, grievous hurt, gas gangrene.
4. Not calling Magistrate for recording dying declaration.
5. Unauthorized, unnecessary, uninformed treatment and surgery or procedure.
6. Sex determination.

VI. DUTY TO EACH OTHER

1. A doctor must give to his teachers respect and gratitude.
2. A doctor ought to behave to his colleagues as he would like them to behave to him.
3. A doctor must not entice patients from his colleagues, even when he has been called as a specialist.
4. When a patient is referred to another doctor, a statement of the case should be given. The second doctor should communicate his opinion in writing /over telephone/fax direct to the first doctor.
5. Differences of opinion should not be divulged in public.

Indian Medical Service - A Solution to Problems of Medical Fraternity

Dr. Prabuddh Sheel Mittal
MD
Consultant Obstetrician & Gynecologist &
Medico-Legal Consultant-Gwalior
Ex-Assistant Professor ,Medical College ,Baroda ,Gujarat
Pursuing LLB, 2nd year from Jiwaji University ,Gwalior

आज के दौर में चिकित्सा व्यवसाय करना कितना कठिन है शायद ये समझने की जरूरत नहीं है डॉक्टर चाहें प्राइवेट मे हो या सरकार मे सभी परेशान है विभिन्न नियम कानून समाज का नजरिया प्रशासन का रूख आदि डॉक्टरों को सही तरीके से प्रैक्टिस करने से रोकते हैं। इन सब बातो की शुरूआत कहाँ से हुई पता नहीं, यह सेवा कार्य कब व्यवसाय मे बदल गया पता नहीं, समाज का नजरिया कब बदला पता नहीं, डॉक्टरों के काम मे नुक्स कब निकालना शुरू हुआ पता नहीं ! लेगों ने इस पेशे को पैसा कमाने की मशीन बना दिया है, जितना लगाओगे उससे ज्यादा मिलेगा और मेरी समझ से यही से परेशानियाँ शुरू हुई है ये परेशानियाँ वास्तविक भी हैं व् कुछ अनचाही भी। उदाहरण:- पैसा लेकर जब मरीज का इलाज मनमुताबिक नहीं होता है तो social aggression का सामना करना पड़ता है। ऐसे में प्रशासन, मीडिया सोचते हैं कि डॉक्टर पर खूब पैसा है और वे पैसा निकलवाने के हथकंडे ढूँढ़ते हैं। यानि health service से बदल कर अब हम health industry बनते जा रहे हैं। CPA भी इन्ही परेशानियों में से एक है। यही वास्तविक परेशानियाँ भी कई बार अपनी हद पार कर जाती हैं जैसे तोड़फोड़, डॉक्टर पर हमला, huge compensation इत्यादि।

इन सब बातो का समाधान मुझे जो नज़र आता है वो यहाँ बता रहा है। हमारा संविधान जब बना था तब तीन सेवाओ का जिक्र था Indian Administrative Service /Indian Police Services /Indian Forest Services. बाद में 1) Indian Medical & Health Services, 2) Indian Services of Engineers (irrigation, Power ,Building ,Roads) भी प्रस्तावित हुए ! बाकी सर्विसेज तो तुरंत शुरू हो गई पर हमारी IMS का कुछ पता नहीं। अगर हम सब इसके लिए तैयार हों तो ये संभव है। पर उससे पहले हमें इसके फायदे जानने होंगे। जब हम Indian Services में आते हैं तो एक cadre होता है। हमारे ही profession का व्यक्ति सर्वोच्च पद जैसे Principal Secretary तक जाएगा। हम IAS के अधीन नहीं आएंगे। IAS का हमारे बीच कोई हस्तक्षेप नहीं होगा। Indian Services को join करने वाली सभी सुविधाएँ व अधिकार हमें मिलेंगे। आज हमारी छोंटी बड़ी तकलीफों को सुनने के लिए कोई नहीं है ये एहसास हम सबको है। Mob violence ,individual attack जैसे घटनाएँ बड़े अपराध मानी जाएँगी व तुरंत कार्यवाही होगी जिसके डर से घटनाएँ रूकेंगी, हमें सुरक्षा मिलेगी।

Is it Possible?

आप सोच रहे होंगे ये कैसे संभव है ?तो मैं कहूँगा सब संभव है बस दृढ़ इच्छा शक्ति चाहिए। जरूरत है तो कुछ स्वीकारने की, कुछ नकारने की। जब हम पुराने से नए की ओर जाते हैं तो कुछ बदलाव करना पड़ता है व नए की कुछ चीजों से समन्वय बैठाने में समय जरूर लगता है, पर नया होता अच्छे के लिए है इसलिए हम उसे स्वीकारते हैं।

सबसे पहले हमे IMS के फायदे/ नुक्सान ठंडे दिमाग से समझने होंगे सुझाव लेने होंगे। ये विचार डॉक्टर समुदाय में लाना होगा। एकता बनाये रखनी होगी। ये भी जान लें सरकार सब कर सकती है। हम कितना करवा सकते हैं हमारी ये ताकत हम जाने।

How to execute/ Comparison with IAS

स्बसे पहले इस cadre में निजी क्षेत्र खत्म करना होगा। किसी एक निश्चित वर्ष से उदाहरण 2018-19 से सरकार ये घाषणा करे की 12^{th} के बाद medical में प्रवेश वालों को सरकार पढ़ाएगी व IMS में लेगी। यानि जिन्हे इस cadre में नौकरी करनी है वही परीक्षा दें। साथ ही पुरे देश की डॉक्टरों की जरूरत के हिसाब से सीटें declare करे! PHC पर MO, Specialist, CHC पर MO , Specialist , Administrator, District Hospital पर MO, Specialist, Administrator, फिर ऊपर के पद जैसे

Joint Director, Deputy Director, Additional Director, Director, Commissioner, Under Secretary, Deputy Secretary, Secretary , Principal Secretary

ये परीक्षा दो लेवल पर होगी और सारी पोस्टो को दो लेवल पर विभाजित कर सकते है

1. सेंट्रल लेवल पर (like IAS)जिसमे District Hospital के Administrator, Joint Director, Deputy Director, Additional Director, Director, Commissioner, Under Secretary, Deputy Secretary, Secretary, Principal Secretary
2. प्रदेश लेवल पर (ike State PSC)जिसमे PHC के MO, Specialist, CHC के MO, Specialist, Administrator District Hospital के MO .

समय–समय पर स्टेट लेवल के कुछ लोगों को नेशनल लेवल का कैडर अवार्ड करे जैसे CHC के Specialist जो प्रदेश परीक्षा से आया है को समय के साथ District हॉस्पिटल में Specialist बनायें Specialist as per experience can be promoted to administrator व ऊपर (hose who don't want the post of administrator will remain specialist with higher pay scale).Along with that those reputed Specialists who are interested in medical education will go to deputation in medical college as Teacher / Trainer .One of the senior educator or trainer is head of the training institute .

This training institute will have patients (ot directly from community)who are referred from PHC , CHC , District Hospital so that training institute have less load to maintain quality care. इस प्रकार सही मायने मे referral management होगा eg. like RR Hospital of Military.

परेशानियाँ जो खत्म होगी: इस डॉक्टरों की कम संख्या का जो रोना सरकार रोती है वह खत्म होगा, हर साल जंगली झाड़िओं की खुलने वाले college खत्म होंगे या कम होंगे व college कौन खौलता है व ऐसे colleges में क्या–क्या पढ़ाया जाता है हम सब जानते हैं।

Private में महंगा इलाज होता है इस तरह का रोना खत्म होगा, Doctor Community पर होने वाले attack खत्म होंगे, CPA खत्म होगा

फायदा

Purchasing rights डॉक्टर के हाथ में होगी ! Inquiry करने वाले हम, सरकारी गाड़ी designation लिखी हुई ड्राइवर के साथ मिलेगी, बंगला, गाडी पर बत्ती, Retirement के बाद बुढ़ापा आराम से कटेगा क्योंकि private practice नहीं होगी, समय परिवार के लिए निकलेगा।

क्या है जो IMS को लागू होने से रोकेगा ?

