

DECLARATION OF HOSPITALS AS SAFE ZONES

Airports are protected areas and have security protocols and personnel. Hospitals are protected areas even in a war zone. They certainly deserve the same status in peace times. Hospitals are entitled for appropriate security protocols with infrastructure and personnel. The concept of hospitals as safe zones is imperative for providing the right ambience for doctors and Healthcare personnel. These safety measures will at the end improve patient care and safety. The following factors have been taken in to consideration by IMA

1. Airports are used by a fraction of the population. The hospitals have to remain accessible for the entire population 24 x 7.
2. There are at least 3 categories of hospitals
 - a) Medical colleges and teaching institutions (both Government and Private).
 - b) Tertiary care corporate hospitals.
 - c) Small and medium hospitals providing primary and secondary care.
 - Amongst these tertiary care corporate hospitals appear to have proper security protocols, infrastructure and personnel. This corresponds to the relative low incidence of violence in such hospitals.
 - It is evident that the security needs of the medical college hospitals and teaching institutions are at variance with the needs of primary and secondary care hospitals.
 - District hospitals, Taluk Hospitals and community Health centers provide secondary care in the Government Sector. Small and medium hospitals mostly run by doctors as single, couple and in group provide secondary care in private sector. Primary Health centers, clinics and consultation rooms provide primary care.
 - The security features discussed mostly (including the Hon Supreme Court) are for the large tertiary care hospitals. The needs of the secondary and primary care hospitals both Government and Private sector have also to be addressed in a toned down manner.
 - The security measures defined for various hospitals should be patient friendly and culturally sensitive. It is preferable to retain the Indian way of allowing few members of the family to stay with the patient for the physical and mental well being of the patient.
 - The violence in hospitals can be classified into two:
 1. Violence on doctors and hospitals regarding death, care, Bill etc (around 99 % of the violence)
 2. Crime in a hospital similar to the incident in RG Kar Medical College.

Code Grey Protocol

The Code Grey Standards set out the minimum requirements for a coordinated organisational response to prevent and manage occupational violence and aggression.

Needs of small and medium hospitals.

Minimum

1. Security protocol
2. Security Personnel
3. Visitors' policy
4. CCTVs
5. Grievance Redressal Mechanism

Conclusion

The cost of security infrastructure and personnel should be borne by the ownership of the hospitals.

**Compiled by
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WORKING CONDITIONS OF THE RESIDENT DOCTORS

IMPROVING THE WORKING AND LIVING CONDITIONS OF THE RESIDENT DOCTORS

Recommendations by IMA

1. Current training programs for residents need a relook with the aim at reduction in their working hours.
2. Medical Institutions and Universities are required to amend their rules and regulations to introduce a uniform residency scheme
3. Resident doctors should be allowed one weekly holiday by rotation. The resident doctors should be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch
4. There is a need to rationalize the patient case load. This can only be achieved by administrative
5. decisions such as limiting the number of patients to be seen per day, developing proper referral and back referral system, and strengthening the other health facilities in the area.
6. Need to develop mechanisms to evaluate the work-related stress, burnout, and depression among doctors and address the same in improving the physical and mental well-being of these young doctors, who are an integral part of the health care system.
7. There should be fixed duty hours, counselling and social support for resident doctors.
8. If Institutions are not able to cope with work load under normal working-hours-limit then the no. of posts must be increased.
9. In view of our economy getting bigger, healthcare also needs a bigger contribution both in terms of the size of the pie but also as a percentage. Healthcare in the country is woefully underfunded and this state of affairs is unacceptable.
10. Increase the number of posts of Medical Officers across the country commensurate with the population. Employ MBBS graduates in sub centres and wellness centres. Discontinue the practice of ad hoc and contract hiring of doctors in National Health Missions and central ministries.
11. Adequate and appropriate duty rooms and wash rooms need to be provided. Hostels where ever provided should provide befitting accommodation at affordable rates.
12. Admissions to the PG courses are expensive and/or coupled with contracts and bonds with penalty clauses and fines in tens of lakhs of rupees which are impossible to pay back.
13. Abolishment of bond policy because women doctors under it are posted in peripheral hospitals where CCTV cameras or security personnels are inadequate. There is no provision of a bond under the NMC Act, 2019 or the erstwhile Indian Medical Council Act, 1956 and regulations made thereunder. The condition of bond is imposed by the states.
14. Abolishment of Seat Leaving Bond Policy: According to NMC data, 153 MBBS and 1,120 doctors pursuing PG medical courses dropped out of their institutions in the last five years. Apart from the dropouts, at least 122 medical students, 64 in MBBS and 58 in post-graduate courses died by suicide between 2018 —2023. It was noted that the exorbitant amount of stress not only exacerbates the financial strain on the medical students but also acts as a

deterrent for seeking necessary mental health support from the family.

15. Frequent NMC assessment and inspection should be conducted in all medical institutions and DNB hospitals to ensure security for the postgraduate doctors doing night duties and harmony in the departments to avoid departmental toxicity.
16. Classify the pay of medical residents as salaries instead of stipends. There is a great disparity among pay scales in different states of the country and should be addressed immediately.

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MIXOPATHY ISSUE; CURRENT STATUS

CCIM NOTIFICATION

About 58 surgical procedures which include general surgery, urology, surgical gastro, ENT, ophthalmology, dental are notified by CCIM that Ayurveda post graduates in Salyathantra & salakyathantra are mandated undergo training to independently perform the procedures.

As per the notification and clarification issued subsequently CCIM is claiming that these are Ayurvedic procedures and not modern medical.

CLARIFICATION BY CCIM

The notification relates to the Shalya and Shalakya streams of Post Graduate Education in Ayurveda. The notification specifies (in clearer terms than the earlier notification on the subject) a total of 58 surgical procedures that PG scholars of these streams (cumulatively) need to be practically trained in so as to enable them to independently perform the said activities after completion of their PG Degree. The notification is specific to these specified surgical procedures and does not allow Shalya and Shalakya Post Graduates to take up any other types of surgery.

It is, however, clarified that all scientific advances including standardized terminologies are inheritances of the entire mankind. No individual or group has monopoly over these terminologies. The modern terminologies in the field of medicine, are not modern from a temporal perspective, but are derived substantially from ancient languages like Greek, Latin and even Sanskrit, and later languages like Arabic. Evolution of terminologies is a dynamic and inclusive process.

OTHER DEVELOPMENTS

NMC clauses 10,15, **32,50,51**

Clause 32: NON MBBS COMMUNITY HEALTH PROVIDERS TO BE ALLOWED TO PRACTICE MODERN MEDICINE

32. (1) The Commission may grant limited licence to practice medicine at mid-level as Community Health Provider to such person connected with modern scientific medical profession who qualify such criteria as may be specified by the regulations: Provided that the number of limited licence to be granted under this sub-section shall not exceed one-third of the total number of licenced medical practitioners registered under sub-section (1) of section 31.

(2) The Community Health Provider who is granted limited licences under sub-section (1), may practice medicine to such extent, in such circumstances and for such period, as may be specified by the regulations.

(3) The Community Health Provider may prescribe specified medicine independently, only in primary and preventive healthcare, but in cases other than primary and preventive healthcare, he may prescribe medicine only under the supervision of medical practitioners registered under sub-section (1) of section 32.

SE 50. (1) There shall be a **joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine at least once a year**, at such time and place as they mutually appoint, to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.

(2) The agenda for the joint sitting may be prepared with mutual agreement between the Chairpersons of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine or be prepared separately by each of them.

(3) The joint sitting referred to in sub-section (1) may, by an affirmative vote of all members present and voting, **decide on approving specific educational modules or programmes that may be introduced in the undergraduate course and the postgraduate course across medical systems and promote medical pluralism.**

CLAUSE 51. **AYUSH BRIDGE BY STATES;** Every State Government may, for the purposes of addressing or promoting primary healthcare in rural area, take necessary measures to enhance the capacity of the healthcare professionals.

NATIONAL EDUCATION POLICY

CLAUSE 20.5: 0.5. Healthcare education needs to be re-envisioned so that the duration, structure, and design of the educational programs need to match the role requirements that graduates will play. Students will be assessed at regular intervals on well-defined parameters primarily required for working in primary care and in secondary hospitals. Given that people exercise pluralistic choices in healthcare, **our healthcare education system must be integrative** meaning thereby that all students of allopathic medical education must have a basic understanding of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), and vice versa. There shall also be a much greater emphasis on preventive healthcare and community medicine in all forms of healthcare education.

Integrative medicine by NITIAAYOG: Appointed four committees to give report on integrated system of medicine to be introduced by 2030 as ONE COUNTRY, ONE HEALTH. THERE WILL BE ONLY ONE TREATMENT SYSTEM WHICH WILL BE INTEGRATIVE

Allied Medical Practitioners act passed by Parliament: ALLOW INDEPENDENT PRACTICE BY PHYSIOTHERAPISTS, CLINICAL PSYCHOLOGISTS, OPTOMETRISTS ETC

One Nation, One Health by 2030: Envisages only a single system of medical practice in the country, which will be integrative.

LEGAL POSITION

Dr. Muktiar Chand and others v/s State of Punjab and others reported in AIR 1999 (SC) 468, (3) Medical council of India and another v/s State of Rajasthan reported in AIR 1996 (S.C) 2073, has clearly held that, only a person holding a registration with the Medical Council of India or its state Medical Council is entitled to practice Modern System of Medicine.

This has been referred and upheld in various other high Court verdicts.

But in a legal battle the stand of NMC and GOI is crucial.

Hence, **we have moved legally and a writ petition is already filed and notice has been issued to GOI,** but organisational action is the need of the hour.

OUR STAND

The amendments referred above under reference to the Post Graduate Ayurveda Education) Regulations 2016 is contrary to the existing laws, rules and presidents for the reason that, these amendments are made by encroaching into the law relating to Education in modern medicine and practice in modern medicine covered by the provisions of the Indian Medical Council Act 1956

now replaced by the National Medical Commission Act 2019. The permitted procedures vide the above referred notification and amendments are beyond the legal purview of the Indian Medicine Central Council Act 1970 and the Central Council of Indian Medicine

Central Council of Indian Medicines has no authority to prescribe training or practice of surgery in any form of modern medical practice unilaterally and suo motu in their syllabus, curriculum and regulations without consulting with National medical commission. Training in surgical procedures is imparted to the students of modern medicine as a continuation and culmination of their course-long study on modern medicine, anatomy and pharmacology, physiology, and many other subjects based on scientifically proved principles of modern medicine.

Traditional knowledge can be accepted only after scientific validation. More over surgical procedures require administration of anesthesia, antibiotics and many other medications. There should be appropriate knowledge in management of complications. It will be hazardous to public health and safety, and for any Allopathic doctor to indulge in such a name-sake training would be unethical as violative of the rules of ethics of modern medicine prescribed by the Medical Council of India.

The procedures to be adopted for the permitted type of surgeries, according to the referred notification, is not scientifically proven and authenticated and approved by the Government to be apply to the patients, strictly within the pharmacopeia of the Indian System of Medicine [Ayurved]. Before applying the medicines and surgical procedures under the Ayurvedic procedures within the Indian System of Medicine.

Untrained persons practicing sophisticated surgical procedures which require years of training under modern medicine is a grave threat to public health.

Pure Ayurveda will become irrelevant and die out.

ACTION TILL NOW AGAINST MIXOPATHY

IMA has opposed this move as it is going to be a retrograde and anti-patient move. IMA along with other Specialist Associations organized Relay Hunger Strike all over the country where thousands of doctors and medical students participated every day from 1st to 14th February, 2021. In the second phase of "Say No To Mixopathy" Movement, they continue to organize Public Awareness Programs throughout the country to make the public aware of the hazards of this notification. Intellectual Meets on Mixopathy are being conducted by state branches. Mass petitioning is being done in two ways. One is by getting physical signature and other by Google Forms. More than a lakh petitions have been sent already. A list of 1500 junior doctors who are willing to serve any part of the country has been prepared and sent to health ministry so as to enable them to form a national medical cader.

We have moved legally and a writ petition has already been filed and notice has been issued to GOI.

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BOND POLICY

The bond system for medical graduates in India is a contract between the student and the state government or college authority to fulfill certain conditions, such as serving in rural areas or providing medical expertise in the state of their education. If the conditions are not met, the student must pay a hefty penalty to the state or institute.

Types of Bonds:

- **Service Bond:** A contract between the medical graduate and the state government to render medical service in the same state where they pursued their post-graduation.
- **Seat Leaving Bond:** An agreement between a medical graduate and the medical college or the state government where they are enrolled in a post-graduate program.
- **Bank Guarantee:** A guarantee from nationalized banks certifying that the medical graduate made a fixed deposit of a specific amount.

Undergraduate Bonds:

- Typically, government medical colleges require MBBS graduates to sign service bonds, mandating them to work in rural or underserved areas for a specified period.
- The duration and penalties vary across states, with some requiring a minimum of one year of service and penalties ranging from ₹5 lakhs to ₹1 crore.

Postgraduate Bonds:

- Postgraduate students, especially those pursuing MD/MS courses, are also required to sign bonds with varying conditions and penalties.
- Some states have a three-year service bond for postgraduates, with penalties for non-fulfillment, while others have a one-year bond or no bond at all.

States with Bond Policies:

1. LADAKH
2. JAMMU & KASHMIR
3. HIMACHAL PRADESH
4. HARYANA
5. PUNJAB
6. UTTARAKHAND
7. DELHI
8. UTTAR PRADESH
9. BIHAR
10. SIKKIM
11. ARUNACHAL PRADESH
12. ASSAM
13. MEGHALAYA
14. NAGALAND
15. MANIPUR
16. MIZORAM
17. TRIPURA
18. RAJASTHAN
19. GUJARAT

20. MADHYA PRADESH
21. CHATTISGARH
22. JHARKHAND
23. WEST BENGAL
24. DADRA AND NAGAR HAVELI & DAMAN AND DIU
25. MAHARASHTRA
26. ODISHA
27. GOA
28. KARNATAKA
29. TELANGANA
30. ANDHRA PRADESH
31. KERALA
32. TAMIL NADU
33. ANDAMAN & NICOBAR ISLANDS
34. LAKSHADWEEP
35. PUDUCHERRY

States without Bond Policies:

1. DELHI
2. MEGHALAYA
3. MANIPUR
4. CHANDIGARH

Conclusion:

Bonding the graduates of medicine is the vestige of slavery and can no longer justified. Bonds take away the right to work after graduation and the mental health of the doctors. 706 medical colleges bring out 1,08,682 MBBS graduates every year. Increasing evidence of unemployment and frustration are reported amongst young MBBS graduates. Increasing suicides are also reported. Many states are unable to use the services of these young doctors inspite of the bonds.

The judgement of the Honourable Supreme Court in this regard inspite of upholding the Bond policy has recommended to the Union Government and the then MCI to come up with a Uniform policy in this regard.

It is said that the Union Government is already seized of the matter and has written to the states suggesting withdrawal of seat leaving bonds.

NMC has taken a stand against the Bond policy saying that it affects the productivity of doctors and their mental health.

IMA requests this subgroup of NTF to recommend to the Honourable Supreme Court of India to reconsider their judgement in this regard.

This subgroup can also recommend to the Union Government and NMC to come out with a uniform policy across the country as directed by the Honourable Court.

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DEPARTMENT OF HEALTH AND FAMILY WELFARE
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F.9/06/SR/2014/H&FW/Pt.-II/CD#112653691/2248-59

Dated: 19/09/24

ORDER

The Hon'ble Lt. Governor, Delhi is pleased to introduce a one-year Service Bond for All India Quota and State Quota Undergraduate and Postgraduate medical students after completion of their course (including internship period) in the medical institutions of Delhi, wherein the students passing out of the Undergraduate/Post Graduate (including super-speciality courses), would be mandatorily required to serve in the medical institutions under GNCT of Delhi for a period of One year.

The UG/PG students would be required to furnish a bond of Rs. 15 lacs for Undergraduate Course and Rs. 20 lacs for Post Graduate courses (including super-speciality courses) at the time of admission in the respective Medical College/Institution which will stand forfeited in case the student wants to opt out of the Mandatory Service period.

The UG pass outs will be adjusted against the post of JRs and PG pass outs will be adjusted against the post of SRs and paid an amount equivalent to the stipend paid to JRS/SRs, with appropriate increment in the case of Super Specialty courses.

The pass out UG/PG students would be adjusted against the already available vacant posts of Junior Residents/ Senior Residents available in the various hospitals of GNCT of Delhi, including Society Hospitals and may be posted in the same hospitals or in diverted capacity in other Hospitals as per the requirement of the H&FW Department.

A Committee under the Chairpersonship of Dean, MAMC will assess the requirement of additional posts of JRS/SRs, if required to be created, after assessing the already available posts of JRs/SRs in the various hospitals of GNCT of Delhi including Society Hospitals. Such additional posts if required would be created in the concerned medical colleges/institutions where the courses are provided, from where the services of these JRs/SRs may be deployed in the various hospitals of GNCT of Delhi in diverted capacity.

This Mandatory One Year service Bond will be applicable from the next academic session pursuant to the issue of this order.

Till such time as the one year Service Bond comes into force, the existing students on passing out will be voluntarily offered the first chance to work on the vacant posts of JR/SR in the various Hospitals under the GNCT of Delhi as per the remuneration prescribed above.



Dy. Secretary
(Medical Education)

F.9/06/SR/2014/H&FW/Pt.-II/CD#112653691/2248-59
Copy to:-

Dated: 19/09/24

1. Pr. Secretary to Hon'ble Lt. Governor, Delhi.
2. Staff Officer to Chief Secretary, GNCTD.
3. Secretary to Chief Minister, GNCTD.
4. Secretary to Minister of Health, GNCTD.

Page 1 of 2

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a. ETHICS AND ETIQUETTE

ETHICS AND ETIQUETTE

Indian Medical Association HQs



for
Registered Medical Practitioners
2024

Index

1. Introduction

2. Principles of Bioethics and Etiquettes

3. Etiquettes for RMP

- a. *etiquettes for Research*
- b. *etiquettes for Clinical care*
- c. *etiquettes for Culture difference*
- d. *etiquettes for Use of social media (Netiquette)*
- e. *etiquettes for Use of AI*
- f. *etiquettes for Documentations*
- g. *etiquettes for general*
- h. *etiquettes for patient safety*
- i. *etiquettes for post graduate teachers/guides with their learners.*

4. Road map for implementation of etiquettes for RMP

5. Summary

1. INTRODUCTION

This document will explain etiquette for registered medical practitioners. Etiquette encompasses mode, manner, and mannerism, all of which are tangentially related to ethics. For medical professionals, this relates to bioethics. Since bioethics is a crucial component of manners, it is vital to briefly explore its concepts, methods, and tenets here.

The branch of applied ethics known as bioethics examines the moral, legal, and social dilemmas that arise in the fields of medicine and the biological sciences.

Medical personnel use bioethics, as biomedical ethics, as a moral compass to assist them in navigating difficult situations and making choices that are in the best interests of their patients. Making decisions about patient care in various contexts is a fundamental duty of a practicing physician. The implications go beyond simply determining the best course of action or therapy. The practice of clinical medicine is inherently and inextricably linked to ethics, as physicians are ethically obligated to: (i) maximise patient benefit; (ii) prevent or minimise harm; and (iii) respect the patient's values and wishes.

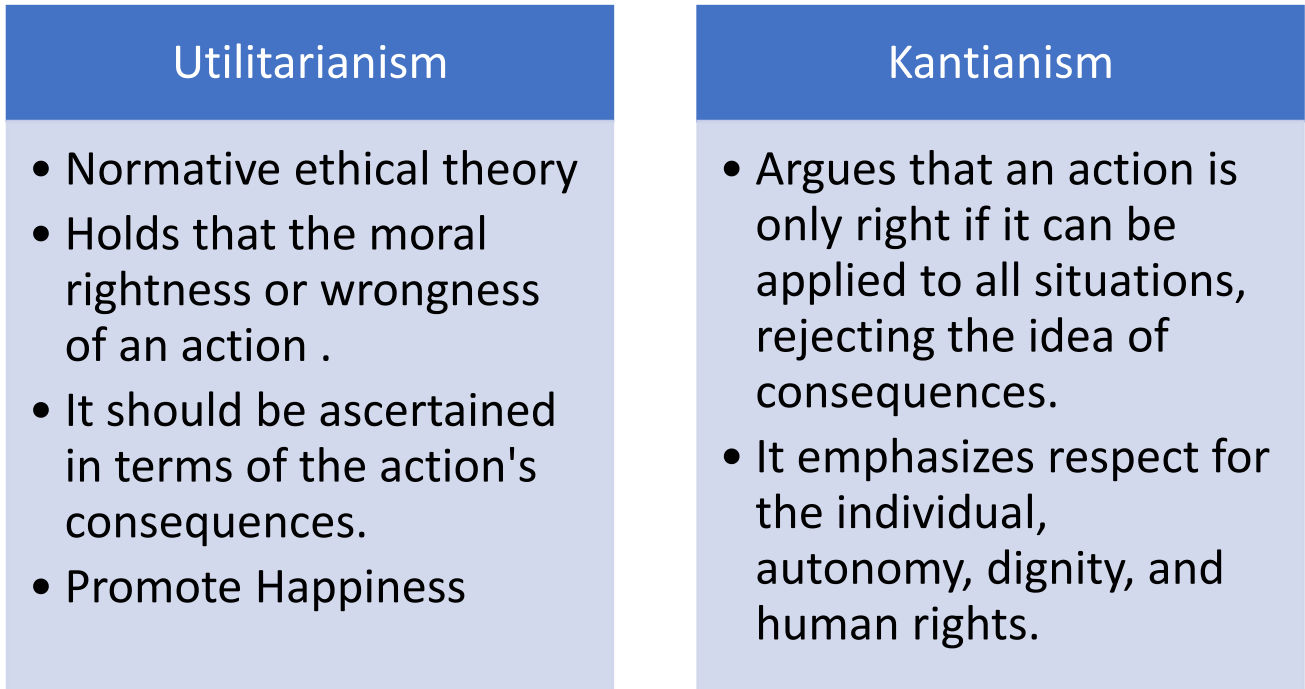
Before delving into the etiquette for RMP, it is imperative to address the fundamental concepts of bioethics and its interplay with etiquette.

2. PRINCIPLES OF BIOETHICS AND ETIQUETTES

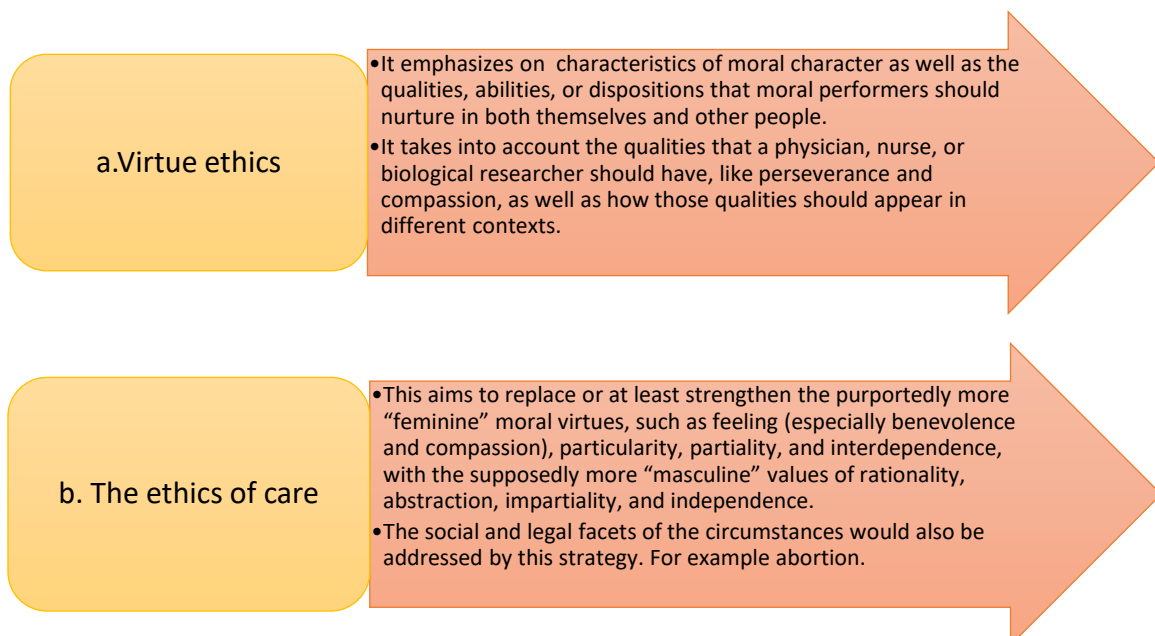
Approaches: Conventional and Modern

Bioethics is a branch of applied ethics that is separate from normative ethics, which is the study of rules and guidelines for moral judgments, and metaethics, which is the study of fundamental moral ideas like ought and good. However, to claim that bioethics is "applied" does not mean that it is based on a certain ethical theory.

