

BANGLADESH MEDICAL AND DENTAL COUNCIL

Code of Professional Conduct, Etiquette and Ethics



Bangladesh Medical & Dental Council (BM&DC)

203, Shaheed Sayed Nazrul Islam Sarani (86, Bijoy Nagar), Dhaka-1000

www.bmdc.org.bd

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Code of Professional Conduct
Etiquette and Ethics

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1. INTRODUCTION

In exercise of the power conferred under sections 5 (22) of Bangladesh Medical and Dental Council Act, 2010, (স্বীকৃত মেডিকেল চিকিৎসক ও স্বীকৃত ডেন্টাল চিকিৎসকদের জন্য অনুসরণীয় পেশাগত আচরণের মান ও তৎসম্পর্কিত নীতি নির্ধারণ;) the Bangladesh Medical and Dental Council (BM&DC) hereby enunciates the following Professional conduct, etiquette and ethics to be followed by registered medical practitioners.

1.1 Purpose of the code: The code describes what is expected of all doctors registered to Practice *medicine/ dentistry* in Bangladesh. It sets out the principles that characterize good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. “Ethics” is used to refer to matters involving (1) moral principles or practices and (2) matters of social policy involving issues of morality in the practice of medicine. The code is addressed to doctors and is also intended to let the community know what they can expect from doctors. It is consistent with the Declaration of Geneva and the international code of medical ethics, issued by the World Medical Association.

The practice of medicine is challenging and rewarding. No code or guidelines can ever encompass every situation or replace the insight and professional judgment of good doctors. Good medical practice means using this judgment to try to practice in a way that would meet to support individual doctors in the challenging task of providing good medical care that would meet the standards.

The Code of Professional conduct published by BM&DC applies to all doctors, women & men. However in order to make this more concise and easier to read the masculine is used throughout.

The provisions of the present code are mandatory for all doctors practicing medicine/ dentistry and performing medical/dental procedure. They are reminded that they may be asked to justify their action. Failure to adhere to the above principles may result in disciplinary action. BM&DC shall supervise compliance with these provisions and any infringement thereof shall be liable to its disciplinary actions such as censure, suspension or expulsion from the register of BM&DC.

1.2 Use of the code: Doctors have a professional responsibility to be familiar with Good medical practice and to apply the guidance it contains. This code will be used:

To support individual doctors in the challenging task of providing good medical care and fulfilling their professional roles, and to provide a framework to guide professional judgment.

to assist Bangladesh Medical & Dental Council in its role of protecting the public, by setting and maintaining standards of medical practice against which a doctor's professional conduct can be evaluated.

as an additional resource for a range of uses that contribute to enhancing the culture of medical professionalism in the health system; for example, in medical education; orientation, induction and supervision of junior doctors and international medical graduates; and by administrators and policy makers in hospitals, health services and other institutions. The code applies in all settings. It is valid for technology-based patient consultations as well as for traditional face-to-face consultations and also applies to how doctors use social media.

1.3 What the code does not do: This code is not a substitute for the provisions of legislation and case law. If there is any conflict between this code and the law, the law takes precedence. This code is not an exhaustive study of medical ethics or an ethics textbook. It does not address in detail the standards of practice within particular medical disciplines; these may be found in the policies and guidelines issued by the professional bodies. While good medical practice respects patients' rights, this code is not a charter of rights.

1.4 Professional values and qualities of doctors: While individual doctors have their own personal beliefs and values, there are certain professional values on which all doctors are expected to base their practice. Doctors have a duty to make the care of patients their first concern and to practice medicine safely and effectively. They must be ethical and trustworthy. Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on their doctors to protect their confidentiality. Doctors have a responsibility to protect and promote the health of individuals and the community.

Good medical practice is patient-centered. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. This includes cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others, recognizing that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

Good communication underpins every aspect of good medical practice. Professionalism embodies all the qualities described here, and includes self-awareness and self-reflection. Doctors are expected to reflect regularly on whether they are practicing effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing. They have a duty to keep their skills and knowledge up to date, refine and develop their clinical judgment as they gain experience, and contribute to their profession.

1.5 Declaration before registration: Each applicant, at the time of making an application for registration with the Council, shall submit a declaration that he has read, understood and agreed to abide by these codes on the format set out in the *Annexure I* of these codes.

2. PROVIDING GOOD PATIENT CARE

Maintaining a high level of medical competence and professional conduct is essential for good patient care.

2.1 Developing and maintaining a doctor's professional performance:

A doctor must be competent in all aspects of his work, including management, research and teaching.

A doctor must keep his professional knowledge and skills up to date.

A doctor must regularly take part in activities that maintain and develop his competence and performance.

A doctor must be familiar with guidelines and developments that affect his work.

A doctor must keep up to date with, and follow the law, BM&DC guidance and other regulations relevant to his work.

A doctor must take steps to monitor and improve the quality of his work.

2.2 Applying knowledge and experience to practice:

A doctor must recognize and work within the limits of his competence and scope of practice.

A doctor must provide a good standard of practice and care. If he assesses, diagnoses or treats patients, he must adequately assess the patient's conditions, taking account of history (including the symptoms and psychological, spiritual, social and cultural factors), views and values; where necessary, examine the patient

A doctor must promptly provide or arrange suitable advice, investigations or treatment where necessary

A doctor must refer a patient to another practitioner when this serves the patient's needs.

2.3 In providing clinical care you must:

2.3.1

Give priority to patients on the basis of their clinical need

not prejudice your patient's care because you believe that a patient's behavior has contributed to his condition

uphold your duty to your patient and not discriminate on the grounds of race, religion, sex, disability, custom, financial condition, nationality or political belief

You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

Inform patients of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment. A doctor must express his medical opinion with the greatest possible clarity, ensure that his patient and those close to him understand it and do his best to ensure that it is properly followed

prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's problem

uphold principles of rational drug use

comply with regulations about scheduled /controlled drugs while prescribing/ supplying them

Always take the greatest care and spend the necessary time to establish the diagnosis by using the most suitable scientific techniques to the greatest extent possible and if necessary, with appropriate help from others.

provide effective treatments based on the best available evidence considering the balance of benefit and harm in all clinical management decisions

take all possible steps to alleviate pain and distress whether or not a cure may be possible

consult colleagues where appropriate

respect the patient's right to seek a second opinion

Check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including self-prescribed over-the-counter medications.

