

## **WEST BENGAL MEDICAL COUNCIL CODE OF MEDICAL ETHICS**

Adopted on the basis of  
MCI Circular Letter No. MCI – 211 (2) / 2002 – Regn / 2373 dated 18.04.03  
forwarding  
Gazette of India ( Part III Section 4 dated 6th April 2002 )  
containing the  
Indian Medical Council ( Professional Conduct Etiquettee & Ethics ) Regulations 2002.  
( Approved in the meeting of the W B Medical Council 2.4.03 & 17.4.03 )

8 Lyons Range ( 3rd Floor ) Kolkata – 700 001  
☎2230-2674 / 2213-7679 Email : [wbmcc@vsnl.net](mailto:wbmcc@vsnl.net)

WEST BENGAL MEDICAL COUNCIL  
8 LYONS RANGE ( 3RD FLOOR )  
KOLKATA – 700 001

Telephone NO. 2230 – 2674 / 2213 – 7679

Email : [wbmcc@vsnl.net](mailto:wbmcc@vsnl.net)

### CODE OF MEDICAL ETHICS

#### PREAMBLE :

The Medical Profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients but also to society, to other professions and to self. The following principles are not laws, but standards of conduct that define the essentials of honourable behaviour for the physicians.

- (1) A physician shall be dedicated to providing competent medical services with compassion and respect of human dignity.
- (2) A Physician shall deal honestly with patients and colleagues and strive to expose those physicians deficient in character or competence or who engage in fraud or deception.
- (3) A physician shall respect the law and also recognize a responsibility to seek changes in those requirements that are contrary to the best interests of the patient.
- (4) A physician shall respect the rights of the patients, colleagues and other health professionals and shall safeguard patient confidence within the constraints of the law.
- (5) A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultations and use the talents of other professionals when indicated.
- (6) A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- (7) A physician shall recognize a responsibility to participate in activities contributing to an improved community.

#### GENERAL PRINCIPLES :

##### 1. Character of the Physician :

- 1.1 A physician shall uphold the dignity and honour of his profession.
- 1.2 The prime object of the medical profession is to render service to humanity, reward of financial gain is a subordinate consideration. Whosoever chooses the profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be a upright man, instructed in the art of hearing. He must keep himself pure in character and be diligent in caring for the sick. He should be modest, sober, patient and prompt to deliver his duties without anxiety and conducting himself with priority in his profession and in all the actions of his life.

- 1.3 No person having qualification other than those recognized by Medical Council of India and registered / re-registered with Medical Council of India / State Medical Council (s) is allowed to practice system of modern / medicine or surgery. A person obtaining qualification in any other system of medicine is not allowed to practice modern system of medicine in any form.

**2. The Physician's responsibility :**

- 2.1 The principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man.

Physicians should merit the confidence of the patients entrusted to their care, rendering to each a full measure of service and devotion. Physician should try continuously to improve medical knowledge and skill and should make available to their patients and colleagues the benefit of their professional attainments. The physician should practise methods of healing founding on scientific basis and should not associates professionally with any one who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.

- 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.

- 2.3 A physician should participate in professional meeting as part of Continuing Medical Education Programme, for at least 30 hours every five years, organized by the West Bengal Medical Council or any other Professional Academic Body recommended by the West Bengal Medical Council.

**3. Maintenance of Medical Records :**

- 3.1 Every doctor registered with West Bengal Medical Council should maintain his medical records pertaining to his patients for a period of 3 years. If any request is made for medical records, either by the patients / authorized attendant / West Bengal Medical Council or legal authorities involved, the same may be duly acknowledged and documents shall be issued within 72 hours.

- 3.2 A registered medical practitioner shall keep a copy of each and every certificate issued by him / her for a period of 3 years in the standard proforma as laid down in **Appendix – III.**

- 4.** Every physician shall display the Registration Number accorded to him / her by the West Bengal Medical Council and recognized qualification acquired by him / her in his / her clinic and in all his / her prescriptions, certificates and money receipts given to his / her patients.