1. कुछ लोगों के लिए health system एक industry है– वे इसे लागू नहीं होने देना चाहेंगे।
2. हम में से कई doctors ही नहीं आने देंगे क्योंकि unity नहीं है।

आखिरी बात

जो Pre-IMS era के doctors हैं उनका क्या होगा व private nursing homes का क्या होगा ये प्रश्न सबके मन में होगा। यहाँ मैं कहुँगा इन सब doctors को temporary IMS/HIS के अंतर्गत मान लिया जायेगा। सरकार तन्ख्वा देगी व सभी private hospitals सरकार के अंतर्गत आ जायेंगे। fees एवं नियम सरकारी होंगे। एक तरह से ये private nursing home PHC/CHC में तब्दील हो जायेंगे। आप सिर्फ वहां post holder o local administrator रहेंगे, new generation HIS/IMS की होगी।

Conclusion

यह IMS का स्वरूप मेरी सोच के अनुसार था। इसमें कमियां होगीं। इसमें सुधार व Legal Touch की जरूरत है जो हम सब की तरफ से आएंगे। यह concept हमारे profession को फिर से स्थापित करने में कितना सहायक होगा अभी कह नहीं सकते पर ये एक शुरूआत है। आज हम IMS का विचार लेकर सोचेंगे तो आने वाले कल में मांग भी करेंगे। नई नस्ल, नए लोग, नए डॉक्टर इसी सोच से आएंगे व डॉक्टर तभी बनेंगे जब IMS की शर्ते व नियमों को मानेंगे। अंत मे इतना कहूँगा कि इससे पहले सरकार उनके अपने हिसाब से IMS लागू करे उससे पहले हम अपने हिसाब से लागू करवाने के लिए मनाएं तो ज्यादा अच्छा है, IMS में दो तरफा फायदे हैं, सरकार को जो डॉक्टरों से उम्मीदें हैं पूरी होंगी व डॉक्टरों को जो सरकार से चाहिए वह भी पूरा होगा।

Applicability of Criminal Law on Medical Professionals

Dr. Rishi Bhatia
MBBS, MS (Surgery), LL.B.,
PGDMLE (Post Graduate Diploma in Medical Law & Ethics)
National Law School of India University, Bangalore
PGDMLS (Post Gradate Diploma in Medico Legal System)
Symbiosis Institute of Health Sciences, Pune

These days, almost in every case when a patient dies or suffers some mishap, there is a tendency to blame the doctor for this by lodging F.I. Rs. under various provisions of Indian Penal Code against the medical professionals unnecessarily involving them in arrests, investigations and trial where-as it has widely been seen in most of the cases, the medical professionals are found to be not guilty for the alleged negligence.

The Indian Penal Code enacted and made applicable as far back as in the year 1860 and at the point of time also, when litigation was nominal, Lord Macaulay apprehended the situations, which may restrain the medical professionals to indulge themselves in saving the lives of the individuals and which may also result in causing harm to such individuals if so not enacted in the said manner.

It is interesting that Lord Macaulay had, himself, written a commentary titled "Speeches and Poems with the Report and Notes on the Indian Penal Code" and showed his concern about the Medical Professionals in following words:

"Under the provisions of our Code, this case would be very differently dealt with according the circumstances. If A kills Z by administering abortive to her, with the knowledge that those abortive are likely to cause her death, he is guilty of voluntary culpable homicide, It will be voluntary culpable homicide by consent, If Z agreed to run the risk, and murder if Z did not so agree. If A causes miscarriage to Z, not intending to cause Z's death, nor thinking it likely that he shall cause Z's death, but so rashly or negligently as to cause her death, A is guilty of culpable homicide not voluntary, and will be liable to the punishment provided for the causing of miscarriage, increased by imprisonment for a term not exceeding two years. Lastly, if A took such precaution that there was no reasonable probability that Z's death would be caused and if the medicine were rendered deadly by some accident which no human sagacity could have foreseen, or by some peculiarity in Z's constitution such as there was no ground whatever to expect. A will be liable to no punishment whatever on account of her death, but will of course be liable to the punishment provided for causing miscarriage.

Accordingly enacted few provisions in the Penal Code, which specifically provides protection to those professionals specially medical professionals, who performs their obligations for the betterment of society so that medical professionals can perform their duties without any fear of unnecessary litigation & prosecution. The relevant provisions are as under:

Sec. 88 IPC :

A, a surgeon, knowing that the particular operation is likely to cause the death of Z, who suffers under a painful complaint, but to intending in good faith, Z's benefit, performs that operation on Z, with Z's consent. A has committed no offence.

Sec. 92 IPC :

Z is thrown from his horse, and is insensible. A, a surgeon, finds that Z requires to be trepanned. A,

not intending Z's death, but in good faith, for Z's benefit, performs the trepan before Z recovers his power of judging for himself. A has committed no offence.

A, a surgeon, sees a child suffered an accident which is likely to prove fatal unless an operation be immediately performed. There is no time to apply to the child's guardian. A performs the operation in spite of the entreaties of the child, intending, in good faith, the child's benefit. A has committed no offence.

Sec.93 IPC :

A surgeon, in good faith, communicates to a patient his opinion that he cannot live. The patient dies in consequence of the shock. A has committed no offence, though he knew it to be likely that the communication might cause the patient's death.

The Article 21 & 22 of the Constitution of India have been enacted to protect the right & entitlements of the citizens of India and the person against whom, the FIR is lodged. The Hon'ble Supreme Court has been pleased to explain those rights & entitlements in various decisions some of them have widely been published. In the case of Joginder Kumar Vs. State of U.P. & others [(1994) 4 SCC 260 = AIR 1994 SC 1349] has framed certain guidelines in following words.

Para-20 :

"No. arrest can be made because it is lawful for the police officer to do so. The existence of the power to arrest is one thing. The justification for the exercise of it is quite another. The policy officer must be able to justify the arrest apart from his power to do so. Arrest and detention in police lock-up of a person can cause incalculable harm to the reputation and self-esteem of a person. No arrest can be made in a routine manner on a mere allegation of commission of an offence made against a person. It would be prudent for a police officer in the interest of protection of the constitutional rights of a citizen and perhaps in his own interest that no arrest should be made without a reasonable satisfaction reached after some investigation as to the genuineness and bonafides of a complaint and a reasonable belief both as to the person's complicity and even so as to the need to effect arrest. Denying a person of his liberty is a serious matter. The recommendations of the police commission merely reflect the constitutional concomitants of the fundamental right to personal liberty and freedom. A person is not liable to arrest merely on the suspicion of complicity in an offence. There must be some reasonable justification in the opinion of the officer effecting the arrest that such arrest is necessary and justified. Except in heinous offences, an arrest must be avoided if police officer issues notice to person to attend the Station House and not to leave the Station without permission would do.

Para-23 :

These requirements are not exhaustive. The Director General of Police of all the States in India shall issue necessary instructions requiring due observance of these requirements. In addition, departmental instruction shall also be issued that the police officer making an arrest should also record in the case diary, the reasons of making the arrest.

