INTRODUCTION:
The “Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982” consolidates standards of professional conduct, etiquette and code of ethics to be observed by practitioners of Indian Medicine, laid down under the Indian Medicine Central Council Act’ 1970 (48 of 1970). The regulations consists of five parts namely:

- Part- I (Preliminary introduction to the regulations)
- Part- II (Professional conduct, etiquette, duties and obligations of practitioners towards patients and public).
- Part- III (Duty of one practitioner towards another practitioner)
- Part- IV (Code of Ethics)
- Part- V (Disciplinary actions)

It is evident that since the time antiquity, men have been framing a set of regulations to control or protect themselves from the charlatan effects of evil spirits and supernatural power. This set of regulations on due course have been modified rewarded, revises and systematized in form of social, spiritual, medical codes and so on.

In medicine ever documented such regulations are observed in Charaka Samhita (1000 BC) in form of methods of teaching, training, duties and responsibilities, privileges, code of conduct and social status of physicians in different context. The same kinds of descriptions are also observed in Sushruta Samhita, Ashtanga Samgraha and Ashtanga Hridaya.

An Introspection and comparison to the regulations

Part- I (Preliminary introduction to the regulation):
The most important feature is this part is ‘Declaration’ which is made by every physician solemnly, freely and upon by honour before the Registrar of the State Council or Board and agree to abide by the same.

These have been described under ‘Charaka’s Oath’ which is being instructed by the teacher to his student/doctors in presence of sacred fire, brahmanas and physicians. In this process of oath taking the students utter the word ‘Tatha’ i.e. “I shall act accordingly”. This kind of approach is considered to be most ethical because the very day student enter into this profession are aware of their duties, responsibilities, obligations, ethics, etc in their life.

Part- II (Professional conduct, etiquette, duties and obligations of practitioners towards patients and public):

ABSTRACT:
Ayurvedic Professionals are bound to abide by the code as enunciated in the Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982 of the Central Council of Indian Medicine under Indian Medicine Central Council Act’ 1970. ‘Charaka’s oath’ is considered as the oldest code of medical ethics and is observed in the aforesaid regulations. The code of medical ethics is based on moral principles for the members of the medical professions in their dealings with each other, patients and the State, aiming at to maintain the noble tradition and honour of the medical profession.

Key Words: Charaka’s oath, Ayurvedic practitioners, code of ethics, Indian Medicine Central Council Act.

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It consists of

- **Character of the practitioner**: A practitioner shall be an upright man, instructed in the art and science of healing, pure in character, diligent in patient caring, modest, sober, prom to do his duty without anxiety and pious in all the actions of his life. These all characters in addition to those are not mentioned here are described in the texts [3] [4] [5]. It is also stated that a physician on entering into patient house should confined his mind towards the patient and not any other belongings [6] [7].

- **Duties of practitioner towards their patient**: A physician must attend all patients (ahootaevayoyati) [8] in emergency for the sake of humanity (bhoootaday), [9] though he is not bound to treat each and every one asking his service. Patient selection for treatment is also referred under “friendliness and compassion towards the diseased, attachment to the curable one and discarding those going to die or incurable” [10].

- **He** should not prescribe medicine to those are despised by the King (authority) or noble person and to those who despise the King or noble person. Also, those who have miserable conduct and behavior [11].

- **A practitioner should not consider race, cast, religion or any social standing to intervene in his duties towards his patients. Thus it is stated that physician should consider all his patients (even the orphan) as his own son (putravat), treats only for human welfare because there is no charity better than saving life. A physician who considered compassion towards all creatures (bhoootaday) as the highest virtue, accomplishes maximum happiness in life [12]. A practitioner must engage in continuous improvement of his knowledge and skill for the professional benefits [13] [14]. More emphasis has been given in dealing with female patient, stated “in the absence of her husband or guardian, a physician should not treat (or examine) and accept any joyable thing from the women without due permission of her husband/guardian or even avoid chatting with her in lonely place” [15] [16].