**5. Advertisement :**

Solicitation of patients, directly or indirectly by a Physician, by groups of Physicians or by Institutions or Organization is unethical. A Physician shall not make use of or aid or permit others to make use of him [ or his name ] as subject or any form or

manner of advertising or publicity through lay channels either alone or in conjunction with others which shall be of such a character as to invite attention to him or to his professional position, skill, qualification, achievements attainments, specialties, appointments, associations, affiliations or honours and / or of such characters as would ordinarily result in his self – aggrandizement nor shall he give to any person whosoever, whether for compensation or otherwise, any approval, commendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical or therapeutic articles, apparatus or appliances or any commercial product or article with respect of any property quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature or photograph in any form or manner of advertising through lay channels not shall be boast of cases, operations, cure remedies or permit the publication of report thereof through lay channels. A medical practitioner is permitted a formal announcement in press regarding the following :

- (i) On starting practice.
- (ii) On change of type of practice.
- (iii) On changing address.
- (iv) On temporary absence from duty.
- (v) On resumption of practice.
- (vi) On succeeding to another practice.

**6. Payment of Professional Services :**

The Ethical Physician, engaged in the practice of medicine limits the sources of his income received from professional activities to services rendered to the patient. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time of services is rendered. It is unethical to enter into a contract of “No Cure No Payment”. Physicians rendering service on behalf of the States are not permitted to anticipate or accept any consideration.

**7. Patent and Copyrights :**

A Physician may patent surgical instruments, appliances and medicine or copyright publications, methods and procedure. The use of such patents or copyright or the receipt of remuneration from them which retards or inhibits research or restrict the benefits derivable there from are unethical.

**8. Running an Open Shop ( Dispensing of Drugs and Appliances ) by Physicians :**

A Physician should not run an open shop for sale of medicine, for dispensing prescriptions prescribed by Doctors other than himself or for sale of medical or surgical appliances. It is not unethical for a Physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient.

**9. Rebates and Commission :**

A Physicians shall not give, solicit or receive nor shall he offer to give, solicit or receive any gift gratuity, commission or bonus in consideration of or in return for the referring, recommending or procuring of any patient for medical, surgical or other treatment, A Physician shall not directly or by any subterfuge participate in or be a party to the act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

The provision of the above Para, shall apply with equal force to the referring, recommending or procuring by a Physician or any person, specimen or material for diagnostic, or other study or work. Nothing in this section, however, shall prohibit payment of salaries by a qualified Physician to other qualified persons rendering medical care under his supervision.

**10. Secret Remedies :**

Prescribing or dispensing by a Physician of secret medicine or other secret remedial agents of which he does not know the composition or manufacture, promotion of their use is unethical and as such, prohibited.

**11. Proper Prescription Writing :**

The Physician should write his prescription / the name of the medicine in particular, legibly and clearly so that it can be read, understood by the person serving the prescription or by other physician. He should also avoid writing prescriptions in any code language of his own.

**12. Evasion of Legal Restrictions :**

The Physician will observe the laws of the country in regulating the practice of medicine and will not assist others to evade such laws. He should be co-operative in observance and enforcement of sanitary laws and regulations in the interest of public health. A Physician should observe the provisions of the State acts, like Drug Act, Pharmacy Act, Poisonous and Dangerous Drugs Act, Narcotics Drug and Psychotropic Substances Act, Medical Termination of Pregnancy Act, Environmental Protection Act, Acts and Rules concerning organ transplantation, Mental Health Act, Person Disability Act, Clinical Establishment Act, Pre-natal Sex Determination Act, Regulation for Bio-medical Waste Management Act and such other Rules and Regulations made by the Central / State government or Local Administrative Bodies for protection and promotion of public health.

**DUTIES OF PHYSICIANS TO THEIR PATIENTS :****13. Obligation to the sick :**

Though a Physician is not bound to treat each and every one asking for his services except in emergencies for the sake of humanity and the noble traditions of the profession, he should not only be ever-ready to respond to the calls of the sick and the injured, but should be mindful of the high character of his mission and the responsibility he incurs in the discharge of his professional duties. In his ministration, he should never forget the health and the lives of those entrusted to

his care depend on his skill and attention. A Physician should endeavour to the comfort of the sick by making his visits at the hour indicated to the patients. Medical practitioners having any incapacity ( due to age / disease ) detrimental to the patient or which can affect his performance is not permitted to practise his profession.