Amendment

In the aforesaid case itself the Hon'ble Supreme Court has further been pleased to communicate the aforesaid directions to all the states in India for strict compliance there-of. The legislature of India honoured the aforesaid guidelines and amended the provisions giving arresting powers to the police in Code of Criminal Procedure, 1973 by passing the Code of Criminal Procedure, 1973 by passing the code of Criminal Procedure (Amendment) Act 2008 and thereby put certain restrictions on the police in effecting the arrests in

those cases where the maximum punishment is not more than seven years by inserting section 41A, which reads as under:

Section 41-A, Cr.P.C. :

Notice of appearance before police officer

1. The police officer may, in all cases where the arrest of a person in not required under the provisions of sub-section (1) of Section 41, issue a notice directing the person against whom a reasonable complaint has been made, or credible information has been received, or a reasonable complaint has been made, or credible information has been received, or a reasonable suspicion exists that he has committed a cognizable offence, to appear before him or at such other place as may be specified in the notice.
2. Where such a notice is issued to any person, it shall be the duty of that person to comply with the terms of the notice.
3. Where such person complies and continues to comply with the notice, he shall not be arrested in respect of the offence referred to in the notice unless, for reason to be recorded, the police officer is of the opinion that he ought to be arrested.
4. Where such person, at any time , fails to comply with the terms of the notice it shall be lawful for the police officer to arrest him for the offence mentioned in the notice, subject to such orders as may have been passed in this behalf by a competent Court.

In the year 2005 keeping in mind the situation prevailing in the society, the Hon'ble Supreme Court in the case Jacob Mathew v. State of Punjab & other, (2005) 6 SCC 1, has been pleased to give certain protections to the medical professionals, which is as under:

Para-52:

i. A private complaint should not be entertained unless the complainant has produced prima facie evidence before the court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on the part of the accused doctor.

ii. The investigating officer should, before proceeding against the doctor accused of rash or negligent act or omission, obtain an independent and competent medical opinion, preferably from a doctor in government service, qualified in that branch of medical practice who can normally be expected to given an impartial applying the Bolam test.

iii. A doctor accused of negligence should not be arrested in a routine manner simply because a charge has been levelled against him. Unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigating officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested, the arrest should be withheld.

These guidelines have been followed & adopted by the Hon'ble Supreme Court in the case of Martin F.D' Souza V. Mohd. Ishfaq, (2009) 3 SCC1. Seeing the raising number of frivolous complaints against medical professionals, the Hon. Supreme Court in the case Martin F. D' Souza v. Mohd. Ishfaq, (2003) 3 SCC 1 has been pleased to note its observation in following words:

Para-40 :

Simply because a patient has not favourably responded to treatment given by a doctor or a surgery has failed, the doctor cannot be held straightway liable for medical negligence by applying the doctrine of res ipsa loquitur. No sensible professional would intentionally

commit an act or omission which would result in harm or injury to the patient since the professional reputation of the professional would be at stake. A single failure may cost him dear in his lapse.

Para-42 :

When a patient dies or suffers some mishap, there is a tendency to blame the doctor for this. Things have gone wrong and, therefore, somebody must be punished for it. However, it is well known the even the best professionals, what to say of the average professional, sometimes have failures. A lawyer cannot win every case in his professional career but surely he cannot be penalized for losing a case in his professional career but surely he cannot be penalized for losing a case provided the appeared in it and made his submissions.

Para-117 :

We, therefore, direct that whenever a complaint is received against a doctor or hospital by the Consumer Fora (whether District, State or National) or by the Criminal Court then before issuing notice to the doctor or hospital against whom the complaint was made the Consumer forum or Criminal Court should first refer the matter to a competent doctor or committee of doctors, specialized in the field relating to which the medical negligence is attributed, and only after that doctor or committee reports that there is prima facie case of medical negligence should notice be then issued to the concerned doctor/ hospital. This is necessary to avoid harassment to doctors who may not be ultimately found to be negligent. We further warn the police officials not to arrest or harass doctors unless the facts clearly come within the parameters laid down in Jacob Mathew's case (supra), otherwise the policeman will themselves have to face legal action.

When a medical professional know the above, then only he can respond to such notices issued for alleged negligence in criminal nature, hence all the medical professionals should be informed the aforesaid by issuing Letters/Circulars by their Associations.

However in nutshell, the medical professionals are required to take the following steps as soon they receive the Notice for Criminal Negligence.

1. They should not create any panic.
2. They should know their rights & entitlements.
3. They should also know that may not be arrested as a matter of routine.
4. They should complete case sheet of the said patient, giving all details of disease, investigations & treatment
5. They should collect all the details of the treatment given to the said patient prior to commencement of treatment by other medical professional.
6. The should take help of medical literature and other professional colleagues.
7. They should respond to such Notices .
8. They are entitled to have a Lawyer of their choice at the time of attending the calls on the basis of such notices.
9. They should give their explanation in writing so that the same shall be part of record of investigation.
10. They should demand expert opinion on the treatment provided by them.
11. In case of any doubt they should see the higher police officers and in doing so they may take assistance of their Association.

Questionare on Consumer Protection Act

This questionare was prepared by the IMLEA.
It can be used by doctors, advocates and MBAs to conduct study in their areas to assess the awareness about Consumer Protection Act

1. Since how many years Medical services have been included under CPA?

a) 25 years b) 20 years c) 5 years

2. This Act is Patient Friendly or Doctor Friendly?

3. What do you feel is the impact of this Act on Medical services?

a) Improved b) Deteriorated
c) No change d) Don't know

4. What do you feel; whether the cases against doctors are increasing or decreasing under this Act?

5. According to your knowledge what is the average duration for deciding the case at District Forum?

a) One year b) 1- 5 years
c) > 5 yrs d) Don't know

6. According to your knowledge what is the average duration for deciding the case at State Commission?

a) 1-2 yrs b) 2-5 yrs
c) > 5 yrs d) Don't know

7. According to your knowledge what is the average duration for deciding the case at National Commission?

a) One year b) 1- 5 years
c) > 5 yrs d) Don't know

8. Who are representing the Patients at various levels (Patients themselves or advocates)?

9. Who are representing the doctors at various levels (Doctors themselves or advocates)?

10. According to you, what is the success rate for individual doctors, hospitals or patients?

a) Doctors b) Hospitals
c) Patients/ Relatives

11. Do you feel this Act encourages litigation against doctors?

12. If so, who encourages litigations;

a) Relatives
b) Advocates
c) Doctors themselves/ Colleagues
d) Consumer activists

13. What is the limit of compensation asked for?

a) Thousands b) Lakhs
c) Millions d) Crores
e) No limit

14. Do you feel the huge compensations given recently are justified?

15. Do you feel there should be ceiling on compensation?

16. Do you feel there should be different compensation for individual doctors & corporate hospitals?

17. Do you feel the compensation should be linked to doctors / hospitals bills?

18. **Do you feel there should be different charges for:**
    a) Rural
    b) Urban,
    c) Metro-cities &
    d) NRI patients

19. **According to you what is the proportion of frivolous cases under this Act?**

20. **What is your opinion on counter-compensation?**

21. **Do you feel the counter compensation should be proportionate to compensation asked for?**

22. **Do you feel that the Act has resulted in defensive practice by doctors?**

23. **Do you feel that the Ethical / sincere doctors are shying away from managing the patients due to the fear of this Act?**

24. **Do you feel in long run this Act will be more harmful for the patient as far as proper, adequate and affordable medical services are concerned?**

25. **What is your overall opinion; whether the medical services should be continued under this Act or not?**

AYUSH doctors may soon have legal status as MTP providers

AYUSH doctors may soon have legal status as MTP Providers, if the government recommended an amendment to the 1971 MTP Act Bill is approved by the parliament. This news has definitely not gone well with the modern medicine practitioners, who believe that any traditional medicine practitioners should not be allowed to conduct any modern medicine procedures. In a recent turn of events, the health ministry has suggested an amendment in the Medical Termination of Pregnancy (MTP) Act, 1971 and recommended addition of medical practitioners with bachelor's degree in Ayurveda, Unani, Siddha or Homeopathy that are working in the public sector with intention to increase the availability of safe and legal abortion services. The health ministry has proposed this amendment in an effort to increase the number of legal MTP providers and to ensure safe abortion services for women especially in rural areas where there is no modern medicine practitioner easily available. The exact conditions and criteria for place of delivery service, training, gestation limit, and technology used would be clarified and defined in the rules following the approval of the MTP amendment Bill by the Parliament. The national medical bodies like IMA and Federation of Obstetric and Gynaecological Societies of India (FOGSI) have shown their strong objection to this inclusion of traditional medicine practitioners to provide legal abortion services. These associations have opposed to allowing traditional medicine practitioners to prescribe and perform modern medicine procedures. Time will tell if there is any amendment in the MTP Act, and if AYUSH practitioners will be legal MTP providers.