Not propose to a patient or to those close to him any illusory or insufficiently tested procedure as beneficial and safe

Defend the interest of a minor within the capacity.

Not interfere in the family affairs or private life of your patients unless there is a professional reason to do so.

wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship

Make good use of the resources available to you.

2.3.2 New medical procedures:

2.3.2.1 Doctors may apply new methods of treatment in lieu of the long time practiced ones for appropriate patients under appropriate circumstances. In this respect, innovative ideas, new appliances and medications are expected and are encouraged. Nevertheless, the doctor must be reminded that the human rights of the patient must be Protected and his dignity respected.

2.3.2.2 New medical procedures should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki (www.wma.net), and that are consistent with good clinical practice and the applicable regulatory requirements.

2.3.2.3 Doctors when using new medications or surgical procedures, grafts or implants on patients should give due consideration to the following:

- a. Such new medications and surgical procedures, grafts or implants should be primarily for the benefit of the patient.
- b. The doctor should have good grounds, supported where necessary by reliable experimental or trial results, to expect that such surgical procedures, grafts, implants or medications would yield equal or better results than usually available treatment.
- c. The doctor should make adequate preparations and acquire the necessary facilities to meet the undertaking, as well as any expected complications arising from such an undertaking.
- d. The doctor should clearly explain to the patient the nature of the surgical procedure, graft, implant or medication, as well as alternative methods of available treatment. Informed consent from the patient is required for invasive procedures.
- e. The doctor should consult and obtain approval from the relevant ethics committee for the use of such surgical procedures, grafts, implants or medications.

2.3.3 *Complimentary or alternative treatment:*

A medical professional must not prescribe any drug or method related to complimentary or alternative treatment modality even he claims to be acquainted with those

2.3.4 *Special areas of clinical care:*

2.3.4.1 Care for the terminally ill:

- a. where death is imminent, it is the doctor's responsibility to take care that a patient dies with dignity and with as little suffering as possible. A terminally ill patient's right to adequate symptom control should be respected. This includes problems arising from physical, emotional, social and spiritual aspects.
- b. Euthanasia that is defined as "direct intentional killing of a person as part of the medical care being offered", is illegal and unethical.
- c. The withholding or withdrawing of artificial life support procedures for a terminally ill patient is not euthanasia. Withholding/withdrawing life sustaining treatment after taking into account the patient's benefits, wishes of the patient and family, and the principle of futility of treatment for a terminal patient, is legally acceptable and appropriate.

- d. It is important that the right of the terminally ill patient be respected. The views of his legally entitled decision maker should be solicited where it is impossible to ascertain the views of the patient. The decision of withholding or withdrawing life support should have sufficient participation of the patient himself, if possible, and/ or his legally entitled decision maker who should be provided with full information relating to the circumstances and the doctor's recommendation. In case of conflict, a patient's right of self-determination should prevail over the wishes of his legally entitled decision maker. A doctor's decision should always be guided by the best interest of the patient.
- e. Doctors should exercise careful clinical judgment and whenever there is disagreement between doctor and patient or between doctor and relatives, the matter should be referred to the ethics committee of the hospital concerned or relevant authority for advice. In case of further doubt, direction from the court may be sought, as necessary.
- f. Physicians are not ethically obliged to deliver care that is in their best professional judgment will not have a reasonable chance of benefitting their patients. Patients should not be given treatment simply because they demand that.

2.3.4.2 Organ transplant and organ donation:

- a. Doctors should observe the principles and the provisions of “মানবদেহে অঙ্গ-প্রত্যঙ্গ সংযোজন আইন, ১৯৯৯-৫নং আইন” which prohibits commercial dealings in or outside Bangladesh.
- b. The welfare of the donor in any organ transplant should be respected and protected.
- c. Consent must be given freely and voluntarily by any donor. If there is any doubt as to whether the consent is given freely or voluntarily by the donor, the doctor should reject the proposed donation.
- d. In the case of referral of the recipient to a place outside Bangladesh for an organ transplant from any donor, it is unethical for a doctor to make the referral without ascertaining the status of the donor or

2.3.4.3 Pre-natal diagnosis and intervention, scientifically assisted reproduction and related technology:

- a. Doctors who perform any human reproductive technology procedure or conduct research on human embryos or other harvested fertilized ovum should ensure that it complies with relevant National law and regulations, if there is any.
- b. Informed consent for artificial insemination should be taken only after disclosure of risks, benefits and likely success rate of the

method proposed and potential alternative methods to the patients/clients. Any individual or couple contemplating artificial insemination by husband should be counseled about the full range of infectious and genetic diseases for which the donor or recipient can be screened for including communicable disease agents and diseases.

- c. Doctors performing termination of pregnancy must observe the principles laid down in the laws of Bangladesh governing this aspect, and other relevant provisions. A pregnancy may be terminated only if two registered medical practitioners are of the opinion, formed in good faith, that

the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to the physical or mental health of the pregnant woman or

There is a substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped.

- d. Prenatal screening for common congenital, genetic and chromosomal disorders can be offered as part of antenatal care. The pregnant woman has the right to decline prenatal screening.
- e. Prenatal diagnostic procedures are for the detection and confirmation of fetal diseases. The doctor should ensure that the recommended procedure is reasonably safe and will lead to reliable results. He should also balance the risks and benefits of the procedure, and advise the pregnant woman accordingly. The procedure should be performed by appropriately trained specialists after obtaining informed consent of the pregnant woman.
- f. The interest of both the pregnant woman and her fetus should be taken into consideration before undertaking any prenatal intervention.
- g. Sex determination for social, cultural or other non-medical reasons should not be performed.
- h. Termination of pregnancy on ground (b) set out in section 2.3.4.3 should be offered only after appropriate counseling to the pregnant woman and, with her consent, her spouse or partner. However, there is no obligation to suggest termination of pregnancy when the diagnosed conditions are amenable to prenatal or postnatal treatment.
- i. Mandatory parental or legal guardian's consent is needed for termination of pregnancy in case of minors.