**14. Patience, Delicacy and Secrecy :**

Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a Physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the law of the state. Sometimes, however, a Physician must determine whether his duty to the society required to employ knowledge obtained through confidences to him as a Physician to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the Physician should act as he would desire another to act towards one of his own family in like circumstances.

**15. Prognosis :**

The Physician should never exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's conditions as will serve the best interest of the patient and the family.

**16. The patient must not be neglected :**

16.1 A Physician is free to choose whom he will serve. He should, however, respond to nay request for his assistance in an emergency or whenever temperate public opinion expects the services. Once having undertaken a case, the Physician should not neglect his patient, nor should he withdraw from the case without giving notice to the patient and his elatives sufficiently long in advance of his withdrawal to allow them to secure another medical attendant. No registered medical practitioner shall willfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

16.2 The Physician shall not aid or abet torture nor shall he be a party to either of infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human right.

**[ Note :** Torture as defined under Declaration of Tokyo and as laid down by the World Medical Association is defined as “the deliberate systematic or wanton infliction of physical or mental suffering by one or more person acting alone or one orders of any authority to force another person to yield information, to make confession or for any other reason” ]

16.3 Practising Euthanasia shall ordinarily constitute unethical conduct. However, on specific occasion, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death shall be decided only a tea of Physicians and not merely by the treating Physician alone.

**DUTIES OF PHYSICIAN TO THE PROFESSION AT LARGE :****17. Upholding the honour of the profession :**

A Physician is expected to uphold the dignity and honour of his profession.

**18. Membership in Medical Society :**

For the advancement of his profession, a Physician should associate with medical societies and contribute his time, energy and means so that these societies may represent the ideals of the profession.

**19. Safeguarding the Profession :**

Every Physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician should not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and should not permit such persons to attend, treat or perform operations upon patients in respect of matters regarding professional discretion of skill as it is dangerous to public health.

**20. Exposure of Unethical Conduct :**

A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of the members of the profession.

**PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER :****21. Dependence of Physicians on each other :**

A Physician should consider it as a pleasure and privilege to render gratuitous service to all physicians, including the elderly and disables in particular, and their immediate family dependents.

**22. Compensation for expense :**

When a Physician is called from a distance to attend or advise another Physician or his dependents, re-imburement may be accepted if offered to him for traveling expenses.

**DUTIES OF PHYSICIAN TO CONSULTATION :****23. Consultation should be encouraged :**

In case of serious illness, especially in doubtful and / or difficult conditions, the Physician should request consultations.

**24. Consultation for patient's benefit :**

In every consultation, the benefit to the patient is of primary importance. All Physicians interested in the case should be candid with the patient, a member of his family or responsible friend.



**25. Punctuality in Consultation :**

Utmost punctuality should be observed by a Physician in meeting for consultation.

**26. 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.

**27. Statement to Patient after Consultation :**

- a) All statement of the case to the patient or his representatives should take place in the presence of all the Physicians consulting except as otherwise agreed, the announcement of the opinion to the patient or his relations or friends shall rest with the medical attendant.
- b) Difference of opinion should not be divulged unnecessarily but when there is an irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or his friends. It would be open to them to seek further advice, should they so desire.

**28. Treatment after Consultation :**

No decision should restrain the attending Physician from making such subsequent variations in the treatment as any unexpected change may require but at the next consultation, reasons for the variations should be stated. The same privilege, with its obligations, belongs to the consultant when sent for an emergency during the absence of attending physician. The attending Physician may prescribe at any time for the patient, the consultant only in case of emergency.

**29. Consultant not to take charge of the Case :**

When a Physician is called as a consultant, none but the rarest and most exceptional circumstances would justify that consultant taking charge of the case. He must not do so merely on the solicitation of the patient or friends.

**30. Patients referred to Specialists :**

When a patient is referred to a specialist by the attending physician, a statement of the case should be given to the specialist who should communicate his opinion in writing in a closed cover direct to the attending physician.

**DUTIES OF PHYSICIAN IN CASE OF INTERFERENCE :****31. Appointment of a substitute :**

Whenever a physician request another physician to attend his patients during his temporary absence from his practice, professional courtesy required acceptance of such appointment if consistent with his other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician. All such patients should be restored to the care of the latter upon his return.



