

No. R-13014/02/2024/Ethics
राष्ट्रीय आयुर्विज्ञान आयोग
NATIONAL MEDICAL COMMISSION
आचार और चिकित्सा पंजीकरण बोर्ड
ETHICS AND MEDICAL REGISTRATION BOARD

Date: 26 July, 2025

PUBLIC NOTICE

In the **Writ Petition (Civil) No.1141/2023** filed before the Hon'ble Supreme Court of India in the matter of **Rahil Chaudhary and others Vs. Union of India and others**, the Petitioner has held that many private hospitals are commercially exploiting the patients and using them as models to fulfill their ulterior motives through live surgery broadcasts in conferences. Various companies are promoting themselves and make a fortune out of the miseries of the exploited patients. Advertising sponsorship and professional showmanship overshadow the true purpose of these broadcasts. Healthcare facilities showcase their capabilities, surgeons flaunt their skills and companies promote their products at the expense of patient safety.

2. In pursuance of the Petitioner's prayer, a committee was constituted by the National Medical Commission to give recommendations to ensure that guidelines and regulatory framework is made to regulate the conducting of live surgery broadcast. Accordingly, on the basis of the report of the committee detailed guidelines are made to regulate the conduct and broadcast of live surgeries.

3. All concerned stakeholders are requested to kindly take note of the attached guidelines which are self-explanatory.

Dr. Raghav Langer
Secretary, NMC

Enclosure:

Guidelines to regulate the conduct and broadcast of live

Digitally signed by
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Date: 26-07-2025
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surgeries.

No. R-13014/02/2024/Ethics (NMC)
Dated: 26.07.2025

Guidelines to regulate the conduct and broadcast of Live Surgeries

Background:

The use of Live Surgery has generated the following significant concerns:

- While live surgery can be educational, it may not provide the same depth of learning as interactive or hands-on training. Observers might miss key details or fail to grasp complex nuances of the procedure.
- Live surgery, in any case, may seem valuable for experiential learning, however, it lacks concrete evidence supporting its educational effectiveness when compared to pre-recorded surgical videos. Pre-recorded videos offer better frame-by-frame analysis, video editing, and labelling, enhancing the educational experience.
- There are ethical issues regarding the use of patients for educational purposes.
- The educational benefits might not always justify the potential discomfort or risks for the patient.
- Patients are seldom informed that the surgeon's attention may be divided, potentially putting them at risk.
- The presence of cameras and a large audience may impact the patient's comfort and overall experience, potentially leading to anxiety or discomfort.
- Any issues that arise during the procedure, such as complications, could be scrutinized publicly, leading to potential legal and reputational risks for the healthcare providers.
- In the name of Live Surgery, patients are probably commercially exploited and used as models to fulfil ulterior motives of various companies which is complete ignorance of the ethical standards laid down for surgery by the National Medical Commission to make a fortune out of the miseries of the exploited patients.
- Advertising, sponsorship, and professional showmanship overshadow the true purpose of Live Surgery. Healthcare facilities showcase their capabilities, surgeons flaunt their skills, and companies promote their products, all at the expense of patient safety.

- Several doctors' associations in India and abroad have banned live surgeries in conferences as the pressure of performing live while interacting with the audience could impair the performance of the surgeon.

There is also counterpoint view which says live surgical workshops have been a part and parcel of teaching and learning since surgical practice started. With newer technologies, it is now possible to telecast live surgeries with students and surgeons wanting to up skill, sitting in a remote location and watching highly magnified and high-resolution images of the nuances and intricacies of surgical techniques. This is a globally accepted method of learning and because of this, surgeries which were available to only a few in top hospitals and teaching institutes in the private or government sectors are now being practiced in tier two and tier three towns.

In view of the above, the EMRB, NMC is in favour of promoting recorded video, Wet Lab, cadaveric and simulation-based surgeries/procedures as these entails no risk to the patient.

The following are the guidelines for Conduct & Broadcast of Live Surgeries:

(Exception: When it is performed in an institution listed in the schedule of NMC Act, 2019 for its own students/ RMP's)

Who can organise Live Surgery/Procedures (Sponsor*/Supervisor)?

- Sponsor/Supervisor should be under Indemnity insurance coverage.
- Supervisor person authorized by supervisor from organizing team should be from the same specialty and shall be there by the side of operating surgeon as a part of the operating team.
- In case of Foreign Medical Practitioner (FMP), temporary permission is required from Ethics & Medical Registration Board, NMC and a Specialty Expert team shall be nominated by the EMRB/NMC to permit the FMP.
- Before inviting the FMP for performing the Live Surgery, the sponsor needs to have prior permission from the concerned State Medical Council.
- Live broadcasts should not be used for promotion of the operating surgeon, hospital or product brand.
- Surgeons should not have a financial or commercial interest in the equipment or devices used during the surgery/ procedures.

