MEDICOLEGAL ASPECTS IN DAY TO DAY PRACTICE....

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EX-VICE PRINCIPAL

PROFESSOR & HOD,PG AND PHD GUIDE

AGAD TANTRA & V V DEPT. (FORENSIC

MEDICINE AND TOXICOLOGY)

CSMSS AYURVED MAHAVIDYALAYA

AURANGABAD MAHARASHTRA,INDIA

Welcome to the Department of Agad Tantra & Vyavhar Ayurved











MEDICOLEGAL ASPECTS IN DAY TO DAY PRACTICE

REQUIRES

- MEDICAL QUALIFICATION BAMS, MBBS,
- STATE REGISTRATION MCIM 1961 ACT amended
- CENTRAL REGISTRATION, CCIM 1970 ACT & amended
- SPECIALISATION LIKE MD, MS FOR THE PURPOSE OF PRACTICE AND ACADEMICS

MEDICOLEGAL ASPECTS IN DAY TO DAY PRACTICE

TO START A CLINIC OR A HOSPITAL REQUIREMENTS ARE AS FOLLOW:

- 1. COMPLETE DOCTOR / VAIDYA
- 2. KNOWLEDGE ABOUT RELATED MEDICAL ACT AS: (1) MCIM ACT 1961
 - 2) POISION ACT 1919
 - 3) DRUG AND COSMETIC ACT 1940
 - 4) PHARMACY ACT 1948
 - 5) DRUG AND MAGIC REMEDIES
 - 6) NDPS ACT 1985

MEDICOLEGAL ASPECTS IN DAY TO DAY PRACTICE

- 7) MTP ACT
- 8) PNDT ACT 1994
- 9) CONSUMER PROTECTION ACT 1986
- 10) IPC1860 / CRPC 1861/ INDIAN EVIDENCE ACT
- 11) CLINICAL ESTABLISHMENT ACT central & state
- 12)LICENCE
- 13)SHOP ACT
- 14)SPIRIT LICENCE
- 15)BIO MEDICAL WASTE CERTIFICATE
- **16) FUMIGATION RULE**
- 17) JADOO TONA ACT 2013
- 18) ON DESTRUCTION OF HOSPITAL AND CLINIC OR VIOLENCE TO DOCTOR
 - 19) ENHANCE COMMUNICATION SKILL
 - 20) BAD NEWS DECLARATION
- 21) COUNSELLING EVERY STEP OF PROGRESS AND DETORIATION OF PATIENT TO RELATIVE

KNOWELEDGE ABOUT YOUR COURT SYSTEM IN INDIA

- 1 CJM
- 2 DISTRICT COURT
- 3 HIGH COURT
- **4 SUPREME COURT**
- 5 FAMILY COURT (FAMILY AFFAIRS AND ALL ARE INCLUDED)

MLC / NON MLC

MLC CASES: INJURIES, ACCIDENTS, POISIONING, HOMICIDIAL, SUICIDAL, SUDDEN DEATH, DOWRY DEATH, DEATH WITHIN 24 HRS OF ADMISSION TO HOSPITAL, DEATH DUE TO MACHINERY, INDUSTRIAL, BURN, EXPLOSIVE, FALL FROM HEIGHT AND NEGLIGENCE, BOMB EXPLOSION, INFANTICIDE.

NON MLC -DISEASES: JAUNDICE

COLD AND COUGH

CONSENTS

AS PER SECTION 13 OF THE INDIAN CONTRACT ACT:

IMPLIED -EXPECTED for eg: BP, PULSE EXAMINATION

EXPRESSED for eg: INJECTION

A)ORAL - IN PRESENCE OF TWO WITNESS

B)WRITTEN - IN PRESENCE OF TWO WITNESS

WRITTEN INFORMED CONSENT – AT TIME OF MAJOR & MINOR OPERATIVE CASES

BLANKET CONSENTS

EXAMINATION OF PATIENT

PRECAUTION - CONSENT

RULE

COMMUNICATION AND EXAMINATION

DISPENSING OF MEDICINE

WRITE CLEAR NAME OF MEDICINE

DOSE

NEW GUIDELINE IS TO WRITE IN CAPITAL LETTER

RECORD OF TREATMENT IN REGISTER OF NAME ETC.

RECORD KEEPING

REGISTER: MLC - 30 YEARS OR LIFETIME.

NON MLC - OPD RECORD min. 3 Yrs; IPD- min 5 Yrs

MEDICINE TREATMENT RECORD:

FOLLOW UP RECORD

REFERING RECORD

DISCHARGE RECORD

ADMISION RECORD

LABORATORY INVESTIGATION RECORD: X -RAY - 30 Yrs

EXPERT OPINION RECORD

TEACHING AND RESEARCH RECORD - NON MLC - 5 Yrs- IPD; OPD- 2Yrs

WELL MAINTAINED RECORDS WITH DATE & TIME

KNOWLEDGE ABOUT CPA

ALL RECORDS SHOULD BE PRESERVED AND WOULD BE SHOWN TO THE HONOURABLE COURT ON DEMAND OF SUCH DOCUMENTS YOU MUST PROVE YOUR ELIGATION IN COURT ON THE BASIS OF RECORD.

EMERGENCY CASES

HONOURABLE COURT HAS A GUIDELINE THAT IF A PATIENT UNDER EMERGENCY TREATMENT GETS EXPIRED SO THE DOCTOR WON'T BE CHARGED OF NEGLIGENCE OR MURDER.