- **Professional secrecy**: patient’s secrecy (hrepaneeyavarta) [17] related to individual or family life (aturakulapravritti) [18] confided to physician never be revealed. Though certain privilege conditions for their revelation are included in the aforesaid regulation.

- **Prognosis**: the gravity of the prognosis must be conveyed to the friends or family members as it is, after proper examination [19].

- **Role of practitioner as citizen and in public health**: A practitioner should be a good citizen, must aware of community health, social and state medicines for the prevention as well as treatment of epidemic, food poisoning and communicable diseases. Some aspects related are described under sadvritta [20] and janapadoddhvamsa [21], rajopasewa [22] indicates rendering service to the State. Environmental pollution (poisoning) and the role of physician has also been mentioned [23].

**Part- III (Duty of one practitioner towards another practitioner)**:
Consultation with concerned expert (tadvidyasambhasha) [24] and patient referral system [25] are punctually exercised for patient’s benefit.

**Part- IV (Code of Ethics)**:

- **Advertisement**: solicitation of patient by advertising in any form is considered unethical. Physician involving in such practice are referred as siddhasadhitra and chhadmcharavaidya in the text [26]. They are also considered as roghahisaravaidya in other context [27].

- **Payment for the professional services**: The treated patient, whether having promised or not, if does not offer anything to the physician as professional fee, he should be treated for on the ground of the welfare of humanity [28]. Again, Ayurveda in general emphasizes on pursue of wealth (dhanaishana), in the life for every individual. Chakrapani commentator of CharakaSamhita interprets that earning wealth must be in order to pursue aroga (health) and dharma (duties and responsibilities) [29].

- **Rebate and commission**: In any form is treated as unethical. Thus bhoootaday is considered to be highest virtue and earning any reward or rebate is discarded [30].

- **Evasion of legal restriction**: A physician should observe the law himself and bound other to follow the same. This kind of description could be inferred by application of the terms ‘naniyamambhindyat’ [31], consent taking from the King before surgery [32] and so on.

**Part- V (Disciplinary actions)**:
It constitutes professional misconduct and provision of punishment under the Act or any law prevails in the State regulation.
It is stated that the physician having skill in practice of medicine but devoid of textual knowledge, does not get recognition by the wise and is even awarded capital
punishment by the State[33][34] and are treated as rajakantaka[35][36].

The professional misconduct in relation to adultery, illegal abortion, disclosing patient secret, medical negligence, misconduct with female and other unethical acts are referred in different places[37][38].

DISCUSSION:

Ayurveda has emphasized much more on moral and ethical values related to individual, social and professional practices. The introspection of practitioners regulation on their character, duties, responsibilities, etiquette and code of ethics in Ayurveda reveals that ‘Charaka’s oath’ covers many principles that are of highest consideration to human being as well as any living creature. Moreover the approach found in Ayurveda is a step above than any other system, which incorporates a holistic and healthy living mechanism in term of bhootadayā, putravatsneha (care as to own children) to patient as well as those are orphan. Special consideration to female patient, professional fees and earning of wealth in pursuit of arogya and dharma are more specified.

Characteristics of physician, teacher and students are only discussed together in Ayurveda. It also cautions regarding the quack physicians and advise physician to keep himself away from professional misconduct and negligence.

A physician should maintain highest professional dignity and honour, should refer patient for better treatment and encourage discussion with colleagues or experts to update their knowledge. A physician should not enter into the expertization of others field[39].

He should abide by the rules and regulation of the law enforced authority and being a citizen must protect the society from communicable and epidemic diseases. A physician thus imparts a key role in maintaining ‘hitayu’ as well as ‘sukhayu’ as described in the text.

CONCLUSION:

Though the Practitioners of Indian Medicine Regulation Act’ 1982 encompasses many other recent issues related to medical practices, but on the ground of above introspection it could be explained that the different related Codes described in Ayurveda have its own moral and ethical dimensions in individual, social and professional practices.

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