Source - http://www.docplexus.in. 23/12 /2015

Glimpses from IMLEACON 2015 Gurgaon

Source : Dr Vivekanshu Verma, ER Medigolegist & toxicologist , Medanta the Medicity, Delhi-NCR

Workshop on "Doctor's Communication Skills, Documentation & Record Keeping"

A One day pre conference workshop was organised on 28.11.15, during IMLEACON 2015 at Prateeksha Hospital, Gurgaon. The main topics were documentation, record keeping, consent, communication skills, legal matters related to various kinds of certificates and prescription.

This workshop was a perfect warm up session for the benefit of participating doctors for the IMLEACON 2015, introducing various practical managerial difficulties in current medical setups.

Dr Alka Kuthe, a well-known Amravati Gynaecologist and LLB, enlightened about record keeping in lucid way & emphasized on the need to take seriously hospital documentation, taking care of minor as well as major details in a comprehensive manner so that mistakes are minimised as well as the risk of legal problems.

Than Dr Sudesh Doshi, showed the participants a collection of faulty certificates & prescriptions by irresponsible doctors, which may lead to litigation of negligence, & imparted training in writing discharge cards with necessary details. He also stimulated the curiosity of senior consultants, by raising issues about the desired format of Prescription by medical councils, which included 5 details about the doctor, 5 details about the patient & 5 details about the drugs prescribed.

Doctor's name with signature, MCI Reg. Number, name of clinic, clinic address, contact number for emergency. Patient's name, age, gender, address, Patient's Hospital UHID Number. Drug's brand name, generic name in bracket, dose, timing & for how many days prescribed. Doctors should avoid writing on back side of prescription, as it can damage the front page by ink blotting & can be difficult to interpret in court. Prolonged Sickness Certificate, if mentions notifiable communicable disease like TB, it should be notified to the CMO of district, to maintain its follow up & control of disease.

Moot Court Organised in IMLEACON 2015

A moot court is an activity in which participants take part in simulated court proceedings, which usually involves drafting briefs (or memorials) and participating in oral argument. The term derives from Anglo-Saxon times, when a moot was a gathering of prominent men in a locality to discuss matters of local importance. The modern activity differs from a mock trial, as moot court usually refers to a simulated appellate court or arbitral case, while a mock trial usually refers to a simulated jury trial or bench trial. Moot court does not involve actual testimony by witnesses, cross-examination, or the presentation of evidence, but is focused solely on the application of the law to a common set of evidentiary assumptions to which the competitors must be introduced.

In the Moot court organised in IMLEACON the scenario was as follows - A literate Rh negative 30 yr pregnant patient(P) was admitted in emergency with labour pains, & underwent

caesarean section delivery which was to cost Rs40,000 in private hospital by Obstetrician (G).The husband of P gave written consent for the operation. During Caesarean section P developed complication ,PPH ,and underwent hysterectomy by G, which was to cost costing Rs 60,000 extra. P's husband(H) issued legal notice & claimed compensation for physical & mental agony due to loss of reproductive capacity without patient's consent. H demanded Rs 15lakh in consumer court. P's Lawyer (PL) made allegations by showing prescription of G, that G falsely claims to be an obstetric surgeon, delivery expert, caesarean specialist, although G is just an MD Gyne.

G's Lawyer(GL) answered that MCI recognised MD degree in Obstetrics & Gynaecology course includes training in all above fields, with research work . Then PL claimed that consent was taken on a blank form from H ...., & consent not taken from patient. Hysterectomy was not mentioned as a possible complication in consent, P has no male child, & they can't have more male child now from her.

GL argued that P was unable to sign the consent as she was in severe pain, but G thoroughly counselled H about the risk verbally, as recorded on CCTV in Hospital's OT corridors. H was an educated bank employee, how can a bank employee sign on blank paper like a blank check.GL argued that bills were paid by the H's bank.PL claimed that P has suffered from assault under S-351 IPC as hysterectomy was done without consent of patient, & G should be imprisoned.

PL claimed that P has been denied the power of reproduction by removing her uterus without her consent.GL replied that P has 2 children & has completed her family, & there is no difference between a boy & a girl. Judge noted negligence of G in not taking proper informed consent from P. Then PL claimed that G called other medical specialists for P, as G was incompetent & to hide her mistake. GL argued back that G didn't do any unethical practice. Calling colleagues in hour of crisis is to maximise the efforts to save the patient.

GL claimed that G has got P's complication corrected in reasonable cost as newborn was preterm, so required nursery care. PL claimed that P did not have high risk factors for getting PPH.GL replied that it is accepted in medical science, that any patient can develop complications even after taking precautions & ruling out risk factors.

Eventually ,the judge concluded that G is a qualified doctor and did hysterectomy in good faith to save the life of patient, but didn't document properly the OT notes, so compensation of 25,000 awarded for deficiency in service.

It was an interesting session .The credit for its success goes to Medico legal experts Dr Alka Kuthe & Dr Sudesh Doshi who wrote the script of the moot court so real, just like Indian court proceedings.

The actors were

Judge –
played by Dr Satish Tiwari, President of IMLEA & Pediatrician

Obstetrician –
played by Dr Chandan, DyMS in Pratiksha Hospital, Gurgaon.

Obstetrician 's defence Lawyer –
played by Dr Vivekanshu

Patient's Husband-
played by dr Sudesh Joshi

Patient's Lawyer –
played by Dr Alka Kuthe, LLB.

Accepted Medical Practice

Dr. Alka Kuthe
Consultant Obstetrician & Gynecologist
dralkakuthe@gmail.com

Accepted medical practice is the standard of care prescribed by law for medical professionals. As per the standard, every action or decision taken by the treating doctor must be based on medical science/ literature and must be acceptable to other professionals of the same speciality. The decision should fall within the medical practice prevailing at the time of treatment or intervention. One can go for the next best option that is "also acceptable to medical science," if the best option is simply not available or waiting for which would not be beneficial to the health of the patient. Therefore in today's era of consumerism, it is mandatory to follow standard and accepted protocol and if one wants to deviate from this, it must be done only for bonafide and solid reasons and accordingly must be mentioned on case paper.1 In Avinash Kaur & Anr.v/s Grover Eye Laser & ENT hospital & Ors. (September 2014) the patient challenged the ophthalmologist's(OP) decision to prescribe steroids post surgery. The defense that was accepted by the court was that 'the steroid treatment was the most popular choice in such cases , rightly prescribed by the specialist and the decision is based on medical literature.'

What is standard of care?