OBJECTIVE

- 1)TO DESCRIBE IN DETAIL IMPORTANCE OF EVIDENCE WHICH CAN BE USED FOR ADMINISTRATION OF JUSTICE.
- 2) TO CREATE AWARENESS' ABOUT EVIDENCE WHICH IS USEFUL IN PRACTICE.

ORAL EVIDENCE

❖ EVIDENCE IS ALL STATEMENTS WHICH THE COURT PERMITS OR REQUIRE TO BE MADE BEFORE IT BY WITNESSES, IN RELATION TO MATTERS UNDER INQUIRY .IT IS ALSO KNOWN AS ORAL EVIDENCE

DOCUMENTARY EVIDENCE

-ALL DOCUMENTS INCLUDING
ELECTRONIC RECORDS FOR
INSPECTION OF COURT.
-MEDICAL EVIDENCE -IT IS TENDERED
BY A MEDICAL PERSONNEL.

- TYPES OF MEDICAL EVIDENCE 1)HOW THE EVIDENCE WAS ACQUIRED BY WITNESS.
- 2) HOW THE EVIDENCE WAS DELIVERED IN COURT.
- 3) DIRECT EVIDENCE -EYE WITNESS
- 4) INDIRECT EVIDENCE-NOT SEE ACTUAL CRIME. IT IS OF TWO TYPES. CIRCUMSTANTIAL AND HEARSAY

ACCORDING TO PRESENTATION IN COURT

- A) DOCUMENTARY EVIDENCE
- 1) HOSPITAL MEDICAL RECORDS.
- 2)LAB. & RADIOLOGICAL REPORTS.
- 3) MEDICAL CERTIFICATES. _AGE, DEATH, SICKNESS, PREGNANCY UNSOUNDNESS OF MIND, VACCINATION
- 4) MEDICO LEGAL REPORTS -INJURY REPORTS AND POST- MORTEM REPORTS
- 5) DYING DECLARATION-WRITTEN OR VERBAL STATEMENT MADE BY PERSON LIKELY TO DIE.
- 6)DYING DEPOSITION-WRITTEN OR VERBAL STATEMENT MADE BY PERSON LIKELY TO DIE IN FRONT OF JUDGE.

WHO CAN ISSUE CERTIFICATES?

- 1) MEDICAL OFFICER
- 2) LAST ATTENDING DOCTOR.
- 3) PHYSICIAN
 IF FALSE AND BACKDATED CERTIFICATE
 ISSUED IT IS PUNISHABLE UNDER SECTION
 197IPC- 7YEARS + FINE

PRECAUTIONS BEFORE ISSUING CERTIFICATE

- *CONFORMATION & IDENTIFICATION OF PT.
- *EXACT NATURE OF ILLNESS.
- *CONFIDENTIALITY
- *MAINTENANCE OF REGISTER
- *SIGN. OF PT./THUMB IMPRESSION
- *FULL ADDRESS.

MEDICOLEGAL ASPECTS IN DAY TO DAY PRACTICE

- 1)OPINION OF A MEDICAL PERSON REQUIRES.
- 2)AGE
- 3)DEATH -NATURAL, UNNATURAL
- 4)MEDICAL CERTIFICATE
- 5) FITNESS CERTIFICATE
- 6) DEATH CERTIFICATE
- 7) MENTAL CONDITION AT TIME OF MAKING WILL.
- 8) PENSION LABILITIES

CERTIFICATE IN CRIMINAL MATTER

INJURY
PM REPORT
INSANITY &MENTAL DISORDER

AGE-SEXUAL ASSAULT CASES, VALIDITY OF MARRIAGE&CASE OF KIDNAPPING

- *DRUNKNESS, DELIRIUM
- ***VERGINITY OR OTHERWISE OF A WOMEN**
- *INFERTILITY OF WOMEN
- *DYING DECLARATION
- *IDENTIFICATION OF LIVING AND DEATH PERSON
- *MEDICOLEGAL FACTS IN SEXUAL OFFENCES.

MEDICAL CERTIFICATE

- OBJECT -1)EXACT NATURE OF ILLNESS
- 2) DURATION OF ILLNESS
- 3)PROBABLE PERIOD OF EXPECTED ABSENCE
- PRECAUTION -1)SIGNATURE /THUMB IMPRESSION OF PATIENT.
- 2)SIGNATURE OF DOCTOR / M.O. WITH DATE AND REGI.
- NAME OF PT. ,AGE,SEX,ADDRESS,IDENTIFICATION
 MARK,NAME OF DISEASE,DATE OF ISSUE CERTIFICATION
- DAYS OF REST REQUIRES
- UNDER SECTION -197IPC .FALSE CERTIFICATE ISSUE DOCTOR WILL BE PROSECUTED.

DEATH CERTIFICATE

NEED- UNDER ACT BIRTH AND DEATH REGISTRATION.

RIGHT-1) R.M.P 2) LAST MOVEMENT ATTENDING DR.

PRECAUTION- CAUSE OF DEATH -T/T, OTHER REASON.

NATURAL /UNNATURAL DEATH

NOT TO BE ISSUED IN UNNATURAL DEATH

SUSPICIOUS DEATH -INFORM POLICE

UNKNOWN CAUSE OF DEATH

SUDDEN DEATH - REQUIRE P.M.

CERTIFICATE - NAME OF PERSON , AGE, SEX, DATE, TIME OF DEATH

IDENTIFICATION MARK ,ADDRESS,SIGN.OF DOCTOR.

CAUSE OF DEATH - DIRECT AND INDIRECT.

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THANK YOU....