**32. Visiting another physician's case :**

A physician called to visit a patient, who has recently been under the care of another physician in the same illness, should not take charge of, nor prescribe for such patient except in a case of emergency when he should communicate to the former explaining the circumstances under which the patient was seen and treatment given, or when the physician has relinquished his case, or when the patient has notified such physician to discontinue his services.

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 should avoid remarks upon the diagnosis or the treatment that has been adopted.

**33. Engagement for an obstetric case :**

If a physician agrees to attend a woman during her confinement, he must do so. Inability to do so on an excuse of any other engagement is not tenable except when his is already engaged on a similar or / other serious 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.

**DUTIES OF PHYSICIAN TO THE PUBLIC****34. Physicians as Citizens :**

Physicians as good citizens possessed of special training should advise concerning the health of the community wherein they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance the interest of humanity. They should co-operate especially with the proper authorities in the administration of sanitary / public health laws and regulations.

**35. Public and Community Health :**

Physician especially those engaged in public health work, should enlighten the public concerning the regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his case, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, a physician must continue his labours without regard to the risk of his own health.

**36. All Para-medical Staff :**

Physicians should recognize and promote the practice of qualified paramedics as a profession and should recognize the co-operation of the paramedics in education and awareness of the public concerning the practice of ethical and scientific medicine.

**37. Disciplinary Action :**

- (i) The West Bengal Medical Council desires to bring to the notice of the Registered Medical Practitioners the following statement upon offences and form of professional misconduct which may be brought before the Council for disciplinary action in view of the authority conferred up to the Council as provided under the Bengal Medical Act, 1915 and as subsequently amended.
- (ii) The Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period from the Register the name of any Registered Practitioner who had been convicted of any such offence as implied in the opinion of the West Bengal Medical Council who after an enquiry at which opportunity has been given to such Registered Practitioner to be heard in person or by pleader.
- (iii) It must be clearly understood that the instances of offences and of professional misconduct which are given herein do not constitute and are not intended to constitute a complete list of the infamous acts which may be punished by erasure from the Register and that by issuing this notice the West Bengal Medical Council is no way precluded from considering and dealing with any form of professional misconduct on the part of a Registered Practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of the categories. Every care should be taken that the code is not violated in letter or spirit. In such instances and in all others, the West Bengal Medical Council have to consider and decide upon the facts brought before the Council.
- (iv) Decision on complaint against delinquent Physician shall be taken preferably within six months.

**38. Disciplinary Action may be taken by West Bengal Medical Council as follows :**

- (i) Censure.
- (ii) Warning : First warning is not be recorded in the Registration Certificate but the subsequent warning is to be recorded in the Registration Certificate.
- (iii) Removal of name of the Registered Practitioner for a specific period up to 3 years or permanently according o the nature of offence and he decision to be taken by the West Bengal Medical Council.

**39. Offences for which disciplinary action may be taken by the Council :**

- (a) Adultery or improper conduct or association with a patient.
- (b) Conviction by Court of Law for offences involving moral turpitude / criminal acts.
- (c) Misconduct :

The following acts of commission or omission on the part of a physician shall constitute professional misconduct rendering him / her liable for disciplinary action

- (d) Violation of the Regulation :
  - (i) If he / she commits any violation of these Regulations.
  - (ii) If he / she does not maintain the medical records of his / her indoor patients for a period of three years as per regulations.

3.1 and refuses to provide the same within 72 hours when the patient or his / her authorized representative makes a request for it as per the regulation 3.2.

- (iii) If he / she does not display the registration number accorded to him / her by the State Medical Council or the Medical Council of India in his clinic, prescriptions and certificates etc. issued by him or violates the provisions of regulation 4.

- (e) Sex Determination Tests :

On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act.

#### 40. Professional Certificate, Reports and other Documents :

Registered Practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give certificates, notifications, reports and other documents ( **Appendix IV** ) signed by them in their professional capacity for subsequent use in the Courts of Justice or for administrative purposes, etc.

- ( I ) Such documents include among other certificates, notification, reports : -

- (a) Under the Acts relating to birth, death or disposal of the dead.