- j. A doctor is under no obligation to perform termination of pregnancy against his own beliefs or if his views on the severity of the fetal disorder differ from those of the parents. In such situation, he may refer the patient to another doctor for independent consultation as he considers appropriate.

2.3.4.4 Torture:

Physicians may treat prisoners or detainees, if doing so is in their best interest. But physicians should not treat individuals to verify their health so that torture can begin or continue. Physicians who treat torture victims should not be persecuted. Physicians must oppose and not participate in torture for any reason. They must not be present when torture is used or threatened.

2.4 Medical records and confidentiality: The medical record is the formal documentation maintained by a doctor on his patients' history, physical findings, investigations, treatment, and clinical progress. It may be handwritten, printed, or electronically generated. Special medical records include audio and visual recording.

- 2.4.1 All doctors in their private practice should record details of the patient as mentioned in 2.4.3 and may give it to the patient. In hospitals, the responsibility of storing the records goes to the hospital authority. Material alterations to a medical record can only be made with justifiable reason which must be clearly documented.
- 2.4.2 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events or as soon as possible afterwards.
- 2.4.3 Clinical records should include:
 - relevant clinical findings
 - the decisions made and actions agreed, and who is making the decisions and agreeing the actions
 - the information given to patients
 - any drugs prescribed, investigations done or treatment given.
 - Who is making the record and when.
- 2.4.4 Protect patients' privacy and right to confidentiality, unless release of information is required by law or by public-interest consideration even after the death of the patient.
- 2.4.5 All information that has come to the knowledge of a doctor during the Practice of his profession must be treated confidentially including not only what the doctor has been told but also everything he has seen, heard or understood
- 2.4.6 In any given case when it appears that others, i.e. spouses, those close to the patient, other doctors and health care workers, may be at risk if not informed that a patient has a serious infection, the doctor should discuss

the situation fully and completely with the patient laying particular stress, in the case of other medical or allied health staff, on the need for them to know the situation so that they may, if required, be able to treat and support the patient. In the case of spouses, or other partners, similar considerations will apply, and the doctor should endeavor also to obtain the patient's permission for the disclosure of the facts to those at risk.

- 2.4.7** In the exceptional circumstances of spouses or other partners being at risk, the need to disclose the position to them might be more pressing, but here again the doctor should urgently seek the patient's consent to disclosure. If this is refused, the doctor may, given the circumstances of the case, consider it a duty to inform the spouse or other partner.
- 2.4.8** Doctors involved in the diagnosis and treatment of HIV infection or AIDS must endeavor to ensure that all allied health and ancillary staff, e.g. in laboratories, fully understand their obligations to maintain confidentiality at all times.
- 2.4.9** A doctor should not publish photographs or case reports of patients without their permission in any medical or other journal in a manner by which their identity could be known. If the identity could not be known from photographs to be published prior consent is not required.
- 2.4.10** A doctor must ensure that the support staff working in his practice place are familiar with their duty of confidentiality and fully abide, He must ensure that those close to him do not breach the confidentiality of his professional correspondence

2.5 Safety and Quality:

- 2.5.1** You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
 - taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
 - regularly reflecting on your standards of practice and the care you provide
 - Reviewing patient's feedback where it is available.
- 2.5.2** To help keep patients safe you must:
 - contribute to confidential inquiries
 - contribute to adverse event recognition
 - report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
 - report suspected adverse drug reactions
 - respond to requests from organizations monitoring public health

When providing information for these purposes you should still respect patient's confidentiality.

2.5.3 Respond to risks to safety:

You must promote and encourage a culture that allows all staff to raise concerns openly and safely

You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised:

- a. If a patient is not receiving basic care to meet his needs, you must immediately tell someone who is in a position to remedy the situation.
- b. If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should inform the matter to the responsible person. You should also make a record of the steps you have taken
- c. If you have concerns that a colleague may not be fit to practice and may be putting patients at risk, you must ask for advice from a colleague, your defense body or BM&DC and make a record of the steps you have taken.

You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

Whether or not you have vulnerable adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.

2.5.4 Protect patients and colleagues from any risk posed by your health:

If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

You should be immunized against common serious communicable diseases (unless otherwise contraindicated).

A doctor suffering from infectious disease must not treat patient if there is a possibility of transmitting it to the patient. If it is a notifiable disease then it should be notified to communicable disease control department and BM&DC. The doctor who has counseled an infected colleague on general management and job modification and who is aware that the advice is not being followed and patients are put at risk has a duty to inform the appropriate authority for appropriate action.

2.6 Effective communication, partnership and teamwork: Good communication between doctors and patients and between doctors themselves is fundamental to the provision of good patient care.

- 2.6.1** When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.
- 2.6.2** You must listen to patients, asking for and respecting their views about their health, and responding to their concerns and preferences.
- 2.6.3** Inform patients/ people with the legal authority to make health care decisions on a patient's behalf of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment
- 2.6.4** Ensure that patients are informed of the material risks associated with any part of the proposed management plan
- 2.6.5** You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support
- 2.6.6** Work collaboratively with colleagues to maintain or improve patient care:
- a.** You must work collaboratively with colleagues, respecting their skills and contributions
 - b.** You must treat colleagues fairly and with respect
 - c.** You must be aware of how your behavior may influence others within and outside the team
- 2.6.7** Teaching, training, supporting and assessing:
- You should be prepared to contribute to teaching and training doctors and students
- You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues and students. References must include all information relevant to your colleagues' competence, performance and conduct.
- 2.6.8** Continuity and coordination of care:
- 2.6.8.1** Referral of patients:
- A doctor may refer a patient for diagnostic or therapeutic services to another doctor, a practitioner with limited registration, or any other provider of health care services permitted by law to furnish such services, if in his clinical judgment this may benefit the patient.
- Referrals to medical specialists should be based on their individual competence and ability to perform the services needed by the patient. A doctor should not so refer a patient unless he is confident that the services provided on referral will be performed competently and in accordance with accepted scientific standards and legal requirements.