Standard of care expected from the doctors is adjudged from the practice prevailing at the time of treatment among peers of the same speciality practicing in the similar area. At least a respectable minority of doctors of that speciality must be following that in similar circumstances. In one case four other pathologists consulted by the patient disagreed with the pathologist's (OP) report. The court therefore held the pathologist (OP) negligent observing that " the decision for negligence would be based on peer review , i.e. upon the opinion of other practicing histopathologists." 1 In some cases however, the courts have rejected the the opinion of other doctors of the same speciality , especially when the alleged negligent act is inconsistent with medical science/ literature (O.P.Tiwari v/s Director, Nazreth Hospital & Anr.(December 2014)

Standards of medical care in emergency room are higher because emergency room care claims, giving state of art services to patient..Standards for informed consent are lower than usual routine situations. In dire emergency, courts waive consent in favor of giving life-saving procedure/treatment. In a case of roadside accident, victim's vitals were stabilized by giving emergency treatment before shifting to higher centre, where one limb had to be amputated because of delay in referral.2 Court did not hold doctor in causing delay in referral, because stabilization of vitals were crucial before transfer of patient otherwise patient would have been dead during transit. In case of accident victim, court takes very strict view, if no attempt is made to save life. Sometimes in emergency omission to perform operation for want of consent may amount to negligence.2

Law accepts that there can be more than one correct way of managing a patient or performing an intervention .1 The ultimate decision of which procedure to adopt is best left to professional judgment and preferences of the qualified doctor ensuring that it is an accepted medical practice and in the best interest of the patient. In M/S Singhal Maternity and Medical Centre & Anr.v/s Master Nishant Verma &

Ors.(August 2014) the court held that both forceps and vacuum application delivery have advantages and disadvantages and the decision to adopt the method is best left to the professional judgment and skill of the obstetrician conducting the delivery. Therefore the patient's allegation that the forceps delivery was negligent act is not true. In case of difference of opinion , following any one opinion is not negligence provided both are acceptable to medical science. In Dr. Shivaji Basuv/s Devapriya Ghosh & Ors (April 2014), the patient alleged that a dose of 500 mg of Mikacin daily for a patient having renal problem was overdose whereas the doctor(OP) justified his dosage. The court found that both medical literature and as well as medical experts differed in their views with support coming for both the views. The court held that this was not negligence as Bolam's Principle applies to the case which is followed globally in ascertaining the standard of care in medicine. A doctor has liberty to follow a particular course of treatment over the others, subject to the condition that the doctor has requisite qualification and the preferred treatment is also scientifically acceptable. In Vijay Dutt v/s Dr. R.D. Nagpal & Anr.(September 2014) the neurosurgeon (OP) preferred 'clipping' method over the coiling in a patient diagnosed with bilateral Middle Cerebral Artery(MCA) aneurism The court refused the allegation regarding doctor's choice of the 'clipping' method. The doctor can decide the priorities in dealing with multiple problems in the best interest of the patient. In Avinash Kaur & Anr.v/sGrover Eye Laser & ENT Hospital & Ors.(September 2014), the patient referred for cataract surgery, also had a retinal problem. The ophthalmologist (OP) first performed cataract surgery instead of vitrectomy. The court asked to clear this. The ophthalmologist could defend his decision in the court on the ground that his action was as per " firmly established medical principle" and " keeping in mind the best interest" of the patient.1 One thing to be kept in mind is that if patient insists on a particular course of action , it cannot be the defense if that request is contrary to medical science and practice. The doctor has to apply his knowledge to the facts and circumstances and then take judgment. Just because a patient requested for general anesthesia cannot be taken as a defense by the doctor to support his action. In Dr. K.K.Kakkar & Anr. v/s Neetu Singh & Ors.(November 2014), the court rejected the allegation that after diagnosing the patient with eclampsia, the gynecologist(OP) should have done immediate cesarean instead of waiting for normal vaginal surgery.

Deviating or not following the standard protocol in emergencies for bonafide reason/s and in the patient's interest is generally overlooked by the courts.3 In Anita v/s Dr. (Smt.) Vandana Sethi, the court found that the patient was a case of high risk post dated, was brought to the obstetrician for the first time in pregnancy as an emergency in the advanced stage of labor. There was no time to conduct any test or ultrasound before surgery. The gynecologist was duly qualified. The patient's husband was immediately informed of the necessity to perform a caesarean section as there was fetal distress. The patient's husband signed the consent form and an anesthetist and pediatrician were present during surgery. The court observed that it was unfortunate that the new born child died and the patient developed post operative complications. The court further approvingly observed that the gynecologist immediately referred the patient to a higher centre when the patient developed complications. In this case the patient's husband alleged that no consent was taken by the gynecologist to transfer the patient to another hospital but the court did not hold this as negligence as the transfer was indicated. The reason for the transfer must be specifically recorded in medical records. In this case , post operatively, the patient went into respiratory

depression and needed ventilator support, which was not available anywhere in that city and hence the patient was referred to higher centre. The court approved this transfer. Helping the patient in arranging an ambulance or providing such other help is always viewed positively by the courts. In this case , the gynecologist also made arrangement for ambulance which shows the bonafide of the gynecologist.

One should perform an investigation according to an acceptable method. If there is more than one method to perform or there is doubt on the exact method to be followed clarification from the referring doctor is to be taken. The final investigation report must specifically mention the particular method or technique. In Vinaybhai Kherajbhai Thakkar v/s Dr. Satya Narayan Shenoy & Anr.(June 2014), the histopathologist(OP2) had studied the slide by hematoxylin and eosin staining method and the report eventually turned out to be incorrect. The defense was that , the immune histochemistry method , was expensive and used only when the referring doctor specifically asked for the same. The court accepted the defense. The court requires that the doctor should take decision on medically justified grounds. The court generally does not find any fault in such decisions based on medical science. The report should be written in a way that is acceptable to medical science or accepted practice. In Madan Surgical and Maternity hospital & Anr v/s Santosh & Anr.(July2014), the court held the pathologist (OP2) negligent for the unscientific manner of writing while the court appreciated (OP3)for clearly mentioning "the size of uterus and thickness of the outline and other findings which is as per standard way of reporting of USG of lower abdomen."

Law imposes a greater degree of care upon superspecialists as compared to specialists and on specialist as compared to general physicians. In Baidya Nath Chakraborty & Ors v/s Chandi Bhattacharyajee & Anr. (August 2014), the court has very clearly held that the gynecologist (OP1) did "hold out" to the patient that he was specialized in infertility treatment and thereby raised legitimate expectation in the mind of the patient that he or she would get best possible treatment; therefore failure to personally remain present and oversee or perform the cesarean section was negligence. The court generally does not interfere with the medical decision taken by doctor or hospital if the doctor selects the next best option if the best option is simply not available or waiting for which would be risky to the health of the patient. In Dr. Kapil Dev Sharma v/s Saroj Bala & Ors(November 2014) , the hospital was not held negligent as transfusion of blood in the case of non availability of platelets is accepted by medical literature.

Thus in short, to have medico-legally safe practice ,one must know the accepted protocols of the various treatment procedures and for that one should keep updated with the changing science and technologies. In case of emergency patients, especially critical ones, the patient's relatives /attendants must be regularly informed of the patient's condition/any abnormal finding/complication. The courts do believe doctors' decision making capabilities provided they are taken in the best interest of the patient.

Reference:

1. Accepted medical practice in Medico legal year book 2015; Bajpai M(Editor in chief), Srinivasan B(Editor Emeritus): Institute of medicine & law publication: Published by Wolters Kluwer Health/Medknow, B5-12, Kanara Business Centre, Off Link Road, Ghatkopar(E)Mumbai-400075:pg83-88
2. Baldwa Mahesh : Medicolegal issues in emergency room and critical care : Tiwari S, Baldwa M, Tiwari M , Kuthe A, Editors: Textbook on Medicolegal Issues Related to various medical specialties:1st edition-2012: Jaypee Brothers Medical Publishers (P)Ltd, Ansari Road, Daryaganj, New Delhi 110002: pg 176
3. Emergencies-Transferring the patients,8MLCD(j26) in Medical Law cases for doctors: Institute of medicine & law publication : Published by Gurunanak Institute of professional studies, Matunga, Mumbai 400019:Vol8:1, January 2015:pg 17-18

Some Model Consent Forms

These consent forms were developed in National Consultative Meet organised by Institute of Medicine & Law in which Dr Anjan was also a participant.

Source:
Dr. Anjan Bhattacharya
Consultant Developmental Paediatrician, Apollo Gleneagles Hospital, Kolkata
Fellow of Royal College of Paediatrics and Child Health.
National Vice President, Medico Legal Group of Indian Academy of Pediatrics

Anaesthesia Consent Form

Hospital Name: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr. _____ Qualification: _____

Address: _____

Phone: _____ Email: _____

Consent For Anaesthesia

Information about the patient:

Name: Mr./Ms./Mrs. _____ Age: _____ Years

Address: _____

Information about the patient's guardian (proxy consent):

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs. _____

Address: _____ Phone: _____

Relationship with the patient (if any): _____

[A person accompanying an unrelated patient should write **'Unrelated-accompanying'** and when consent is given by higher authorities of a hospital, designation such as **'Medical Superintendent'** or **'Medical Director'** must be written.]