Specimen of Death Certificate is **appended** below.

“The death certificate and the dead body may be handed over to the party concerned by the Registered Practitioner ( or the person in charge of the ward in case of hospital ) after one hour of the actual time of death. In case of shifting of duties of the persons responsible for the purpose, he who takes charge of the unit / ward from his predecessor should deliver the certificate and as such the certificate should be handed over to him during shifting of phase.”

( *Order No. HF / PHP / 566 / O – 29 / 99 Calcutta the 24th August 1999 from the Principal Secretary to the Government of West Bengal, Department of Health & Family Welfare, PHP Branch to the Director of Health Services* )

The death certificate will be issued within hour after the clinical death and the said certificate will be handed over to the kind of the deceased after one hour.

- (b) Under the Acts relating to lunacy and mental deficiency and the rules made therein under.
- (c) Under the Vaccination Acts and the Regulations made therein under.
- (d) Under the Factory Acts and the Regulations made therein under.
- (e) Under the Education Acts.
- (f) Under the Public Health Acts and the order made therein under.
- (g) Under the Workmen's Compensation Act.
- (h) Under the Acts and order relating to the notification of infectious diseases.
- (i) Under the Employees' State Insurance Act.
- (j) In connection with Sick Benefit Insurance and Friendly Societies.
- (k) Under the Merchant Shipping Act.
- (l) For procuring and issuing of passports.
- (m) For excusing attendance in Court of Justice, in public services, in public offices or in ordinary employments.
- (n) In connection with rural and Military matters.

( II )

- (a) Certificates issued by a medical practitioner over his signature should correspond strictly with facts within his personal knowledge and should not be untrue, misleading or improper.
- (b) They should not cover more than the actual period during which the patient had been under his personal observation.
- (c) They should not be given for inadequate or extraneous reasons.
- (d) They must always contain either the signature or the thumb impression of the person to whom they are issued and duly attested by the issuing Medical Practitioner.
- (e) They must always contain the Registration Number of the issuing medical Practitioner mentioning name of the State Medical Council with which he / she is so registered ( **Appendix – I** ).

Certificates granted in contravention of the above will make the practitioner liable to have disciplinary action by the West Bengal Medical Council.

- (f) Any registered practitioner who shall be shown to have signed or given under his name and authority any such certificate, notification, report or document of a kindred character which is untrue, misleading or improper whether relating to the several matters above specified or otherwise, is liable to have his name erased from the register.
- (g) Contravening the provision of the Drugs Act and regulations made there under.
- (h) Selling schedule-poison to the public under cover of his own qualification except to his patients.
- (i) Performing or enabling an unqualified person to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication.
- (j) A Physician should not issue certificates of efficiency in modern medicine to unqualified or non-medical persons.

Note : The foregoing does not apply so as to restrict the proper training and instruction of bonafide students, legitimate employees of doctors, midwives, dispensers, surgical attendants or skilled mechanical or technical assistants under the personal supervision of Physicians.

- (k) A Physician should not contribute to the lay press articles and give interviews regarding disease and treatments which may have the effect of advertising himself or soliciting practice, but it is open to him to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lecture, give talks on the media for the same purpose and send announcement of the same to the lay press.
- (l) An institution run by a Physician for a particular purpose such as a maternity home, a sanatorium, a house for the crippled or the blind etc. may be advertised in the lay press, but such advertisements should not contain anything more than the name of the institution, type of patients admitted, facilities offered and the residential fees. Name of either the Superintendent or the doctors attending should not appear in the advertisement.
- (m) It is improper for a Physician to sue an unusually large signboard and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality. The same should be the contents of his prescription papers. It is improper to affix a signboard on a Chemist's Shop or in places where he does not reside or work.
- (n) Do not disclose the secrets of a patient that have been learnt in the exercise of your profession. Those may be disclosed only in a Court of Law under the presiding judge.
- (o) Refusing on religious grounds alone to give assistance in or conduct of sterility, birth control, craniotomies on living children and

therapeutic abortions when there is medical indication, unless the medical practitioner feels himself / herself incompetent to do so.