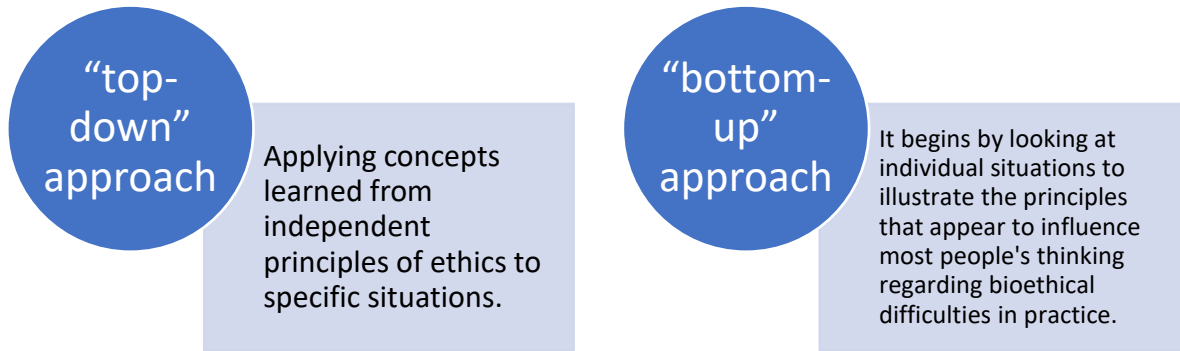
CONVENTIONAL APPROACHES



MODERN APPROACHES



FOUR PRINCIPLE APPROACH



One extremely popular approach along these lines, known as the **"four principles" of bioethics**, aims to explain a set of minimum moral requirements governing the behaviour of health care providers. The four principles of biomedical ethics are:

1. Autonomy:

- Autonomy refers to an individual's right to make informed decisions about their own healthcare.
- Healthcare professionals must respect patients' self-determinations and permissions, even if they personally disagree.
- Informed consent and truth-telling are essential components of autonomy.
- Respecting religious beliefs.

2. Nonmaleficence:

- Nonmaleficence means “do no harm.”
- Healthcare providers have a duty to avoid causing harm to patients.
- When harm cannot be entirely avoided (e.g., surgery), benefits should outweigh risks.

3. Beneficence:

- Beneficence means “do good.”
- Healthcare providers act in the best interest of patients.
- Includes providing treatment to improve health and alleviate suffering.

4. Justice:

- Justice involves fairness and equality in medical care.
- All individuals should have equal access to healthcare resources.
- Factors like race, gender, socioeconomic status, or health condition should not affect treatment.

These principles guide ethical decision-making in healthcare, ensuring patient rights and fair treatment.

Additional Ethical Concepts

In addition to the four outlined principles, other ethical notions that are significant in healthcare environments include paternalism, secrecy, and scientific validity. Respecting patient autonomy and upholding confidence in the patient-doctor interaction require them all.

1. Paternalism:

- **Definition:** Paternalism involves making decisions or imposing restrictions on individuals without their consent, based on the belief that it is for their benefit.
- **Challenge to Autonomy:** Paternalism contradicts the principle of autonomy, which emphasizes a patient's right to make informed decisions about their healthcare.
- **Real-Life Example:** In emergency scenarios where a patient cannot provide consent, healthcare providers may act based on professional judgment, leaning toward paternalism.

2. Confidentiality:

- **Importance:** Confidentiality is crucial for maintaining trust between patients and healthcare providers.
- **Principle:** Healthcare providers must keep patient health information private unless explicit permission is given by the patient.
- **Trust Building:** Confidentiality not only respects autonomy but also encourages patients to share necessary information for effective treatment.

3. Scientific Validity in Research:

- **Ethical Foundation:** Scientific validity ensures that research is ethically acceptable and useful.
- **Components of Validity:**
 - Sound study design
 - Appropriate methodology
 - Accurate data interpretation
 - Reproducibility and transparency
 - Data integrity
 - Risk-benefit ratio
- **Purpose:** Valid research informs clinical practice, policy, and further scientific advancements.

These principles also play a critical role in medical ethics and guide healthcare professionals in their practice and research.

The principles of professional practice set out in Good medical practice must form the basis of medical profession. Clinicians must practise good standards of clinical care, practise within the limits of their competence, and make sure that patients are not put at unnecessary risk. They must keep up to date with developments in their field and maintain their skills and develop and maintain successful relationships with their patients.

Clinicians must work effectively with colleagues. They must be honest and must not allow their own health or condition to put patients and others at risk.

Etiquettes

Etiquette refers to the customary code of polite behaviour observed in social or official life. It encompasses the conduct and procedures expected by good breeding or prescribed by authority. For instance, it dictates how we respond to invitations, engage in conversations, and show consideration for others' feelings.

Etiquette encompasses various aspects, including polite behavior, good manners, and a code of conduct. The key points:

1. **Politeness and Respect:** Etiquette involves being approachable, compassionate, and considerate of others' feelings and views. It avoids imposing unilateral opinions on others.

2. **Listening and Speaking:** Etiquette applies to both speakers and listeners. Effective communication requires active listening and thoughtful expression.
3. **Open-Mindedness:** A receptive mindset allows us to absorb information without bias and generate new insights.
4. **Behavior and Mindset:** Ultimately, a person's etiquette is shaped by their mindset and mental framework.

In essence, etiquette goes beyond surface-level interactions—it reflects our deeper understanding and approach to life. There is an interplay between mindset, optimism, and etiquette as explained below:

- **Mindset and Etiquette:**
 - Etiquette is influenced by our mindset—whether positive or negative.
 - Optimism transforms pessimism, shaping our behavior and actions.
 - The mental framework affects how we navigate real-life scenarios, especially for medical practitioners.
 - The mindset of Indian medical graduates significantly influences their decisions in real-life scenarios.
 - Optimism, openness, and positive thinking play a crucial role in handling challenges effectively.
 - Etiquette involves making decisions that are not only acceptable at face value but also align with the overall essence of the situation.

So, cultivating a positive mindset enhances both personal conduct and professional interactions.

There are two types of thinking patterns which are utilized by the mind based on the etiquette which has been entrenched in it. These are

a. Descriptive Thinking Pattern:

- Considers visible aspects and intricacies of a situation.
- Slower decision-making process but leads to thorough results.
- Reflects the idea of “slow and steady wins the race.”

b. Judgmental Thinking Pattern:

- Involves quicker judgments based on preconceptions or biases.
- May overlook nuances and depth in complex situations.
- Relying on impulse and speed.
- May overlook details due to rapid thoughts.
- Results can be average or suboptimal.

It explains that

- ✓ Etiquette is influenced by mindset.
- ✓ Descriptive thinking patterns lead to better decisions.
- ✓ Indian medical graduates need qualities like leadership, communication, critical thinking, and research skills—all tied to etiquette.

In summary, fostering a positive, descriptive mindset enhances both professional conduct and societal impact.

Relation Between Bioethics Principles and Etiquettes-

The etiquettes followed by medical practitioners and the principles of bioethics are closely related. Their correlation explained as:

1. **Autonomy:** Both emphasize respecting patients' autonomy. Etiquettes ensure informed consent, while bioethics principles uphold patient self-determination.
2. **Beneficence:** Etiquettes guide practitioners to act in patients' best interests, aligning with bioethics' principle of doing good.
3. **Non-Maleficence:** Avoiding harm is a shared goal. Etiquettes prevent negligence, while bioethics emphasizes minimizing harm.
4. **Confidentiality:** Etiquettes mandate safeguarding patient information, echoing bioethics' respect for privacy.
5. **Justice:** Both address fair treatment. Etiquettes promote equitable care, while bioethics calls for distributive justice.

In summary, etiquettes operationalize bioethics principles, ensuring ethical and compassionate patient care.

Examples - practical scenarios where these principles and etiquettes intersect:

1. Autonomy and Informed Consent:

- A patient with a life-threatening condition needs surgery. The surgeon explains the risks, benefits, and alternatives, respecting the patient's autonomy. The patient consents, demonstrating the principle of autonomy.
- Etiquette: Obtain informed consent before any procedure.

2. Beneficence and Patient Care:

- A physician prescribes pain relief for a terminally ill patient, focusing on their comfort. This aligns with the principle of beneficence.
- Etiquette: Prioritize patients' well-being and provide compassionate care.

3. Non-Maleficence and Medication Safety:

- A pharmacist double-checks drug interactions to prevent harm. This reflects the principle of non-maleficence.
- Etiquette: Avoid errors in prescribing and dispensing medications.

4. Confidentiality and Privacy:

- A nurse ensures that patient records are secure and accessible only to authorized personnel, maintaining confidentiality.
- Etiquette: Safeguard patient information and respect privacy.

5. Justice and Resource Allocation:

- During a pandemic, a hospital allocates ventilators based on severity, ensuring fair distribution.
- Etiquette: Equitably allocate resources and provide care regardless of socioeconomic status.
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All these principles guide ethical decision-making, ensuring patient-centred practice.

3. Etiquettes for RMP

Healthcare professionals engage with a wide range of people, making it essential to maintain professional etiquette. Etiquette in healthcare goes beyond good manners; it involves building trustworthy relationships with patients, coworkers, and superiors. These skills are crucial for

presenting oneself as polished, self-assured, responsible, and professional, which helps one stand out and progress in their field.

The ABCs of Etiquette: Appearance, Behaviour, Communication

Professional etiquettes are necessary for career progress, yet most healthcare employees lack a basic understanding of them. It is important to remember that manners are required to instil confidence in patients and foster a pleasant mindset among co-workers.

1. Professional Appearance

- a. **Dress Code:** Adhere to the institution's dress code, maintain hygiene, and ensure a neat appearance. A proper dress code is crucial for healthcare professionals. To leave a good impression, wear well-fitting, neatly ironed outfits that exude confidence. Always wear name badges above shirt pockets for better visibility.

2. Behaviour

- a. **Punctuality:** Be on time for appointments and meetings. Respect others' time.
- b. **Body Language:** Use positive body language. Maintain eye contact and avoid crossing arms or appearing disinterested.

3. Communication

- a. **Patient Interaction:** Introduce yourself, make eye contact, smile, and greet patients enthusiastically to make them feel comfortable. Show empathy, listen actively, and respect patient confidentiality. Communication should be clear, concise, and free of jargon, ensuring understanding and consent.
 - i. **Privacy and Confidentiality:** Adhere to HIPAA guidelines and maintain patient privacy at all times.
 - ii. **Cultural Sensitivity:** Respect cultural differences and understand how they affect patient care and communication.
- b. **Interactions with Colleagues:** Respect all team members' roles and contributions. Be clear, respectful, and professional in verbal, written, and digital communication.

The registered medical practitioners have to perform etiquettes for different scenario/situations differently. For example:

- a. etiquettes for Research
- b. etiquettes for Clinical care
- c. etiquettes for Culture difference
- d. etiquettes for Use of social media (**Netiquette**)
- e. etiquettes for Use of AI
- f. etiquettes for Documentations
- g. etiquettes for general
- h. etiquettes for patient safety
- i. etiquettes for post graduate teachers/guides with their learners.

a. Etiquettes for Research:

1. Autonomy:

- o **Informed Consent:** Researchers must obtain informed consent from study participants, explaining risks, benefits, and alternatives. Participants have the right to refuse or withdraw.
- o **Respecting Autonomy:** Researchers respect participants' autonomy by ensuring voluntary participation and transparent communication.

2. Beneficence:

- **Maximizing Benefits:** Researchers design studies to maximize benefits (knowledge, treatment, etc.) while minimizing risks.
- **Balancing Risks and Benefits:** Ethical research aims to achieve a favourable risk-benefit ratio.

3. Non-Maleficence:

- **Avoiding Harm:** Researchers minimize harm to participants. For example, avoiding unnecessary invasive procedures.
- **Monitoring Safety:** Regularly assess participant safety during trials.

4. Confidentiality:

- **Privacy Protection:** Researchers safeguard participants' data and maintain confidentiality.
- **Anonymity:** Ensure that data is anonymized to protect identities.

5. Justice:

- **Equitable Recruitment:** Researchers avoid bias in participant selection and ensure fair representation.
- **Resource Allocation:** Distribute research benefits fairly across diverse populations.

b. Etiquettes for Clinical care:

Etiquette in clinical practice refers to the set of ideas and behaviours that healthcare workers follow when interacting with patients, colleagues, and other members of the healthcare team. By adopting this, healthcare practitioners can foster a trustworthy and courteous environment that encourages patient well-being and professional collaboration.

Table - Application of principles of ethics in patient care – Etiquettes³

Principles of Bioethics	Aim	Etiquettes to perform
1. Beneficence, nonmaleficence	Assessment of clinical case	<ul style="list-style-type: none"> • Nature of illness (acute, chronic, reversible, terminal)? • Goals of treatment? • Treatment options and probability of success for each option? • Adverse effects of treatment and does benefit outweigh harm? • Effects of no medical/surgical treatment? • If treated, plans for limiting treatment? Stopping treatment?
2. Respect for autonomy	Patient rights and preferences	<ul style="list-style-type: none"> • Information given to patient on benefits and risks of treatment? • Patient understood the information and gave consent? • Patient mentally competent? If competent, what are his/her preferences? • If patient mentally incompetent, are patient's prior preferences known? If preferences unknown, who is the appropriate surrogate?
3. Beneficence, nonmaleficence, respect for autonomy	<i>Quality of life (QOL)</i>	<ul style="list-style-type: none"> • Expected QOL with and without treatment? • Deficits – physical, mental, social – may have after treatment?

		<ul style="list-style-type: none"> • Judging QOL of patient who cannot express himself/herself? Who is the judge? • Recognition of possible physician bias in judging QOL? • Rationale to forgo life-sustaining treatment(s)?
4. Distributive justice	<i>External forces and context</i>	<p>Conflicts of interests – does physician benefit financially, professionally by ordering tests, prescribing medications, seeking consultations?</p> <p>Research or educational considerations that affect clinical decisions, physician orders?</p> <p>Conflicts of interests based on religious beliefs?</p> <p>Legal issues?</p> <p>Conflicts of interests between organizations (clinics, hospitals), 3rd party payers?</p> <p>Public health and safety issues?</p> <p>Problems in allocation of scarce resources?</p>

c. Etiquettes for Culture difference:

Cultural differences significantly impact medical etiquette and patient care. The medical practitioner should consider the following points -

1. Visiting Hours:

- In some cultures, leaving a sick relative alone in a hospital room is unthinkable. Visitors stay by the patient's side throughout the day and night.
- While Western hospitals have designated visiting hours, which may seem foreign to patients from cultures where continuous family presence is expected.

2. Religious Beliefs and Medical Interventions:

- Jehovah's Witnesses, for instance, refuse blood products due to religious prohibitions. It is required that healthcare providers must respect these beliefs when making treatment decisions .

3. Dietary Customs:

- Disease-related dietary advice may clash with patients' cultural food preferences or cooking methods. It is important for medical practitioner to be aware with these customs is crucial for effective communication and adherence.

4. Culture and Moral Distress:

The culture influences moral distress in healthcare, it emphasis that culture is learned behaviour.

5. Misunderstandings and Stereotypes:

Cultural assumptions may lead to misunderstandings, stereotyping, and implicit bias in patient care. The practitioners should be aware with that.

Practical Recommendations: It is recommended that there should be encouragement for learning and professional reflection to better handle cultural differences and moral distress in healthcare settings time to time.

Etiquettes required to handle cultural beliefs:

- a. Understanding for cultural differences is crucial for high-quality care.
- b. Recognizing our own cultural influences and being open to different ways of life.

- c. Addressing cultural barriers is essential for trust and adherence in a multicultural society.

d. *Etiquettes for Use of social media (Netiquette):*

Netiquette is a combination of the words network and etiquette, defined as a set of rules for acceptable online behaviour. Proper netiquette practices among health professionals are a basic necessity.

Netiquette for Doctors Conducting Telehealth/Telemedicine

1. **Use a quality camera for telemedicine:** Quality equipment makes communication with the patient effortless and significantly enhances the quality of the visit. High-quality imaging can make patients feel more comfortable with the virtual visit. Proper netiquette implies the importance of using top-quality webcams to help patients see you clearly while videoconferencing, without any distortion of your image or voice.
2. **Use high-quality sound equipment:** Use top-notch speakers and microphones for effective communication. Better equipment enhances the quality of the virtual visit and improves the patient experience.
3. **Dress Code:** Dress like a doctor, even when working from home. Wear a shirt, tie, and a white lab coat, or a scrub top with a lab coat. Ensure your hands are clean and nails trimmed. Presenting yourself in a professional manner will make patients more comfortable and confident with videoconferencing.
4. **Punctuality:** Being on time is essential, even for online doctor appointments. One of the benefits of telemedicine for patients is that it saves time otherwise spent in waiting rooms. Therefore, it is not acceptable for the doctor to keep them waiting at their computers.
5. **Present a nondistracting background:** If you are conducting telehealth consults in your office or from home, make background plain as possible. Alternatively, place some potted plants behind you or use a clean wall with just your diplomas on it to look professional.
6. **Check the lighting:** Minimize glare and reflections. Perform a test call to ensure you aren't coming across with shadows cast over your face. Minimize any distracting lighting or bulbs behind you.
7. **Minimize noise and visibility of others:** Ensure that the virtual visit is private and that there is no noise or commotion from your staff, family, or pets. Turn off the ringer on mobile phone and silence any landline phones.
8. **Neatness in videoconferencing:** Keep your desk pristine with no files or papers other than those pertinent to the patient on the telehealth call.

Email Netiquette Tips

When you send an email to faculty or students, you should:

- Use a clear and descriptive subject line to give the recipient a reason to open your email.
- Be brief. Do not make the reader have to scroll to read the entire message.
- Put the most important part at the very beginning. They may not read it to the end.
- Avoid attachments unless you are sure your recipients can open them.
- Sign your message with your name and return email address.
- Be sure you really want everyone to receive your response when you click, "reply all".
- Be sure that the message author intended for the information to be passed along before you click the "forward" button.
- If you are sending an email while upset or angry, think about not sending it until you've cooled off. A 24-hour resting period is often a good idea.
- Avoid using sarcasm, because people cannot read your tone of voice or facial expressions when you are typing, sarcasm may be misunderstood.

- Never send spam.
- Use good grammar and avoid using slang.
- Do not type in ALL CAPS.

Virtual Meetings Tips

- In smaller meetings of 15 or less, the webcam should be activated.
- In larger meetings of more than 15, webcams are encouraged.
- When webcams are active, please refrain from excessive movement/activity that would be distracting to the meeting attendees (i.e., eating and/or drinking, moving in and out of camera view, typing at your keyboard, chatting with others in the room).
- Prior to the start of the meeting be sure to check your lighting, surroundings and any alarms you may have set. Remove yourself from other potentially noisy items such as pets, televisions and children.
- Attendees should mute their microphone immediately upon entry and keep on mute unless speaking.
- Minimize off-camera distractions/conversation to fully engage in the meeting.
- Share applications, files and multimedia directly to save bandwidth instead of sharing your screen. Have these open prior to starting the meeting.

Virtual Classes Tips

- Arrive on time and stay for the entire class.
- Mute your microphone upon entry.
- Be prepared to turn on your webcam/video.
- Dress appropriately.
- When webcams are active, please refrain from excessive movement/activity that would be distracting to the class attendees (i.e., eating and/or drinking, moving in and out of camera view, typing at your keyboard, chatting with others in the room).
- Prior to the start of the class be sure to check your lighting, surroundings and any alarms you may have set. Remove yourself from other potentially noisy items such as pets, televisions and children.
- Minimize off-camera distractions/conversation to fully engage in the class.

e. Etiquettes for Use of AI (Artificial Intelligence):

Artificial Intelligence (AI) in healthcare brings numerous benefits but also raises significant ethical concerns. The healthcare providers should perform following etiquettes:

- 1. Data Privacy:**
 - AI systems based on large amounts of patient data. The RMP should ensure robust privacy protections and prevent unauthorized access or misuse of sensitive information.
- 2. Informed Consent:**
 - Patients should be informed about how AI algorithms will impact their care. Patients consent for using AI-driven tools for health care should be taken.
- 3. Algorithmic Bias:**
 - AI models can inherit biases from training data, leading to disparities in diagnosis or treatment recommendations. It is must for medical practitioners to conduct regular audits and fair assessments .
- 4. Accountability:**

- Determining responsibility when an AI system makes a mistake or causes harm is challenging. There should be guidelines for accountability of practitioners

5. **Equity:**

- AI adoption should not exacerbate existing healthcare disparities. The RMP should take efforts to ensure equitable access and outcomes for all patients.

f. Etiquettes for Documentations:

It refers to the detailed and accurate recording of all aspects of a patient's care. It's a crucial component of effective healthcare delivery for several reasons:

- ✓ Proper documentation remains essential in the management because it facilitates communication between medical professionals and staff and plays an important role in patient communication. Comprehensive and clear recording in the medical record of telephone and electronic communication (e.g., voicemail, email, telehealth, messaging, portal) with patients ensures safe patient care, reflects clinical decision-making, and explains why specific actions were performed.
- ✓ Failure to properly document patient communications can have a negative impact on care and increase physicians' liability exposure. In a medical malpractice trial, insufficient recordkeeping can lead jurors to suspect the physician's activities. This can include failing to document critical directives, noncompliance, significant signs/symptoms, and raising questions about changes to previous records.
- ✓ When contact occurs outside of the office, particularly after hours or in person, it is critical to have a protocol in place to document it in the clinical record as soon as possible.
- ✓ The following are several considerations/guidelines that highlight important areas in documentation.

All interactions with patients should be documented:

- Prescribe or change medication
- Make a diagnosis
- Direct treatment
- Refer patients to other providers or facilities.

Before signing off on a progress note, clinicians should ensure its accuracy, consistency, and relevance to the patient's visit. This includes clear patient identity and authorship in all paperwork.

Following are the Best Practices for Documentation:

- Ensure that items created via lists, checkboxes, etc. are accurate.
- Know the content of any templates used.
- Confirm outcomes of drop-downs, templates, and auto-complete.
- Use "copy" and/or "paste" with caution and eliminate unnecessary content.
- Record facts objectively.

g. Etiquettes for General:

i. Accepting Gifts from Patients:

Gifts have the potential to erode objectivity and confuse professional boundaries. So, the RMP should not accept.

ii. VIP Treatment for Certain Patients:

Patients who anticipate special treatment because of their position (e.g., board members, large donors) may provide challenges for physicians.

Healthcare providers should give all patients fair and equitable treatment regardless of their VIP status.

iii. Gifts from Pharmaceutical Companies:

Taking presents from sales representatives of pharmaceutical companies may lead to conflicts of interest. In order to preserve neutrality and patient trust, doctors should decline such presents.

iv. Reporting Incompetence:

When a colleague shows ineptitude, physicians sometimes struggle with whether to report it. Maintaining a balance between loyalty, patient safety, and professional responsibilities is crucial.

v. Social Media Boundaries:

On social networking, should doctors and patients be friends? It takes skill to find the correct balance. It's critical to preserve discretion while upholding professionalism.

vi. Transparency and Disclosure:

Physicians ought to be upfront with their patients about any possible conflicts of interest. Openness fosters trust and enables patients to make knowledgeable choices.

vii. Prioritize Patient Welfare:

The health of the patient should always come before money or other interests. Steer clear of receiving insufficient or excessive care just for your advantage.

viii. Guidelines and Policies:

Learn about professional codes of ethics and institutional policies. Respect the rules regarding conflicts of interest.

ix. Independent Decision-Making:

Make clinical judgements based on best practices, patient requirements, and available evidence. Prevent being unduly influenced by outside sources.

x. Continuing Education:

Keep up with the latest ethical standards and best practices. Participate in conflict resolution and bioethics workshops, conferences, and classes.

h. etiquettes for patient safety

Providing and promoting effective medical treatment, upholding professional principles and standards, listening to and acting on patients' and colleagues' concerns, and encouraging learning from adverse occurrences all contribute to a patient safety culture.

A. It is a responsibility of the RMP to practise and promote a positive culture of patient safety that comprises of:

- Providing a good standard of practice and care.
- The RMP should maintain their professional competence.
- Always update themselves in the knowledge and skills, reflecting in their practice and working within their sphere of competence.

- The Registered Medical practitioners must demonstrate effective interpersonal communication skills with patients and their family members and colleagues.
 - To protect patients, as a team leader the RMP should establish clear communication channels and accountability procedures.
 - It is the responsibility of the RMP that to show Concerns concerning the quality of patient care and services should be reported to the relevant person or authority.
 - The RMP should encourage and maintain an environment in which employees may express their concerns openly and safely at all levels.
 - They should ensure the patients safety by contributing to improvements in the quality of services and outcomes.
 - The RMP has to comply with and support safety protocols, including infection control, incident and risk management.
- B. Where an undesired and unexpected event occurs. The RMP should
- Minimize the impact on the patient and provide further care if needed.
 - Provide prompt and empathetic transparent communication and support to the patient throughout this process.
 - Report the occurrence, learn from it, and participate in any further investigations.

i. etiquettes for post graduate teachers/guides with their learners.