2.6.8.2 When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.

2.6.8.3 You must support patients in caring for themselves to empower them to improve and maintain their health including

- a.** Advising patients on the effects of their life choices and lifestyle on their health and well-being
- b.** supporting patients to make lifestyle changes where appropriate

2.7 Clinical research: The practice of good clinical research should follow the principles of good clinical practice set out in the following sections.

2.7.1 Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki (www.wma.net), and that are consistent with good clinical practice and the applicable regulatory requirements as laid down by Bangladesh Medical Research Council (BMRC).

2.7.2 Freely given informed consent should be obtained from every subject prior to clinical trial participation. Voluntary written consent must be obtained from the patient or legally authorized representative (in case the patient lacks the capacity to give consent) following (i) disclosure that the physician intends to use an investigational drug or experimental procedure (ii) reasonable explanation of the drug or procedure to be used, risks to be expected and possible therapeutic benefits (iii) an offer to answer any inquiries concerning drug or procedure and (iv) a disclosure of alternative drug or procedure that may be available. Physicians should be completely objective in discussing the details of the drug or procedure to be employed, the pain and discomfort that may be anticipated, known risks and possible hazards, the quality of life to be expected and particularly the alternatives.

In exceptional circumstances, where the experimental treatment is the only potential treatment for the patient and full disclosure of information concerning the nature of the drug or procedure or risk would pose such a serious psychological threat or detriment to the patient as to be medically contraindicated such information may be withheld from the patient. In these circumstances, such information should be disclosed to a reasonable relative or friend of the patient where possible.

2.7.3 Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.

- 2.7.4 The rights, safety, and wellbeing of the trial subjects are the most important considerations and should prevail over interests of science and society.
- 2.7.5 The available non-clinical and clinical information on an investigation product should be adequate to support the proposed clinical trial.
- 2.7.6 Clinical trials should be scientifically sound, and described in a clear, detailed protocol.
- 2.7.7 A trial should be conducted in compliance with the protocol that has received prior approval from an appropriate ethics committee or mechanism of similar standing.
- 2.7.8 Because of serious ethical concerns, any fertilized egg that has the potential for human life and that will be implanted in the uterus of a woman should not be subjected to laboratory research
- 2.7.9 The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist.
- 2.7.10 Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his respective tasks.
- 2.7.11 All clinical trial information should be recorded, handled and stored in a way that allows its accurate reporting, interpretation and verification.
- 2.7.12 The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirements.
- 2.7.13 Investigation products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice. They should be used in accordance with the approved protocol.
- 2.7.14 Fraudulent practice of clinical research constitutes professional misconduct.

2.8 Maintaining trust:

- 2.8.1 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them
- 2.8.2 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress
- 2.8.3 You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:
 - a. put matters right (if that is possible)
 - b. offer an apology
 - c. explain fully and promptly what has happened and the likely short-term and long-term effects

3. PROFESSIONAL INFORMATION DISSEMINATION

A registered practitioner providing information to the public or the patient must comply with the principles set out below.

3.1 Any information provided by a doctor to the public or patients must be:

- a. accurate
- b. factual
- c. objectively verifiable
- d. presented in a balanced manner (when referring to the efficacy of particular treatment, both the advantages and disadvantages should be set out)

3.2 Such information must not:

- a. be exaggerated or misleading
- b. be comparative with or claim superiority over other doctors
- c. claim uniqueness without proper justifications for such claim
- d. aim to solicit or canvass for patients
- e. be used for commercial promotion of medical and health related products and services (for the avoidance of doubt, recommendations in clinical consultations are not regarded as commercial promotion of products and services)
- f. be sensational or unduly persuasive
- g. arouse unjustified public concern or distress
- h. generate unrealistic expectations;
- i. disparage other doctors

3.3 Practice promotion:

Practice promotion means publicity for promoting the professional services of a doctor, his practice or his group. Practice promotion in this context will be interpreted by the Council in its broadest sense, and includes any means by which a doctor or his practice is publicized, in Bangladesh or elsewhere, by himself or anybody acting on his behalf or with his forbearance (including the failure to take adequate steps to prevent such publicity in circumstances which would call for caution), which objectively speaking constitutes promotion of his professional services, irrespective of whether he actually benefits from such publicity.

3.4 Dissemination of service information to the public:

A doctor, whether in private or public service, may provide information about his professional services to the public only in the ways set out below. Where the provision refers to medical practice groups, it means a group in which all doctors in the group practice in the same premises and are governed by a genuine management structure.

- 3.4.1 Signboards:** Signboards include any signs and notices exhibited by a doctor to identify his practice to the public. Doctors in group practice may exhibit either their own individual signboards or a shared signboard. Both individual and shared signboards must comply with the requirements set out in Annexure II.

Signboards should not be ornate. Illumination is allowed only to the extent required to enable the contents to be read. Blinking lights are not allowed.

A doctor should not allow his name to appear on any signboard which carries merchandise or service promotion. A signboard may carry only the following information:

- a. Name of the doctor with the prefix Dr. and the title “registered medical practitioner”
- b. Name of the practice
- c. Quotable qualifications approved by the Council
- d. Specialist title approved by the Council
- e. Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed)
- f. Consultation hours
- g. Indication of the location of the practice in the building

- 3.4.2 Stationery:** Stationery (visiting cards, letterheads, envelopes, prescription slips, notices etc.) may only carry the following information:

- a. Name of the doctor with the prefix Dr.
- b. Name of the practice
- c. Names of partners, assistants or associates in the practice
- d. Quotable qualifications and appointments and other titles approved by the Council
- e. Specialist title approved by the Council.
- f. Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed)
- g. Consultation hours
- h. Telephone, fax, pager numbers and e-mail address
- i. Address(es) and location map of the practice

- 3.4.3 Announcements in mass media:**

Commencement and Altered Conditions of Practice: Announcements of commencement of practice or altered conditions of practice (e.g. change

of address, partnership etc.) are permissible only in newspapers provided that all announcements are completed within two weeks of the commencement/change taking place and comply with section 3.1 and 3.2 of this Code. The size of the announcement must not exceed 12 square inches and the announcement may contain only the information specified in section 3.3.1. together with the date of the commencement or alteration of the conditions of practice. Photographs are not allowed. Examples of permitted announcements are given in *Annexure III*. Similar announcement via other media including printing, mailing, broadcasting and electronic means is not permitted.