- (p) Before performing an operation obtain in writing the consent from the husband or wife, parent or guardian in case the case of minor, mentally unsound or the patient himself as the case may be. In an operation, which may result in sterility, the consent of both husband and wife is needed.

Specimen of consent form is appended ( **Appendix – V** ).

- (q) Do not publish photographs or case reports of your patients in any medical or other journal in a manner by which their identity could be made out without their permission. Should the identity be not disclosed his consent is not needed.
- (r) If you are running a nursing home or any diagnostic centre or any other clinic and if you employ assistants to help you, the ultimate responsibility rests on you.
- (s) No Physician shall use touts or agents for procuring patients.
- (t) Do not claim to be a specialist unless you that a special qualification in that branch. Once you say you are one, do not undertake work outside your speciality ever for your friends.
- (u) No act of in-vitro fertilization or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as the donor. Such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedure and possible risks and hazards.
- (v) Research : Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken provided ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be construed as misconduct.

**DECLARATION :**

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar and the applicant shall read and agree to abide by the same :

- (1) I solemnly pledge myself to consecrate my life to the service of humanity.
- (2) Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
- (3) I will maintain the utmost respect for human life from the time of conception.
- (4) I will not permit consideration of religion, nationality, race, party or social standing to intervene between my duty and my patient.
- (5) I will practice my profession with consciences and dignity.
- (6) The health of my patient will be my first consideration.
- (7) I will respect the secrets which are confided in me.
- (8) I will give to my teachers and seniors respects and gratitude which is their due.
- (9) I will maintain by all means in my power, the honour and noble traditions of medical profession.
- (10) I will treat my colleagues with all respect and dignity.
- (11) I shall abide by the Code of Medical Ethics as are enunciated by West Bengal Medical Council.

I make this promise solemnly, freely and upon my honour.

Date : .....

( Signature of the Applicant )

Name :

Address :

( Doctors with Qualification of MBBS or MBBS with Post-Graduate Degree or Diploma or with equivalent Qualifications in any Medical discipline.)



**SPECIMEN OF UNFIT AND FIT CERTIFICATE**

Form of Certificate recommended for leave or  
extension of commutation of leave and for fitness

Signature of applicant or thumb impression

.....

To be filled-in by the applicant in the presence of the Government Medical Attendant, or  
medical practitioner.

I, ..... after careful examination of the case hereby  
certify that ..... whose specimen signature is given above is  
suffering from ..... and I consider that a period of absence from  
duty of ..... with effect from  
..... is absolutely necessary for the restoration of his health.

I, Dr. .... after careful examination of the case certify  
hereby that ..... on restoration of health is now fit to you  
service.

Date :

Signature of Medical Attendant

Registration No.

Place : .....

Medical Council of India /

State Medical Council of .....

**NOTE :** The nature and probable duration of the illness should also be  
specified.

This certificate must be accompanied by a brief resume of the case giving  
the nature of the illness, its symptoms, causes and duration.

## Appendix – II

Form No. 4  
( See Rule 7 )

( Hospital in-patients, not to be used for still births )

To be sent to Registrar along with Form No. 2 ( Death Report )

Name of the Hospital

.....

I hereby certify that the persons whose particulars are given below died in the hospital in Ward No..... at ..... AM / PM.

Name of the Deceased					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female				Interval between onset and death approx.	
<p align="center"><b>CAUSE OF DEATH</b></p> <p><b>I.</b> Immediate Cause <b>(a)</b> ..... State the disease, injury or Complication which caused Death, not the mode of dying such as heart failure, asthenia, etc. Antecedent Cause Morbid conditions, if any, <b>(b)</b> ..... giving rise to the above cause due to ( or as a stating underlying conditions last. consequence of )</p> <p><b>II.</b> Other significant conditions <b>(c)</b> ..... contributing to the death but not related to the disease or condition causing it.</p>					

Manner of Death

How did the injury occur ?

1. Natural      2. Accident      3. Suicide      4. Homicide  
5. Pending investigation.

If deceased was a female, was pregnancy the death associated with

1. Yes

2. No.

If yes, was there a delivery ?

1. Yes      2. No.

Name and signature of the Medical Attendant certifying the cause of death

Death of verification

( To be detached and handed over to the relative of the deceased )

Certified that Shri / Smt / Kum ..... S / W / D of Shri

.....

