

## DO'S AND DON'TS FOR DOCTORS

### Do's for Doctors

- Mention your qualifications/ training/ experience/ designation on the **prescription**. Qualifications mean recognized degrees/ diplomas as regulated by the Indian Medical Degrees Act, 1916 as amended from time to time. Mention of scholarships/ membership/ awards which are no qualifications should be avoided.
- Always mention date and timing of the consultation.
- Mention age and sex of the patient. In a **pediatric** prescription weight of the patient must also be mentioned.
- Always put your hand on the part that the patient/ attendant says is painful. Apply your stethoscope on him, even if for cosmetic reasons.
- Listen attentively. Look carefully. Ask questions intelligently.
- If, after completing the examination, the patient/ attendant feels that something has been left out or wants something to be examined, oblige him.
- Always face the patient. Do not stare. Some patients tolerate very little eye contact. Learn to observe out of the corner of our eyes.
- In case you have been distracted/ inattentive during the history taking, ask the patient/ attendant to start all over again. He will never mind it. As far as possible consultations should not be interrupted for non-urgent calls.
- Ask the patient to come back for review the next day, in case you have examined him hurriedly or if you are not sure about the diagnosis/ treatment.
- Mention "diagnosis under review" until the diagnosis is finally settled.
- In complicated cases record precisely history of illness and substantial physical findings about the patient on your prescription.
- If the patient/ attendants are erring on any count (history not reliable, refusing investigations, refusing admission) make a note of it or seek written refusal preferably in local language with proper witness.
- Mention the condition of patient in specific/objective terms. Avoid vague/ non-specific terminology.
- Record history of drug **allergy**.
- Write names of drugs clearly. Use correct **dosages** (by revising knowledge periodically) and mention clearly method and interval of administration. Here one must use local or sign language. Do not forget writing precautions like Ast./ p.c./ a.c./ locally/ with milk/ h.s.etc. in local language.
- If a drug is a poison (e.g., certain local applications), warn in writing.
- Mention additional precautions, e.g., food, rest, avoidance of certain drugs, allergens, alcohol, smoking, etc., if indicated.
- Give instruction to the patient in comprehensible terms, making sure that the patient understands both the instruction and the importance of strictly adhering to them, e.g., while prescribing to potent anti-inflammatory drug, warn that if he experience any stomach trouble he should stop taking the drug and consult a doctor immediately.
- Mention likely side-effects, and action to be taken if they occur.
- Remember to advise in writing pathological tests/ radiological tests at specified intervals for certain drugs which require such monitoring if such drugs are prescribed. Some examples are: Sodium Valporate, Carbamezapine, Gold Salts, Methotrexate and other immuno-suppressives, Chloramphenicol, etc.

## Do's for Doctors

- Always advise the patient not to stop taking a drug suddenly which is required to be tapered before it is stopped.  
Remember major drug interactions.
- Specifically mention review, SOS/or follow-up schedule.  
Mention if patient/ attendant are/ is under effect of alcohol/ drugs.  
In case a particular drug/equipment is not available, make a note.  
Prescribe with caution during pregnancy/ lactation.
- Adjust doses in case of a child/ elderly patient and in renal or Hepatic disorders.
- In case of chronic ailments, mention treatment to be taken immediately in case of an emergency. For example, a patient on anti-epileptic treatment should be advised to take an injection of diazepam when convulsions occur.  
In case of any deviation from standard care, mention reasons.
- Mention whether prognosis explained. If necessary take a signature of patient/ attendant, after explaining the prognosis in written local language.  
Mention where the patient should contact in case of your non-availability/ emergency.
- If you are not sure what disease a patient has after a through work-up, get a consultation. Develop a list of physicians you trust and respect in each of the specialties. Nurture your relationship with them, and consult them about difficult cases.
- Whenever referring a patient, provide him with a referring note.  
In case of emergency/ serious illness, ring up the concerned doctor in the patient's presence. Show your concern. Always keep with you and refer the latest edition of the standard text book of your branch of medicine. Always subscribe to at least one standard journal and participate in at least updates/ conferences every year.
- Update your knowledge and skill from time to time. If a doctor does not keep pace with recent advances, the quality of care suffers and does not measure upto the standards of reasonable care and skill. Many doctors tend to deteriorate in their knowledge, skills and attitude, over a period to time. Not only do they not make any attempt to update themselves but they slip downwards. (Doctors may become incompetent due to other causes: age, mental illness, addiction to alcohol or drug abuse.)
- Update not only your own knowledge and skill, but also that of your staff.  
Update the facilities and equipment according to prevailing current standards in your area.
- Preferably employ qualified assistants. If not available, impart proper training and skill at your or some appropriate centre and obtain a certificate for the same.
- Medication to relieve pain especially in post-operative and cancer cases must be carried out carefully.
- Always obtain a legally valid consent before undertaking surgical/ diagnostic procedure. Learn the difference between "informed persuasion" and "informed consent". The first is legally wrong, though at times it may be medically correct. (For details on consent, see under "Preventive Steps Against Litigation" in "Medical profession and Consumer Protection Act", 1994 edn.) In case of MTP/ Sterilization, always follow the guidelines issued by the

Government of India (See Appendix VI in Medical Profession and Consumer Protection Act, 1994 edn.)