Scheduled date for the proposed intervention / procedure / surgery: _____

Principal Anesthetist Name: Dr. _____

Qualification: _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

Type/s of anesthesia proposed to be induced:

a. Local

b. General/Other

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in _____ (name of the language or dialect) that is spoken and understood by me.
2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named principal anesthetist and his / her team with associates or assistants of his / her choice to induce anesthesia mentioned herein above during the course of the proposed intervention / procedure / surgery and also to administer the requisite drugs and medications.
3. I have been explained and have understood the importance of preoperative fasting and the risks of consuming solids / liquids prior to the induction of anesthesia.
4. I have been explained and have understood that inducing anesthesia has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after inducing anesthesia.
5. I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.
6. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent: _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

Blood Transfusion Consent Form

Hospital Name: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr. _____ Qualification: _____

Address: _____

Phone: _____ Email: _____

Consent For Blood Transfution

Information about the patient:

Name: Mr./Ms./Mrs. _____ Age: _____ Years

Address: _____

Information about the patient's guardian (proxy consent):

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs. _____

Address: _____ Phone: _____

Relationship with the patient (if any): _____

[A person accompanying an unrelated patient should write **'Unrelated-accompanying'** and when consent is given by higher authorities of a hospital, designation such as **'Medical Superintendent'** or **'Medical Director'** must be written.]

Scheduled date for the proposed intervention / procedure / surgery: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Name: Dr. _____ Qualification: _____

Name/s of the proposed treatment / intervention / procedure / surgery:

a. _____ b. _____

c. _____ d. _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in _____ (name of the language or dialect) that is spoken and understood by me.
2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor-in-charge / principal surgeon / principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention / procedure / surgery mentioned herein above.
3. I have been explained and have understood that transfusion of blood / blood components has certain material risks / complications which include acquiring Hepatitis, HIV, Syphilis and malarial parasites and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after transfusion of blood / blood components.
4. I have been explained and have understood that transfusion of blood / blood components always has the possibility of reaction even after proper cross matching and checking compatibility.
5. I state that the doctor-in-charge / principal surgeon / principal interventionist has answered all my questions to my satisfaction regarding transfusion of blood / blood components.
6. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent: _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

Witnesses:
(Not compulsory. This part should be filled only in high risk cases; or when the patient / patient's guardian is illiterate or not conversant with English; or when the patient has been unable to personally sign this consent for any reason.)

We confirm that the aforesaid has been explained to the patient / patient's guardian in the terms and language that the patient / patient's guardian understand in our presence. We further confirm that the patient / patient's guardian has put his / her signature / thumb impression on this consent in our presence.

_____
Witnesses No. 1's Signature & Name

_____
Witnesses No. 2's Signature & Name

_____
Doctor-in-charge / Principal Surgeon / Principal Interventionist's Signature

General Consent Form

Hospital Name: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr. _____ Qualification: _____

Address: _____

Phone: _____ Email: _____

Consent Form

Information about the patient:

Name: Mr./Ms./Mrs. _____ Age: _____ Years

Address: _____

Information about the patient's guardian (proxy consent):

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs. _____

Address: _____ Phone: _____

Relationship with the patient (if any): _____

[A person accompanying an unrelated patient should write **'Unrelated-accompanying'** and when consent is given by higher authorities of a hospital, designation such as **'Medical Superintendent'** or **'Medical Director'** must be written.]

Scheduled date for the proposed intervention / procedure / surgery: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Name: Dr. _____ Qualification: _____

Name/s of the proposed treatment / intervention / procedure / surgery:

a. _____ b. _____

c. _____ d. _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in _____ (name of the language or dialect) that is spoken and understood by me.
2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor-in-charge / principal surgeon /principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention / procedure / surgery mentioned herein above.
3. I have been explained and have understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorize and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgment.
4. I have been explained and have understood the alternative methods and therapies of the proposed treatment / intervention / procedure / surgery, their respective benefits, material risks and disadvantages.
5. I have been explained and have understood that the proposed treatment / intervention / procedure / surgery has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after the proposed treatment / intervention / procedure / surgery.
6. I state that the doctor-in-charge / principal surgeon / principal interventionist has answered all my questions to my satisfaction regarding the proposed treatment / intervention / procedure / surgery.
7. I have been explained and have understood that despite the best efforts there can be no assurance about the result of the proposed treatment / intervention / procedure / surgery. I further state and confirm that I have not been given any guarantee or warranty about the results of the proposed treatment / intervention / procedure / surgery.
8. I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.
9. I have been advised of the option to take a second opinion from another doctor regarding the proposed treatment / procedure / surgery.
10. I state that after explaining, counseling and disclosures I had been given enough time to take decision for giving consent.
11. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent: _____

Patient's / Guardian's Name: _____

_____

Patient's / Guardian's
Signature / Thumb impression

Witnesses:

(Not compulsory. This part should be filled only in high risk cases; or when the patient / patient's guardian is illiterate or not conversant with English; or when the patient has been unable to personally sign this consent for any reason.)

We confirm that the aforesaid has been explained to the patient / patient's guardian in the terms and language that the patient / patient's guardian understand in our presence. We further confirm that the patient / patient's guardian has put his / her signature / thumb impression on this consent in our presence.

_____

Witnesses No. 1's Signature & Name

_____

Witnesses No. 2's Signature & Name

_____

Doctor-in-charge / Principal Surgeon / Principal Interventionist's Signature

High Risk Consent Form

Hospital Name: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr. _____ Qualification: _____

Address: _____

Phone: _____ Email: _____

High Risk Consent Form

(This consent must be taken - in case of serious/ complicated/ risky/ new - surgeries procedures; for removing any organ; in high risk patients; for proceeding with a surgery/ procedure in spite of any abnormal parameters of the patient. This list is indicative not exhaustive and in case of a dilemma it is always advisable to take this high-risk consent and not a general consent.)

Information about the patient:

Name: Mr./Ms./Mrs. _____ Age: _____ Years

Address: _____

Information about the patient's guardian (proxy consent):
(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs. _____

Address: _____ Phone: _____

Relationship with the patient (if any): _____

[A person accompanying an unrelated patient should write **'Unrelated-accompanying'** and when consent is given by higher authorities of a hospital, designation such as **'Medical Superintendent'** or **'Medical Director'** must be written.]

Scheduled date for the proposed intervention / procedure / surgery: _____

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Name: Dr. _____ Qualification: _____

Name/s of the proposed treatment / intervention / procedure / surgery:

a. _____ b. _____

c. _____ d. _____

Patient's / Guardian's Name:
_____

_____
Patient's / Guardian's
Signature / Thumb impression

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in ……. (name of the language or dialect) that is spoken and understood by me.
2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor-in-charge / principal surgeon / principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention / procedure / surgery mentioned herein above.
3. Anticipated alternatives / additional - treatment / intervention / procedure / surgery that may have to be performed or attempted during the course of the proposed treatment / intervention / procedure / surgery: I have been explained and have understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorize and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgment.
4. Alternatives to the proposed treatment / intervention / procedure / surgery: I have been explained and have understood the alternative methods and therapies of the proposed treatment / intervention / procedure / surgery, their respective benefits, material risks and disadvantages.
5. Material risk/s of the proposed treatment / intervention / procedure / surgery: I have been explained and have understood that the proposed treatment / intervention / procedure / surgery has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after the proposed treatment / intervention / procedure / surgery.
6. I state that the doctor-in-charge / principal surgeon / principal interventionist has answered all my questions to my satisfaction regarding the proposed treatment / intervention / procedure / surgery.
7. I have been explained and have understood that despite the best efforts there can be no assurance about the result of the proposed treatment / intervention / procedure / surgery. I further state and confirm that I have not been given any guarantee or warranty about the results of the proposed treatment / intervention / procedure / surgery.
8. I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.
9. I have been explained and have understood that the proposed treatment / procedure / surgery is uncommon / complicated / risky.
10. I have been explained and have understood that the proposed treatment / procedure / surgery is based on technique / procedure / drug / protocol that is relatively new.
11. I have been explained and have understood that the proposed treatment / procedure / surgery has high rate of failure.
12. I have been explained and have understood that the proposed treatment / procedure / surgery has high rate of relapse and recurrence.
13. I have been explained and have understood that the proposed treatment / procedure / surgery generally require multiple sessions / sittings and I give my consent for the same.
14. I have been explained and have understood that the proposed procedure / surgery generally require second intervention and I give my consent for the same.
15. I have been explained and have understood that the proposed procedure / surgery generally requires further corrective surgery / procedure to deal with known post-procedure / surgery complication/s and I give my consent for the same.
16. I have been explained and have understood that the proposed procedure / surgery generally requires 're-exploration' and I give my consent for the same.
17. Multi-stage treatment I have been explained and have understood that the proposed treatment / procedure / surgery is a multi-stage treatment / procedure / surgery and I do hereby consent for each and every stage of the same.
18. I have been explained and have understood that I may need long-term treatment.
19. I have been explained and have understood that I may need long-term follow-up care.
20. I have been explained and have understood that I may need longer period for recovery.

21. Patient's Representative/s

I say that if I am incapacitated to communicate in future, further directions should be taken from the following person/s:

	Representative 1	Representative 2	Representative 3
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Mobile:	_____	_____	_____

22. I have been advised of the option to take a second opinion from another doctor regarding the proposed treatment / procedure / surgery.
23. I state that after explaining, counseling and disclosures I had been given enough time to take decision for giving consent.
24. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent: _____

_____

Patient's / Guardian's Name: _____

Patient's / Guardian's Signature / Thumb impression

Witnesses:

(Not compulsory. This part should be filled only in high risk cases; or when the patient / patient's guardian is illiterate or not conversant with English; or when the patient has been unable to personally sign this consent for any reason.)

We confirm that the aforesaid has been explained to the patient / patient's guardian in the terms and language that the patient / patient's guardian understand in our presence. We further confirm that the patient / patient's guardian has put his / her signature / thumb impression on this consent in our presence.

_____ _____

Witnesses No. 1's Signature & Name Witnesses No. 2's Signature & Name

_____

Doctor-in-charge / Principal Surgeon / Principal Interventionist's Signature

Medicolegal News

Hospital Fined for negligence

Source: The Hindu, NEW DELHI, August 12, 2014

A two-year-old girl was admitted to a hospital in Bangalore in August 2002 for treatment of cold, cough and pneumonia. In the intensive care unit, while administering intravenous fluid, the needle was wrongly inserted into artery instead of vein due to which the blood supply to the fore arm was blocked. The baby developed gangrene initially in the finger tips, which spread to the portion of the hand below wrist joint, resulting in amputation of her right arm. The complainants moved the Karnataka State Consumer Disputes Redressal Commission seeking Rupees one crore compensation from Manipal Hospital, where the girl was treated. The Commission awarded Rs. 5 lakhs and this was confirmed by the National Commission. While the parents appealed to the apex court for enhancement of compensation, the hospital in its appeal sought quashing of the award.

Dismissing the hospital's appeal, a Bench of Justices said "We do not find any reason to differ with the finding that it was only because of the negligence on the part of the Hospital the two years' child developed gangrene resulting into amputation of her right arm."

The Bench said "however, taking into consideration the sufferings of the girl child, who is now 13 years of age, in our opinion, the compensation awarded by the State Commission is in a lower side. Counsel appearing for the complainant submitted that every year she has to incur battery charges for the artificial limb, which costs Rs.80, 000 annually. There cannot be any dispute that the girl will have to suffer throughout her life and has to live with artificial limb. Not only she would have to face difficulty in her education but would have also to face problem in getting herself married."

The bench said "although the sufferings, agony and pain, which the girl child will carry cannot be compensated in terms of money, but, in our view, a compensation of Rs.20 Lakhs will be just and reasonable in order to meet the problems being faced by her and also to meet future troubles that will arise in her life." The Bench directed the hospital to pay the amount in six weeks.

National Human Rights Commission to give public hearing to medical negligence cases

Source: The Hindu, Mumbai, 3rd January 2106

In the first-ever instance of National Human Rights Commission giving public hearing to medical negligence cases against both government and private hospitals, the panel has agreed to attend to such complaints at a two-day grievance redressal forum here. The event, assisted by Jan Swasthya Abhiyan (JSA), a network of civil society organisations, would be organised on January 6-7 at the Tata Institute of Social Sciences campus. Maharashtra Human Rights Commission chairman SR Bannurmath said, "We've chalked out the agenda and shortlisted the cases. They would be thoroughly discussed in the two-day event. This is a rare initiative to protect human rights." The event convenor and member of the JSA, Dr Leni Chaudhari, informed that about 125 complaints filed against erring hospitals have been shortlisted."The grievances would be placed before human rights panels from four states — Maharshtra, Gujarat, Goa and Rajasthan," she said. As many as 55 cases of medical negligence from Maharashtra, 30 each from Gujarat and Rajasthan, and 10 from Goa would be heard, she said, adding remedial action would be decided after the hearings. —PTI

Professional Assistance / Welfare Scheme

1. The scheme shall be known as PAS **"Professional Assistance Scheme"**.
2. **ONLY the life member of IMLEA** shall be the beneficiary of this scheme on yearly basis. The member can renew to remain continuous beneficiary of this scheme by paying renewal fees every year. The scheme shall assist the member ONLY as far as the medical negligence is concerned.
3. This scheme shall be assisting the members by:
   i. **Medico-legal guidance** in hours of crisis. A committee of subject experts shall be formed which will guide the members in the hours of crisis.
   ii. **Expert opinion** if there are cases in court of law.
   iii. **Guidance of legal experts.** A team of Legal & med-legal experts shall be formed which will help in guiding the involved members in the hours of crisis.
   iv. **Support of crisis management committee** at the city / district level.
   v. **Financial assistance** as per the terms of agreement.
4. The fund contribution towards the scheme shall be decided in consultation with the indemnity experts. The same will depend on the type & extent of practice, number of bed in case of indoor facilities & depending upon the other liabilities.
5. A trust / committee / company/ society shall look after the management of the collected fund.
6. The Financial assistance will be like Medical Indemnity welfare scheme, where indemnity part shall be covered by government / IRDA approved companies or any other private company. The association shall be responsible only for the financial assistance. Any compensation/cost/ damages awarded by judicial trial shall be looked after by government / IRDA approved insurance companies or any other similar private company.

Admission Fee (One Time, non-refundable)		
1	Physician with Bachelor degree	Rs. 1000
2	Physician with Post graduate diploma	Rs. 2000
3	Physician with Post graduate degree	Rs. 3000
4	Super specialist	Rs. 4000
5	Surgeons, Anesthetist etc	Rs. 5000
6	Surgeons with Super specialist qualification	Rs. 6000

		Annual Fee for Individual	Annual Fee for Hospitals Establishment
1	Physician / doctors with OPD Practice	Rs. 60 / lakh	Rs. 340 / lakh + Re. 1 / OPD Pt + Rs. 5 / IPD Pt + 7.5 % of basic premium + Service Tax 10.3 % on the Total
2	Physician / doctors with Indoor Practice	Rs. 115 / lakh	
3	Physician / doctors with Indoor Practice of Surgeon	Rs. 230 / lakh	
4	Physician / doctors with superspecialty, Anesthetist etc	Rs. 340 / lakh	
5	• **Rs/- 1000 (One thousand) per year** shall be collected to develop the fund of the IMLEA towards emergency assistance, risk management and conducting trainings, CME, workshops etc. • Physician / doctors visiting other hospitals shall have to pay 5% extra. • For unqualified staff extra charges of 8% shall be collected. • The additional charges 15 % for those working with radioactive treatment. • The additional charges can be included for other benefits like OPD/ indoor attendance, instruments, fire, personnel injuries etc.		