Teaching and training medical students and junior colleagues is vital to the continued provision of safe and effective healthcare. The post graduate teachers/ guides with their learners should following etiquettes-

- The post graduate teachers should treat students/ learners with respect and dignity.
- They should supervise learners and make sure they act within the limits of their competence.
- The faculties should give learners constructive feedback.
- The guides should be thorough, fair and objective in their assessment of trainees.
- They should offer support to trainees who have problems with their performance.
- The faculties must be clear about their learning objectives.
- The faculties should be aware of support and training structures and local grievance procedures.
- If post graduate teachers intend to involve students in a patient's care, they should tell the patient about this in advance. They should respect the wishes of patients who do not want students involved in their care and reassure them their care will not be affected by students intervention.
- The faculties should make sure that patients are not burdened by contact with medical students.
- Faculties should make sure that students working with their patients fully understand their role in relation to patient care, identify themselves by name to patients and do not represent themselves as doctors.
- The faculties make ensure that students must get permission from patients before they interview or examine them.

In addition to above work place-based etiquette plays a crucial role in maintaining a positive and professional environment between teachers and learners. The etiquettes for Postgraduate Teachers (PGTs) or faculties:

1. Professional Attire:

- Dress appropriately for the educational setting. Avoid clothing that is too tight or revealing.
 - What wear to a club on weekends might not be suitable for teaching.
2. **Punctuality:**
 - Adhere to contracted work hours and be punctual for meetings, classes, and other events.
 - If there is need to leave early, inform your administrator in advance.
 3. **Using Work Time Efficiently**
 - Use work hours effectively. Avoid excessive personal emails, or extended texting during work hours.
 - Focus on teaching-related tasks.
 4. **Behaviour in Meetings:**
 - Engage respectfully during meetings.
 - Avoid checking cell phone or computer unless it's an emergency.

These etiquettes apply to all workplaces, including educational settings. It is must for post graduate teachers to build rapport, trust, and professionalism with learners is essential for effective teaching and learning.

4. ROAD MAP FOR IMPLEMENTATION OF ETIQUETTES FOR RMP

Are physicians equipped to fulfil the desired ethical obligation and can their ethical skills be improved and updated time to time?

A goal-oriented road map for implementation of educational program has been proposed to improve and update awareness, attitudes, knowledge, moral reasoning, and confidence for modern medicine practitioners.

A concise roadmap outlining the essential attitudes, behaviour's, and etiquettes for modern medicine professionals.

Content of the module:

1. **Patient-Centered Approach:**
 - **Attitude:** Prioritize patient well-being above all else.
 - **Behavior:** Actively listen, empathize, and involve patients in decision-making.
 - **Etiquette:** Respect patient autonomy, confidentiality, and cultural diversity.
2. **Evidence-Based Practice:**
 - **Attitude:** Embrace lifelong learning and stay updated with research.
 - **Behavior:** Base clinical decisions on evidence, not tradition.
 - **Etiquette:** Engage in critical appraisal of medical literature.
3. **Collaboration and Teamwork:**
 - **Attitude:** Recognize the value of interdisciplinary collaboration.
 - **Behavior:** Communicate effectively with colleagues, nurses, and support staff.
 - **Etiquette:** Acknowledge contributions and share credit.
4. **Ethical Integrity:**
 - **Attitude:** Uphold ethical principles even in challenging situations.
 - **Behavior:** Obtain informed consent, maintain honesty, and avoid conflicts of interest.
 - **Etiquette:** Treat patients and colleagues with respect and fairness.
5. **Communication Skills:**

- **Attitude:** Value clear and compassionate communication.
 - **Behavior:** Explain diagnoses, treatment options, and risks in plain language.
 - **Etiquette:** Use active listening, non-verbal cues, and empathy.
6. **Self-Care and Well-Being:**
- **Attitude:** Recognize the importance of self-care for optimal patient care.
 - **Behavior:** Manage stress, seek support, and maintain work-life balance.
 - **Etiquette:** Avoid burnout and prioritize mental health.
7. **Professional Appearance and Conduct:**
- **Attitude:** Present yourself as a role model for professionalism.
 - **Behavior:** Dress appropriately, maintain hygiene, and adhere to punctuality.
 - **Etiquette:** Be courteous, polite, and respectful in all interactions.

Modalities for Implementation

1. **Moral Case Deliberation (MCD):**
 - MCD is a structured method that fosters professionals' moral competence by discussing real ethical dilemmas experienced in practice.
 - Participants engage in systematic dialogues, recognizing moral dimensions, exploring perspectives, and developing reasoning skills.
2. **Translational Bioethics:**
 - Similar to translational medicine, this approach connects ethics scholarship with practical action.
 - It focuses on bridging the gap between theory and practice, ensuring ethical principles guide decision-making in clinical settings.
3. **Integrated Curricula:**
 - Bioethics should be integrated into medical education across different academic years.
 - Consistent curriculum planning ensures students receive comprehensive and timely exposure to ethical concepts.
4. **Critical Thinking and Decision-Making:**
 - Bioethics courses should promote critical thinking and judgment skills.
 - Students learn not only to make decisions but also to justify them ethically.
5. **Facilitated Discussions:**
 - Engage students in seminars, group work, and reflective practices.
 - Encourage dialogue, exploration of moral aspects, and practical wisdom within a community of peers.
6. **Online Courses and Workshops:**
 - Explore online courses or workshops specifically focused on bioethics.
 - These programs cover foundational concepts, case studies, and practical applications.
 - Look for accredited courses that offer Continuing Medical Education (CME) credits.
7. **University Programs and Certificates:**
 - Consider enrolling in formal bioethics programs or obtaining certificates.
 - Universities often offer interdisciplinary courses that delve into ethical issues in healthcare.

- The Graduate Certificate in Bioethics, for example, provides a solid foundation for ethical analysis in clinical practice and research.

8. Professional Organizations and Conferences:

- Join bioethics associations and attend conferences.
- These events provide networking opportunities, access to experts, and exposure to cutting-edge research.
- Organizations like the Center for Practical Bioethics offer resources and educational materials.

9. Self-Directed Learning:

- Read bioethics literature, research papers, and case studies.
- Reflect on ethical challenges encountered in daily practice.
- Engage in discussions with colleagues or participate in journal clubs focused on bioethics topics.

5. SUMMARY

- Etiquette for registered medical practitioners involves understanding the mode, manner, and mannerism related to ethics.
- Bioethics, a branch of applied ethics, deals with moral, legal, and social dilemmas in medicine and biological sciences.
- Medical professionals use bioethics as a moral compass to navigate challenging situations and make patient-centered decisions.
- Ethical obligations for physicians include maximizing patient benefit, minimizing harm, and respecting patient values and wishes.
- Etiquette involves compassionate and considerate behavior, respecting others' feelings and viewpoints.
- Etiquette applies to both speakers and listeners.
- Effective communication requires active listening and thoughtful expression.
- Etiquette is shaped by an individual's mindset and mental framework.
- Optimism transforms pessimism, influencing behavior and actions.
- For medical practitioners, mindset affects decision-making in real-life scenarios.
- Descriptive thinking considers visible aspects and intricacies, leading to thorough decisions.
- Judgmental thinking relies on preconceptions, may overlook nuances, and results in quicker but potentially suboptimal judgments.
- Indian medical graduates benefit from qualities like leadership, communication, critical thinking, and research skills tied to etiquette.
- Patients' safety etiquettes require prompt action, honesty and integrity, transparency and continuous learning.
- ***Etiquettes operationalize bioethics principles, ensuring ethical and compassionate patient care.***

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b. HOSPITAL ETHICS



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INDEX

- I. Preamble
- II. Objectives
- III. Introduction to Hospital ethics
- IV. Hospital Ethical Principles: A Comprehensive Elaboration
- V. Hospital Ethics: Building Trust in Patient-Physician Relationships and Institutional Trust
- VI. The Morality of Healing: Deontology vs. Utilitarianism in Hospital Ethics
- VII. Values and Hospital Ethics
- VIII. Ethical Implications
- IX. Ethical Issues in Hospitals: Compliance with Laws and Regulations
- X. Ethical Implications of Actions of other stakeholders
- XI. Hospital ethics and insurance/third party payors /aggregators
- XII. Implementation STRATEGIES
- XIII. Role of INDIAN MEDICAL ASSOCIATION ALONG WITH ITS HOSPITAL WING HOSPITAL
- XIV. Formation of Hospital Ethics Committee
- XV. How to examine an ethical issue- Model
- XVI. Responsibility and accountability of patient, family & society in Medical care
- XVII. Responsibility towards. Environment and planet
- XVIII. Ethical dilemma and Grey area in current environment
- XIX. Case studies.
- XX. How to improve the quality of care &reduce legal liability in hospital management and clinical care.
- XXI. Improve the Interface between govt authorities and hospitals regarding compliance with various acts and laws, regulations, rules, permissions, registrations, taxes, accreditation in India.
- XXII. What are the key points and how the hospitals be comply with fire safety regulations, bio-safety regulations and clinical establishment rules.
- XXIII. An Ethics Committee at the Hospital Management Board/Governance Level.
- XXIV. Ethics Followed by Visiting Consultants in a Hospital

I. PREAMBLE

In the pursuit of enhancing patient care, fostering a culture of respect, and upholding the dignity of all individuals who interact within the hospital environment, this comprehensive document on hospital ethics is presented. It is a synthesis of ethical principles, policies, and guidelines that serve as a foundation for the decision-making processes and conduct of all healthcare professionals, staff, patients, and their families.

The hospital, as an institution dedicated to the alleviation of suffering and the promotion of health, is a microcosm of society's moral conscience. It is a place where the ethical dimensions of medicine are lived out on a daily basis, and where the values of compassion, beneficence, non-maleficence, autonomy, justice, and veracity are continuously tested and reaffirmed. In recognition of this, this document is designed to provide a framework for ethical deliberation and action that aligns with the hospital's mission and the diverse beliefs and values of its stakeholders.

The preamble acknowledges the hospital's commitment to the principles of biomedical ethics and the ethical challenges inherent in the delivery of healthcare services. It underscores the importance of ethical conduct in maintaining trust, respect, and collaboration among patients, families, healthcare providers, and the community. This document is informed by international declarations, such as the Declaration of Helsinki, the Belmont Report, and the Patient's Bill of Rights, as well as by the professional codes of conduct that govern the various healthcare disciplines.

The hospital ethics framework is grounded in the understanding that ethics is not merely a set of rules or procedures to be followed but a dynamic process that requires ongoing reflection, dialogue, and education. It is predicated on the recognition that ethical dilemmas are complex and multifaceted, often involving competing values and interests that necessitate careful consideration and balancing.

This document is structured to address a range of ethical issues that may arise in the hospital setting, including informed consent, patient confidentiality, end-of-life care, resource allocation, research ethics, socio cultural variables and professional conduct. It is intended to be a living document, open to revision and adaptation in response to evolving societal norms, medical advancements, and new ethical challenges.

The hospital ethics committee plays a pivotal role in the implementation and oversight of these guidelines. It is a multidisciplinary body that provides guidance, counsel, and education on ethical issues, facilitates ethical decision-making, and serves as a resource for resolving ethical conflicts. The committee is committed to fostering an environment where ethical concerns can be openly discussed and addressed.

The hospital ethics policy is designed to be accessible to all individuals within the hospital community, serving as a guide to ethical behavior and a catalyst for ethical discourse. It is the responsibility of every member of the hospital staff including visiting consultants to become familiar with its contents and to integrate these principles into their daily practices.

The hospital's commitment to ethical conduct extends beyond the walls of the institution, to encompass its interactions with the broader community and the healthcare system. It is dedicated to advocating for social justice, equitable healthcare, and the protection of vulnerable populations, as well as to contributing to the advancement of ethical thought and practice in healthcare.

By adhering to the principles outlined in this document, the hospital aims to create a healing environment that upholds the dignity and rights of patients, supports the integrity and well-being of healthcare professionals, and honors the public trust placed in the institution. It is our hope that this ethical framework will serve as a beacon for ethical decision-making and behavior, promoting the highest standards of care and respect for all.



II. OBJECTIVES

Objectives of Hospital Ethics:

Hospital ethics, is a multidisciplinary field that aims to address the ethical challenges that arise in the context of medical practice and hospital settings. The primary objectives of hospital ethics are to ensure that healthcare decisions and actions are made in accordance with ethical principles, respecting the rights of patients and promoting the well-being of all individuals involved. This note will outline the key objectives of hospital ethics.

1. Patient Autonomy and Informed Consent:

- To respect and uphold the right of patients to make informed decisions regarding their own healthcare.
- To ensure that patients are provided with all necessary information to make autonomous decisions, including diagnosis, treatment options, risks, and potential outcomes.
- To support patients in their decision-making process, including the right to refuse treatment, and to advocate for their preferences even when these may conflict with medical recommendations.

2. Beneficence and Non-Maleficence:

- To act in the best interest of the patient, aiming to maximize benefits and minimize harm.
- To provide high-quality, compassionate care that is tailored to the individual's needs and values.
- To balance the duty to do good (beneficence) with the duty not to harm (non-maleficence) when making medical decisions.

3. Justice and Equity:

- To ensure fair and equitable distribution of healthcare resources among patients, staff, and the community.
- To address disparities in healthcare access and treatment based on factors such as race, ethnicity, gender, socioeconomic status, or age.
- To establish policies that promote fairness in the allocation of resources and treatments, including end-of-life care and scarce resource allocation during crisis.

4. Patient Confidentiality and Privacy:

- To protect the confidentiality of patients' medical information and records, allowing them to share sensitive information without fear of disclosure.
- To respect the privacy of patients by ensuring that discussions and treatments are conducted in a private and secure environment.
- To develop protocols for handling and sharing patient information that balance the need for confidentiality with the requirements of effective medical care and legal mandates.

5. Truth-Telling and Communication:

- To maintain open and honest communication between patients, healthcare providers, and families regarding diagnosis, prognosis, and treatment plans.
- To facilitate informed decision-making by providing accurate and timely information.
- To address ethical challenges in communication, such as breaking bad news or providing information to patients with cognitive impairments or language barriers.

6. Professional Integrity and Accountability:

- To maintain the integrity of the medical profession by adhering to ethical standards and professional codes of conduct.
- To hold healthcare providers accountable for their actions and decisions, promoting transparency and a culture of ethical behavior.
- To provide a framework for addressing conflicts of interest and unethical practices within the hospital setting.

7. Patient Rights and Advocacy:

- To recognize and protect the rights of patients, including the right to dignity, respect, and non-discrimination.
- To advocate for patients when their rights are threatened or when they are unable to advocate for themselves.
- To empower patients to participate in their care and to voice their concerns and preferences.
- To honor the diversity of Cultural beliefs, practices, values of the patients

8. Ethical Decision-Making and Problem-Solving:

- To develop and implement ethical decision-making processes that guide healthcare providers in complex situations.
- To establish ethics committees and consultation services to assist in navigating ethical dilemmas and conflicts.
- To provide education and training for staff on ethical principles and their application in clinical practice.

9. Research Ethics:

- To ensure that medical research conducted within the hospital is ethically sound and adheres to established principles such as the Belmont Report, WHO, ICMR
- To protect the rights and welfare of research participants, including informed consent, confidentiality, and the minimization of risks.
- To promote the responsible conduct of research and the ethical review of research proposals.

10. Organizational Ethics and Leadership:

- To create an institutional culture that supports ethical behavior and decision-making at all levels.
- To foster ethical leadership that models and encourages adherence to ethical principles.
- To develop policies and procedures that reflect ethical values and are consistent with legal requirements and professional standards.

11. Ethical Resource Allocation:

- To make decisions regarding the allocation of hospital resources in a fair and equitable manner.

- To consider ethical implications in policy-making, including resource-intensive treatments, end-of-life care, and triage during disasters or pandemics.
- To involve stakeholders in discussions about resource allocation and prioritization.

12. Addressing Ethical Dilemmas:

- To anticipate, identify, and address ethical dilemmas that arise in the hospital setting.
- To establish mechanisms for resolving conflicts and disputes, including ethics consultations and institutional review boards.
- To foster an environment that encourages open discussion and reflection on ethical issues.

13. Education and Training:

- To provide ongoing education and training for hospital staff on ethical principles and their application in healthcare.
- To integrate ethics into medical education curricula to prepare future healthcare providers for ethical challenges.
- To educate patients and families about their rights and responsibilities in the healthcare system.

14. Collaboration and Interdisciplinary Approaches:

- To promote collaboration among different healthcare disciplines to address ethical challenges.
- To engage patients, families, community members, and other stakeholders in ethical decision-making processes.
- To work with other institutions and organizations to develop and share best practices in hospital ethics.

15. Quality Improvement and Patient Safety:

- To continuously assess and improve the quality of care provided in the hospital, with an eye toward ethical considerations.
- To implement systems that enhance patient safety and reduce medical errors, ensuring that care is not only effective but also respectful of patient dignity and rights.
- To address ethical issues related to quality of care, such as futile care, errors, and quality of life concerns.

In summary, the objectives of hospital ethics are to uphold ethical standards in patient care, respect patient autonomy, promote justice and equity, maintain confidentiality and privacy, support professional integrity, ensure ethical research practices, foster ethical organizational culture, address resource allocation challenges, and educate and train healthcare providers and patients. This multifaceted approach aims to create a hospital environment that prioritizes the well-being and rights of all individuals while navigating complex ethical situations that arise in healthcare delivery.



III. INTRODUCTION TO HOSPITAL ETHICS:

Definition & Importance:

Hospital ethics, is a multidisciplinary field that focuses on the application of moral principles, values, and decision-making in the context of medical care within a hospital setting. It encompasses a broad

range of issues that arise in the interactions between patients, healthcare providers, hospital staff, and the broader community. The primary aim of hospital ethics is to ensure that all parties involved in healthcare delivery act in a manner that is respectful of patient autonomy, beneficial, just, and sensitive to the diverse cultural, social, and ethical contexts within which they operate.

The definition of hospital ethics can be broken down into several key components:

1. Moral Principles: Hospital ethics is grounded in a set of fundamental moral principles, which include respect for autonomy, beneficence, non-maleficence, justice, and veracity. These principles guide the behavior of healthcare professionals and the policies of healthcare institutions in providing care to patients.

2. Patient Autonomy: This principle holds that patients have the right to make informed decisions about their own healthcare. It requires that patients be given accurate information about their condition, treatment options, and the potential risks and benefits of those options, so that they can make decisions that align with their values and preferences.

3. Beneficence: Healthcare providers are expected to act in the best interest of their patients, aiming to do good and promote their well-being. This involves providing competent and appropriate medical care and ensuring that the treatments offered are likely to benefit the patient.

4. Non-maleficence: This principle obliges healthcare providers to refrain from causing harm to patients. It requires that the potential harm of any treatment or intervention be weighed against the potential benefits, and that care be provided with the intention of minimizing harm.

5. Justice: In hospital ethics, justice refers to the fair and equitable distribution of healthcare resources. This involves considerations of how to allocate scarce resources, such as organs for transplantation or access to new treatments, in a way that is consistent with societal values and legal standards.

6. Veracity: Healthcare providers are expected to be truthful and honest with their patients. This includes providing accurate information, maintaining confidentiality, and being transparent about the limitations of medical knowledge, services available and limitations with the Institution and the uncertainties inherent in medical decision-making.

7. Decision-Making: Hospital ethics involves complex decision-making processes that require careful consideration of the ethical implications of various treatment options and policies. This often involves navigating situations where the interests of different parties may conflict, such as when a patient's wishes conflict with the recommendations of the healthcare team or when resource allocation decisions must be made.

8. Cultural Competency: In a diverse society, hospital ethics must also take into account the various cultural, religious, and social values that patients and their families may hold. Healthcare providers should strive to understand and respect these values to provide care that is sensitive to individual needs and preferences.

9. Interdisciplinary Approach: Hospital ethics is not solely the domain of medical staff. It involves collaboration among various professionals, including Consultants nurses, social workers, chaplains, lawyers, ethicists, and patients' families. An interdisciplinary ethics committee may be established to address complex ethical issues that arise in patient care.

10. Policy Development: Hospital ethics informs the creation and implementation of policies and procedures that govern hospital operations, such as informed consent processes, end-of-life care protocols, and policies regarding patient privacy and confidentiality, Referral policies.

11. Education and Training: Healthcare professionals are expected to be educated and trained in ethical principles and decision-making. This helps ensure that ethical considerations are integrated into all levels of hospital practice.

12. Research Ethics: Hospitals are often involved in medical research, and hospital ethics must address the ethical implications of such research, including the protection of human subjects, informed consent, and the ethical use of data.

13. Professional Conduct: Hospital ethics also encompasses the ethical behavior of healthcare providers in their interactions with patients, colleagues, and the community. This includes issues such as confidentiality, conflict of interest, professional boundaries and inter disciplinary communications.

14. Quality of Care: Ensuring that patients receive the best possible quality of care is a core ethical imperative for hospitals. This involves striving for excellence in medical practice, as well as addressing systemic issues that may affect the quality of care, such as staffing levels, resource allocation, and hospital administration.

15. Accountability: Hospitals and healthcare providers must be accountable for the ethical implications of their actions. This includes being open to scrutiny and taking responsibility for the outcomes of their decisions and the care they provide.

In summary, hospital ethics is a dynamic field that seeks to address the complex moral challenges encountered in the provision of healthcare. It is characterized by an ongoing commitment to the well-being of patients, respect for their rights and dignity, and the pursuit of equitable and just practices within the hospital environment. It requires a careful balance between the application of ethical principles, legal standards, and the practical realities of delivering medical care in a complex and often resource-constrained setting.



IV. HOSPITAL ETHICAL PRINCIPLES: A COMPREHENSIVE ELABORATION

INTRODUCTION:

Hospitals, as institutions dedicated to healing and well-being, must adhere to a robust set of ethical principles to ensure the highest standards of patient care, respect for human rights, and integrity in decision-making. These principles serve as a compass guiding healthcare professionals in their interactions with patients, families, and colleagues.

Beneficence

Principle: Healthcare providers have a duty to act in the best interests of their patients.

Key Elements:

- **Maximizing Benefit:** Actively pursuing treatments and interventions that offer the greatest chance of improving the patient's health and well-being.
- **Minimizing Harm:** Taking all reasonable steps to prevent or reduce any potential risks or complications associated with treatment.

- **Patient-Centered Care:** Tailoring treatments and decisions to the individual patient's values, preferences, and circumstances.

Non-maleficence

Principle: Healthcare providers have an obligation to avoid causing harm or injury to their patients.

Key Elements:

- **Avoiding Unnecessary Harm:** Refraining from any actions or treatments that could pose a significant risk to the patient's health.
- **Minimizing Adverse Effects:** Assessing and disclosing potential side effects or complications before initiating treatment.
- **Protecting Vulnerable Populations:** Taking special precautions to safeguard patients who are particularly susceptible to harm, such as children, the elderly, and those with disabilities.

AUTONOMY

Principle: Patients have the right to make informed decisions about their own healthcare.

Key Elements:

- **Informed Consent:** Providing patients with clear and comprehensive information about their health conditions, treatment options, and potential outcomes before seeking their consent for any interventions.
- **Respecting Patient Choice:** Honoring patients' decisions, even if they differ from the healthcare provider's recommendations.
- **Promoting Patient Education:** Empowering patients with the knowledge and skills they need to actively participate in their own healthcare.

JUSTICE

Principle: Healthcare should be accessible, equitable, and distributed fairly.

Key Elements:

- **Equal Treatment:** Providing all patients with equal access to quality healthcare, regardless of factors such as race, gender, income, or disability.
- **Prioritizing the Most Vulnerable:** Directing resources towards those who need them the most, such as underserved populations and patients with limited means.
- **Fair Allocation of Resources:** Ensuring that scarce resources, such as organs or hospital beds, are distributed in a just and equitable manner.

CONCLUSION

The ethical principles of beneficence, non-maleficence, autonomy, and justice provide a solid foundation for ethical decision-making in hospitals. By adhering to these principles, healthcare professionals can ensure that patients are treated with respect, their rights are protected, and they receive the best possible care. Hospitals that prioritize ethical conduct foster an environment of trust, transparency, and patient empowerment, ultimately leading to improved health outcomes and a just and compassionate healthcare system.



V. HOSPITAL ETHICS: BUILDING TRUST IN PATIENT-PHYSICIAN RELATIONSHIPS AND INSTITUTIONAL TRUST

Introduction

Trust is a fundamental element in the relationship between patients and healthcare providers. It is also crucial in establishing institutional trust between patients and hospitals. In the context of healthcare, ethics play a vital role in building and maintaining this trust. Hospital ethics refer to the principles and values that guide the behaviour of healthcare professionals and hospitals in delivering care to patients. This article explores the importance of hospital ethics in patient-physician relationships, trust, and institutional trust.

