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THE ROLE OF DISCIPLINE IN THE PRACTICAL ACTIVITIES OF A MEDICAL DOCTOR

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ABSTRACT

The Human culture is governed by certain rules & regulations stated in the constitution of a country similarly, the role of "Registered Medical Practitioner" is judged and governed by certain discipline activities that should be followed in the period of practice. As in the beginning of medschool "The Hippocratic Oath" is taken in order to abide that the Registered Medical Practitioner will lead their career with professional standards, ethics and discipline for the profession keeping that in accordance a Registered Medical Practitioner reflects their behaviour, care and precise treatment for their patients in a humble manner.

Keywords: Registered Medical Practitioner, Ethics, Professional Conduct, Good Communication Medical Practice & Set Up, Laws,

I. INTRODUCTION

In medical practice, the provision of correct treatment by doctors depends upon the correct diagnosis and precise treatment. This requires eliciting proper history of illness and standard communication between doctor and patient, for the RMP fostering of certain principles is mandatory during practice as follows:

- A RMP shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- A RMP shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character.
- A RMP shall respect the law and recognize the responsibility to seek changes in those requirements which are contrary to the best interests of the patient
- A RMP shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- A RMP in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

Thus, the quality of interactions, care by the RMP should make patients, colleagues, staffs in the hospital at ease to share freely their concerns, tensions and worries. In the compliance with socio-ethical a practitioner is considered to be faithful and trust worthy person.

II. METHODS

Upon the development from ancient medical ethics for a RMP it is classified into two:

(i) consequentialist (ii) deontological, the consequentialist states that in terms of an action's ability to satisfy the utmost needs of all those affected by the proposed action, it involves examining the results and effects of actions, and not the motives or thoughts of the person. Deontological approach centres on the standards of values to which the action confirms or to the motivation behind the action, deontological approach is also a common basis for the personal moral judgments made by most practitioner. When these personal values conflict with requests for treatments that are lawful, difficulties may arise and there is a need for certain qualifications, laws and management to main the standards of professionalism in the career of a RMP.

Prerequisites of Medical Practice

A duly qualified medical professional, a doctor has the right to seek to practice medicine, surgery and dentistry by registering himself/herself with the medical council of the state of which he/she is resident, in the compliance under the medical act of the state.

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The state medical council has the power to warn, refuse to register or remove the name of a doctor who has been sentenced by any court for any nonbailable offence or found to be guilty on conduct in any professional respect. The medical council also have the power to re-enter the name of the doctor in the register.

Laws Governing to the Qualification/Practice and Conduct of Professionals

The regulations to ensure that staff employed in the hospital for delivery of healthcare are qualified and authorised to perform certain specified technical jobs within specified limits of competence and in accordance with standard codes of conduct and medical ethics, their credential are verifiable from the registering councils and in case of any professional misconduct the councils can take appropriate action against them. Some of the important laws are listed in Table 1.

Table1.

S.no	Laws
1.	The Indian Medical Council Act 1956
2.	Indian Medical Council (Professional Conduct, Etiquette, and Ethics Regulations 2002)
3.	Indian Medical degree Act 1916
4.	Indian Nursing Council Act 1947
5.	Delhi Nursing Council Act 1997
6.	The Dentist's Act 1948
7.	AICTE Rules for Technicians 1987
8.	The Paramedical and Physiotherapy Central Councils Bill 2007
9.	The Pharmacy Act 1948
10.	The Apprenticeship Act 1961

Setting Up a Medical Practice

For both general RMP and specialists, establishing a medical practice requires considerable planning. Ideally this should involve a focus on professional, personal and financial priorities, gathering information on practice management and obtaining knowledge about contracts and obligations for locum and assistant work. As much of the planning will involve financial decisions, seek professional advice. Other important decisions should be put into practice as outlined in the points below.

Location

RMP should consider factors like population trends, competing practices, site visibility, personal preferences, medical interests, and local resources when establishing their practices. Specialists need to be mindful of hospital appointments, transportation access, and the area's medical needs. Both groups must also be aware of local planning and zoning regulations. While other RMP may provide advice, their willingness to help can vary, so it shouldn't be fully relied upon.

Solo or group practice

A partnership among RMP entails a contractual agreement (ideally in writing) that governs the sharing of expenses and income between the partners according to a mutually agreed-upon formula. This arrangement also requires a formal structure, including regular meetings to address ongoing business and practice-related matters. In contrast, an associateship among doctors involves an agreement (preferably written as well) to collaborate on the costs associated with establishing the practice infrastructure while not sharing the practice's income. Associates bill their patients directly in their own names and retain their earnings, aside from the portion needed to cover the agreed-upon share of overhead expenses.