- While administering an injection/vaccination always check:
  1. Name of the injection (a wrong injection may be given by mistake or oversight);
  2. Expiry date;
  3. Reconfirm the route of administration;
  4. If it is to be diluted, check the dilution factor (1:2, 1:4 etc.);
  5. Rate of administration (fast, slow, in drip, etc.);
  - 6 Site of infection, e.g. antero-lateral, thigh, if age 1 year, gluteal region, deltoid, etc.;
  7. That a disposable syringe and needle are used. If that is not possible, use syringe and needle after proper sterilization.
  8. In case the patient is agitated/ not co-operating, restrain him properly with 1 or 2 assistants or wait until he calms down. It is not unusual for a broken needle leaking to a claim for compensation;
  9. Confirm that it has been kept at the required temperature;
  - 10 If required to be reconstituted, check the diluent and whether it has got to be cooled before using.
- Routinely advise X-rays in injury to bones and joints and related diseases of bones/ joints.
- Always rule out pregnancy before subjecting the uterus to X-ray. Always read reports carefully and interpret the results of tests/ X-rays properly and make a note of it.
- In all instances of "swab cases" and "instrument cases", the surgeon in charge has been directly or vicariously held liable for negligence. The surgeon in charge must therefore personally ensure that such mishaps do not occur. The period for the responsibility of the surgeon extends to and includes the post-operative care. He must therefore ensure proper post-operative care to the patient.
- Always seek proper legal and medical advice before filing reply to the complainant referred to you from a consumer court.

### **Don'ts for Doctors**

- Don't prescribe without examining the patient, even if he is a close friend or relative (Telephone advice is an exception).
- Never examine a female patient without presence of female nurse/ attendant, especially during genital and breast examinations.
- Don't insist on the patient to tell the history of illness or be examined in presence of others. He has right to privacy and confidentiality.
- Do not permit considerations of religion, nationality, race, party, politics or social standing to intervene between you and your patient.
- It may not be reasonable for a doctor to assume what the patient is saying is truthful where what the patient/ attendant says is clearly contradicted by the symptoms.
- Don't smoke while examining a patient.
- Don't examine a patient when you are sick, exhausted, or under influence of alcohol or any intoxicated substance.
- Don't be overconfident. Don't look overconfident.

- Don't prescribe a drug or indulge in a procedure of you cannot justify its indication.
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- Don't prescribe/ administer a drug which is banned, e.g. Analgin.
- Don't over-prescribe/ administer: too much of the drug, too large a dose, for too long.
- Don't under-prescribe: not prescribing the needed drug, dose is too small, length of treatment is too short.
- Don't prescribe multiple drugs. Such prescription may be due to inability to form a correct diagnosis or other causes. Possibilities of drug interactions increase with polypharmacy.
- Don't write instructions on a separate slip. Don't allow substitutions.
- Don't adopt experimental method in treatment. If there is some rationale do it only after informed consent.
- Don't do anything beyond your level of competence. Competence is defined by your qualification, training and experience.
- Don't give a drug parenterally if it can be given orally. There may be some exceptions.
- When you are not sure what and why to do. Consult your senior/ specialist/ colleague.
- Don't refuse if the patient/ attendants want to leave against medical advice. It is their right. Document this properly.
- Never avoid a call for help from a nurse on duty at night. In all probability a genuine emergency may be there.
- Never order an investigation unless the result is likely to help you direct the treatment or make a difference in what you tell a patient.
- Don't allow modern diagnostics tests to substitute your clinical judgment. At best, they can only supplement it. Always analyze the cost-benefit ratio before rushing to get these tests done. In case a particular test had high false positive or false negative results, explain this to the patient before getting it done.
- Never label any condition as "functional" until you are as certain as possible of the accuracy.

### **Don'ts for Doctors**

- Don't withhold information, however, harsh and difficult, in seriously/ terminally ill patients. It must be conveyed with compassion and gradually, if time permits. The doctors and especially their assistants must train in the art of sensitive communication. It would be wise to take into confidence the family members, close relatives and friends, this would often make the acceptance easier and quicker.
- Don't leave at the moment of death. There is a tendency especially on the part of senior doctors to go away at this time when his presence and experience are most needed.
- Don't hesitate to extend your condolences and sympathies to the bereaved persons. Don't forget to provide genetic counseling to couples and parents with known family history/ children having genetic abnormalities, e.g., Thalassemia, Hemophilia, etc.

- Don't issue death certificates unless you have yourself verified it.
- Don't divulge secrets you come to know during discharge of your professional duties. There are five exceptions to this general principle;
  1. if the patient gives consent;
  2. when it is undesirable on medical grounds to seek a patient's consent;
  3. the information is required by due legal process;
  4. for the purposes of **medical research**, after obtaining permission from competent authority.
- Don't deny **medical care** to a patient with **HIV infection/ AIDS**. Observe all necessary precautions.
- Don't inform that the person is infected with HIV unless confirmatory test results are received. Don't give untrue, misleading or improper reports, documents, etc.
- Don't refuse the patient's right to examine and receive an explanation about your bill regardless of the source of payment; whether or not it is reimbursed by the government or by his employer/ insurance company.
- Don't refuse the patient's right to know about the hospital rules and regulations.
- Never talk loose of your colleagues, despite intense professional rivalry. Never criticise<sup>4</sup> your brother in profession. The patient/ attendants may incite you to say/ do something. They may seek your comments on the other doctor's treatment. There is always a polite way to set aside their comments and queries. Remember if you ha seen the case from the start you would have done the same. If your colleague has made an error of judgment regarding diagnosis or treatment, you never know under what circumstances this happened.