Patient-Physician Relationships and Trust

The patient-physician relationship is built on trust, which is crucial for effective communication, diagnosis, treatment, and patient satisfaction. Patients rely on their physicians to provide them with accurate information, diagnose their medical conditions, recommend appropriate treatment, and ensure their safety and well-being. Physicians, in turn, rely on their patients to provide them with accurate and complete medical history, follow treatment plans, and communicate any concerns or changes in their health status.

Hospital ethics play a crucial role in building and maintaining trust in patient-physician relationships. Physicians are expected to adhere to ethical principles such as respect for autonomy, beneficence, non-maleficence, and justice. Respect for autonomy requires physicians to respect patients' decisions regarding their medical care, even if they disagree with them. Beneficence and non-maleficence require physicians to act in the best interests of their patients and avoid harm. Justice requires physicians to treat all patients fairly and equitably, regardless of their race, religion, gender, sexual orientation, or socioeconomic status.

In addition to these ethical principles, hospital ethics also require physicians to maintain confidentiality, obtain informed consent, and provide clear and accurate information to their patients. Confidentiality is crucial in building trust, as patients must feel safe in disclosing sensitive medical information to their physicians. Informed consent requires physicians to provide their patients with sufficient information about the proposed treatment, including its benefits, risks, and alternatives, so that they can make an informed decision. Clear and accurate information enables patients to make informed decisions about their medical care and promotes trust in the patient-physician relationship. Also to get Patients health information disclosure consent to whom the patients' health condition to be shared

Institutional Trust

Institutional trust refers to the trust that patients have in hospitals and healthcare systems. Hospital ethics play a crucial role in establishing and maintaining institutional trust. Hospitals are expected to adhere to ethical principles such as transparency, accountability, and fairness. Transparency requires hospitals to provide clear and accurate information about their policies, procedures, and outcomes to patients, their families, and the public. Accountability requires hospitals to take responsibility for their actions and decisions and to take corrective action when things go wrong. Fairness requires hospitals to treat all patients fairly and equitably, without discrimination or bias.

In addition to these ethical principles, hospital ethics also require hospitals to ensure patient safety, respect patients' rights and dignity, and promote patient-centered care. Patient safety is critical in establishing institutional trust, as patients must feel safe in receiving care in hospitals. Respect for patients' rights and dignity requires hospitals to protect patients' privacy, confidentiality, and autonomy and to treat them with respect and compassion. Patient-centred care requires hospitals to focus on patients' needs, preferences, and values and to involve them in decision-making about their medical care.

In Conclusion, Hospital ethics play a vital role in building and maintaining trust in patient-physician relationships and institutional trust. Physicians are expected to adhere to ethical principles such as respect for autonomy, beneficence, non-maleficence, and justice, and to maintain confidentiality, obtain informed consent, and provide clear and accurate information to their patients. Hospitals are expected to adhere to ethical principles such as transparency, accountability, and fairness, and to ensure patient safety, respect patients' rights and dignity, and promote patient-centered care. By adhering to these ethical principles, hospitals and healthcare professionals can build and maintain trust with their patients, which is crucial for effective communication, diagnosis, treatment, and patient satisfaction.



VI. THE MORALITY OF HEALING: DEONTOLOGY VS. UTILITARIANISM IN HOSPITAL ETHICS

The hospital environment, a crucible of life and death, presents unique ethical dilemmas. Two prominent ethical frameworks, deontology and utilitarianism, offer contrasting approaches to navigate these challenges. Understanding these frameworks is crucial for healthcare professionals and patients alike, as they guide decision-making in complex medical situations.

Deontological Ethics: Duty and Principles

Deontology, rooted in the work of philosophers like Immanuel Kant, emphasizes the inherent rightness or wrongness of actions based on moral principles or duties. In a hospital setting, **this means adhering to core ethical principles like autonomy, beneficence, non-maleficence, and justice.**

Deontology in Practice:

A deontologist might argue against a treatment that, while potentially beneficial, violates a patient's autonomy. For example, a patient refusing blood transfusion due to religious beliefs would be respected, even if it jeopardizes their survival. Similarly, a deontologist might prioritize the principle of non-maleficence, refusing to conduct a risky procedure unless the potential benefits outweigh the risks.

Utilitarian Ethics: Maximizing the Good

Utilitarianism, championed by Jeremy Bentham and John Stuart Mill, focuses on maximizing happiness and well-being for the greatest number of people. In a hospital setting, this means prioritizing actions that yield the best overall outcome, even if it means sacrificing the interests of a few.

- **Maximizing Happiness:** Actions are considered morally right if they promote happiness and well-being for the majority.
- **Cost-Benefit Analysis:** Utilitarian's might weigh the benefits of a treatment against its costs, considering both financial and emotional factors.
- **Social Justice:** Utilitarian's advocate for resource allocation that optimizes overall societal well-being, potentially leading to difficult decisions about who receives scarce resources.

Utilitarianism in Practice:

A utilitarian might advocate for a scarce organ transplant to be given to the patient with the highest chance of survival, even if that means denying it to someone else. They might also support a resource allocation system that prioritizes treatments with the greatest potential to improve the overall health of the population.

The Tension and the Balance

The conflict between deontology and utilitarianism lies in their contrasting approaches to moral dilemmas. Deontology emphasizes individual rights and principles, while utilitarianism prioritizes the collective good. In practice, ethical decision-making in healthcare often involves finding a balance between these two frameworks.

Examples of the Dilemma:

- **Resource Allocation:** During a pandemic, should scarce ventilators be allocated to patients with the highest chance of survival, regardless of age or pre-existing conditions (utilitarian), or should all patients receive equal access (deontological)?
- **Experimental Treatment:** Should a promising but unproven treatment be offered to a terminally ill patient, even if it carries significant risks (utilitarian), or should the patient's autonomy be respected, allowing them to choose a less risky, but potentially less effective, option (deontological)?

Conclusion

Deontological and utilitarian ethics offer valuable frameworks for navigating the complex moral landscape of hospitals. Recognizing the strengths and limitations of each approach is critical for arriving at ethically sound decisions that balance individual rights, the pursuit of good outcomes, and the principles of justice and fairness. **Ultimately, fostering open dialogue and ethical reflection within healthcare institutions is essential** to ensure the compassionate and ethical care of all patients.



VII. VALUES AND HOSPITAL ETHICS

1. Leadership

- **Integrity:** Upholding the highest ethical standards, setting a positive example, and acting with transparency.
- **Accountability:** Taking responsibility for decisions and actions, and holding others accountable for their conduct.
- **Visionary:** Inspiring and guiding the organization toward a shared purpose and future.

2. Patient Centricity

- **Patient-centered care:** Prioritizing the needs, preferences, and values of patients in all interactions.
- **Respect for autonomy:** Empowering patients to make informed decisions about their healthcare.
- **Shared decision-making:** Involving patients in discussions and treatment planning to ensure their understanding and consent.

3. Respect

- **Dignity and worth:** Treating all individuals with dignity, regardless of their age, race, ethnicity, gender, sexual orientation, disability, or financial status.
- **Privacy and confidentiality:** Preserving and protecting patient information to maintain their trust and privacy.
- **Non-judgmental:** Approaching patients without bias or prejudice, fostering a safe and welcoming environment.

4. Empathy

- **Understand and connect:** Seeking to understand the emotional experiences of patients and their families, demonstrating compassion and empathy.

- **Active listening:** Paying undivided attention to patients, hearing their concerns, and validating their feelings.
- **Thoughtful communication:** Using clear and respectful language, avoiding jargon, and being mindful of non-verbal cues.

5. Team-Based Care

- **Collaboration and communication:** Fostering teamwork among healthcare professionals, sharing information, and supporting each other's efforts.
- **Shared responsibilities:** Defining clear roles and responsibilities for each team member, ensuring accountability and efficiency.
- **Respect for expertise:** Valuing and utilizing the knowledge and skills of every member of the healthcare team.

6. Fairness

- **Equal access to care:** Ensuring that all patients have access to high-quality healthcare, regardless of their background or financial situation.
- **Transparency and accountability:** Providing clear information about treatment options and costs, promoting fairness and preventing any potential conflicts of interest.
- **Ethical allocation of resources:** Distributing resources based on need and equity, ensuring that critical services are accessible to those who need them most.

7. Compassion & Confidentiality

- **Emotional support:** Providing emotional support and comfort to patients and their families during difficult times.
- **Preserving trust:** Maintaining strict confidentiality by safeguarding patient information and protecting their privacy.
- **Compassionate end-of-life care:** Providing dignified and compassionate care to terminally ill patients and their families.

8. Integrity & Honesty

- **Truthfulness and accuracy:** Being honest and transparent in all interactions, providing accurate information to patients and colleagues.
- **Ethical decision-making:** Making decisions based on sound ethical principles, even when faced with difficult choices.
- **Professional conduct:** Maintaining high standards of professional conduct and avoiding any actions that could compromise integrity or trust.

Trust

- **Patient-Doctor Trust:** Building trust with patients by demonstrating competence, compassion, and transparency in all interactions.
- **Institutional Trust:** Fostering trust in the hospital by providing high-quality care, respecting patient privacy, and maintaining ethical standards.

9. Transparency

- **Open communication:** Sharing information with patients, families, and the public in a timely and transparent manner.
- **Disclosure and accountability:** Disclosing potential conflicts of interest and being accountable for decisions and actions.
- **Patient access to information:** Providing patients with access to their medical records and other relevant information to promote informed decision-making.

10. Law

- **Compliance with legal obligations:** Adhering to all relevant laws and regulations, including patient privacy laws, informed consent protocols, and ethical guidelines.
- **Legal counsel:** Consulting with legal counsel to ensure compliance with legal requirements and to address ethical dilemmas.

- **Ethical limits of the law:** Recognizing that ethical principles may sometimes extend beyond legal requirements and acting accordingly.

11. Governance

- **Ethical oversight:** Establishing an ethics committee or review board to provide guidance and oversight on ethical issues.
- **Hospital policies and procedures:** Developing clear policies and procedures that outline ethical guidelines and standards of conduct for all healthcare professionals involved in Hospital patient care
- **Quality improvement and monitoring:** Regularly reviewing ethical practices to identify areas for improvement and ensure adherence to ethical principles.

12. Data Privacy

- **Confidentiality and security:** Protecting patient information from unauthorized access, use, or disclosure.
- **Data management protocols:** Implementing robust data management protocols to ensure the secure storage and handling of patient data.
- **Patient rights:** Informing patients about their data rights and obtaining their consent for the use and disclosure of their personal health information.

13. Trade

- **Ethical marketing practices:** Promoting hospital services in a truthful and ethical manner, avoiding misleading or deceptive claims and following NMC guidelines.
- **Avoidance of conflicts of interest:** Disclosing potential conflicts of interest and taking steps to manage conflicts that may arise.
- **Responsible pricing:** Setting fair and reasonable prices for medical services without compromising quality, ensuring accessibility for patients and also financial sustainability for the Institution.

14. Loyalty

- **Fidelity to patients:** Putting the interests of patients first, maintaining confidentiality, and advocating for their well-being.
- **Loyalty to colleagues:** Respecting and supporting colleagues, maintaining a positive and collaborative work environment.
- **Institutional loyalty:** Showing commitment and dedication to the hospital, upholding its values and mission.

15. Corporate Social Responsibility

- **Health equity and access:** Working to improve health outcomes and reduce health disparities in the community.
- **Environmental sustainability:** Taking steps to minimize the hospital's environmental impact and promote sustainable practices.
- **Community outreach and engagement:** Participating in community programs and initiatives that promote health and well-being.

16. Sustainability

- **Financial sustainability:** Ensuring the long-term financial viability of the hospital to continue providing high-quality care.
- **Environmental sustainability:** Adopting sustainable practices to reduce waste, conserve resources, and protect the environment.
- **Social sustainability:** Promoting a diverse and inclusive workforce, supporting employee health and well-being, and fostering a positive workplace culture.



VIII. ETHICAL IMPLICATIONS

Consent

Consent is a fundamental ethical principle in both medical practice and research. It refers to the patient's autonomous right to understand and agree to the terms and processes of medical treatments or participation in research studies. The importance of obtaining informed consent cannot be overstated as it safeguards the autonomy and dignity of the individual receiving care. However, obtaining informed consent poses significant challenges, particularly when dealing with vulnerable populations such as children, mentally incapacitated individuals, or marginalized communities. In emergency situations, the ability to obtain timely informed consent is also complicated, often requiring ethical considerations around presumed consent.

Ethical considerations around consent also extend to the withdrawal and revocation of consent. Individuals have the right to withdraw their consent at any point, which poses ethical dilemmas when the withdrawal could lead to adverse health outcomes or disrupt ongoing clinical research. Balancing respect for the patient's autonomy with potential risks remains a central challenge.

End of Life

End-of-life decision-making is a profoundly complex and sensitive ethical issue. The primary ethical frameworks in this context include the principles of quality of life and the right to die. Decisions related to palliative care and hospice options aim to provide comfort and dignity at the end of life. However, debates around euthanasia and assisted suicide continue to evoke strong ethical and moral considerations.

The increasing focus on patient-centered care emphasizes respecting the patient's wishes, making advance directives and living wills crucial tools for ethical decision-making. However, conflicts can arise between the patient's wishes, family's desires, and medical judgments, often requiring careful ethical deliberation and a multidisciplinary approach.

Euthanasia

Euthanasia, the practice of intentionally ending a life to alleviate pain and suffering, is laden with ethical implications. Historical and cultural perspectives on euthanasia vary widely, influencing the ethical debates surrounding its acceptability. Proponents argue that euthanasia respects a person's right to die with dignity and alleviates unnecessary suffering. Opponents, however, warn of potential abuses, slippery slopes, and the sanctity of life.

Regulatory frameworks and oversight mechanisms are essential to ensure that euthanasia, where legal, is conducted ethically and safeguarded against misuse. These frameworks must address key concerns such as voluntary and informed consent, physician participation, and support systems for patients and families.

Infertility

Infertility and the use of assisted reproductive technologies (ART) bring forth numerous ethical challenges, particularly around equitable access to treatments. Questions of justice and fairness arise when considering who should have access to fertility treatments and how these should be funded. Ethical issues in ART also include considerations surrounding surrogacy, genetic selection of embryos, and the long-term implications of these technologies.

Embryo disposition and storage further complicate ethical deliberations, especially when considering the potential future use of stored embryos in research or for reproductive purposes. Balancing the rights of all parties involved, including donors, intended parents, and resulting children, is crucial.

Advertisement and Marketing

The advertisement and marketing of medical products and services carry significant ethical responsibilities. Ethical standards require that marketing practices should truthfully and accurately represent the benefits and risks of medical treatments. Concerns around direct-to-consumer advertising of pharmaceuticals highlight the impact of such marketing on patient autonomy and informed decision-making.

Misleading advertisements can distort patient expectations and lead to the inappropriate use of medications or treatments. Ethical marketing practices should prioritize the well-being of patients, promoting informed choices rather than merely driving sales.

Telemedicine and AI

Telemedicine and AI in healthcare offer numerous benefits, including increased access to medical services and improved diagnostic capabilities. However, these advances also bring significant ethical challenges. Key concerns include privacy and data security, as sensitive health information is transmitted and stored digitally.

Equitable access to telemedicine services is another critical issue, as disparities in technology access can exacerbate existing healthcare inequalities. Ethical frameworks must also address the potential for bias in AI algorithms, ensuring that AI technologies are transparent, accountable, and used to complement, not replace, human judgment.

Data Confidentiality and Sharing

The principles of medical data privacy and confidentiality are cornerstone tenets of ethical healthcare practice. Balancing the need to protect individual privacy with public health and research imperatives is a delicate task. The ethical frameworks for data sharing must ensure that data is de-identified wherever possible and used responsibly for secondary purposes.

The advent of big data and health informatics necessitates robust measures to protect patient confidentiality while facilitating valuable research that can advance medical knowledge and improve public health outcomes.

Privacy Issues

Protecting personal health information in the digital age is an evolving ethical challenge. With the advancement of technologies such as genetic testing, privacy concerns extend to how genetic data is stored, used, and shared. The ethical implications of genetic data and privacy involve potential discrimination and unauthorized use of sensitive information.

Surveillance technologies used in healthcare settings also raise ethical questions about the extent and manner of their use, balancing patient safety and privacy rights.

Resource Allocation

Ethical frameworks for prioritizing access to limited medical resources are necessary to ensure justice and fairness in healthcare. Decisions about how to allocate scarce resources, whether in times of crisis like a pandemic or in routine healthcare delivery, must consider factors such as need, potential benefit, and cost-effectiveness.

Challenges in resource allocation also include addressing disparities across different patient populations, ensuring that vulnerable and marginalized groups receive adequate care without discrimination.

Organ Donation and Transplantation

Organ donation and transplantation present significant ethical considerations, particularly around the establishment of fair and equitable systems. Debates about opt-in versus opt-out organ donation policies revolve around the best ways to respect individual autonomy while maximizing organ availability.

The management of transplant waitlists must be governed by fairness and equity, considering factors such as severity of illness, wait time, and potential for successful outcomes. Living organ donation introduces additional ethical questions regarding consent, coercion, and financial incentives.

In Conclusion, Navigating the ethical implications of these diverse medical issues requires adherence to overarching principles such as autonomy, justice, beneficence, and non-maleficence. Interdisciplinary collaboration and public engagement are pivotal in addressing these complex challenges, ensuring that ethical decision-making in healthcare is both inclusive and thoughtful within the legal framework of India. As medical technologies and societal contexts evolve, ongoing reflection and adaptation of ethical frameworks will continue to be essential in meeting the emerging ethical challenges in healthcare.



IX. ETHICAL ISSUES IN HOSPITALS: COMPLIANCE WITH LAWS AND REGULATIONS

INTRODUCTION:

In the realm of medical practice, ethics and legality are often intertwined, leading to complex considerations and responsibilities. Hospitals and healthcare providers are bound not only by professional oaths but also by a plethora of laws and regulations that ensure the protection and dignity of patients. Chief among these are the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, the Protection of Children from Sexual Offenses (POSCO) Act, the Medical Termination of Pregnancy (MTP) Act, and laws prohibiting sex determination. Compliance with these regulations is crucial for maintaining ethical standards and upholding patients' rights. This essay delves into the ethical issues hospitals encounter in adhering to these laws and proposes strategies to overcome these challenges.

Ethical Issues in PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques)

The PCPNDT Act was enacted with the primary intention of preventing sex-selective abortions and the misuse of pre-natal diagnostic techniques. A significant ethical dilemma revolves around the discriminatory practice of aborting female fetuses, driven by deep-rooted cultural and societal biases favoring male children. Such practices not only skew the gender ratio but also raise profound ethical concerns regarding gender equality and the value of human life.

Hospitals face considerable challenges in ensuring compliance with the PCPNDT Act. The misuse of diagnostic technologies and under-the-table operations make regulatory oversight difficult. Additionally, practitioners may face ethical conflicts between the legal restrictions and parental autonomy or cultural pressures. To ensure compliance, hospitals must implement stringent monitoring systems, foster an atmosphere of ethical accountability, and provide comprehensive

education to both medical practitioners and patients about the legal and moral implications of gender-biased practices.

Ethical Issues in POSCO (Protection of Children from Sexual Offenses)

The POSCO Act is a comprehensive measure enacted to safeguard children from sexual abuse and exploitation. Hospitals play a critical role in identifying and reporting such offenses. The ethical responsibilities include not only treating the victim with dignity and care but also ensuring that cases are properly reported to the authorities in compliance with the law.

One of the foremost challenges hospitals encounter is balancing the need for patient confidentiality with mandatory reporting requirements. While confidentiality is a cornerstone of medical ethics, it must at times be superseded by the legal obligation to act in the best interest of the child. Another challenge lies in the potential psychological impact on the child either from the reporting process itself or from subsequent legal proceedings. **Hospitals can address these issues by establishing clear protocols for reporting, educating healthcare professionals about the legal and ethical imperatives, and creating supportive environments for child victims that prioritize their mental and emotional well-being.**

Ethical Issues in MTP (Medical Termination of Pregnancy)

The Medical Termination of Pregnancy Act allows abortions under specific conditions, thereby balancing the pregnant individual's autonomy with the state's interest in protecting potential life. Ethical considerations in the context of abortion are multifaceted, involving the rights of the mother, the rights of the unborn child, and the socio-legal context within which these decisions are made.

Ethical dilemmas often arise when considering the mental state of the mother, fetal abnormalities, or pregnancies resulting from rape. The decision to terminate a pregnancy can be fraught with moral implications and societal judgments, making it imperative for hospitals to provide a non-judgmental and supportive environment. To navigate these challenges, hospitals should ensure that decision-making processes are patient-centric, involve multidisciplinary ethical consultations, and strictly adhere to legal guidelines to avoid both ethical transgressions and legal liabilities.

Ethical Issues in Sex Determination

Laws prohibiting sex determination were implemented to curb the practice of sex-selective abortions, a manifestation of deep-seated gender bias. However, these laws also introduce ethical dilemmas for medical professionals who may face persistent and sometimes covert requests for sex determination.

The primary ethical challenges include maintaining transparency and accountability while handling patient inquiries tactfully to avoid complicity in illegal practices. Medical professionals must resist socio-cultural pressures and uphold the ethical tenets of non-maleficence and justice. Hospitals can manage these challenges by instituting rigorous training programs on ethical practices, employing technology solutions to monitor compliance, and fostering a culture that unequivocally denounces gender discrimination.

CONCLUSION

In conclusion, the ethical issues hospitals face in complying with laws such as the PCPNDT, POSCO, MTP, and regulations against sex determination are intricate and multifaceted. Ensuring compliance requires a robust framework of education, monitoring, and ethical accountability. Hospitals must strike a balance between legal obligations and ethical considerations to uphold high standards of

medical practice. By adopting clear protocols, providing ongoing education, and fostering an environment of ethical integrity, hospitals can navigate the challenges.



X. ETHICAL IMPLICATIONS OF ACTIONS OF OTHER STAKEHOLDERS

1. Government:

The government, as a primary stakeholder in the healthcare system, has significant ethical responsibilities towards ensuring equitable access to quality healthcare services. It is responsible for setting policies, regulations, and funding that affect hospital operations and patient care.

Ethical Implications:

- **Public Trust:** The government must act with integrity to maintain public trust in the healthcare system. This includes transparent decision-making and the allocation of resources to benefit the population fairly.
- **Resource Allocation:** Governments must ensure that hospital funding is adequate and equitable, considering the needs of different regions and socioeconomic groups. Mismanagement or inadequate funding can lead to disparities in access and quality of care.
- **Healthcare Policies:** Policies that favor certain medical procedures or treatments over others may have ethical implications, such as rationing care or promoting treatments with less proven efficacy. Governments must balance cost-effectiveness with patient welfare and societal values.
- **Regulation:** The ethical implications of government regulation include ensuring patient safety and privacy, as well as preventing fraud and abuse in the hospital sector. However, excessive regulation can stifle innovation and increase administrative burdens.
- **Public Health:** Government decisions on public health issues, such as pandemic responses or mandatory vaccinations, can impact hospital resources and individual freedoms. Balancing public health needs with personal rights is an ongoing ethical challenge.

2. Payors - Insurance Companies (ICs)/Third-Party Administrators (TPAs)/Government:

Payors play a crucial role in financing healthcare services. Their actions can influence hospital practices and patient outcomes.

Ethical Implications:

- **Financial Incentives:** Payors can incentivize hospitals to provide cost-effective care, which can sometimes conflict with the ethical principle of patient autonomy. For example, denying coverage for certain treatments can limit patient choices.
- **Access to Care:** Payors' decisions on reimbursement rates can affect which services are available to patients and may lead to financial strain on hospitals, potentially impacting service quality.
- **Conflict of Interest:** Payors may have financial relationships with pharmaceutical or device companies, which can influence hospital purchasing decisions and potentially affect patient care.
- **Data Sharing:** The collection and sharing of patient data for reimbursement purposes must be done ethically, with informed consent and respect for confidentiality.

3. Pharmaceutical/Diagnostics/Devices Industries:

These stakeholders supply essential medications and technologies to hospitals, but their actions can raise ethical concerns regarding patient safety and the integrity of medical practice.

Ethical Implications:

- **Product Safety:** Ensuring that drugs and devices are safe and effective is paramount. Unethical practices, such as withholding negative trial results or marketing unproven products, can lead to patient harm.
- **Pricing:** High prices for medications and medical devices can strain hospital budgets and limit patient access. Ethical considerations involve balancing the need for innovation and profit with affordability and access.
- **Influence on Prescribing:** The industry's influence on prescribing practices through marketing and financial relationships with healthcare providers can lead to overuse or misuse of their products, affecting patient care and hospital ethics.
- **Transparency:** There should be transparency in the funding of research and disclosure of potential conflicts of interest to ensure that hospital decisions are based on evidence rather than commercial pressures.

4. Patient and Society:

- Patients and society are the ultimate recipients of hospital care and bear the consequences of ethical decisions made by other stakeholders.