Premises

The decision to purchase, lease, rent, or build a new practice is primarily a financial one. However, whether opting for an existing practice or a new construction, it is essential to carefully consider the design of the building. This involves assessing the space from multiple perspectives: the patient's viewpoint (focusing on accessibility, comfort, privacy, and tranquillity the staff's viewpoint (including considerations for space,

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lighting, comfort, restroom facilities, break areas, parking, security, and storage); and the doctor's viewpoint (which encompasses consultation and procedure rooms, access to staff and colleagues, security measures, and the capacity to handle urgent cases). A thoughtfully designed practice not only enhances marketing efforts but also significantly contributes to staff efficiency and morale. Additionally, attention must be paid to safety, particularly for children, as well as to heating and cooling requirements.

Duties of RMP Towards Their Patients

Keeping appointments:

(A)RMP shall endeavour to be prompt in attending the patients and should keep in time with appointments and consultation hours. If the RMP is delayed for a valid reason, the patient should be informed.

(B)RMP shall also advise referral when necessary to another RMP who is specialized in the treatment of the patient's ailment.

(C) In case of emergency (life and limb saving procedure), RMP should provide first aid and other services to the patient according to his/her expertise and the available resources before referral.

Incapacity: A Registered Medical Practitioner having any incapacity (induced or otherwise) detrimental to the patient or professional practice, which can affect his/her decision making or skill in treating the patient is not permitted to practice his/her profession for the period of incapacity. Use of Alcohol or other intoxicants and being under influence during duty

which can affect professional practice that may lead constitute misconduct.

Confidentiality: All communications between RMP and patients shall be treated as confidential. Any exchanges, whether personal or pertaining to health and treatment, will not be disclosed except as mandated by state law, at the request of the patient, or if failing to disclose such information may pose a risk to the patient's health or the well-being of another individual.

Good communication: an essence for doctor-patient relationship:

Research shows that patients who actively ask questions and participate in their care report higher satisfaction and improvements in their quality of life compared to those who are passive. Stewart et al. highlight that patients feel more comfortable when interactions with their physicians are friendly. Ideally, patients should be well-informed about their conditions and available treatment options. Conversely, a lack of trust can lead to incomplete sharing of important information, and stressed patients may struggle to understand their doctor's instructions. These factors significantly influence treatment outcomes and satisfaction for both parties while also impacting patient compliance with medical advice.

A good RMP should make the patients feel at ease by encouraging patients to share their apprehensions, tensions, worries and concerns to their doctors. Patients also need to be encouraged to talk freely, based on the type of relationship of patient – doctor it is classified as follows: Paternalistic, Relationship of Mutuality, Consumerist Relationship, Relationship of Default

III. ANALYSIS

Case Study: Unknowingly Harbouring Hepatitis B Virus

Mrs. Gita, a 47-year-old woman, has been diagnosed with a breast mass following recent medical consultations. Comprehensive evaluations, including a chest X-ray, bone scan, and liver function tests, have confirmed a 3 cm ductal carcinoma, with no lymph node involvement or signs of metastasis.

As we move forward, the RMP's role within various doctor-patient interaction models is pivotal in shaping an effective treatment plan. These models will guide how we communicate vital information, make informed decisions, and enhance Mrs. Gita's overall experience as we address her condition with confidence and clarity.

In the paternalistic model of healthcare: The RMP takes a directive approach to patient treatment. For instance, when it comes to breast cancer, a doctor might recommend a lumpectomy followed by radiotherapy, believing it to be the best course of action. However, this recommendation comes without considering the patient's personal circumstances or preferences. In such scenarios, the physician may not engage in a discussion of available treatment options, effectively sidelining the patient's input in their own care. This situation is particularly prevalent among patients from lower socioeconomic backgrounds. The result is a dynamic where the patient's voice is diminished, and the medical decision is made unilaterally by the physician.

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In the mutual model: The RMP will guide the patient and her caregivers about her illness, explaining the lumpectomy and mastectomy procedures, along with their pros and cons. He/she will provide the latest literature on ductal carcinoma and suggest relevant websites.The doctor will engage the patient in discussions to understand their preferences and explain radiotherapy and chemotherapy options to prevent recurrence. This allows the patient and her family to decide on the best treatment option with the physician's guidance.

IV. FINDINGS

Cases and Controls

Table 2 presents a detailed comparison of the characteristics of RMP in California between the disciplined physicians, designated as "cases," and the non-disciplined physicians, referred to as "controls." The univariate analysis reveals several notable differences: the cases exhibited a higher likelihood of being male, lacking board certification, and practicing in specific medical specialties such as family practice, general practice, obstetrics and gynaecology, or psychiatry. Additionally, a greater proportion of cases were graduates from international medical schools, highlighting a distinct demographic profile among those classified as disciplined compared to their non-disciplined counterparts.

Table 2.