R/D ..... was admitted to this hospital on

.....

and expired on .....

Doctor .....

( Medical Superintendent )

Name of the Hospital

**Appendix – II**

Form No. **4A**

( See Rule 7 )

( For non-institutional deaths, not to be used for still births )

To be sent to Registrar along with Form No. 2 ( Death Report )

I hereby certify that the deceased Shri / Smt / Kum ..... son / wife / daughter of ..... resident of ..... was under my treatment from ..... to ..... and he / she died on ..... at ..... AM / PM.

Name of the Deceased					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female				Interval between onset and death approx.	
<b>CAUSE OF DEATH</b> <b>I.</b> Immediate Cause <b>(a)</b> ..... State the disease, injury or complication which caused Death, not the mode of dying such as heart failure, asthenia, etc. Antecedent Cause Morbid conditions, if any, <b>(b)</b> ..... giving rise to the above cause due to ( or as a consequence of ) stating underlying conditions last. consequence of ) <b>II.</b> Other significant conditions <b>(c)</b> ..... contributing to the death but not related to the disease or condition causing it.					

If deceased was a female, was pregnancy the death associated with 1. Yes  
2. No.

If yes, was there a delivery ? 1. Yes 2. No.

---

death Name and signature of the Medical Attendant certifying the cause of

Death of verification

.....  
( To be detached and handed over to the relative of the deceased )

Certified that Shri / Smt / Kum ..... S / W / D of Shri

.....

R / D ..... was admitted to this hospital on

.....

and expired on .....

Doctor .....

( Medical Superintendent )

Name of the Hospital

**FORMAT FOR MEDICAL RECORD**

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1st visit :

Clinical note ( Summary ) of the case :

Prov. Diagnosis :

Investigation advised with reports :

Diagnosis with investigation :

Advice :

Follow up :

Date : Observation :

Signature in full  
.....

Name of Treating Physician

**Appendix – IV****LIST OF CERTIFICATES, REPORTS, NOTIFICATIONS ETC. TO BE ISSUED BY THE DOCTORS FOR THE PURPOSE OF VARIOUS ACTS / ADMINISTRATIVE REQUIREMENTS**

- (a) Under the Acts relating to birth, death or disposal of the dead.
- (b) Under the Acts relating to Lunacy and Mental Deficiency and under the Mental Illness Act the rules made there under.
- (c) Under the Vaccination Acts and the regulations made there under.
- (d) Under the Factory Acts and the regulations made there under.
- (e) Under the Education Acts.
- (f) Under the Public Health Acts and the order made there under.
- (g) Under the Workmen's Compensation Act and Persons with Disability Act.
- (h) Under the Acts and order relating to the notification of infectious diseases.
- (i) Under the Employees' State Insurance Act.
- (j) In connection with sick benefit insurance and friendly societies.
- (k) Under the Merchant Shipping Act.
- (l) For procuring / issuing of passports.
- (m) For excusing attendance in Court of Justice, in public services, in public offices or in ordinary employments.
- (n) In connection with civil and Military matters.
- (o) In connection with matters under the control of Department of Pensions.
- (p) In connection with quarantine rules.
- (r) For procuring driving licence.

## Appendix – IV

SPECIMEN OF INFORMED CONSENT

S/o / D/o / W/o ..... resident of  
 ..... of my free will give my consent for the .....

surgical procedure

by Dr. ....  
 Name of the surgeon

under ..... anaesthesia by Dr.  
 .....  
 type of anaesthesia Name of the

Anaesthesist

to be performed on .....200 ..... on  
 myself.....  
 Date Relationship and name  
 of patient

The risk involved in the surgery as well as in anaesthesia including the possibility of  
 disability and death has been explained to me in my own language  
 .....  
 Language

by.....  
 name of person recording the consent

No guarantee of any sort has been given to me about the results of anaesthesia or  
 surgery.

Witness  
 Signature  
 Name  
 Date  
 Place

Patient / Guardian / NoK  
 Signature  
 Name

References : Indian Penal Code, sections 88, 89, 90 and 92.  
 All India Reported ( 1985 ) M.P. 150 D.B.

© West Bengal Medical Council