Other announcements: Letters of gratitude or announcements of appreciation from grateful patients or related persons identifying the doctor concerned should not be published in the media or made available to members of the public. A doctor should take all practical steps to discourage any such publications.

3.4.4 Telephone directories: Entries in telephone directories may be listed under the appropriate descriptive heading e.g. medical practitioners, physicians and surgeons. Specialist doctors may have their names listed under the appropriate specialty. Telephone directory entries may only carry the following information:

- a. Name of the doctor
- b. Gender of the doctor
- c. Language(s)/dialect(s) spoken
- d. Name of the practice.
- e. Names of partners, assistants or associates in the practice
- f. Affiliated hospitals
- g. Availability of emergency service and emergency contact telephone number
- h. Quotable qualifications approved by the Council
- i. Specialist title approved by the Council.
- j. Consultation hours.
- k. Telephone, fax, pager numbers and e-mail address
- l. Address(es) of the practice.

The characters of all the entries should be uniform, i.e. of the same size, not bold-type, and not in italic.

3.4.5 Practice websites: A doctor may publish his professional service information in his practice website and/or the website of other medical practice group(s) of which he is a bonafide member. The website may carry only the service information which is permitted on doctors directories under section 3.4.1.

The same rules on doctors directories in electronic format also apply to practice websites. Hyperlinkage may be established between the website and specialist doctors directories in which the doctor's name is listed.

3.4.6 Service information notices: A doctor may display at the exterior of his office a service information notice bearing the fee schedules and the medical services provided by him. The service information notice must comply with the guidelines set out in Annexure IV.

3.4.7 Doctors directories: A doctor may provide information about his professional services to the public through doctor's directories published by professional medical organizations. A doctors' directory must comply with the guidelines set out in *Annexure V*. A doctor who provides information for publication, or permits publication of such information, in a doctors' directory has a personal responsibility to ensure that the directory is in compliance with the guidelines.

3.4.8 Newspapers, magazines, journals and periodicals:

A doctor may publish his service information maximally once in a year in newspapers, magazines, journals and periodicals for the purpose of enabling the public to make an informed choice of doctors.

A publication published for the predominant purpose of promotion of the products or services of a doctor or other persons is not regarded as an acceptable newspaper, magazine, journal or periodical for this purpose.

A doctor who publishes his service information in these publications must ensure that:

- a. the published information includes only the information which is permitted in Service Information Notices and Doctors Directories
- b. the same rules as to terminology of procedure and operations for Service Information Notices and Doctors Directories are complied with, and no questionable terminology is adopted
- c. a written undertaking is secured from the publisher that his service information will not be published in a manner which may reasonably be regarded as suggesting his endorsement of other medical or health related products/services, such as publication in close proximity to advertisements for those products/services
- d. the published information does not exceed the size limit of 12 square inches, and not more than one notice is published in the same issue of a publication and
- e. a proper record of the published information and the arrangements for its publication is kept for two years

3.5 Dissemination of service information to patients: No attempt should be made to put pressure on patients and there should be no abuse of the trust of patients in the dissemination of information.

3.5.1 A patient in this context refers to someone who has, at any time, consulted that doctor, a partner in his practice, or a doctor in a practice which that doctor has taken over, and whose name appears in the records of the practice.

3.5.2 A doctor may provide information about his service to his patients provided that such information:

- a. is not disseminated in such a way as to constitute practice promotion to non-patients
- b. conforms with section 3.1 and 3.2
- c. does not involve intrusive visits, telephone calls, fax or e-mails by himself or by people acting on his behalf
- d. does not abuse the patient's trust or exploit his lack of knowledge
- e. does not put the patient under undue pressure and
- f. *does not offer guarantees to cure particular conditions*

3.5.3 A doctor should not take advantage of his professional capacity in the promotion and sale of medical products or health claim substances.

3.5.4 Unsolicited visits or telephone calls: Doctors' services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.

3.5.5 Where a doctor has a conflict of interest of any nature in a product or service, he must declare such interest before making comments on the product or service.

3.6 Health education activities:

3.6.1 It is appropriate for a doctor to take part in bona fide health education activities, such as lectures and publications. However, he must not exploit such activities for promotion of his practice or to canvass for patients. Any information provided should be objectively verifiable and presented in a balanced manner, without exaggeration of the positive aspects or omission of the significant negative aspects.

3.6.2 A doctor should take reasonable steps to ensure that the published or broadcasted materials, either by their contents or the manner they are referred to, do not give the impression that the audience is encouraged to seek consultation or treatment from him or organizations with which he is associated. He should also take reasonable steps to ensure that the materials are not used directly or indirectly for the commercial promotion of any medical and health related products or services.

3.6.3 Information given to the public should be authoritative, appropriate and in accordance with general experience. It should be factual, lucid and expressed in simple terms. It should not arouse unnecessary public concern or personal distress, or generate unrealistic expectations. Doctors must not give the impression that they, or the institutions with which they are associated, have unique or special skills or solutions to health problems. Information should be presented in such a way that it furthers the professional interests of the doctors concerned, or attracts patients to their care.

3.7 Specialist title: Only doctors who have recognized post graduate degree and that is mentioned in the register of BM&DC are recognized as specialists, and can use the title of “specialist in a specialty”. A specialist can claim himself as a specialist only in that particular specialty that is mentioned in BM&DC register but not other specialties. A non-specialist is not allowed to use any misleading description or title implying specialization in a particular area (irrespective of whether it is a recognized specialty), such as “doctor in cardiology”.

3.8 Information about medical innovations: Doctors who directly or indirectly release information to the public on new discoveries, inventions, procedures, or improvements should ensure beforehand that:

the relevant medical innovation has been adequately tested

the value of the innovation is evidence-based

the evidence-based research has been properly documented and completed with peer approval. It is the duty of the author to seek peer approval from the relevant professional or academic bodies

the ethical guidelines under section 2.7.1 are observed and

it is not implied that the doctor may be consulted by individual patients.