Ethical Implications on

- Patient Autonomy, Access to Information, Societal Values, Patient Privacy, End-of-Life Care are to be considered

5. Group Practice:

- Group practices can influence hospital policies and practices, affecting the ethical landscape of patient care but considering the accessible and affordable quality healthcare for the society and sustainability of health care providers within ethical frame work, likeminded ethical stakeholders can consider Group Practice.

Ethical Implications:

- **Professional Autonomy:** The integration of group practices into hospitals can impact the autonomy of individual practitioners, potentially leading to conflicts between organizational goals and clinical judgment.
- **Quality of Care:** Group practices may prioritize efficiency and cost-saving measures, which can conflict with the ethical imperative to provide the highest quality care to each patient.
- **Patient Choice:** Patients may have limited choices of providers or treatments within a group practice model, raising concerns about access to appropriate care.
- **Conflict of Interest:** Group practices may have financial incentives that could influence referrals and treatment decisions, potentially leading to conflicts of interest.
- **Accountability:** Determining responsibility for ethical lapses within a group practice can be complex, as individual practitioners may be influenced by the collective's policies and financial pressures.

In conclusion, the actions of various stakeholders in the hospital environment are fraught with ethical implications. Each stakeholder must operate with transparency, respect for patient autonomy, and a commitment to the common good. Balancing competing interests requires ongoing ethical analysis and vigilance to ensure that the delivery of healthcare remains aligned with the fundamental

principles of beneficence, non-maleficence, justice, and respect for persons and likeminded ethical stake holders can consider Group Practice with set protocols.



XI. HOSPITAL ETHICS AND INSURANCE/THIRD PARTY PAYORS /AGGREGATORS

Ethical Implications of Actions of Health Insurance Companies/Third Party Payors/Aggregators

Health insurance companies and third-party payors, including aggregators, play a significant role in the healthcare ecosystem. They are responsible for managing and disbursing funds for medical services and treatments on behalf of individuals and groups. Their actions have far-reaching implications for patients, healthcare providers, and the broader society. This note will explore various ethical issues associated with their operations and decision-making processes.

1. Access to Healthcare

Access to healthcare is a fundamental right and essential for human well-being.

One of the primary ethical concerns and breach in right is the impact of specific access to healthcare through insurance. Insurers and payors have the power to determine which treatments and which service provider are covered under their policies. This can lead to rationing of care, where certain individuals or groups may not receive necessary treatments due to financial constraints or policy exclusions. This raises questions about justice and equity

2. Cost Containment vs. Quality of Care

In an effort to control healthcare costs, these entities may prioritize cost- effectiveness over the quality of care provided. This can result in denial of coverage for certain treatments or procedures that are deemed not cost-effective, even if they are medically necessary or beneficial. This tension between cost containment and quality of care raises ethical concerns about the right to life and the obligation to provide the best possible medical care to all patients.

3. Confidentiality and Privacy

The collection and management of sensitive medical data is a core function of these companies. Ethical considerations arise around the protection of patient confidentiality and privacy. Insurers and payors must ensure that personal health information is secure and used only for the intended purpose of processing claims and managing care. Data breaches can lead to significant harm to individuals, including discrimination and violation of their privacy rights.

4. Transparency

Transparency in the operations and decision-making processes of health insurers and payors is crucial for informed consent and public trust. Patients and providers should be aware of the criteria for coverage, reimbursement rates, and any potential conflicts of interest. Lack of transparency can lead to distrust, misinformation, and ethical concerns regarding fairness in the allocation of resources.

5. Conflicts of Interest

These organizations may have financial incentives to favor certain providers, treatments, or pharmaceutical companies. This can lead to biases in coverage decisions, potentially affecting patient care. For instance, if an insurer has a financial stake in a particular hospital or drug, it may prioritize these options over others that could be more suitable for the patient's needs, raising questions about autonomy and the principle of "do no harm."

6. Autonomy and Patient-Centered Care

Insurance companies and payors can influence treatment decisions by dictating which providers and treatments are covered. This can limit patient autonomy and disrupt the patient-provider relationship, as decisions may be made based on financial considerations rather than the best interests of the patient. Ethical implications arise when patients are denied the right to choose their own course of treatment or provider.

7. Informed Consent

Patients must be fully informed about their insurance coverage, including any limitations or restrictions, before making decisions about their care. Insurers and payors should communicate clearly and truthfully about what is covered, so patients can make informed choices about their healthcare without undue financial burden.

8. Fairness and Discrimination

Practices such as risk stratification and tiered pricing can lead to discrimination against certain populations. For example, charging higher premiums to individuals with pre-existing conditions or using genetic information to determine eligibility for coverage raises ethical concerns about fairness and the right to healthcare.

9. Market Power and Competition

The consolidation of health insurers can reduce competition, leading to higher prices and potentially lower quality of care. This can also impact provider networks, limiting patient choice and leading to issues of access and quality. Ethical considerations include the balance between market efficiency and the duty to protect consumer interests.

10. Responsibility for Public Health

As significant stakeholders in the healthcare system, insurers and payors have a responsibility to contribute to public health goals. This includes covering preventive services and investing in population health initiatives. However, their focus on profitability may conflict with the broader social good, prompting ethical debates about their role in promoting community health.

11. Moral Hazard and Adverse Selection

Insurance companies must navigate the ethical implications of moral hazard, where patients may overuse services because they are insured, and adverse selection, where they may try to avoid covering individuals with higher health risks. These issues can lead to higher premiums and reduced access to care for some groups.

12. Healthcare Disparities

Insurers and payors can inadvertently contribute to healthcare disparities by creating barriers to care for certain populations, such as those with lower incomes or less education. Ethical concerns arise from the potential for systemic injustices that perpetuate inequality in health outcomes.

13. Value-Based Care

The shift towards value-based care models can create ethical dilemmas for these entities. They must balance incentivizing quality and cost-effective care with the potential for penalizing providers who treat high-risk patients or those with complex medical needs. This raises questions about the distribution of financial rewards and the ethical implications of performance metrics.

14. Denial of Coverage and Appeals Process

When coverage is denied, patients may face significant emotional and financial distress. Ethical considerations include ensuring a fair and transparent appeals process that respects patient rights and provides timely resolution to disputes.

15. Allocation of Resources

Decisions about which treatments to cover and how much to reimburse providers involve ethical considerations of resource allocation. Insurers and payors must grapple with the ethical implications of distributing limited resources among diverse needs and prioritizing certain conditions or therapies over others.

16. Service Providers the Hospitals Ethical principles.:

Hospitals once agree to be part of the Insurance Network should follow the MOU and should not do unethical practices

In conclusion, the actions of health insurance companies, third-party payors, and aggregators are fraught with ethical implications that affect various stakeholders in the healthcare system. Addressing these challenges requires a careful balance between economic viability, patient welfare, and societal values. Ethical frameworks such as utilitarianism, deontology, and virtue ethics can guide decision-making to ensure that the actions of these entities align with the principles of justice, beneficence, non-maleficence, respect for autonomy, and veracity. Policymakers, healthcare professionals, and the public must remain vigilant in advocating for ethical practices that prioritize the well-being of patients and promote equitable access to quality healthcare.



XII. IMPLEMENTATION STRATEGIES

Implementing a robust ethics framework within a hospital setting is essential to ensure that the care provided is not only of the highest quality but also ethically sound. Here are some key strategies to consider:

1. Establishing a Hospital Ethics Committee:

A hospital ethics committee serves as the backbone of an institution's ethical decision-making process. It should be a multidisciplinary group, comprising medical doctors, nurses, social workers,

chaplains, lawyers, ethicists, and community representatives. This diverse composition allows for a balanced and informed approach to ethical dilemmas. The committee's primary role is to develop, review, and update hospital policies to align with ethical standards and legal requirements. They also provide consultation, education, and mediation services for patients, families, and staff.

2. Effective Communication:

Communication is crucial in any healthcare environment, especially when dealing with ethical issues. Implement strategies such as ethics rounds, where ethicists and other staff members regularly visit hospital units to discuss real-world ethical scenarios. This fosters an open environment where questions and concerns can be raised comfortably. Provide training sessions to enhance the communication skills of medical, paramedical, and other hospital staff. Encourage the use of clear and respectful language when discussing sensitive topics with patients and their families.

3. Ethical Guidelines for Staff:

Develop comprehensive ethical guidelines that are accessible and understood by all hospital staff. These guidelines should cover various domains such as patient autonomy, informed consent, confidentiality, end-of-life care, resource allocation, and professional conduct. Regularly review and update these guidelines to reflect current ethical principles and legal requirements. Integrate ethical considerations into staff training programs and make it mandatory for employees to complete ethics training as part of their onboarding and continuing education.

4. Monitoring and Compliance:

Establish a system to monitor adherence to ethical standards. This could involve audits of medical records, staff surveys, and patient feedback mechanisms. Ethics consultations should be documented, and outcomes tracked to identify areas for improvement. Create a culture of accountability where staff members feel empowered to report potential ethical violations without fear of retribution. Investigate all reported incidents thoroughly and ensure that corrective actions are taken where necessary.

5. Certification and Accreditation:

Pursuing ethics certification or accreditation from recognized bodies can be a powerful strategy to demonstrate commitment to ethical excellence. Engage with external agencies that evaluate healthcare institutions based on ethical standards. This process often involves a thorough review of policies, procedures, and practices, providing an opportunity to identify gaps and make improvements. Displaying certifications can also boost the hospital's reputation and serve as a benchmark for other institutions.

6. Ethics Consultation Services:

Offer ethics consultation services that are available 24/7 for patients, families, and staff. These services should be led by a team of trained ethicists who can provide guidance and support in navigating complex ethical situations. Make sure that the consultation process is transparent and that recommendations are documented and communicated to all relevant parties.

7. Patient and Family Engagement:

Involve patients and their families in the ethical decision-making process to the extent possible. Ensure that they are informed about their rights and the hospital's ethical policies. Provide them with resources, such as patient advocates or support groups, to help them understand and participate in their care decisions.

8. Ethical Decision-Making Tools:

Implement tools that assist healthcare providers in making ethical decisions. These could include decision trees, case studies, and algorithms that guide staff through ethical dilemmas in a structured way. Such tools can help ensure that decisions are consistent with the hospital's ethical framework.

9. Ethics Education and Training:

Regularly conduct ethics education and training sessions for staff at all levels. Use interactive methods, such as role-playing and case studies, to make the training more engaging and applicable to real-life scenarios. Include ethics in the curriculum for medical students, residents, and other healthcare trainees to instill these principles early in their careers.

10. Ethical Infrastructure:

Create an infrastructure that supports ethical decision-making, such as dedicated ethics offices, ethics committees for different departments, and clear policies for handling disputes and grievances. This infrastructure should be visible and accessible to all stakeholders.

11. Ethical Leadership:

Encourage ethical leadership within the hospital by setting an example from the top down. Administrators and senior clinicians should be vocal advocates for ethical care and should be committed to fostering an environment where ethical considerations are central to hospital operations.

12. Continuous Quality Improvement:

Treat ethics as an ongoing process rather than a static set of rules. Regularly review and evaluate the effectiveness of ethical policies and procedures, and use this information to make improvements. Encourage a culture of continuous quality improvement that includes ethical considerations in all hospital practices.

13. Research Ethics:

Ensure that all research conducted within the hospital adheres to strict ethical standards, including informed consent and the protection of human subjects. Provide oversight through an Institutional Review Board (IRB) and educate researchers about their ethical responsibilities.

14. Community Outreach:

Engage with the community to understand their values and concerns regarding healthcare ethics. This can help shape hospital policies and practices to better serve the community's needs. Offer public lectures, workshops, and other educational programs to raise awareness of ethical issues in healthcare.

By employing these strategies, hospitals can create a strong ethical foundation that supports high-quality care, respects patient rights, and upholds the integrity of the medical profession. The ultimate goal is to create a hospital environment where ethical considerations are an integral part of every decision, leading to better patient outcomes and a more fulfilling workplace for staff.



XIII. ROLE OF INDIAN MEDICAL ASSOCIATION ALONG WITH ITS HOSPITAL WING HOSPITAL BOARD OF INDIA IN KEEPING HOSPITAL ETHICS IN HOSPITALS AND MEDICAL ESTABLISHMENTS OF ITS MEMBERS.

The Indian Medical Association (IMA) and its Hospital Board of India (HBI) play a pivotal role in upholding hospital ethics within the medical establishments of its members. These organizations are dedicated to the betterment of public health and the medical profession by ensuring ethical practices, professional standards, and the continuous development of medical knowledge among healthcare providers. Here's a detailed look at their contributions:

1. Grievance Redressal Mechanism:

The IMA and HBI have established robust grievance redressal systems to address concerns and complaints from patients, their families, and the public regarding the ethical behavior of their member doctors and hospitals. This mechanism allows for the impartial investigation of alleged misconduct, ensuring that the interests of all parties are protected and that justice is served. It acts as a deterrent to unethical practices and encourages transparency and accountability among medical professionals. The system also provides a platform for patients to voice their concerns, which can lead to improvements in the quality of healthcare services.

2. Code of Ethics:

The IMA has formulated a comprehensive code of medical ethics, known as the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. This code serves as a guide for the professional behavior of doctors in India and is binding on all members of the association. It covers various aspects of the doctor-patient relationship, such as confidentiality, informed consent, truthfulness, and non-exploitation. The HBI also follows these ethical guidelines and ensures that the hospital members adhere to them. These codes are regularly updated to keep pace with the evolving healthcare landscape and to address emerging ethical issues.

3. Continuous Medical Education (CME) Programs:

The IMA and HBI conduct regular CME programs and workshops for their members to keep them informed about the latest medical advancements, technologies, and best practices. These programs also include training on ethical issues in healthcare, such as patient rights, informed consent, end-of-life care, and the management of conflicts of interest. By promoting ongoing education, the organizations aim to enhance the professional competence of their members and instill a culture of ethical decision-making within the medical community.

4. Professional Development Committee:

Both the IMA and HBI have professional development committees that are responsible for organizing ethics-related workshops, seminars, and training sessions. These committees often collaborate with other medical associations, legal experts, and ethicists to provide comprehensive training and resources to their members. This focus on professional development ensures that healthcare

providers are well-equipped to handle ethical dilemmas that arise in their practice and maintain the highest standards of care.

5. Public Awareness Campaigns:

The IMA and HBI undertake various public awareness campaigns to educate the general public about their rights and responsibilities in the healthcare system. These campaigns highlight the importance of ethical medical practice and encourage patients to seek care from reputable institutions and professionals. By raising awareness about hospital ethics, these organizations contribute to the overall improvement of healthcare services and foster a culture of trust between patients and healthcare providers.

The IMA and HBI work in concert to ensure that their members adhere to the principles of medical ethics. The role of these organizations is multi-faceted, encompassing the following key areas:

- **Ethical Oversight:** They monitor the ethical conduct of their members and take disciplinary action when necessary, which can range from warnings and reprimands to suspension or expulsion from the association.
- **Ethical Guidance:** They provide guidance to their members on ethical issues they may encounter in their practice, offering support and counsel when required.
- **Policy Advocacy:** They actively participate in the formulation of healthcare policies at the national and state levels, advocating for the inclusion of ethical considerations in healthcare legislation and regulation.
- **Collaboration with Other Stakeholders:** They collaborate with other medical associations, government bodies, and NGOs to promote ethical healthcare practices and address systemic issues affecting hospital ethics.
- **Ethical Research:** They encourage and support research on bioethical issues relevant to hospital practice, contributing to the growing body of knowledge in this field.

Through these initiatives, the IMA and HBI strive to create an environment where ethical hospital practices are not only expected but also rewarded. The emphasis on continuous learning and the availability of ethical resources for medical professionals are crucial in maintaining the integrity of the medical profession and ensuring that patients receive the highest quality of care. The grievance redressal mechanism acts as a safeguard for patients' rights and a mechanism for holding medical practitioners accountable for their actions. The combined efforts of these organizations help in maintaining public trust in the healthcare system and uphold the dignity of the medical profession.



XIV. FORMATION OF HOSPITAL ETHICS COMMITTEE

The following are key strategies and considerations for implementing an effective Hospital Ethics Committee:

1. Composition of the Hospital Ethics Committee:

To ensure comprehensive and balanced ethical guidance, the HEC should include representation from various stakeholders within the hospital community. The members should be selected based on their expertise, experience, and commitment to ethical decision-making. Typical members of an HEC include:

- **Healthcare professionals:** Physicians, nurses, social workers, chaplains, and other clinical staff members bring diverse perspectives from various medical disciplines and understand the ethical challenges faced in patient care.
- **Administrators:** Hospital administrators provide insight into institutional policies and procedures and help facilitate the integration of ethical considerations into hospital operations.
- **Legal counsel:** A legal representative ensures that the committee's decisions and recommendations are aligned with relevant laws and regulations.
- **Ethicists:** Bioethicists or individuals with formal training in ethics can offer theoretical and practical guidance on ethical dilemmas.
- **Patient and family representatives:** Including patients and their families in the committee ensures that the ethical framework is patient-centered and sensitive to the needs and values of those receiving care.
- **Community members:** Individuals from outside the hospital can provide a broader societal perspective and help the committee understand community values and concerns.

2. Roles and Responsibilities of the Hospital Ethics Committee:

The roles and responsibilities of an HEC typically include:

Advice and consultation:

- ❖ Policy development:
- ❖ Education and training:
- ❖ Case review and mediation:
- ❖ Research oversight:
- ❖ Quality improvement:
- ❖ Outreach:

3. Framing Ethical Policies:

Developing clear and comprehensive ethical policies is a fundamental responsibility of the HEC. These policies should cover a range of topics such as informed consent, end-of-life care, resource allocation, patient confidentiality, and professional conduct. The process of policy formation should involve:

- Identifying relevant ethical issues within the hospital setting.
- Researching current ethical standards and best practices.
- Consulting with stakeholders to gather input and ensure policies reflect the hospital's values and legal obligations.
- Drafting policies that are accessible, understandable, and applicable to various clinical scenarios.
- Approving policies through established hospital governance structures.
- Communicating policies to all hospital staff and ensuring they are integrated into routine operations.

4. Training and Education:

A strong ethical culture requires ongoing education and training for all hospital staff. The HEC should develop and implement:

- Mandatory ethics training for new employees during orientation.

- Continuing education programs for existing staff, including workshops, seminars, and grand rounds focused on ethical decision-making.
- Training for hospital leaders to foster an environment that supports ethical practice and encourages the resolution of ethical dilemmas.
- Ethics consultation services for staff members seeking advice on specific cases or ethical concerns.
- Incorporation of ethics into hospital-wide training initiatives, such as patient safety, risk management, and staff development programs.

5. Periodical Reviews:

To maintain relevance and effectiveness, the HEC should regularly review and update its policies, procedures, and activities. This includes:

- Conducting periodic assessments
- Reviewing and revising policies.
- Evaluating the effectiveness of ethics education programs
- Analysing the outcomes of ethical consultations and make required changes.
- Reporting to hospital administration and the board of directors on the committee's activities, achievements, and recommendations for further ethical integration.

6. Implementation and Monitoring:

Once ethical policies are in place, the HEC must ensure they are effectively implemented and followed. This involves:

- Communicating policies to staff and ensuring they are aware of their responsibilities.
- Providing resources, such as an ethics hotline or consultation service, for staff to seek guidance when faced with ethical dilemmas.
- Establishing a process for monitoring adherence to ethical standards and policies.
- Investigating and addressing reported ethical violations or concerns.
- Encouraging a culture of ethical reflection and discussion among hospital staff.



XV. HOW TO EXAMINE AN ETHICAL ISSUE- MODEL

Ethical Decision-Making Model: Implementing a structured model for ethical decision-making can assist healthcare providers in systematically addressing ethical issues. One such model is the **Four-Box Model**, which includes the following steps:

- **Medical Indications:** Assessing the patient's medical condition and the potential benefits and risks of treatment options.
- **Patient Preferences:** Considering the patient's values, beliefs, and preferences regarding their care.
- **Quality of Life:** Evaluating the impact of the decision on the patient's overall quality of life.
- **Contextual Features:** Taking into account the social, economic, legal, and institutional context of the decision.

Conflict Resolution Mechanisms: Establishing clear procedures for resolving ethical conflicts can help manage disagreements between healthcare providers, patients, and families.

To examine an ethical issue, Hospitals can use the following Tool

The Joint Commission's STEP Tool (Situation, Tension, Exploration, and Policy)

- 1.Situation:** Describe the situation or problem that has arisen.
- 2.Tension:** Identify the ethical tension or conflict that is present.
- 3.Exploration:** Explore the ethical principles, legal considerations, and professional standards relevant to the situation.
- 4.Policy:** Determine the hospital's policy or guideline that applies to the situation.

Case Study:

Consider the following hypothetical case study:

A 75-year-old patient with advanced dementia has been admitted to the hospital with a severe infection. The patient's spouse, who is the legal decision-maker, insists on aggressive treatment despite the patient's poor prognosis and the patient's previously expressed wish not to receive life-sustaining treatments in such a condition. The healthcare team believes that the treatment will not improve the patient's quality of life and may even cause harm.

Using the STEP tool:

- 1. Situation:** The patient is critically ill with an infection and has advanced dementia. The spouse insists on aggressive treatment, while the healthcare team is concerned about the patient's quality of life and potential harm.
- 2. Tension:** The ethical tension arises from the conflict between the spouse's wishes and the patient's previously expressed preferences, as well as the potential for the treatment to be futile or harmful.
- 3. Exploration:** The relevant ethical principles include respect for autonomy (the patient's right to make decisions about their care), beneficence (acting in the patient's best interest), and nonmaleficence (avoiding harm). The legal consideration is the validity of the patient's advanced directive or living will. Professional standards may include the duty to provide appropriate care and to respect patient preferences.
- 4. Policy:** The hospital's policy on advanced directives and end-of-life care should be reviewed to determine the legal and ethical obligations in this situation.

In practice, this might involve:

- Reviewing the patient's medical records to confirm the existence of an advanced directive or previous discussions regarding end-of-life care.
- Consulting with the hospital's ethics committee for guidance on interpreting the patient's wishes and balancing them with the spouse's input.
- Engaging in a sensitive and empathetic conversation with the spouse to explain the medical situation, the patient's prognosis, and the potential risks and benefits of the proposed treatment.
- Offering alternatives that align with the patient's documented wishes, such as palliative or comfort care.
- Documenting the ethical considerations and decision-making process for future reference and to ensure that the patient's care is consistent with their preferences.
- By using a structured approach like the STEP tool, healthcare providers can navigate complex ethical issues in a systematic and thorough manner, leading to better outcomes for patients and their families.



XVI. RESPONSIBILITY AND ACCOUNTABILITY OF PATIENT, FAMILY & SOCIETY IN MEDICAL CARE

Title: Responsibility and Accountability of Patient, Family, and Society in Medical Care

INTRODUCTION:

The delivery of effective and ethical medical care is a collaborative effort that involves multiple stakeholders, including patients, their families, healthcare providers, and society at large. Each stakeholder plays a critical role in ensuring the best possible health outcomes, and with this role comes a set of responsibilities and accountabilities. This note will explore the distinct but interdependent responsibilities and accountabilities of patients, their families, and society in the context of medical care.

Patient Responsibilities and Accountability:

- **Informed Consent:** Patients are responsible for making informed decisions about their care. This involves understanding their diagnosis, treatment options, and the potential risks and benefits associated with each option. Patients must communicate their preferences and values to healthcare providers and actively participate in the decision-making process.
- **Adherence to Treatment Plans:** Patients are accountable for following the treatment plans prescribed by their healthcare providers. This includes taking medications as directed, attending appointments, and adhering to lifestyle changes such as diet and exercise regimens.
- **Self-Care:** Patients are expected to engage in self-care activities that support their health and well-being, such as managing chronic conditions, maintaining a healthy lifestyle, and seeking preventive care.
- **Communication:** Patients should communicate openly and honestly with their healthcare providers about their symptoms, concerns, and any changes in their health status.
- **Respect and Cooperation:** Patients are responsible for treating healthcare staff with respect and cooperating with them to facilitate care delivery.
- **Financial Responsibility:** Patients are typically accountable for the financial aspects of their care, which may include paying for services, managing insurance, and understanding the costs associated with their treatment.

Family Responsibilities and Accountability:

- **Support and Advocacy:** Families often provide emotional support to patients and act as their advocates in navigating the complex healthcare system.
- **Caregiving:** In many cases, family members take on the role of caregivers, assisting with activities of daily living, managing medications, and facilitating communication between patients and healthcare providers.
- **Decision-Making:** When patients are unable to make decisions for themselves, family members may be called upon to make informed decisions on their behalf, guided by the patient's previously expressed wishes or best interests.
- **Respecting Patient Autonomy:** Families must balance their own beliefs and values with the patient's right to make autonomous decisions regarding their care.
- **Emotional and Practical Support:** Families provide a critical network for patients, offering emotional support during difficult times and practical assistance with transportation, childcare, and other responsibilities that may be affected by the patient's health condition.