(*Definition of sponsor- As per the Temporary Registration Regulations available on NMC's website.)

A. Who can perform Live Surgery/Procedures?

- Registered Medical Practitioner (RMPs)/ Foreign Medical Practitioner (FMP) of modern medicine with expertise in the surgery/procedure (minimum 5 year experience post specialty certification)
- In case of FMP temporary permission is required from Ethics & Medical Registration Board, NMC and a Specialty Expert team shall be nominated by the EMRB/NMC to permit the FMP.

B. Where it can be done?

- **Hospital Accreditation:** The hospital must be accredited by a recognized body to ensure its meets' safety and hygiene standards.
- **Essential Services:** The OT should have all necessary pre-operative, operative, anaesthetic, post-operative, laboratory, radiological, and ICU and other required facilities to manage the cases of complications.
- **Equipment Availability:** All essential instruments for the surgery/ procedures must be readily available.
- **Contingency Plan:** A plan for managing complications during the live broadcast must be in place, with qualified standby staff and equipment readily available.
- **Inspection and Screening:** The OT/Procedure Room setup must be approved and screened by relevant Head of the Institution/ Sponsor/ Associations/SMCs to ensure compliance with safety and quality standards.
- **Compromised Setup:** If the setup is inadequate, the live broadcast will be deferred and only a recorded video may be used.

C. How it is to be done?

- **Patient Selection:**
 - ❖ Patients with high-risk procedures, incomplete investigations, or unusual anatomy should not be included.
 - ❖ Patients should be medically fit and have no contraindications to the surgery/ procedures.
 - ❖ Financial incentives for participation should not be permitted. However, patients can be enrolled in insurance coverage to safeguard against any unforeseen incidents during live surgery/ procedures. Further, Patients should be informed about the availability and limitations of this insurance.
 - ❖ Any surgery/procedure related complications should be managed free of cost.
 - ❖ Live broadcasts can be done for **new procedures**, while recordings should be preferred for established procedures or high-risk cases.
- **Informed Consent:** The informed consent process should be conducted by the operating surgeon/team and clearly explain:

- ❖ The purpose of the broadcast (educational)
- ❖ The risks and benefits of participating
- ❖ Patient anonymity and confidentiality measures
- ❖ The right to withdraw consent at any time

➤ **Conduct during Surgery/procedures:**

- ❖ Operating doctor can broadcast but should not interact with audience during the surgery/procedures to maintain focus on the patient's safety.
- ❖ Relevant step wise live commentary by an operating surgeon can be permitted without any two-way communication with the audience in special situations.
- ❖ A designated moderator can provide commentary separate from the live feed.
- ❖ High-risk procedures or those with a high potential for complications should be avoided for live broadcasts and edited recordings used instead.

➤ **Ethical Considerations:**

- ❖ Patients should not incur any charges related to the surgery/ procedures, including implants, medications, disposables, and procedures.
- ❖ Post-operative care should be provided by the operating surgical team.
- ❖ Patient identity must remain confidential.
- ❖ The surgery/ procedures should strictly adhere to established standard operative procedures.

D. Responsibility

➤ **Organizer's Responsibility:**

- ❖ Organizer should ensure patient safety, confidentiality, and welfare throughout the broadcast.
- ❖ They must obtain explicit, informed, and written consent from patients before featuring surgeries in live broadcasts.

- ❖ The organizer should ensure that the ethical guidelines and data privacy regulations are adhered to.

➤ **Surgeon's Responsibility:**

- ❖ Surgeons are responsible for adhering to professional and ethical standards during the live broadcast.
- ❖ They must prioritize patient welfare over any other considerations.
- ❖ He should be involved in pre-operative discussion, PAC and post-operative treatment for at least 24 hours after surgery/ procedures.

E. Prior permission of Regulatory Body

➤ **Prior Permissions:**

- ❖ Prior permission from the relevant regulatory body/Association/institution is mandatory for conducting live surgical demonstrations.
- ❖ Approval must also be sought from relevant authorities based on the sponsorship of the hospital (e.g. - Dean for government hospitals, State Medical Council for private hospitals).

➤ **Oversight and Compliance:**

- ❖ An apex committee should oversee arrangements to ensure compliance with ethical guidelines, safety protocols, and educational objectives.
- ❖ Professional associations should self-regulate to prevent any promotional or commercial activities during live demonstrations.

F. Additional Recommendations:

- ❖ Live broadcasts should strictly serve educational purposes and not for commercial gain or promotion.
- ❖ Surgeons should avoid glorification, and the focus should be on surgical techniques and patient care.
- ❖ Complications and risks associated with live broadcasts should be addressed through stringent regulations and insurance coverage.

- ❖ Recordings of procedures should be used for educational purposes in closed groups, with live demonstrations reserved for vetted new procedures and the unedited recordings of the procedure should be preserved for at least two years, in case of no litigation.