4. FINANCIAL ARRANGEMENTS

4.1 Fees:

- 4.1.1 Consultation fees should be made known to patients. In the course of investigation and treatment, all charges, to the doctors' best knowledge, should be made known to patients before the provision of services. A doctor who refuses or fails to make the charges known when properly requested may be guilty of professional misconduct.
- 4.1.2 There is no rule preventing Medical/Dental Practitioners from charging one another for their services: but it is generally regarded as a pleasure and privilege to give one's services free to a professional brother, his wife and children, and to Medical/ Dental student.

4.2 Financial relationship with health care organizations:

- 4.2.1 A doctor may refer a patient to any hospital, nursing home, health centre or similar institution, for treatment by himself or other persons only if it is, and is seen to be, in the best interest of the patient. Doctors should therefore avoid accepting any financial or other inducement from such an institution which may compromise, or may be regarded by others as likely to compromise, the independent exercise of their professional judgment. Doctors proposing to refer a patient to an institution in which they have a financial interest, whether by reason of a capital investment or a remunerative position, should always disclose the interest to the patient before making the referral.
- 4.2.2 **Contract medicine and managed care:** A doctor who is an owner, a director or an employee of, or is in contractual relationship with, an organization which, either directly or indirectly, provides medical services or administers medical schemes, may continue such association with the organization only if the following principles are complied with:

The principles on provision of information to the public and patients in sections 3.1 and 3.2 must be observed

A doctor should exercise careful scrutiny and judgment of medical contracts and schemes of the organization to ensure that they are ethical and in the best interest of the patients. He should dissociate himself from an organization which provides substandard medical services, imposes restrictions on the independent professional judgment of doctors, infringes patients' rights or otherwise contravenes the Code.

When administrators, agents, brokers, middlemen etc. are involved in a medical contract, information pertaining to the financial arrangements should be made readily available to all parties.

- 4.2.3** Pharmaceutical and allied industries: A doctor when prescribing should only choose the drug or appliance which, in his independent professional judgment and having due regard to cost effectiveness, will best serve the medical interests of his patients. Doctors should therefore avoid accepting any inducement which may compromise, or may be regarded by others as likely to compromise, the independent exercise of their professional judgment in matters pertaining to patients' management.

4.3 Improper financial transactions:

- 4.3.1** A doctor shall not offer to, or accept from, any person or organization (including diagnostic laboratories, hospitals, nursing homes, health centers, beauty centers or similar institutions) any financial or other inducement (including free or subsidized consulting premises or secretarial support) for referral of patients for consultation, investigation or treatment.
- 4.3.2** A doctor shall not share his professional fees with any person other than the bona fide partners of his practice. However, it is not a form of fee-sharing for a doctor to make payment to other doctors and healthcare professionals collaborating in the provision of bona fide medical services to the patient, provided that the patient is informed of their involvement and services as soon as reasonably practicable.
- 4.3.3** If a doctor has any interest in commercial organizations (including but not limited to organizations providing health care or pharmaceutical or biomedical companies) or products, he must not allow such interest to affect the way he prescribes for, treats or refers patients.
- 4.3.4** A doctor, before taking part in discussion with patients or their relatives about buying goods or services, must declare any relevant financial interest or commercial interest which he or his family may have in the purchase.
- 4.3.5** While reasonable sums may be charged by a doctor for services properly rendered such as collection of clinical data, it is improper for doctors to solicit or accept unreasonable sums of money or gifts from commercial firms which manufacture or market drugs or medical products. It is improper for individual doctors to accept from such firms monetary gifts or loans or equipment or other expensive items for their personal use.
- 4.3.6 Clinical trials of drugs and appliances:** It is improper for a doctor to accept directly or indirectly any form of payments or benefits from a pharmaceutical firm:
- in relation to a research project such as the clinical trial of drugs and appliances, unless the payments have been specified in a protocol for the project which has been approved by the relevant local ethics committee (other than the ethics committee of the sponsoring pharmaceutical firm)
 - under arrangements for recording clinical assessments of a licensed medicinal product, whereby he is asked to report reactions which he

has observed in patients for whom he has prescribed the drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant ethics committee (other than the ethics committee of the sponsoring pharmaceutical firm) or

which could influence his professional assessment of the clinical value of drugs or appliances

Payment by pharmaceutical companies for costs properly incurred in conducting approved clinical studies is acceptable.

5. PROFESSIONAL MISCONDUCT AND DISCIPLINARY ISSUES

5.1 Abuse of the privileges and dereliction of professional duty

- 5.1.1** Any abuse of the privileges and opportunities afforded to a doctor or any grave dereliction of professional duty or serious breach of code of professional conduct etiquette and ethics may give rise to a charge of serious professional misconduct.

The council may initiate disciplinary proceedings when a doctor appears seriously to have disregarded or neglected professional duties.

- 5.1.2** The public are entitled to expect that a medical practitioner will be compassionate and afford and maintain a good standard of medical care. This includes:

Conscientious assessment of the history, symptoms and signs of a patient's condition

Sufficiently thorough professional attention, examination and where necessary, diagnostic investigation

Competent and considerate professional management

Appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention and

Readiness, where the circumstances so warrant, to consult appropriate professional colleagues.

The council may initiate disciplinary proceedings when a doctor appears seriously to have disregarded or neglected professional duties.

5.1.3 ABUSE OF PRIVILEGES CONFERRED BY CUSTOM:

Good medical practice depends upon the maintenance of trust between doctor and patient and his family and the understanding by all that proper professional relationships will be strictly observed. In this situation doctors must exercise great care and discretion in order not to damage this crucial relationship.. Any action by a doctor which breaches this trust may raise a question of serious professional misconduct.

Three particular areas may be identified in which this trust may be breached :

- a.** Doctors may improperly disclose information obtained in confidence from or about a patient;
- b.** Doctors may improperly exert influence upon a patient to gain financial or other advantage in their favour;
- c.** Doctors may enter into a romantic or sexual relationship with a patient (or with a member of a patient's family) which disrupts the patient's family life or otherwise damages or causes distress to the patient or his family.