Societal Responsibilities and Accountability:

- **Access to Healthcare:** Societies are responsible for ensuring that all individuals have equitable access to quality medical care, regardless of their socioeconomic status, race, gender, or other demographic factors.
- **Public Health Initiatives:** Governments and communities are accountable for implementing public health programs that promote prevention, education, and early detection of diseases.
- **Healthcare Infrastructure:** Societies must invest in and maintain the necessary healthcare facilities, technologies, and workforce to meet the medical needs of their populations.
- **Health Insurance and Financing:** Societies have a responsibility to establish systems that provide financial protection against the cost of medical care, such as universal healthcare or affordable insurance options.
- **Research and Innovation:** Societies should support and fund medical research to advance treatment options and improve healthcare outcomes.
- **Healthcare Policy:** Governments and policymakers are accountable for developing and enforcing regulations that protect patient rights, ensure quality of care, and promote the ethical practice of medicine.
- **Health Education:** Societies should promote health literacy to empower individuals to make informed decisions about their health and engage in preventive behaviors.

Interdependence and Shared Accountability:

While the responsibilities of patients, families, and society are distinct, they are also interdependent. For instance, a patient's adherence to a treatment plan is influenced by their family's support and the availability of community resources. Similarly, the quality of care provided by healthcare systems is affected by societal investment in education and research.

Conclusion:

Responsibility and accountability in medical care are distributed among patients, families, and society. Patients are responsible for their personal health choices and for actively participating in their care. Families provide essential support and advocacy, while society is accountable for creating an environment that enables access to care and promotes public health. Understanding and fulfilling these responsibilities is crucial for achieving positive health outcomes and maintaining the integrity of the healthcare system. The interplay between these stakeholders underscores the importance of collaboration and shared commitment to health and well-being.



XVII. RESPONSIBILITY TOWARDS. ENVIRONMENT AND PLANET

Responsibility towards Environment and Planet in View of Hospital Ethics

Hospitals, as critical institutions within society, bear a significant responsibility towards the environment and planet, which is deeply intertwined with their ethical obligations. The healthcare sector has a substantial environmental footprint, contributing to greenhouse gas emissions, waste production, and energy consumption. Therefore, hospital ethics must extend beyond patient care to encompass environmental stewardship and sustainability. This note will outline the key areas of environmental responsibility for hospitals, the ethical frameworks that guide these responsibilities, and practical strategies for minimizing the environmental impact of hospital operations.

1. Ethical Frameworks:

Several ethical frameworks apply to hospital responsibilities towards the environment:

- The Principle of Non-Maleficence: This principle, derived from the Hippocratic oath, mandates that hospitals do no harm. Extending this to the environment means minimizing pollution and resource depletion that could negatively affect public health.
- The Principle of Beneficence: Hospitals should act in ways that benefit the community, including environmental protection and conservation efforts that contribute to a healthier population.
- The Principle of Justice: Ensuring equitable access to a clean and healthy environment for all, which involves reducing environmental health disparities through sustainable practices.
- The Principle of Autonomy: Patients, staff, and the community should be informed about environmental impacts and have a say in hospital decisions affecting the environment.
- The Principle of Non-Abandonment: Hospitals must not neglect the long-term environmental consequences of their actions, acknowledging that future generations will bear the brunt of current environmental degradation.

2. Key Areas of Environmental Responsibility:

- Energy Consumption and Greenhouse Gas Emissions: Hospitals are energy-intensive institutions. Responsibility involves implementing energy-efficient technologies, using renewable energy sources, and reducing emissions from transportation.
- Waste Management: The ethical duty to minimize waste production and safely dispose of hazardous materials is paramount. This includes recycling programs, proper handling of biomedical waste, and reduction of single-use plastics.
- Water Conservation: Hospitals should adopt water-saving technologies and practices to reduce their water footprint.
- Pollution Prevention: This encompasses reducing air pollution from hospital operations and minimizing the release of harmful substances into waterways.
- Sustainable Procurement: Choosing environmentally friendly products and materials for hospital use can significantly reduce the environmental impact of hospital operations.
- Biodiversity and Land Use: Hospitals should strive to preserve natural habitats and promote biodiversity in their designs and maintenance practices.

3. Practical Strategies:

- Integrating Sustainable Design: Incorporating green building principles in hospital design and renovation can significantly reduce energy consumption and waste.
- Implementing Environmental Management Systems (EMS): EMS can help hospitals systematically identify, manage, and reduce environmental impacts.
- Adopting Environmentally Preferable Purchasing (EPP): Prioritizing products with reduced environmental impacts, such as recycled materials and energy-efficient equipment.
- Promoting Alternative Transportation: Encouraging staff and patients to use public transport, biking, or carpooling to reduce traffic congestion and emissions.
- Reducing Waste: Implementing comprehensive recycling programs, composting organic waste, and reusing materials where possible.
- Educating Staff and Patients: Training and awareness programs can empower stakeholders to adopt environmentally responsible behaviors.
- Developing Green Teams: Dedicated teams can oversee environmental initiatives and ensure that sustainability is integrated into hospital culture.
- Measuring and Reporting Performance: Regular environmental audits and public reporting promote transparency and accountability.
- Engaging with the Community: Collaborating with local organizations to address environmental health concerns and promote environmental health initiatives.

- **Advocacy for Environmental Health Policies:** Hospitals can advocate for policies that protect public health and the environment at local, national, and international levels.
- **Research and Innovation:** Investing in research to develop new environmental technologies and practices that can be shared across the healthcare sector.

4. Challenges and Solutions:

Challenges include financial constraints, lack of awareness, and resistance to change. Solutions may involve:

- **Cost-Benefit Analysis:** Demonstrating the long-term savings and health benefits of environmental initiatives can help garner support and investment.
- **Staff Engagement:** Empowering staff to participate in environmental programs can foster a culture of sustainability.
- **Patient Education:** Informing patients about the hospital's environmental efforts can encourage participation and spread awareness.
- **Partnerships:** Collaborating with environmental organizations and other healthcare institutions can pool resources and share best practices.
- **Regulatory Compliance:** Adhering to environmental regulations not only reduces legal risks but also sets a high standard for environmental performance.
- **Leadership Commitment:** Strong leadership is essential to drive sustainability initiatives and ensure their integration into hospital operations.

In conclusion, hospital ethics must incorporate a strong commitment to environmental responsibility. By adhering to ethical principles, implementing practical strategies, and overcoming challenges, hospitals can significantly reduce their environmental footprint and contribute to a healthier planet. This commitment to sustainability not only aligns with the core values of the healthcare sector but also ensures that future generations inherit a world conducive to good health and well-being.



XVIII. ETHICAL DILEMMA AND GREY AREA IN CURRENT ENVIRONMENT

Ethical Dilemma and Grey Areas in Hospital Ethics

Hospitals are complex environments where medical personnel must navigate various ethical challenges on a daily basis. These challenges often stem from the intersection of medical knowledge, professional responsibilities, patient rights, and societal values. Ethical dilemmas arise when the "right" course of action is not clear or when different ethical principles conflict. Grey areas refer to situations where ethical guidelines are ambiguous or open to interpretation, making it difficult to determine the most appropriate course of action. This note will explore various ethical dilemmas and grey areas within hospital ethics.

1. Informed Consent

Informed consent is a fundamental ethical principle that requires patients to be fully aware of the risks, benefits, and alternatives of proposed treatments before agreeing to them. However, there are grey areas when patients lack decision-making capacity due to illness, injury, or cognitive impairment. Surrogate decision-makers may have different values or understanding of the patient's wishes, leading to potential conflicts. Additionally, in emergency situations, obtaining informed consent may be impossible, forcing doctors to make split-second decisions that could raise ethical concerns later.

2. Resource Allocation

With limited medical resources, hospitals often face ethical dilemmas in deciding how to allocate treatments, such as organ transplants or intensive care unit (ICU) beds. The principle of justice calls for equitable distribution, but what constitutes fairness? Should it be based on need, potential benefit, or the likelihood of a successful outcome? During pandemics or crises, these decisions can become even more challenging, with ethicists and healthcare providers debating over triage protocols that may result in some patients receiving preferential treatment over others.

3. End-of-Life Care

End-of-life decisions, such as withdrawing or withholding treatment, are fraught with ethical complexity. The principle of patient autonomy supports respecting a patient's wishes, but what if those wishes are not known or cannot be communicated? The ethical principle of beneficence, which involves acting in the patient's best interest, may conflict with the principle of non-maleficence (do no harm) when considering aggressive treatments that could prolong suffering without benefit.

4. Truth-Telling

Physicians are generally obligated to be truthful with patients about their conditions and prognoses. However, there are situations where the truth may cause harm, such as when a patient is not emotionally ready to hear a terminal diagnosis. This raises questions about whether it is ever justifiable to withhold information or provide a more optimistic prognosis than is statistically likely. Additionally, cultural and personal values can influence the way patients and their families perceive and wish to receive information.

5. Confidentiality and Privacy

While patient confidentiality is a cornerstone of medical ethics, there are instances where the duty to maintain confidentiality may conflict with other ethical obligations, such as the duty to protect public health. For example, reporting communicable diseases or potential harm to others may require breaching confidentiality. The rise of digital health records has also introduced new challenges in maintaining privacy, as the sharing of information becomes more common and more susceptible to unauthorized access.

6. Conflicts of Interest

Hospitals may face conflicts of interest when financial incentives or professional relationships influence treatment decisions. For instance, a doctor may be tempted to recommend a treatment that is more profitable for the hospital or that aligns with a pharmaceutical company's interests. Similarly, patients right to have Investigations, procuring medicines from a substandard labs and pharmaceuticals jeopardising quality care. These situations can create a tension between the doctor's duty to the patient and their loyalty to the hospital or other stakeholders.

7. Research Ethics

Conducting medical research within a hospital setting can lead to ethical dilemmas, particularly regarding informed consent and the protection of vulnerable populations, such as children or patients with diminished capacity. Researchers must balance the pursuit of knowledge with the potential risks and benefits to patients, and ensure that participants are not coerced or unduly influenced by their caregivers or hospital staff.

8. Professional Boundaries

The nature of medical care often involves a team of health care providers and all talking in one voice to patient becomes difficult at times and leads to conflicts Eg. A visiting consultants comments about patient condition and primary care physician of the patients may have conflicting expressions.

Discussion about patients status among the team and having one spokesperson to detail to patient can solve such issues.

Also, intimate and emotionally charged interactions between patients and healthcare providers can lead to situations where professional boundaries become blurred, such as when a doctor develops a romantic relationship with a patient or shares personal information inappropriately. Determining the proper boundaries in these cases can be challenging, as it requires balancing the need for empathy and compassion with the maintenance of professional objectivity.

9. Care of the Dying and Terminally Ill

The ethical debate surrounding end-of-life care extends to issues such as physician-assisted suicide and euthanasia. In some jurisdictions, these practices are legal, while in others, they are not. This creates a moral and legal quandary for healthcare providers who must navigate these complex situations, often with patients and families who have differing views on the matter.

10. Rationing of Care

In healthcare systems with limited resources, rationing care can become a reality. Decisions about who receives certain treatments and who does not can lead to ethical dilemmas. For example, should patients with a lower chance of recovery be denied access to scarce resources in favour of those with better prognosis? This raises questions about the value of human life and the prioritization of care.

11. Allocation of Organs for Transplantation

The shortage of organs for transplantation leads to challenging ethical decisions. Determining the criteria for organ allocation can be controversial, with debates surrounding factors such as age, health status, and lifestyle choices. Additionally, the concept of "deservingness" can enter into the discussion, complicating the ethical landscape.

12. Pediatric Ethics

Treating children involves additional ethical considerations, as they are not able to make decisions for themselves. Parents or guardians often act as surrogate decision-makers, but their choices may not always align with what healthcare providers believe is in the child's best interest. This can lead to conflicts, particularly in cases involving religious beliefs, experimental treatments, or withdrawal of life-sustaining care.

13. Cultural Competency

Hospitals serve diverse populations with varying beliefs and practices. Providing culturally sensitive care requires understanding and respecting these differences, which can lead to ethical dilemmas when the hospital's standard procedures conflict with a patient's cultural or religious practices. For example, how should a hospital handle a patient who refuses a blood transfusion based on religious beliefs, despite it being a life-saving treatment?

14. Informed Consent in Clinical Trials

Informed consent is especially critical in clinical trials, where patients may be exposed to experimental treatments with unknown risks. Ensuring that patients fully understand the implications of participating in such studies and are not coerced or misinformed is essential. However, the desire to advance medical knowledge can sometimes overshadow the need for thorough and clear communication.

15. Advocacy for Patients

Healthcare providers are often called upon to advocate for their patients' interests, which can create tension with hospital administration or insurance companies. This can lead to ethical dilemmas when the best course of treatment is not covered by insurance or is not aligned with institutional policies.

16. Whistleblowing

When healthcare providers witness unethical behavior or unsafe conditions within the hospital, they face the moral imperative to report it. However, doing so can lead to retribution, affecting their careers and relationships within the hospital. The decision to blow the whistle requires careful consideration of the potential harm to patients versus the potential negative consequences for the individual.

17. Conscientious Objection

Some hospital staff may refuse to participate in certain procedures due to personal or religious beliefs, such as abortion or end-of-life care. This raises questions about the balance between individual conscience and the duty to provide comprehensive patient care.

18. Resource Use and Cost Containment

In an era of rising healthcare costs, hospitals are under pressure to provide cost-effective care. This can lead to ethical dilemmas when decisions about treatment are influenced by financial considerations rather than solely by what is best for the patient.

19. Access to Care

Inequalities in healthcare access are pervasive and can create ethical challenges. Hospitals must consider their role in addressing these disparities, including providing care to uninsured or underinsured patients, and ensuring that all patients receive equitable treatment regardless of their ability to pay.

20. Emerging Technologies

The rapid pace of medical technology introduces new ethical dilemmas, such as the use of artificial intelligence in diagnosis and treatment decisions, or the potential for genetic testing to reveal sensitive information. These innovations require careful consideration of their implications for patient autonomy, privacy, and the overall quality of care.

In conclusion, hospital ethics is rife with complex and nuanced issues that do not always have clear-cut solutions. The presence of grey areas highlights the importance of ethical decision-making frameworks, professional guidelines, and interdisciplinary ethics committees that can help navigate these challenges. Continuous education and dialogue among healthcare providers, patients, families, and the public are essential to address these ethical dilemmas effectively.



XIX. CASE STUDIES

Title: Exploring Hospital Ethics through Case Studies

Introduction:

Hospital ethics, also known as bioethics, is a multidisciplinary field that addresses ethical issues arising in the delivery of healthcare. It involves a complex interplay of moral, legal, social, and

professional considerations that influence decision-making in medical settings. This note will explore various case studies relevant to hospital ethics, highlighting the ethical dilemmas faced by patients, families, healthcare providers, and institutions.

Case Study 1: The Terri Schiavo Case

Background: Terri Schiavo was a young woman who slipped into a persistent vegetative state following a cardiac arrest in 1990. Her husband, Michael Schiavo, believed that she would not wish to be kept alive in such a condition and sought to remove her feeding tube. Terri's parents, Robert and Mary Schindler, argued that she was still alive and should be kept on life support, leading to a prolonged legal and ethical battle.

Ethical Dilemma: The case raises questions about the right to die, patient autonomy, and the role of surrogate decision-making. It also highlights the tension between the ethical principles of beneficence (acting in the patient's best interest) and sanctity of life (preserving life at all costs).

Analysis: The ethical debate centered on what would be the most compassionate action for Terri, considering her presumed wishes and the quality of her life. The legal and ethical arguments focused on the interpretation of her living will, the role of family in making decisions for incapacitated individuals, and the extent of medical intervention required to maintain life. The case underscores the importance of advanced directives and clear communication of end-of-life wishes.

Case Study 2: The Tuskegee Syphilis Study

Background: Conducted from 1932 to 1972 by the U.S. Public Health Service, the Tuskegee Syphilis Study involved 600 black men in rural Alabama, 399 of whom had syphilis. Researchers withheld treatment and information about the disease from the participants, even after penicillin became available in the 1940s.

Ethical Dilemma: This case exemplifies the ethical principle of informed consent, the right of individuals to make autonomous decisions about their healthcare, and the responsibility of researchers to prioritize the well-being of their subjects.

Analysis: The study violated ethical standards as participants were not informed of the purpose of the research, the nature of their condition, or the available treatment options. It also exemplifies issues of racial injustice and the exploitation of vulnerable populations in medical research. The Tuskegee Study led to significant reforms, including the establishment of the National Research Act and the requirement for Institutional Review Boards to protect human subjects.

Case Study 3: The Baby Doe Controversy

Background: In 1982, a baby was born with Down syndrome and a life-threatening condition called esophageal atresia. The parents, informed of the baby's prognosis, refused surgery, which led to a legal and ethical debate about withholding treatment from newborns with disabilities.

Ethical Dilemma: The case raises questions about the moral status of newborns with disabilities, the ethical obligations of healthcare providers, and the limits of parental decision-making regarding medical treatment.

Analysis: The controversy highlights the tension between parental autonomy and the best interests of the child. It also brings into question the principle of non-maleficence (do no harm) and whether withholding treatment that could potentially prolong life but not cure the underlying condition is

harmful. The case led to the enactment of the Baby Doe law, which mandates treatment for all newborn unless it is deemed futile by a medical team.

Case Study 4: The Siamese Twins (Krishna and Trishna)

Background: In 2004, conjoined twins Krishna and Trishna were born in India with fused heads. Doctors faced the ethical decision of whether to separate them, despite the high risk of death for one or both children.

Ethical Dilemma: The case raises issues of beneficence, non-maleficence, and justice, as well as the ethical considerations surrounding experimental surgery and the allocation of medical resources.

Analysis: The decision to proceed with the surgery was complex, as it involved assessing the potential benefits and harms to both twins and the distribution of scarce medical resources. The case underscores the importance of interdisciplinary ethical consultation and the need for culturally sensitive approaches in medical decision-making.

Case Study 5: The Case of the Uninsured Patient

Background: A hospital receives an uninsured patient in need of emergency medical care, which will be costly and may not be covered by the hospital's charity care policy.

Ethical Dilemma: This scenario raises questions about the hospital's obligation to provide care regardless of a patient's ability to pay, the ethical principle of justice, and the allocation of limited healthcare resources.

Analysis: The hospital must balance its duty to provide care to all patients with its financial responsibilities. This case study explores the ethical implications of the business aspect of healthcare and the impact of socioeconomic status on access to medical treatment. It also touches on the broader issue of universal healthcare and societal obligations to ensure equitable medical care.

Case Study 6: The Dax Cowart Case

Background: In 1973, Dax Cowart, a young man involved in a severe accident, requested that his life-saving treatment be ceased. Despite his repeated requests, medical staff proceeded with multiple surgeries and treatments to save his life.

Ethical Dilemma: The case raises questions about patient autonomy, the ethical implications of medical paternalism, and the concept of quality of life.

Analysis: The ethical dilemma here involves the respect for the patient's wishes versus the duty of the healthcare team to preserve life. It also brings into question the extent to which healthcare providers should intervene in a patient's desire to refuse treatment, especially when the patient is judged to be competent. The case emphasizes the need for respectful dialogue and the importance of understanding a patient's perspective on their own well-being.

Case Study 7: The Story of Henrietta Lacks

Background: In 1951, Henrietta Lacks, an African-American woman, had cancerous cells removed without her consent. These cells, known as HeLa cells, have been used extensively in medical research and have contributed to numerous scientific advancements.

Ethical Dilemma: The case raises issues of informed consent, the rights of patients over their tissue, and the ethical use of human subjects in research.

Analysis: The lack of consent in the acquisition and use of Lacks' cells exemplifies a historical breach of ethical standards in medical research. It also highlights the need for equitable policies regarding the use and compensation of biological materials derived from patients, particularly from marginalized populations.

Conclusion:

These case studies illustrate the complexity of hospital ethics and the various ethical principles that must be considered in medical decision-making. They serve as critical learning tools for healthcare providers, ethicists, and policymakers to navigate challenging situations and to continually improve the ethical standards of healthcare delivery. Each case underscores the importance of informed consent, respect for patient autonomy, the principle of doing no harm, and the need for equitable treatment and resource allocation. They also highlight the evolving nature of bioethics as medical technology and societal values advance.



XX. HOW TO IMPROVE THE QUALITY OF CARE&REDUCE LEGAL LIABILITY IN HOSPITAL MANAGEMENT AND CLINICAL CARE

Improving the quality of care and reducing legal liability in hospital management and clinical care is a multifaceted endeavour that requires the implementation of various strategies and best practices. This note will outline key areas to focus on to achieve these goals:

1. Patient Safety and Risk Management

- Implement robust patient safety protocols: Develop comprehensive policies and procedures that are evidence-based and regularly reviewed to minimize the risk of adverse events.
- Ensure staff competency: Provide ongoing education and training for all hospital staff to ensure they are equipped to handle patient care effectively and safely.
- Encourage a culture of reporting: Foster an environment where staff feel comfortable reporting errors and near-misses, which can help identify systemic issues and prevent future incidents.
- Conduct thorough risk assessments: Regularly evaluate potential risks and hazards within the hospital environment and implement corrective actions to mitigate them.
- Implement a patient identification system: Use a reliable method to confirm patient identity to prevent medical errors such as wrong-site surgery, incorrect medication administration, and misdiagnosis.

2. Quality Improvement Initiatives

- Establish quality indicators: Develop and track specific metrics that reflect the hospital's performance in key areas such as infection rates, patient outcomes, and readmission rates.
- Conduct regular audits: Regularly review medical records and care processes to identify areas for improvement and ensure compliance with standards of care.
- Implement quality improvement projects: Use data from audits and other sources to design targeted interventions that aim to enhance patient care and outcomes.
- Use technology: Utilize advanced technologies such as electronic health records (EHRs), decision support systems, and telemedicine to enhance care coordination and reduce errors.

3. Communication and Transparency

- Ensure effective communication: Train staff in clear and empathetic communication with patients and their families, and promote interdisciplinary collaboration among healthcare providers.
- Disclose errors and adverse events: Implement policies for prompt and open disclosure of mistakes, which can reduce the likelihood of legal action and improve patient trust.
- Patient-centered care: Involve patients in their care decisions and provide them with clear, concise, and culturally appropriate information regarding their diagnosis, treatment options, and prognosis.
- Communicate with referring physicians: Maintain open lines of communication with referring doctors to ensure continuity of care and reduce potential errors during patient handoffs.

4. Informed Consent and Documentation

- Standardize informed consent processes: Ensure that all patients receive comprehensive information about their treatment options and the associated risks and benefits, and that their consent is documented appropriately.
- Maintain accurate and thorough medical records: Proper documentation of patient care is crucial for both defending against legal claims and providing high-quality care.
- Adhere to patient confidentiality: Strictly follow regulations such as HIPAA to protect patient privacy and prevent unauthorized access to medical information.

5. Infection Prevention and Control

- Follow hand hygiene protocols: Enforce strict hand washing and sanitizing procedures among staff to reduce the spread of infections.
- Maintain a clean environment: Regularly clean and disinfect hospital surfaces and equipment to prevent hospital-acquired infections.
- Implement antimicrobial stewardship programs: Use antibiotics responsibly to reduce the incidence of antibiotic-resistant infections.
- Surveillance and outbreak management: Continuously monitor infection rates and have protocols in place to respond quickly to potential outbreaks.

6. Medication Safety

- Use a computerized physician order entry (CPOE) system: CPOE can help reduce prescribing errors and ensure that orders are legible and complete.
- Implement a barcoding system for medication administration: This technology can help prevent errors by verifying the "five rights" of medication administration: right patient, right drug, right dose, right time, and right route.
- Regularly review medication orders: Pharmacists and nurses should review medication orders for potential interactions, allergies, and contraindications.
- Provide patient education: Educate patients about their medications, including proper administration and potential side effects, to reduce the risk of errors post-discharge.

7. Patient Falls Prevention

- Assess patient fall risk: Screen all patients for fall risk factors and develop individualized care plans to prevent falls.
- Use fall prevention devices: Implement the use of bed alarms, fall mats, and other devices as appropriate for high-risk patients.
- Staff training: Educate staff on fall prevention strategies and the importance of hourly rounding and patient assistance.
- Environmental modifications: Make the hospital environment safer by reducing clutter, improving lighting, and ensuring adequate grab bars and handrails.

8. Clinical Governance and Leadership

- Establish a clinical governance framework: This framework should include clear lines of responsibility, accountability, and oversight for patient care and quality improvement.
- Engage senior leadership: Involve hospital leadership in setting quality goals and priorities, and hold them accountable for the hospital's performance.
- Develop a quality improvement team: A multidisciplinary team can oversee hospital-wide initiatives and support departments in implementing best practices.

