

# **TOP 30**

# MEDICOLEGAL TIPS FOR DOCTORS

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This document has been compiled by our research team and is solely intended for the personal use of qualified medical doctors and healthcare institutions. The objective is to spread awareness about the medicolegal implications of commonly encountered scenarios in a clinician's daily practice. Please note that this document does not constitute legal counsel and is not a comprehensive list. When in doubt or in the event of a medicolegal action, the reader is advised to seek professional legal help. PlexusMD expressly disclaims any liability arising out of the use of the information provided here.

## For your safety,

### avoid these common pitfalls:

1. Anaesthesia should be administered only by qualified anaesthetists and not by the surgeon themselves

(Source: Dr.G.V.S. Rao v K. Chinna Reddy & ANR. on 20 Sep 2016 - Revision Petition No. 4436 of 2010)

2. Insist on written proof of a specialist consultation instead of relying on the verbal statement of patient

(Source: Smt. Karuna v Maharaja Agarsen Hospital on 26 May 2016- Complaint Case No. 60/2009)

3. Giving advice on telephone, messages and email should be avoided, except in case of grave emergencies

(Source: M/S. Sankar Prasad Bose & Anr. v Dr. B.N. Basu Memorial Clinic on 14 Jan 2016-First Appeal No. 974 of 2015)

4. In case of an on-table complication or change of the agreed course of action during surgery, the surgeon/doctor must himself/herself inform the relatives and not communicate through a team member, anaesthetist, nurse or any other person

(Source: Tupakula Sankar Rao v Lakshmi Nursing Home on 13 Oct 2012- First Appeal No. FA/451/2011)

5. Short forms/abbreviations that are not universally accepted and are capable of being misinterpreted should be avoided

(Source: Dr. Akhilesh Chandra Gaur v Manik Chand on 21 Sept 2016-Appeal No. 685 of 2006)



## You have the right to refuse treatment when:

1. The patient seeks discharge in the absence of the in-charge doctor or expresses lack of confidence in substitute doctor

(Source: Ajit Kumar Roy v Dr. Amitabh Mishra & Ors on 14 Aug 2012- Revision Petition No.3068 of 2010)

2. The patient insists on a request that is medically contraindicated

(Source: Sanjay Mutha & Ors v Dr. Jayashree Desai & Ors on 1 Feb 2013- Consumer Case 198 of 2001)

3. The patient is not willing to pay fees (admission can be withdrawn)

(Source: Ajit Kumar Roy v Dr. Amitabh Mishra & Ors on 14 Aug 2012- Revision Petition No.3068 of 2010)

4. Necessary infrastructure or proper consultants are not available

(Source: Siliguri Nursing Home Pvt. Ltd v Mr. Aswini Dey Sarkar on 12 Sept 2008- SC Case No. 401/A/07)

## **Precautions**

#### while taking Consent:

1. Consent form must be filled by one doctor/nurse, in one sitting, if possible without changing the pen

(Source: Dr. Ajay Kumar Gupta v Indira Gandhi Institute on 1 May 2008- First Appeal No. 429 of 2002)

2. Different consent is required for anaesthesia and surgery

(Source: Dr. Ajay Kumar Gupta v Indira Gandhi Institute on 1 May 2008- First Appeal No. 429 of 2002)

3. Consent must state name, dose and type of anaesthesia

(Source: Dr.G.V.S. Rao v K. Chinna Reddy & ANR. on 20 Sep 2016- Revision Petition No. 4436 of 2010)

4. In case of multiple procedural options, the patient's consent must be taken for all options - you can download consent forms for different procedures from - <a href="mailto:plexusmd.com/consent">plexusmd.com/consent</a>

(Source: Dr. Ajay Kumar Gupta v Indira Gandhi Institute on 1 May 2008- First Appeal No. 429 of 2002)

5. Separate consent must be taken for blood transfusion

(Source: M. Chinnaiyan v Sri Gokulam Hospital and Anr. on 25 Sept 2006)