5.1.4 PERSONAL BEHAVIOUR :Conduct derogatory to the reputation of the profession

- a. Conviction for drunkenness or other offences arising from misuse of alcohol (such as driving under the influence of alcohol) or other addictive substances that indicate habits and which are discreditable to the profession and may be a source of danger to the doctor's patients.
- b. Doctors who treat patients or perform other professional duties while under the influence of drink or drugs or who are unable to perform their professional duties because they are under influence of drink or drugs are liable to disciplinary proceedings.
- c. Indecency and violence:

Doctors exhibiting inappropriate behavior, action or violence to a patients or patients relatives will be liable to disciplinary proceedings.

A comparable standard of practice is to be expected from medical practitioners whose contribution to a patient is indirect, for example, those in laboratory and radiological specialities. Failure to show responsibility will subject the doctor to disciplinary proceedings as well.

- 5.1.5** Apart from a doctor's personal responsibility to patients, doctors who undertake to manage, to direct or to perform clinical work for organizations offering private medical services should satisfy themselves that those organizations provide adequate clinical and therapeutic facilities for the services offered

5.2 Improper personal relationship with patients:

- 5.2.1** Any form of sexual advance to a person with whom the doctor has a professional relationship is professional misconduct. The Council takes a serious view of a doctor who uses his professional position to pursue a personal relationship of a sexual, romantic or emotional nature with his patient, the patient's spouse or someone close to them.
- 5.2.2** The practice of medicine often involves a close personal relationship between doctors and their patients, and patients sometimes become emotionally dependent. A doctor must be aware of such a possibility and that to take any advantage of such dependency may be abuse of responsibility and trust and may evoke disciplinary proceedings. Doctors should exercise special care and prudence in situations which could leave them open to such an allegation.

5.3 Untrue or misleading certificates and similar documents:

- 5.3.1** Doctors are required to issue reports and certificates for a variety of purposes (e.g. insurance claim forms, payment receipts, medical reports, vaccination certificates, sick leave certificates) on the basis that the truth of the contents can be accepted without question. Doctors are expected to exercise care in issuing certificates and similar documents, and should not include in those any statements which they have not taken appropriate steps to verify.

- 5.3.2 A sick leave certificate can only be issued after proper medical consultation of the patient by the doctor. The date of consultation and the date of issue must be truly stated in the certificate, including a certificate recommending retrospective sick leave.
- 5.3.3 Any doctor who in his professional capacity gives any certificate or similar document containing statements which are untrue, misleading or otherwise improper renders himself liable to disciplinary proceedings. The signing of blank certificates is prohibited by the Council.

5.4 Disparagement of other medical practitioners:

- 5.4.1 Doctors are frequently called upon to express a view about a colleague's professional practice. This may, for example, happen in the course of a medical audit or peer review procedure, or when a doctor is asked to give a reference about a colleague. It may also occur in a less direct and explicit way when a patient seeks a second opinion, specialist advice or an alternative form of treatment. Honest comment is entirely acceptable in such circumstances, provided that it is carefully considered and can be justified, offered in good faith and intended to promote the best interests of the patient.
- 5.4.2 A doctor should, where the circumstances so warrant, inform an appropriate person or body about a colleague whose professional conduct, competence or fitness to practise may be called into question.
- 5.4.3 It is unethical for a doctor to make unjustifiable comments which, whether directly or by implication, undermines trust in the professional competence or integrity of another doctor.

5.5 Practice in association with non-qualified persons:

- 5.5.1 A doctor should not associate himself with a non-qualified person in providing any form of healing or treatment for his patients.
- 5.5.2 In respect of a profession with a registration system, a person not registered in Bangladesh is regarded as a non-qualified person. In respect of a profession with no registration system, the professional training and criteria required for a person to qualify for practice of such profession are relevant in determining whether a person is a non-qualified person or not.

5.6 Covering or improper delegation of medical duties to non-qualified persons:

- 5.6.1 A doctor who improperly delegates to a person who is not a registered medical practitioner duties or functions in connection with the medical treatment of a patient for whom the doctor is responsible or who assists such a person to treat patients as though that person were a registered medical practitioner, is liable to disciplinary proceedings. The proper training of medical and other bona fide students or the proper employment of nurses, midwives and other persons trained to perform specialized functions relevant to medicine is entirely acceptable provided that the doctor concerned exercises effective personal supervision over any persons so employed and retains personal responsibility for the treatment of the patients.

- 5.6.2** A doctor who employs or otherwise engages a person to carry out the functions of the professions (i.e. Medical Laboratory Technologists, Radiographers, Physiotherapists, Occupational Therapists and Optometrists) may only do so if that person is registered.

A doctor who employs any person to practice any of such professions also commits an offence if that person is not registered in respect of that profession.

- 5.6.3** It is misconduct for a doctor, by his countenance or assistance or by issuing certificates, notifications, reports or other similar documents, to enable a person who is not a registered midwife to attend a woman in childbirth other than under the direction and personal supervision of a registered medical practitioner.

5.7 Criminal conviction:

- 5.7.1** A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Council. A conviction in itself will invoke the Council's disciplinary procedure even if the offence does not involve professional misconduct. However, the Council may decide not to hold an inquiry where the conviction has no bearing on the doctor's practice as a registered medical practitioner.

- 5.7.2** A particularly serious view will likely be taken in respect of offences involving dishonesty (e.g. obtaining money or goods by deception, forgery, fraud, theft), indecent behavior or violence. Disciplinary proceedings may result from improper arrangements calculated to extend or otherwise benefit a doctor's practice such as pressure by a doctor to persuade a patient to accept private treatment by reliance upon representations about the comparative availability of treatment under the government facility and the private one.

The Council also takes a serious view of the prescribing or dispensing of drugs or appliances for improper motives.

5.8 MISUSE OF PROFESSIONAL SKILLS

The prescription or supply of drugs of dependence otherwise than in the course of bonafide treatment is regarded as serious misconduct. Disciplinary proceedings will be taken against a doctor if he is convicted of offences against the laws which control drugs where such offences appear to have been committed in order to gratify the doctor's own addiction or the addiction of other persons.