9. Compliance with Regulations and Accreditation Standards

- Stay updated with regulations: Regularly review and update policies to ensure compliance with federal, state, and local healthcare regulations.
- Prepare for accreditation surveys: Maintain readiness for unannounced accreditation surveys by adhering to standards set by organizations like The Joint Commission and the Centers for Medicare & Medicaid Services (CMS).
- Correct deficiencies promptly: Address any identified compliance issues immediately to prevent recurrence and legal liability.

10. Incident Response and Root Cause Analysis

- Develop a systematic approach to incident response: Have a plan in place to investigate and manage adverse events, including notifying patients and families, conducting a root cause analysis, and implementing corrective actions.
- Use root cause analysis: When an incident occurs, conduct a thorough investigation to identify underlying causes and develop strategies to prevent similar events in the future.
- Learn from past mistakes: Share the findings from incident investigations across the hospital to educate staff and improve processes.

11. Patient Rights and Advocacy

- Ensure patient rights: Communicate and respect patient rights clearly, including the right to informed consent, confidentiality, and receiving care free from discrimination.
- Provide patient advocacy: Offer support for patients to navigate the healthcare system and communicate their concerns effectively.
- Address patient grievances: Implement a fair and efficient process for handling patient complaints and concerns, which can help resolve issues before they escalate into legal disputes.

12. Legal and Ethical Considerations

- Ensure informed consent: Obtain informed consent from patients before administering treatment, ensuring they understand the risks, benefits, and alternatives.
- Adhere to ethical standards: Follow ethical guidelines in decision-making, such as the principles of beneficence, non-maleficence, autonomy, and justice.
- Maintain professional boundaries: Train staff on the importance of maintaining appropriate professional boundaries to prevent allegations of negligence or misconduct.

By focusing on these areas, hospitals can improve the quality of care they provide, enhance patient safety, and reduce their legal liability. It is essential to continuously evaluate and refine these strategies to keep pace with evolving healthcare practices and patient expectations.



XXI. IMPROVE THE INTERFACE BETWEEN GOVT AUTHORITIES AND HOSPITALS REGARDING COMPLIANCE WITH VARIOUS ACTS AND LAWS, REGULATIONS, RULES, PERMISSIONS, REGISTRATIONS, TAXES, ACCREDITATION IN INDIA

Title: Enhancing the Interface between Government Authorities and Hospitals for Effective Compliance in India

Introduction:

The relationship between government authorities and hospitals in India is crucial for the successful implementation and enforcement of various acts, laws, regulations, permissions, registrations, taxes, and accreditations that govern the healthcare sector. An efficient interface is essential to ensure that hospitals adhere to these standards, which in turn, improves the quality of healthcare services provided to the public. This note outlines strategies to enhance this interface and foster better compliance.

1. Establish a Single-Window Clearance System:

A single-window clearance system can be created to streamline the process of obtaining various permissions and registrations. This system would act as a one-stop shop for hospitals to interact with different government departments, reducing the administrative burden and minimizing delays in obtaining necessary approvals.

2. Digitalization of Processes:

Implementing a comprehensive digital platform for all healthcare-related documentation and communication can significantly improve transparency and reduce bureaucratic hurdles. Digital systems can enable real-time monitoring and reporting of hospital compliance, making it easier for government authorities to track and address non-compliance issues.

3. Regular Training and Capacity Building:

Government authorities and hospital staff should undergo regular training sessions to understand the latest laws, regulations, and best practices. This would help in reducing the knowledge gap and ensure that everyone is on the same page regarding compliance requirements.

4. Clear and Consistent Communication:

Clear and consistent communication channels should be established between government authorities and hospitals. This could include a dedicated helpline, email support, and a frequently updated online portal with information on new laws, deadlines, and compliance procedures.

5. Simplification of Compliance Requirements:

The government can simplify the compliance process by reducing the number of forms and documentation required and by standardizing the procedures across different states. This would minimize confusion and make it easier for hospitals to comply with regulations.

6. Strengthen Inspection and Enforcement Mechanisms:

Regular and unannounced inspections by authorized agencies can help in identifying non-compliance issues. The inspection process should be transparent, and the findings should be communicated promptly to the hospitals. Additionally, strict enforcement measures should be in place to ensure that hospitals take corrective actions.

7. Incentivize Compliance:

Introducing incentives for hospitals that maintain high compliance standards can motivate them to adhere to regulations voluntarily. This could include tax breaks, preferential treatment in government procurement processes, or public recognition programs.

8. Implement a Risk-Based Compliance Approach:

A risk-based approach to compliance would enable government authorities to prioritize inspections and monitoring based on the potential impact of non-compliance on patient safety and public health. High-risk areas would receive more attention, while low-risk areas might be subject to less frequent checks.

9. Stakeholder Engagement:

Involving stakeholder's representatives such as patients work group, healthcare providers associations IMA, Hospital Associations IMA HBI in policy formulation and review can provide valuable insights into the challenges faced by hospitals in adhering to regulations. This participatory approach can lead to more practical and effective compliance measures.

10. Transparency and Accountability:

Both government authorities and hospitals should be transparent in their dealings. Public disclosure of hospital inspection reports and compliance status can encourage hospitals to maintain high standards and make it easier for patients to make informed decisions.

11. Establish a Compliance Assistance Program:

A government-sponsored compliance assistance program can provide technical and financial support to hospitals, especially smaller and rural facilities, to meet the necessary standards without undue hardship.

12. Create a Feedback Loop:

Encourage hospitals to provide feedback on the compliance process to identify areas for improvement. This can be done through surveys, workshops, or a dedicated online platform where hospitals can voice their concerns and suggest changes to make the process more efficient.

13. Regular Audits and Reviews:

Conducting periodic audits and reviews of the compliance process can help in identifying systemic issues and areas for improvement. The results of these audits should be used to refine the regulatory framework and improve the interface between government and hospitals.

14. Promote Public-Private Partnerships:

Collaboration between government and private healthcare providers can lead to the sharing of best practices and resources, ultimately improving the overall quality of healthcare services and compliance levels.

15. Use of Data Analytics:

Leveraging data analytics can help in identifying patterns of non-compliance and potential areas of concern. This can guide targeted interventions and improve the effectiveness of compliance monitoring.

16. Strengthen Legal Frameworks:

Review and update existing laws and regulations to ensure they are relevant and enforceable. Strengthening legal frameworks can enhance the authority of regulatory bodies and deter non-compliance.

17. Encourage Self-Regulation:

Fostering a culture of self-regulation within the healthcare sector can lead to more proactive compliance by hospitals. Professional bodies and hospital associations can play a significant role in setting and monitoring standards.

18. Improve Inter-Departmental Coordination:

Better coordination among various government departments involved in healthcare regulation can reduce redundancy and streamline the compliance process.

Conclusion:

Enhancing the interface between government authorities and hospitals in India requires a multi-faceted approach that combines technology, training, incentives, and stakeholder engagement. By implementing these strategies, the government can create an environment that supports healthcare facilities in achieving and maintaining compliance with various acts, laws, regulations, and standards, ultimately leading to improved healthcare outcomes for the population.



XXII. WHAT ARE THE KEY POINTS AND HOW THE HOSPITALS BE COMPLY WITH FIRE SAFETY REGULATIONS, BIO-SAFETY REGULATIONS AND CLINICAL ESTABLISHMENT RULES

Key Points for Hospitals to Comply with Fire Safety Regulations, Bio-safety Regulations, and Clinical Establishment Rules in India

1. Understanding the Regulations:

Hospitals in India are required to adhere to multiple sets of regulations to ensure safety and quality of healthcare services. The key regulations include the National Building Code of India (NBC), the Fire Prevention and Life Safety in Hospitals regulations under the Central Government's Health and Family Welfare Ministry, the Biomedical Waste Management Rules, and the Clinical Establishments (Registration and Regulation) Act, 2010.

2. Fire Safety Regulations:

- Conduct regular fire risk assessments to identify potential hazards and implement measures to prevent fires.
- Develop and maintain comprehensive fire safety policies and procedures, including evacuation plans and regular drills.
- Ensure that the hospital's design and construction adhere to the fire safety provisions of the NBC, such as proper compartmentation, adequate means of escape, and installation of fire-resistant materials.
- Install fire detection and alarm systems, along with firefighting equipment like extinguishers, hose reels, and sprinklers throughout the hospital.
- Train all staff in fire prevention and emergency response protocols.
- Ensure that there are designated fire safety officers responsible for the implementation and maintenance of fire safety measures.
- Regularly inspect and maintain fire safety equipment and conduct fire safety audits.
- Store and handle flammable and combustible materials safely, including medical gases and oxygen supplies.

3. Biosafety Regulations:

- Establish a Biosafety Committee to oversee the handling of biological agents and ensure compliance with the rules.
- Implement biosafety levels (BSL) appropriate to the hospital's activities, with separate areas for handling different categories of microorganisms.
- Ensure proper containment and disposal of biomedical waste, adhering to the Biomedical Waste Management Rules, 2016.
- Provide personal protective equipment (PPE) and train staff in its correct use and disposal.
- Maintain a logbook for the use of biohazardous materials and sharps.
- Implement procedures for the decontamination and sterilization of equipment and surfaces.
- Regularly train and educate staff on the risks associated with biological agents and the procedures to prevent exposure.
- Ensure that the hospital's ventilation system is designed to minimize the spread of airborne pathogens.

4. Clinical Establishment Rules:

- Obtain and maintain registration under the Clinical Establishments (Registration and Regulation) Act, which applies to all types of healthcare facilities, including hospitals.
- Adhere to the minimum standards for infrastructure, human resources, and healthcare services as prescribed by the act.
- Ensure that medical staff are appropriately qualified and registered with the relevant medical councils.
- Maintain accurate medical records and patient information confidentiality.
- Implement quality management systems and infection control protocols.
- Conduct regular inspections and audits to assess the quality of healthcare services provided.
- Establish a system for monitoring and reporting adverse events and medical errors.
- Ensure that all medical equipment is regularly calibrated and maintained.

5. Infrastructure and Building Design:

- Design the hospital with separate areas for different patient categories and treatments, ensuring ease of movement and access.

- Ensure that the hospital has adequate water supply, drainage, and waste management systems.
- Install fire-resistant doors, walls, and floors to contain fires and facilitate safe evacuation.
- Provide sufficient space for firefighting vehicles to access the building and for patients to assemble safely during an emergency.
- Ensure that electrical and gas installations are safe and comply with the Indian Electricity Rules and relevant standards.
- Design the hospital with natural lighting and ventilation to reduce the spread of infection and enhance patient comfort.

6. Staff Training and Awareness:

- Regularly train staff on fire safety procedures, biosafety protocols, and the handling of medical waste.
- Conduct orientation programs for new employees on hospital safety policies and procedures.
- Provide refresher training on emergency response and disaster management.
- Ensure that all staff are aware of their roles and responsibilities during a fire or other emergencies.

7. Patient Safety:

- Develop and implement policies for patient safety, including the prevention of hospital-acquired infections and the proper handling of medical devices.
- Use safe and effective infection control practices in all areas of the hospital.
- Provide clear signage and wayfinding for patients, visitors, and staff to facilitate quick evacuation during emergencies.
- Ensure that the hospital environment is clean and hygienic to reduce the risk of infection.

8. Emergency Preparedness and Response:

- Develop and maintain emergency response plans for various scenarios, including fires, natural disasters, and biological outbreaks.
- Conduct regular mock drills to test the effectiveness of these plans and improve response times.
- Establish protocols for the safe transfer of patients during emergencies.
- Coordinate with local authorities and emergency services for a swift and organized response.

9. Regular Updates and Compliance:

- Keep abreast of the latest revisions and updates to safety regulations and ensure that the hospital's policies and procedures are updated accordingly.
- Conduct regular fire safety and biosafety audits to identify gaps and areas for improvement.
- Work with regulatory bodies to address any non-compliance issues promptly.

10. Documentation and Record Keeping:

- Maintain detailed records of all safety measures, training sessions, drills, audits, and inspections.
- Document any incidents, near misses, or non-compliance issues and the actions taken to address them.
- Keep records of the hospital's safety protocols and policies accessible to all staff and stakeholders.

Compliance with these regulations is essential for hospitals in India to ensure the safety of patients, staff, and the community. It also helps in maintaining the quality of healthcare services and protecting the environment. Regular monitoring and updates to safety protocols are necessary to adapt to new challenges and advancements in healthcare technology and practices.



XXIII. AN ETHICS COMMITTEE AT THE HOSPITAL MANAGEMENT BOARD/GOVERNANCE LEVEL:

The ethics committee plays a vital role in hospital governance by ensuring that the institution operates in accordance with moral and legal standards, respects patient rights, and maintains the integrity of medical practice. It is a multidisciplinary body that typically includes healthcare professionals, ethicists, legal experts, patients, and community representatives, concerning investors, the board of directors, which also discusses societal expectations, and financial sustainability, along with its role and responsibilities.

1. Investors:

Investors are stakeholders in a hospital who expect a return on their investment. The ethics committee must ensure that decisions made by the hospital management do not compromise the quality of patient care for the sake of profit maximization. The committee should review and guide investment strategies to align them with the hospital's ethical values and mission. It may also be responsible for monitoring conflicts of interest that could arise from investor influence on hospital policies and practices, ensuring that the hospital remains patient-centered and committed to ethical healthcare delivery.

2. Board of Directors:

The board of directors is the hospital's ultimate decision-making body, responsible for setting strategic directions and overseeing the hospital's operations. The ethics committee acts as an advisory group to the board, providing guidance on ethical issues that may arise in governance, policy-making, and strategic planning. It assists the board in fulfilling its fiduciary responsibilities by ensuring that the hospital adheres to ethical standards and practices that are in the best interest of patients, staff, and the community. The committee helps the board to uphold the hospital's ethical reputation and maintain public trust.

3. Societal Expectation:

Societal expectations of a hospital are high, as it is an institution that deals with life, health, and well-being. The ethics committee is instrumental in shaping hospital policies and procedures that reflect these expectations. It is responsible for identifying and addressing emerging ethical issues in healthcare, such as resource allocation, end-of-life care, patient confidentiality, and informed consent. By engaging with community representatives, the committee can incorporate diverse perspectives into hospital practices, thereby enhancing the hospital's accountability and responsiveness to societal needs and values.

4. Financial Sustainability:

While a hospital must be financially sustainable to continue providing quality care, the ethics committee plays a crucial role in balancing financial considerations with ethical imperatives. This includes advising on the ethical implications of cost-cutting measures, resource allocation decisions, and partnerships with other organizations. The committee must ensure that financial pressures do not lead to compromises in patient care, research ethics, or employee treatment. It helps the hospital to maintain a balance between economic viability and ethical responsibility.

Role and Responsibilities:

The role and responsibilities of an ethics committee at the hospital management board/governance level are multifaceted and include:

- a. Policy Development:
- b. Ethical Review:
- c. Education and Training:
- d. Conflict Resolution:
- e. Patient Advocacy:
- f. Research Oversight:
- g. Risk Management:
- h. Public Engagement:
- i. Compliance Monitoring:
- j. Ethical Leadership:
- k. Reporting: The committee typically reports to the board of directors and provides regular updates on its activities, findings, and recommendations.

In conclusion, the ethics committee at the hospital management board/governance level plays a critical role in guiding hospital decisions and practices to ensure they are ethically sound and aligned with societal expectations. By fostering a culture of ethics, the committee supports financial sustainability, upholds the hospital's reputation, and ultimately contributes to the well-being of patients and the community.

XXIV. Ethics Followed by Visiting Consultants in a Hospital

In the complex landscape of healthcare, the ethical practices adopted by visiting consultants are paramount. These professionals, who are not part of the permanent hospital staff, bring a wealth of experience and specialized knowledge. Visiting consultant's comments about patient condition and primary care physician of the patients may have conflicting expressions. Discussion about patient's status among the team and having a common expression in the interest of the patient is important. However, their unique position requires adherence to a strong ethical framework to ensure patient safety, maintain the integrity of the healthcare system, and foster trust within the community.

1. Patient-Centered Care

At the heart of medical ethics is the principle of patient-centred care. Visiting consultants must prioritize the well-being of the patients they encounter. This involves more than just clinical diagnosis and treatment; it necessitates a holistic understanding of the patient's needs, values, and preferences. Consultants are expected to engage in meaningful communication, listen actively to patients, and involve them in decision-making processes regarding their healthcare. This partnership fosters trust and empowers patients, aligning treatment plans with their values and expectations.

2. Informed Consent

Informed consent is a cornerstone of medical ethics. Visiting consultants must ensure that patients understand the nature of their medical conditions, the proposed interventions, potential risks, and alternative treatment options. This requires clear and honest communication, allowing patients the opportunity to ask questions and reflect on their choices.

Consent should not be treated as a mere formality; it should be an ongoing dialogue, reflecting the dynamic nature of the patient's circumstances and condition over time. Respecting the autonomy of patients is essential, and consultants must never pressure patients into decisions.

3. Professional Integrity and Accountability

Visiting consultants are held to high standards of professional integrity. They must demonstrate honesty, reliability, and a commitment to maintaining their level of expertise through continuous education and practice. Ethical practice requires that consultants disclose any conflicts of interest that may arise, such as financial ties to pharmaceutical companies, and ensure that their recommendations are based on the best interests of the patients rather than personal gain.

Moreover, accountability extends to the appropriate documentation and communication of patient care. Consultants are responsible for accurate and thorough medical records, which facilitate effective handoffs to other healthcare providers and safeguard patient safety.

4. Collaboration and Respect for Institutional Policies

Visiting consultants must work cohesively within the healthcare team, respecting the roles and expertise of other healthcare providers. Collaboration with permanent staff is essential for integrated patient care and maintaining continuity. Ethical practice involves a commitment to respect institutional policies, clinical guidelines, and established protocols. Consultants should also recognize the limits of their authority and expertise within the hospital setting. When conflicts arise, a collaborative approach is required, focusing on conflict resolution through discussions, compromise, and consensus-building.

5. Cultural Competence and Sensitivity

Healthcare professionals encounter patients from diverse backgrounds, each with unique cultural perspectives on health and illness. Visiting consultants must cultivate cultural competence, recognizing the impact of cultural factors on health beliefs and practices.

Ethical consultants approach each patient with sensitivity, adapting their communication and care plans to align with the cultural, spiritual, and individual values of the patient. This practice not only enhances patient satisfaction but also contributes to a more inclusive healthcare environment.

6. Ethics to be followed by primary physician in referring a patient to another physician. Ethics to be followed by a specialist doctor in case of referral patients towards primary physician

When a primary physician refers a patient to another physician, several ethical principles must be upheld to ensure the patient's wellbeing and maintain trust in the physician-patient relationship.

First and foremost, the principle of beneficence obligates the primary physician to act in the best interest of the patient, which necessitates a well-considered referral based on the receiving physician's expertise and the specific health needs of the patient. This requires open communication about the reasons for the referral, providing the patient with sufficient information to understand their condition, treatment options, and the qualifications of the specialist they are being referred to. Additionally, respect for patient autonomy is paramount; the primary physician should involve the patient in the decision-making process regarding the referral, ensuring that their preferences and values are taken into account.

On the other hand, when a patient is referred back to the primary physician by a specialist, ethical considerations for both parties manifest in the need for clear communication and continuity of care.

The primary physician must be fully informed about the patient's diagnosis, treatment provided, and any recommendations made by the specialist to effectively manage ongoing care. This involves actively seeking comprehensive updates from the specialist and being receptive to new information, fostering collaborative care that prioritizes the patient's health outcomes.

Furthermore, the principle of justice should guide physicians in ensuring equitable access to healthcare services; both the referring physician and the specialist must be committed to avoiding biases and conflicts in treatment that could impact the patient's care based on socioeconomic status, insurance coverage, or any other unjust factors. Thus, ethical practices in the referral process involve not only enhancing the technical quality of medical care but also cultivating a system of respect, communication, and shared responsibility in the care of the patient.

Conclusion

The role of visiting consultants in hospitals is vital, but their impact hinges on their commitment to ethical practices. By placing patient welfare at the forefront, ensuring informed consent, maintaining integrity, collaborating effectively, and respecting cultural diversity, consultants can navigate the complexities of healthcare ethics adeptly and the entire team of primary physician, consultant should converse in unified voice avoiding conflicts of opinions. Upholding these ethical principles fosters trust and enhances the overall quality of care, ultimately benefiting both patients and the healthcare system as a whole. As the healthcare landscape continues to evolve, reinforcing ethical standards will remain essential for the integrity and effectiveness of medical practice.

Compiled by

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KOCHI DECLARATION 2024 - STOP TB PARTNERSHIP

IMA's role in TB care and control is a legacy. IMA has in the past 30 years worked with the Governments, WHO and other international organisations. IMA had attended both the UNHLM meetings in New York. Continuing its international role IMA partnered with Common Wealth Medical Association led Dr J A Jayalal in conducting a pioneering sensitisation meetings for 11 National Medical Associations. IMA Kerala State Branch hosted the conference on behalf of IMA. Conducted in the salubrious ambience at IMA Periyar House, Aluva, Kochi on 1st and 2nd June 2024 with STOP TB partnership Geneva as the overarching body. The NMAs pledged to work on TB care and control. They all resolved the commitment in Kochi declaration 2024.

Dr R V Asokan, National President, Dr Anil Kumar J Nayak, Hony Secretary General, Dr Shitij Bali, Hony Finance Secretary, Dr Gutta Suresh, National Vice President, Dr A V Jayakrishnan, Joint Secretary IMA HQs, Dr Joseph Benaven, State President IMA Kerala State Branch, Dr K Sasidharan, State Secretary IMA Kerala State Branch were part of the organising team. Dr Parul Vadgama was the official delegate of IMA. Dr Oommen George handled the professional and administrative aspects of the meeting.

Kochi Declaration 2024

United to End Tuberculosis (TB): Declaration from Private Sector Provider Constituency of Stop TB Partnership and Leaders of Commonwealth Medical Association, National and other Medical Associations of:

- Bangladesh
- Ghana
- India
- Indonesia
- Jamaica
- Kenya
- Nigeria
- Philippines
- Tanzania (UR)
- Uganda
- Zambia

2nd June 2024; Kochi, Kerala, India

We, members of the Private Sector Provider Constituency of the Stop TB Partnership and Leaders of Medical Associations assembled at Kochi, Kerala, India for the 'Leadership Summit for Achieving UNHLM TB targets' on 1-2 June 2024, with a dedicated focus for the first time on the global TB epidemic, reaffirm our commitment to end TB globally by 2030 in line with the Sustainable Development Goals target and commit to support all efforts by governments and other stakeholders to achieve the UNHLM 2023 targets on TB.

We pledge to provide leadership and to work together to urgently accelerate our national and global collective actions, investments and innovations to fight TB, this airborne preventable and treatable disease, affirming that this disease, including its drug-resistant forms, is a public health challenge and the leading infectious disease cause of death, a common form of antimicrobial resistance globally as well as the leading cause of death of people living with HIV. We underline that poverty, gender inequality, vulnerability, discrimination, and marginalization, exacerbate the risks of acquiring TB and its devastating impacts - including stigma and discrimination - require a comprehensive response, including addressing the social and economic determinants and the protection and fulfilment of the human rights and dignity of all people, towards achieving Universal Health Coverage.

Therefore, we:

1. Reaffirm our commitment to the 2030 Agenda for Sustainable Development, including the resolve to end TB by 2030.
2. Recognize that while the World Health Organization declared TB a global emergency 30 years ago, it is still an emergency and the top cause of death due to a single infectious disease worldwide; furthermore recognize that the problem is exacerbated by the rise of multidrug-resistant TB and co-morbidities such as HIV, malnutrition and diabetes, that one quarter of the world's people are infected with the mycobacterium TB and that millions of people ill with TB are missing out on diagnosis and treatment;
3. Acknowledge that multidrug-resistant TB is a key component of the global challenge of antimicrobial resistance and express grave concern that there is a profound gap in access to quality diagnosis, treatment and care for those affected, a low treatment success-rate for those who are treated, and therefore ask for a strong public health response, including strong partnership with private health care systems, and additional investment in research, development and innovation;
4. Recognize that in recent years there has been progress in research and development of new and more accurate diagnostics, new medicines that have shortened and simplified treatment regimen and digital technology including AI, all of which have great potential of substantially improving diagnosis, care and prevention of TB.