Characteristic	Cases (n = 890)	Controls (n= 2981)	Total (N= 3871)	P value
Age, + y				
Mean ± SD	55.6 ± 11	49.8 ± 13		<.001
Range	29-90	25-92		
Sex				<.001
Women	81 (9)	716 (24)	797	
Men	809 (91)	2265 (76)	3074	
Board Certification	473 (53)	2170 (73)	2643	<.001
Specialty				
Anaesthesiology	43 (5)	182 (6)	225	.15
Family Practice	109 (12)	275 (9)	384	.008
General Practice	75 (8)	74 (2)	149	<.001
Internal Medicine	154 (17)	687 (23)	841	<.001
Obstetrics/gynaecology	86 (10)	170 (6)	256	<.001
Paediatrics	26 (3)	248 (8)	274	<.001
Psychiatry	108 (12)	228 (8)	336	<.001
Radiology	13 (1)	166 (6)	179	<.001
Surgery	156 (18)	423 (14)	579	.01
International Medical School Graduate	238 (27)	604 (20)	842	<.001

+Mean age of cases is age calculated to the date of enforcement order, for controls it is calculated to the midpoint of study period, Jan 1, 2000.

Offenses & Discipline

From Table 3 in analysing the distribution of violations and disciplinary actions among the 890 cases, we found that negligence emerged as the most prevalent violation, accounting for 38% of the cases. Following this, drug- or alcohol-related offenses and unprofessional conduct each represented 10% of the violations. Additionally, 9% of the cases involved a conviction of a crime, while another 9% pertained to inappropriate prescribing practices. When it comes to the disciplinary measures imposed, the most common action taken was probation,

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which applied to 34% of the cases. This was followed by public reprimands at 22%, license surrender in 21% of the instances, and license revocation, which occurred in 16% of the cases.

Table 3.

Violation	Revocation	Surrender	Suspension only	Probation with suspension	Probation	Public Reprimand	Other Action	Total %
Negligence	33	67	1	10	124	93	7	335 (38)
Inappropriate prescribing	11	18	0	7	18	24	0	78 (9)
Unlicensed activity	4	1	0	1	3	8	0	17 (2)
Sexual misconduct	14	25	0	3	28	3	0	68 (8)
Mental illness	17	19	1	0	11	0	3	51 (6)
Self-use of drugs/alcohol	20	29	0	1	36	1	0	87 (10)
Fraud	11	8	1	10	17	20	0	67 (8)
Conviction of crime	19	13	1	9	32	7	0	81 (9)
Unprofessional conduct	12	10	0	2	21	43	0	88 (10)
Miscellaneous violations	1	0	0	1	16	0	0	18 (2)
Total%	142 (16)	190 (21)	4(<1)	44 (5)	301 (34)	199 (22)	10 (1)	890 (100*)

Of the above analysis, the results shows that the Internal Medical School Graduates, Surgery specialists, Internal Medicine practitioner, Family Practice doctors are extremely following their discipline and ethics towards their profession whereas the General Practice doctors, Radiologists, Obstetrics & Gynaecology specialists were less encountered in their discipline towards their profession.

V. CONCLUSION

This study demonstrates that the disciplinary process and health regulations foster the development of highly skilled and dedicated healthcare professionals. By adhering to the laws that govern their qualifications and practices, RMPs are encouraged to uphold standards and ethics in patient treatment while maintaining exemplary character throughout their careers.

Discussion

Based on the overall role of RMP discipline in the practice should be a good practice management but it may seem, at first glance, to focus on self-interest, aiming to enhance income and life quality. However, its true essence lies in being a cornerstone of exceptional patient care, serving the best interests of patients. In a well-managed practice, appointment systems function seamlessly, patient records are securely maintained, investigation results are diligently reviewed, direct-billing errors to Medicare are avoided, and patients are expertly guided to the resources and help they need. Remarkably better patient outcomes emerge when good

communication flourishes, fostering a strong doctor-patient relationship from the very first phone call for an appointment or the moment a patient steps into the waiting room. While patients may not immediately gauge a doctor's medical prowess, they certainly notice waiting times, the warmth and competence of staff, the inviting appearance of the office, and the overall atmosphere of care. The effort invested in thoughtfully planning, furnishing, equipping, organizing, and staffing a practice, along with its ongoing management, will undoubtedly yield rewarding results.

Suggestions

Time Management: Doctors often work long and demanding hours. Discipline in time management is crucial for scheduling appointments, surgeries, administrative tasks, and personal time

Continuous Learning: The medical field is constantly evolving. Discipline motivates doctors to stay updated with new research, treatments, and technologies.

Stress Management: The medical profession is inherently stressful. Discipline in self-care practices, such as exercise, healthy eating, and mindfulness techniques, can help doctors manage stress and prevent burnout.

Author's Contribution

MMI: Guided, reviewed and approved the manuscript

ESNR: Conceived, designed, wrote the manuscript, studied and analysed research papers

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