5.9 Adverse disciplinary findings by other professional or regulatory bodies:

Adverse findings on a registered medical practitioner in disciplinary proceedings by other professional or regulatory bodies outside Bangladesh may likewise invoke the Council's disciplinary procedure.

5.10 It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Council is in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may arise questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Council has to consider and decide upon the facts brought before Council.

Annexure I
DECLARATION

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

I solemnly pledge myself to consecrate my life to the service of humanity.

Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.

I will maintain the utmost respect for human life from the time of conception.

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

I will practice my profession with conscience and dignity.

The health of my patient will be my first consideration.

I will respect the secrets which are confined in me.

I will give to my teachers the respect and gratitude which is their due.

I will maintain by all means in my power, the honour and noble traditions of medical profession.

I will treat my colleagues with all respect and dignity.

I shall abide by the code of professional conduct and medical ethics that is enunciated by Bangladesh Medical and Dental Council as Code of Professional Conduct, Etiquette and Ethics.

I make these promises solemnly, freely and upon my honour.

Signature

Name

Place

Address

.....
.....
.....

Date

Annexure II

GUIDELINES ON SIGNBOARDS AND NOTICES

I. SIGNBOARD

Permitted number: A doctor is permitted to display:

- a. up to 2 signboards on or next to the door for immediate access to his clinic; and
- b. (i) for a ground floor clinic: one signboard on building exterior below first floor level; or
(ii) for a clinic on other levels: one signboard on building exterior at the floor level of the clinic, and one signboard each at upto 2 building entrances.

Permitted size: The aggregate area of all surfaces (including borders) of a signboard on which information is displayed must not exceed the following size:

- a. for a signboard on or next to clinic door: 10 square feet;
- b. for a signboard below first floor level: 10 square feet;
- c. for a signboard at first floor level: 13 square feet;
- d. for a signboard above first floor level: 20 square feet.

Shared signboards:

- I. The aggregate area of all surfaces (including borders) of a shared signboard on which information is displayed must not exceed the following size, irrespective of its location:
 - a. for a group practice with 2 doctors: 20 square feet;
 - b. for a group practice with more than 2 doctors: 30 square feet.

Other health care professionals in the same practice may be included in the shared signboards, but they do not count for calculation of the permitted size of the shared signboard.

- II. **Building Directory Boards:** A doctor's entry in common directory boards at building entrances and lobbies must be of the same standard size as all other entries. An entry may be included in each directory board. Only the same information permitted on signboards may be included.

- III. **Directional Notices:** A doctor may display within the building a reasonable number of directional notices to direct patients to his clinic. Each notice (including borders) should not exceed one square foot, and may contain only his name and room number of his clinic.

- IV. **Notice of Clinic Hours:** A doctor may display one notice containing his name and his clinic hours, if the same information is not already included in other signs. The notice (including borders) should not exceed 2 square feet.

Annexure III
SAMPLE OF COMMENCEMENT/REMOVAL NOTICE

Dr.

wishes to announce the **commencement/relocation of his practice as from

.....(date).....

** at / to

.....(address)

Tel.:

Fax:.....

Pager :.....

Mobile Phone :.....

E-mail :.....

Consultation Hours:

* Specialist title, qualifications and appointments approved by the Medical Council
may be shown

** delete as appropriate

Annexure IV
GUIDELINES ON SERVICE INFORMATION NOTICES

A doctor may display a Service Information Notice bearing the fee schedules and the medical services provided by him at the exterior of his office. He must ensure that the displayed consultation fees truly reflect his normal charges.

The Service Information Notice must comply with the following guidelines:

Location of Notices : At the exterior of the office on or immediately next to the entrance for patients

Number of Notices : Maximum number of notices allowed is 2

Size of Notice : A3 size

Format of Notice : Single color print

Uniform font size, Plain text only without graphic illustrations

The notice should not be an ornate one

Permitted Contents of Notice: All information presently permitted on signboards and stationery under sections 3.4.1 and 3.4.2 of the Code

Gender of the doctor

Language(s) / dialect(s) spoken

Medical services, procedures and operations provided by the doctor and range of fees: Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted Range of consultation fees, or composite fees including consultation.

Affiliated hospitals

Availability of emergency service and emergency contact telephone number

Annexure V

GUIDELINES ON DOCTORS DIRECTORIES

A doctor may disseminate his professional service through Doctors Directories published by professional medical organizations. He must ensure that the published consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of sections 3.1 and 3.2 of the Code.

A Doctors Directory must comply with the following guidelines:

Parameters of Directory

- a. Directory should be open to all registered medical practitioners.
- b. Doctors may be categorized as specialist practitioners according to their specialties and general practitioners.
- c. Each registered medical practitioner should be given the same choice of information for inclusion in the same Directory.
- d. Organizations are responsible for verifying the accuracy of the information before publication. They should establish a mechanism for regular updating of the published information.
- e. A medical practitioner providing information for publication in a Directory should ensure compliance with the relevant provisions in the Code.

Format of Directory:

A Directory may be published in electronic or printed format. For printed format, the following rules should apply:

Single color print

Uniform font size

Plain text only without graphic illustrations

Accentuation of particular entries by bordering, highlighting or otherwise is prohibited

For electronic format, the following rules should apply:

Single and uniform color font for particulars of individual doctor

Graphic illustrations limited to logos of organizations and those used to access different categories or locations of doctors

Accentuation of particular entries by blinking, bordering, highlighting or otherwise is prohibited

If possible, random listing of same category or location of doctors in each search is advisable.

Permitted Contents of Directory:

All information presently permitted on signboards and stationery under sections 3.3.1 and 3.3.2 of the Code

District where the office of the doctor is located

Passport-type photograph of the doctor

Gender of the doctor

Language(s)/dialect(s) spoken

Medical services, procedures and operations provided by the doctor and range of fees (only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted)

Range of consultation fees

Affiliated hospitals

Availability of emergency service and emergency contact telephone number

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130 DIT Ext. Road, Fakirerpool, Dhaka

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