6. If the patient is illiterate/not well versed in English, it is advisable to explain all information in a language known to the patient and get the consent form attested by an independent witness who understands the form

(Source: Subodh Chandra Shah v Rajasthan Hospital. on 4 July 2012-Consumer Case No. 171 of 1997)

7. In case is doubt regarding patient's capacity, it is advisable to take the signature of a near relative

(Source: Rajesh Taneja v Kaiser Hospital & Ors on 17 May 2016- First Appeal No. 145 of 2015)

1. Investigation reports must always be in writing except in emergencies

(Source: Anoop Awasthi v Dr. T. Kataria on 18 March 2016- Consumer Case No. 84 of 2002)

2. Avoid asking a patient to purchase medicines, disposables, implants, etc. from a particular chemist/dealer only

(Source: Dr. H.R. Nayyar Memorial Hospital v Gurbachan Singh Bhatia on 5 Oct 2010-First Appeal No.821 of 2004)

3. Avoid referring patient to a facility/hospital which can cause conflict of interest like your own private clinic

(Source: Veena Batra v Ram Lal Kundan Lal on 13 May 2008 – Complaint No. C-297 / 1999)

4. Standard instruction cards about pre- and post-intervention precautions should be issued in English or even local language

(Source: Mrs. Sucheta Sanyal v Dr. M. Bhowmik & Anr on 5 May 2014- Consumer Case No. 25 of 2002)

#### Procedures,

#### transfers and emergencies:

1. While transferring a patient, the sender must mention the reasons for transfer and condition during transfer while the receiver must record the condition on arrival

(Source: Dr.G.V.S. Rao v K. Chinna Reddy & ANR. on 20 Sep 2016- Revision Petition No. 4436 of 2010)

2. In case the doctor or Institute is not comfortable/competent in attending to an emergency patient, legal duty involves selecting a proper hospital/doctor for transfer, providing all facilities for transfer, providing proper care, and managing the patient during the transfer

(Source: Orchid Hospital v Savita Gulyani on 12 July 2010 -Appeal No. A-2008/752)

3. In any emergency, procedural formalities must be put aside and patient must be provided treatment first

(Source: Gurunath Donkappa Keri & Ors v State Of Karanataka on 6 May 2009- Criminal Appeal No. 341 of 2006)

4. In case of difference in opinion with other doctor, the principal surgeon should personally remain present during the surgery

(Source: P.B.Desai v State Of Maharashtra & Anr on 13 Sept 2013- Criminal Appeal No. 1432/2013)



# Maintaining Records and Preventing Legal action:

1. When legal action is anticipated, doctor is advised to re-order test or seek opinion from another doctor/hospital/lab and document the second professional opinion/test result

(Source: G. Ravender Rao & Ors. v Ghulam Dastagir & Anr. on 21 Jan 2013-First Appeal No. 176 of 2006)

2. It is mandatory to preserve the medical records of a deceased patient for a period of three years

(Source: Siliguri Nursing Home Pvt. Ltd v Mr. Aswini Dey Sarkar on 12 Sept 2008- SC Case No. 401/A/07)

3. It is advisable to send the dead body for post mortem rather than not sending it, if a medico legal problem is foreseen

(Source: Dr.Janak Kantimathi Nathan v Murlidhar Eknath Masane on 17 April 2002- First Appeal No. 739 of 1994)

4. In case the patient makes a request for his/her medical reports, it should be provided within 72 hours

(Source: MCI Code of Ethics Regulations, 2002)



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## In case of an act of violence, cite the Medicare Act:

- 1. Any act of violence against doctors/hospital staff or any act of damage to a hospital/clinic is prohibited under the Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act
- 2. Sensitise your patients and their relatives about this Act by displaying the poster related to the Act in your Hospital/Clinic OPDs and waiting rooms you can download the poster from plexusmd.com/medicalprotectionact
- 3. In case of any act of violence against you, lodge an FIR with the nearest police station under the Medicare Act and <u>not as physical assault</u>

Under this Act, any such act of violence is a non-bailable cognisable offence with up to three years' imprisonment and/or maximum fine of Rs.50000

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