7. Experts will be involved so that we have better vision & outcome of the scheme.

8. The payment to the experts, Legal & med-legal experts shall be done as per the pre-decided remuneration. Payment issues discussed, agreed and processes shall be laid down by the members of these scheme.
9. If legal notice / case are received by member he should forward the necessary documents to the concerned person.
10. Reply to the notice/case should be made only after discussing with the expert committee.
11. A discontinued member if he wants to join the scheme again will be treated as a new member.
12. Most of the negligence litigations related to medical practice EXCEPT the criminal negligence cases shall be covered under this scheme. The scheme will also NOT COVER the damages arising out of fire, malicious intension, natural calamity or similar incidences.
13. All the doctors working in the hospital (Junior, Senior, Temporary, Permanent etc) shall be the members of the IMLEA, if the hospital wants to avail the benefits of this scheme.
14. The scheme can cover untrained hospital staff by paying extra amount as per the decision of expert committee.
15. A district/ State/ Regional level committee can be established for the scheme.
16. There will be involvement of electronic group of IMLEA for electronic data protection.
17. Flow Chart shall be established on what happens when a member approaches with a complaint made against him or her [Doctors in Distress (DnD) processes].
18. Telephone Help Line: setting up and manning will be done.
19. Planning will be done to start the Certificate/ Diploma/ Fellowship Course on med-leg issues to create a pool of experts.
20. Efforts will be made to spread preventive medico-legal aspects with respect to record keeping, consent and patient communication and this shall be integral and continuous process under taken for beneficiary of scheme by suitable medium.

List of Members
Professional Assistance Scheme (PAS) IMLEA

Name	*Place*	*Speciality*
Dr. Dinesh B Thakare	Amravati	Pathologist
Dr. Satish K Tiwari	Amravati	Pediatrician
Dr. Rajendra W. Baitule	Amravati	Orthopedic
Dr. Usha S Tiwari	Amravati	Hospi/ N Home
Dr. Yogesh R Zanwar	Amravati	Dermatologist
Dr. Ramawatar R. Soni	Amravati	Pathologist
Dr. Rajendra R. Borkar	Wardha	Pediatrician
Dr. Alka V. Kuthe	Amravati	Ob.&Gyn.
Dr. Vijay M Kuthe	Amravati	Orthopedic
Dr. Neelima M Ardak	Amravati	Ob.&Gyn.
Dr. Vinita B Yadav	Gurgaon	Ob.&Gyn.
Dr. Balraj Yadav	Gurgaon	Pediatrician
Dr. Kiran Borkar	Wardha	Ob & Gyn
Dr. Prabhat Goel	Gurgaon	Physician
Dr. Sunil Mahajan	Wardha	Pathologist
Dr. Ashish Jain	Gurgaon	Pediatrician
Dr. Neetu Jain	Gurgaon	Pulmonologist
Dr. V P Goswami	Indore	Pediatrician
Dr. Bhupesh Bhond	Amravati	Pediatrician
Dr. R K Maheshwari	Barmer	Pediatrician
Dr. Jayant Shah	Nandurbar	Pediatrician
Dr. Kesavulu	Hindupur AP	Pediatrician
Dr. Ashim Kr Ghosh	Burdwan WB	Pediatrician
Dr. Ashish Satav	Dharni	Physician
Dr. Kavita Satav	Dharni	Opthalmologist
Dr. D P Gosavi	Amravati	Pediatrician
Dr. Narendra Gandhi	Rajnandgaon	Pediatrician
Dr. Apurva Kale	Amravati	Pediatrician
Dr. Asit Guin	Jabalpur	Physician
Dr. Sanjeev Borade	Amravati	Ob & Gyn
Dr. Prashant Gahukar	Amravati	Pathologist
Dr. Satish Agrawal	Amravati	Pediatrician
Dr. Ashwin Deshmukh	Amravati	Ob & Gyn
Dr. Anupama Deshmukh	Amravati	Ob & Gyn
Dr. Ramesh Tannirwar	Wardha	Ob & Gyn
Dr. Sameer Agrawal	Jabalpur	Pediatrician
Dr. Sheojee Prasad	Gwalior	Pediatrician
Dr. V K Gandhi	Satna	Pediatrician
Dr. Shyam Sidana	Ranchi	Pediatrician
Dr. Umesh Khanapurkar	Bhusawal	Pediatrician
Dr. (Mrs.) Khanapurkar	Bhusawal	Gen Practitioner
Dr. Sanjay Ghuse	Amravati	Gen Practitioner
Dr. Kausthubh Deshmukh	Amravati	Pediatrician
Dr. Pratibha Kale	Amravati	Pediatrician
Dr. Milind Jagtap	Amravati	Pathologist
Dr. Varsha Jagtap	Amravati	Pathologist
Dr. Rajendra Dhore	Amravati	Physician
Dr. Veena Dhore	Amravati	Dentistry
Dr. Nilesh Toshniwal	Washim	Orthopedic
Dr. Swati Toshniwal	Washim	Dentistry
Dr. Subhendu Dey	Purulia	Pediatrician
Dr. Dinakara P	Bengaluru	Pediatrician
Dr. Laxmi Bhond	Amravati	Pediatrician
Dr. Sangeeta Bhamburkar	Akola	Dermatologist
Dr. Aniruddh Bhamburkar	Akola	Physician

Indian Medico Legal And Ethics Association
LIFE MEMBERSHIP FORM

Photograph

Name of the Applicant _____
Surname *First Name* *Middle Name*

Date of Birth _____ Sex _____

Address of Correspondence _____

_____

Telephone *Residence* _____ *Hospital* _____ *Other* _____

Mobile _____ *Fax* _____ *e-mail* _____

Name of the Council *(MCI/Dental/Homeopathy/Ayurved /Other)* _____

Registration No. _____ Date of Reg. _____

Medical / Legal Qualification	University	Year of Passing

_____ _____

Name, Membership No. & Signature of Proposer Name, Membership No. & Signature of Seconder

A. Experience in legal field *(if any)* : _____

B. Was / Is there any med-legal case against you /your Hospital *(Yes / No)* : _____ If Yes, Give details

_____

C. Do you have a Professional Indemnity Policy *(Yes / No)* : _____ If Yes, Give details

Name of the Company _____ Amount _____

E. Do you have Risk Management Policy *(Yes / No)* : _____ If Yes, Give details

Name of the Company _____ Amount _____

F. Is your relative / friend practicing Law *(Yes / No)* : _____ If Yes, Give details

Name _____ Qualification _____ Place of Practice _____

Specialized field of practice (Civil/Criminal/Consumer/I-Tax/other) _____

G. Any other information you would like to share *(Yes / No)* : _____ If Yes, please attach the details

I hereby declare that above information is correct. I shall be responsible for any incorrect / fraudulent declarations.

Place:

Date: (Signature of Applicant)

Enclosures: True Copy of Degree, Council Registration Certificate & photograph.

Life Membership fee (individual Rs.3500/-, couple Rs.6000/-) by CBS (At Par, Multicity Cheque) or DD, in the name of Indian Medico-legal & Ethics Association (IMLEA) payable at Amravati. Send to Dr.Satish Tiwari, Yashodanagar No.2, Amravati-444606, Maharashtra.

Printed and published by **Dr. Mukul Tiwari**, Editor-in-Chief, on behalf of IMLEA (Indian Medico Legal & Ethics Association) and Printed at **Nandini Graphics,** 112, Parikalp Tower, Near District Court, Gwalior. Ph.: 0751-4086262