5. Recognize the role played by the Stop TB Partnership, that is spearheading the advocacy and political commitment for TB globally and nationally, including through Private Sector Provider Constituency of the Governing board.
6. Appreciate the innovative private sector provider-led engagement through 'Systems for TB Elimination by Private Sector (STEPS)' a private-private partnership owned and operated by private hospitals
 7. Highlight that 60-80% of people with symptoms of TB go first to a private health care provider in most high TB burden countries, yet:
 - The government funding for TB response in these countries often excludes or inadequately funds the private health care system involved in diagnosing and treating TB, leaving the financial burden on TB affected people
 - The private health care providers have sub-optimal or no access to essential new tools in diagnosis, treatment and prevention of TB, including rapid molecular tests, A1-enabled X-rays and new TB drugs.
8. All national and other professional associations commit to:
 - promote the provision of preventive services, diagnosis and treatment and supportive care for people with TB with special focus to those seeking care with private sector health providers with the aim of supporting countries to achieve their share of the global UNHLM TB targets;
 - provide leadership and foster collaboration between government led TB programmes and private sector providers to end TB by 2030, through advocacy, policy development support, capacity building and monitoring;
 - engage with ministry of health/national TB programs and national health product regulatory authorities to ensure that the new diagnostics and new drugs are promptly available and accessible to the private health care providers;
 - advocate for increasing awareness among heads of States/Governments, political leaders, parliamentarians, local governments, academia, private health care sector and other stakeholders, promoting the need for greater attention and resources to the country TB responses and development of comprehensive national TB strategic plans to end TB;
 - engage with Governments to ensure that country TB responses are prioritized and sufficient resources are allocated for people with TB seeking care in the private health care system from domestic as well as external funding sources, and TB is included within essential package of social health insurance schemes;
 - network with other medical professional associations and hospital associations to improve TB care, including through private-private partnership like 'STEPS';
 - promote TB prevention, diagnosis, treatment and care in the context of child health and survival as TB is a significant cause of preventable childhood illness and death;
 - advocate for inclusion of TB management as a core competency in undergraduate medical education curriculum;
 - identify and institute a core team of leaders within the professional association and mentor them in leadership towards TB elimination;
 - build capacity of the members who are engaged in TB management as well as those who could potentially contribute and train/update their knowledge, and constantly engage with them.
9. The Commonwealth Medical Association commits to global advocacy for ending TB and coordinating with national and international professional bodies for actions on TB
10. Stop TB Partnership Private Sector Provider Constituency and the Secretariat commit to providing necessary technical and facilitatory support, working with Commonwealth Medical Association, National and other medical associations.

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Signatories:

National Associations:

- Bangladesh *Dr. Md. Ehteshamul Huq* *Secretary General Bangladesh Medical Association*
- Ghana *Dr. Mety Aboakoh-Coleman*; *Ghana Medical Association*; *Medical Women Association of Ghana*
- India *Dr. R.V. Aboakan* *Indian Medical Association*
- Indonesia *Dr. Moh. Adib-Khumaedi*; *MD. Phosphate-Sari*; *Indonesian Medical Association*
- Jamaica *Colin Abel* *Medical Association of Jamaica*
- Kenya *Dr. Basil Negeri* *Barker Kenya Medical Association*
- Nigeria *Dr. Ibrahim Murtada* *Nigerian Medical Association (NMA)*
- Philippines *Dr. Maria Mercedes P. Calinas, MD, MSc, PhD* *Philippine Medical Association*
- Tanzania (UR) *Dr. Desbert Nkandu* *Medical Association of Tanzania*
- Uganda *Dr. Herbert Luswata* *Uganda Medical Association*
- Zambia *Dr. Kenneth Toloni* *Medical Association of Zambia*
- Commonwealth Medical Association *President of Commonwealth Association*
- Private Sector Provider Constituency, Stop TB Partnership Board *Secretary CMA*
- Stop TB Partnership *Deputy Executive Director*
- *Suzanna Sanders* *Private Sector*
- *Erline Burton* *Board Member*
- *Greenville Annick* *Senior Advisor*

Stop TB Partnership, Geneva
2nd June 2024

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BENGALURU DECLARATION BETWEEN IMA AND PSAIIF

A two days event bridging the gaps was organised by IMA at Bengaluru, Karnataka as an initiative to continue the dialogue between the doctors and the patients. Prof Bejon Kumar Misra, Founder and Mr. Wajahat Habibullah, Chairman PSAIIF were the organisers from PSAIIF side.

IMA Karnataka State Branch hosted the meeting on behalf of IMA HQs. Dr. Srinivasa S, State President, Dr Karunakara B P, State Secretary, IMA Karnataka State Branch along with Dr Yogendra Reddy, Dr. Madhusudhana Kariganur and Dr Pavan Patil were the main organisers.

The following took part from IMA HQs:

1. Dr R V Asokan, National President IMA
2. Dr R Gunasekharan, Senior National Vice President, IMA
3. Dr Shiv Kumar Utture, National Vice President, IMA
4. Dr Gutta Suresh National Vice President, IMA
5. Dr Ashok Sharda National Vice President, IMA
6. Dr A V Jayakrishnan, Joint secretary, IMA HQs
7. Dr Phanidhar P, IMA Andhra Pradesh
8. Dr A K Ravikumar, IMA HBI
9. Dr Nitin Juneja, IMA HBI
10. Dr Rajeev Agarwal, IMA HBI
11. Dr Pavankumar Patil, IMA HBI
12. Dr Nirmal Fredrick, IMA HBI
13. Dr Ajay Mahajan, IMA HBI
14. Dr Srinivasa. S, State President IMA Karnataka
15. Dr Karunakara B P, State Secretary IMA Karnataka
16. Dr Madhusudhana Kariganur, IMA Karnataka
17. Dr Yogendra Reddy, IMA Karnataka
18. Dr Vani Kori, IMA Karnataka
19. Dr M. Venkatachalapathy, IMA Karnataka
20. Dr Sandeep Prabhu, IMA Karnataka
21. Dr A S Sarvesharaje Urs, IMA Karnataka
22. Dr Veerabhadraiah T A, IMA Karnataka

BENGALURU DECLARATION

**Bridging the Gaps -
Enhancing Collaboration between Doctors and Patients in India
To
Ensure Unshakeable Trust in the Doctor-Patient Relationship**

Jointly by

**INDIAN MEDICAL ASSOCIATION
&
PATIENT SAFETY & ACCESS INITIATIVE INDIA FOUNDATION**

In continuation of the Trivandrum Declaration dated 12th September 2004 jointly signed by the Indian Medical Association and Consumer Coordination Council, the President of Indian Medical Association (IMA) and the Founder of Patient Safety & Access Initiative India Foundation (PSAIIF) hereby make the following declaration at Bengaluru on Sunday, the 30th June 2024:

1. A core group shall be formed with nominees from IMA and PSAIIF to build an institutionalized mechanism to ensure implementation of the recommendations emerging from the declaration
2. This collaboration shall
 - I. Develop an actionable vision document for **Universal Health Care** (UHC) for India in ensuing 12 months.
 - II. Work towards increasing the allocation for health in the upcoming Union budget to 2.5% of the GDP, steadily increasing to at least 5% of the GDP by 2030, with allocation for health and social determinants of health being separated.
 - III. Set up a 'Patient Information Platform' to empower the patients to make an informed choice.
 - IV. Ensure zero tolerance to violence inflicted on doctors and clinical establishments by developing suitable mechanisms.
 - V. Encourage elimination of cumbersome, long-drawn processes which affects the efficiency of medical professionals and clinical establishments leading to detrimental impact on healthcare quality and costs.
 - VI. Conduct credible research/surveys on healthcare delivery system
 - VII. Institute 'ethical branding' for clinical establishments.
 - VIII. Work towards making health insurance in the country affordable, transparent, patient friendly and sustainable for all stakeholders.

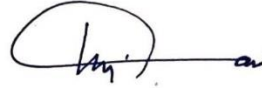


- IX. Ensure that the services rendered by service providers on behalf of the government shall be paid as per specified timelines.
- X. Conduct joint awareness programs on the roles and responsibilities of various stakeholders within the healthcare delivery system.
- XI. Strongly oppose and put on notice any attempt to dilute patient data protection.
- XII. Ensure patient confidentiality is implemented with an Indian cultural context so as to optimize patient clinical outcomes and strengthening the doctor patient relationship.

The signatories resolve that the widest possible publicity should be given to this declaration and that a copy of this **Bengaluru "Bridging the Doctor-Patient Gap" Declaration** shall be sent to the Government of India and all State Governments as also to all branches of the Indian Medical Association and all Consumer Organizations in the country.



Dr ASDKAN RV
National President, IMA



Mr. WAJAHAT HABIBULLAH
Chairman, PSAIIF



Dr. SRINIVASA S
State President, IMA-Karnataka



Prof. BEJON KUMAR MISRA
Founder, PSAIIF

IMA POLICY DOCUMENT ON NHM

National Health Mission (NHM): Challenges and Systemic Clashes in Health Service Delivery.

The National Health Mission (NHM) was launched by the Government of India in 2013 with the aim of addressing the health needs of rural and urban populations through comprehensive primary healthcare services. Despite its ambitious objectives and substantial investments, the NHM has faced significant challenges that hinder its effectiveness. This note explores the issues associated with the NHM's performance and its clashes with the existing health service systems in India.

1. Inefficiencies in Implementation**1.1 Fragmented Health Services**

One of the major challenges is the fragmented nature of health services under the NHM. There is a lack of coordination between different health programs and initiatives, leading to duplication of efforts and wastage of resources. This fragmentation is often due to the decentralized approach of NHM, which, while intended to cater to local needs, has resulted in inconsistent implementation across states.

1.2 Inadequate Infrastructure

Despite the focus on improving healthcare infrastructure, many health facilities, especially in rural areas, remain under-equipped and understaffed. The NHM has struggled to upgrade and maintain infrastructure to meet the growing demands of the population. Poorly maintained facilities discourage utilization of services, impacting overall health outcomes.

1.3 Human Resource Constraints

The NHM has faced persistent issues in recruiting and retaining qualified healthcare professionals. There is a significant shortage of doctors, nurses, and other healthcare workers, particularly in rural and remote areas. This shortage is exacerbated by inadequate training. The staff are enrolled on contract basis for a year. The salary provided especially for Medical Officers is far lower than the desired. Doctors are paid Rs. 50000 per month. So, there is a high turn-over of the staff resulting in lack of continuity and quality of services.

2. Financial and Administrative Challenges**2.1 Funding Gaps**

Although the NHM is one of the largest health programs in India, it suffers from funding gaps. The allocated budget is often insufficient to cover the expansive range of services and initiatives under the mission. Moreover, delays in fund disbursement and underutilization of allocated funds further hinder the mission's effectiveness.

2.2 Bureaucratic Hurdles

The implementation of NHM is hampered by bureaucratic inefficiencies. The complex administrative processes often lead to delays in decision-making and execution. Additionally, the lack of accountability and transparency in fund utilization raises concerns about corruption and mismanagement.

3. Clashes with Existing Health Systems**3.1 Dual Health Systems**

Before the launching of NHM there was only one system in place under the Director General of the Health Services at the National level and Director of Health Services at the State Level. Now there is a parallel system of NHM both at the National and State level. The main work force still remains the

permanent Medical Officers and other paramedical/ Ministerial staff appointed through UPSC/PSC. But since NHM is funding all the programs there is dual control. State Head of NHM which is the State Mission Director who is an IAS officer and the Director of Health Services have conflicts in administration and supervision. More over the Director of Health Services have no administrative control over the contract staff appointed by NHM. There is lack of coordination between the two systems at all levels hindering the quality of services.

3.2 State vs. Central Coordination

The NHM's decentralized approach, which grants significant autonomy to states, can lead to inconsistencies in policy implementation. States have different capacities and priorities, resulting in varied health outcomes. This lack of uniformity can clash with centrally driven health policies and programs, creating a disjointed healthcare system.

4. Impact on National Health Programs

4.1 Overlapping Responsibilities

The NHM often overlaps with other national health programs, leading to confusion and inefficiencies. For instance, initiatives targeting maternal and child health under NHM may duplicate efforts with existing programs, causing resource strain and reducing overall impact.

4.2 Focus on Quantity Over Quality

In an attempt to meet targets and demonstrate progress, the NHM sometimes emphasizes quantity over quality. This can lead to superficial improvements in health indicators without addressing underlying issues. For example, increasing the number of health facilities without ensuring quality services and proper qualified and trained staffing does little to improve actual health outcomes.

The NHM's top-down approach does not help to achieve the sustainable development goals.

We should remember that the existing system of Health care delivery in our country was also effective even before the launch of NHM. This can be illustrated by just analysing two very important Health Indicators MMR and IMR. MMR of our country in 2000 was 301 which came down to 134 by 2014. Similarly, IMR came down from 66 to 39 in the same period. Since then, the rate of decrease in these indicators have not changed much in the subsequent years which shows the strong existing system even before launch of NHM itself was effective.

While the National Health Mission has made notable strides in improving healthcare access and infrastructure, its performance is marred by various challenges and systemic clashes. Addressing these issues requires a holistic approach that includes better coordination between central and state governments, increased funding and resource allocation, enhanced infrastructure and human resource management, and a more inclusive, community-centric implementation strategy. The best approach will be to integrate both systems under the Director of Health services and NHM be the funding agency for infrastructure, HR development of which the Director of Health Services shall be the sole implementing Officer. Only through such comprehensive measures can the NHM achieve its goals and contribute meaningfully to India's healthcare system.

**Compiled By
Dr. R Ramesh
Kerala**

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IMA POLICY DOCUMENT ON PRICING OF DRUGS AND MEDICAL DEVICES

INDIAN MEDICAL ASSOCIATION



Pricing of drugs and medical devices 23rd July 2024



Rationale

- More than two-thirds (65%) of all healthcare payments are borne out-of-pocket (OOP) in India, of which 70% is reported to be attributable to drugs.
- Public Health Foundation of India (PHFI), in their report in 2018, Out-of-pocket (OOP) health expenses drove 55 million Indians to poverty in 2017, and of these, 38 million (69%) were impoverished by expenditure on drugs alone.



Rationale

Out of the total pharmaceutical expenditure incurred by households, 18% is for in-patient treatment while 82% is for out-patient care. These figures suggest that the cost of pharmaceuticals is an important area for policy intervention.



Regulations: Issues

- **Access and Availability of the quality drugs is the prime concerns.**
- **Transparency in process.**
- **Constant updates on Technological Advancements.**
- **Balancing Affordability and Industry Viability.**
- **Reduction in drug R&D investments resulting in the introduction of fewer new molecules per year.**



Improving drug affordability

- **Strengthening Price Control Mechanisms.**
- **Promoting Generic Drugs by strengthening the regulatory mechanism to monitor the efficacy and quality of Generics.**
- **Boosting Domestic Production by reducing dependence on imported API (Active Pharmaceutical Ingredients).**



Current Status

- **As per (NPPP-2012), the prices of drugs under NLEM are to be fixed by the Government by adopting the simple average price of all the brands having market share of 1 per cent of the total market turnover.**
- **Pharma firms are allowed to increase the price of non-essential drugs by 10% annually.**
- **A new drug developed in India and granted patent under Indian law will be exempted for 5 years. Companies discovering new process or a new delivery system are also eligible.**



Fallacy

- Any average taken out of the prices of the leading brands would lead to high ceiling price for any medicine in comparison to earlier cost based ceiling mechanism.
- Government has allowed price rises of even controlled medicines depending on Wholesale Price Index (WPI). WPI has no relation in determining cost of medicines.



GST on drugs and medical devices

- GST on Health is a taxation on illness. Taxing the sick for falling ill is illegitimate.
- Medicines and medicinal devices are charged three slabs of GST viz. 5%, 12% and 18%.
 - a) Life saving equipments (ventilators, monitors, anaesthesia equipments) @12%
 - b) Batteries of all life saving equipments @ 28%
 - c) X-Ray machines, ultrasound machines and sugar testing strips @ 18%
 - d) Repair and maintenance of medical equipments @ 18-28 %
 - e) Drugs, oxygen and disposables @ 12%
 - f) Health insurance @ 18% GST.



Medical Devices: Regulation and Control

- **Medical devices are primarily imported:**
 - (i) A lack of high-end technology, and
 - (ii) Poor availability of raw materials.
- **Importing is cheaper than manufacturing domestically because of a low import duty, and a 12% GST on manufactured goods.**
- **Reduce the excise duty on importing machinery used for setting up manufacturing plants.**



Medical Devices: Regulation and Control

- **Country has only 18 certified Medical Device Testing Labs .**
- **Indian Medical Association can play a role in establishing quality norms.**
- **Bureau of Indian Standards can harmonise Indian Standards with globally accepted quality standards for medical devices.**



Medical Devices: Regulation and Control

- Medical devices are regulated as drugs under the Drugs and Cosmetics Act, 1940. The Medical Devices Rules, 2017 and NMDP 2023 contain provisions regulating medical devices.
- Formulating a separate legislation for medical devices is a step forward.
- CDSCO in its current form is incapable of effectively regulating the medical devices industry.
- Upskilling of the regulator is required.



Medical Devices: Regulation and Control

- NPPA Monitors the price of non-essential medical devices and allows an annual increase of 10% in prices.
- Medical devices that are required for critical care be scheduled and listed under the National List of Essential Medicines.
 - i) Pricing be based on the cost and quality considerations.
 - (ii) AMC/CMC should be rationalized as well as standardized.



Medical Devices: Regulation and Control

- (iii) Ministry continue with price exemptions until an ecosystem for innovation and R&D is built.**
- (iv) The Product Linked Incentive Scheme (PLI Scheme) has to be extended to more products and more states.**
- Trade Margin Rationalisation Policy is expected to address arbitrary pricing by importers.**



IMA Opinion

- Pharma prices do not reflect their production cost. Prices are for the branding. Fix prices as per manufacturing cost.**
- Antibiotics are a priority area for intervention. Public sector production and Pool procurement (like in TB) is crucial. Such an intervention will not only keep the prices low but also contain AMR.**



IMA Opinion

- **Revive Public Sector Pharma and Vaccine Companies. Price to be fixed on the basis of manufacturing cost.**
- **Ensure quality of medicines for generic drugs to gain the confidence of doctors and patients.**
- **No GST on Medicines and Medical equipments.**



IMA Opinion

One drug, One price also known as the “one molecule, one MRP approach, aims to standardize the pricing of drugs with the same chemical composition, regardless of the company manufacturing them. This policy ensures that all brands of a drug with the same active ingredient and same standards of manufacture are sold at the same price.

Ban differential pricing : Government should ban differential pricing of a drug under different brand names (generic generic, trade generic or branded generic) by one company. (one chemical drug, one company, one price).



IMA Opinion

The following require capping of Prices:

- **Coronary Balloons.**
- **Catheters and Stents for Neuro Intervention.** Neuro intervention Catheters, Stents and Balloons are exorbitantly priced and average intervention for Stroke costs >₹7,00,000.
- **Catheters and Stents for Peripheral Artery Intervention.** Many patients land up with amputation without intervention.
- **Online sale of medicines should be banned.**



Thank you

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ORGAN DONATION

Despite significant advances in medical science organ donation and transplant remains areas where misinformation and lack of awareness is prevalent among medical professionals. This knowledge gap adversely impacts the organ donation rate and the successful implementation of transplant procedures in India.

Problems**1. Insufficient training.**

- a) Medical curriculum – medical curriculum in India lacks comprehensive coverage about organ donation and transplant and lays more emphasis on anatomy, physiology, pathology, and treatment of diseases. According to a study by Indian journal of transplantation only 35% of medical colleges have dedicated modules on these topics.
- b) Post graduate programmes and CME's rarely emphasize on organ donation. A survey conducted by national organ and tissue transplant organization (NOTTO) mentioned that only 20% of practising doctors had attained any information about training related to organ donation.

2. Misconception and ethical concerns

- a) Brain death criteria – there is a wide spread misunderstanding about the criteria and diagnosis of brain death which is crucial for organ donation. The same NOTTO survey revealed that 40% of doctors are not confident in diagnosing brain death.
- b) Ethical and illegal concerns – concerns about legal and ethical issues deter doctors from actively participating in organ donation programmes or promoting them. appx. 30% of doctors in the survey expressed reluctance due to fear of legal repercussions.

3. Inconsistent practices

- a) Standardized protocols – lack of standardized protocols across different hospitals and states leads to inconsistent practices. A report by Indian council of medical research (ICMR) highlighted that only 50% of hospitals followed standardized procedures for organ retrieval.
- b) Exposure to best practices. – Limited exposure during medical training exacerbates the problem. Only 25% of doctors reported having adequate exposure to transplant procedures during their residency.

4. Lack of interest

The reason for lack of interest among doctors is the misconception that transplant awareness and procedures are responsibility of the government and super speciality hospitals only. Many of doctors are seen large volumes of patients in their OPD's and IPD's and do not have time or any motivation to counsel a patient or his relatives for organ donation. They also have fear listening to ethical issues and stringent punishments about human trafficking for organ donations which also deters them to put in any efforts.

How can IMA Help

1. Enhance medical education – IMA can advocate for inclusion of comprehensive modules on organ donation and transplantation in under graduate and post graduate medical education
2. Workshops and seminars – IMA can organise regular workshops, seminars focusing on organ

donation covering clinical, ethical and legal aspects.

3. Creating awareness and advocacy – publishing guidelines, research papers, case studies, medical journals & IMA publications to disseminate knowledge.
4. Promoting organ donation among its very own members & requesting them to pledge their organs so that they can be a role model for the society at large.
5. Advocacy campaigns – advocacy campaign to promote organ donation which will involve both medical professional and general public.

Conclusion

IMA being a world's largest medical association with more than 4 lakh members and 1840 local branches can play a crucial role in addressing the knowledge gap about organ donation and transplants among Indian doctors. We can help by enhancing education, promoting CME's creating more awareness, standardizing practices, providing ethical support, and encouraging its members to become donors and motivate their patients to become donors thus significantly improving the organ donation landscape of India. We together with the govt. and several NGO's that are involved in promoting organ donation and transplants in India can save countless lives and ensure that the gift of life reaches the doors of the needy.

**Compiled By
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ISSUES FACED BY DOCTORS IN GOVERNMENT SERVICE

Doctors in government service in India face numerous challenges that affect their professional performance, job satisfaction, and personal well-being. Some of the key issues include:

1. Workload

Government hospitals are often overcrowded, with an increasing number of patients relying on public healthcare. This leads to a high patient-to-doctor ratio, resulting in a heavy workload for doctors. They are required to work long hours, often without adequate breaks, leading to physical and mental exhaustion. The inadequate Human Resources specially the Doctors is the major issue. Lack of a structured referral system in the three tier system. The specialist Doctors are overburdened at the Taluk/ District level hospitals because of this lack of referral system where in Primary Health Centres / Community Health Centres are to be strengthened and only cases to be seen by specialists are to be referred to secondary and Tertiary Hospitals. Many of the PHCs have been converted to Family Health Centres but the Medical Officers are not properly trained to work as a family Physician.

2. Poor Salary and Benefits

Despite the critical nature of their work, many government doctors specially the Specialists and super specialists receive relatively low salaries compared to their private sector counterparts. Additionally, the lack of incentives or benefits such as performance bonuses, housing allowances, further contributes to dissatisfaction among doctors. The Private practice norms are to be revisited and made more practical for better service to public. The specialist and super specialist Doctors are still not attracted to Government services.

3. Poor Working Amenities

The working conditions in many government hospitals are often substandard. Basic facilities like proper resting rooms, duty rooms, clean wards, proper lighting, air conditioning, and access to adequate medical supplies and modern equipment are lacking. The lady Doctors are adversely affected more. This not only hampers the ability of doctors to provide optimal care but also adds to their frustration.

4. Lack of Continuous Training

Medical science is constantly evolving, but government doctors often have limited opportunities for professional development. There is a shortage of structured training programs and workshops to keep them updated with the latest medical advancements, diagnostic techniques, and patient care methods. This gap in continuous medical education impacts their ability to deliver high-quality care. The Medical Officers appointed in Administrative posts are not trained, there is lack of proper job appraisal before promoted to higher posts resulting in the below desired quality in the administration of the Hospitals and the Health Department.

5. Infrastructure Issues

Many government hospitals suffer from inadequate infrastructure. This includes overcrowded facilities, lack of essential medical equipment, insufficient beds, and poor hygiene standards. Doctors are often forced to work in environments that are not conducive to effective patient care, which adds to the stress and dissatisfaction of their job. The Doctors are always at the receiving end in case of complications and issues in patient care attributed to lack of adequate infrastructure. The treating Doctors have little say in the Drugs/ Equipment procured and the quality is compromised which affects the patient care. Everything is thrust from top to bottom !

6. Job Stress

The combination of long working hours, poor infrastructure, and inadequate staffing results in significant stress for doctors in government service. They often face high-pressure situations where they are responsible for handling critical cases without the necessary support. The pressure of Politicians/Peoples representatives, media mostly not tuned to the medical correctness affects the morale and confidence of the Doctor. This job-related stress can lead to burnout, affecting both their mental and physical health.

7. Safety Concerns

In recent years, there have been increasing instances of violence against doctors in government hospitals. These incidents are often sparked by dissatisfaction with treatment outcomes or delays due to resource limitations. The lack of adequate security measures in many hospitals makes doctors vulnerable to such attacks, further increasing their job-related stress and anxiety.

Conclusion

The issues faced by government doctors are multifaceted and require immediate attention from policymakers. Addressing these problems through improved working conditions, better salaries, regular training programs, and enhanced infrastructure and Human Resources can significantly improve the morale and efficiency of doctors, ensuring better healthcare delivery to the public.

**Compiled By
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Kerala**

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