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**Ethical Healthcare Advertising in India: A New Framework for Professional Integrity,
Digital Communication and Patient Protection**

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Introduction

Healthcare communication has undergone a substantial transformation with the increasing use of digital technologies, online information platforms and social media. Patients now encounter medical information through multiple channels, ranging from hospital websites and educational resources to digital advertisements and promotional campaigns. While these developments have improved access to healthcare information, they have also raised concerns about the accuracy of medical claims, professional endorsements, patient confidentiality and the commercialization of medical services.

Recognizing these challenges, the National Medical Commission issued the *Guidelines on Ethical Advertising and Public Communication by Hospitals/Medical Institutions and Registered Medical Practitioners* on 6 October 2026. Issued under Section 30 of the National Medical Commission Act, 2019, the Guidelines came into force with immediate effect [1,2].

The framework aims to preserve the dignity of the medical profession, discourage misleading representations, protect patient interests and promote responsible dissemination of healthcare information. It also addresses emerging forms of communication, including AI-generated content and promotional activities conducted through third-party digital platforms [1].

The Guidelines represent an important development in defining how medical professionals and healthcare institutions may communicate with the public while maintaining established standards of professional ethics.

Healthcare Communication and the Scope of Regulation

The distinction between sharing medical information and promoting medical services is central to ethical healthcare communication. Educational material, scientific discussions and factual information about healthcare facilities serve legitimate public interests. However, communication intended to attract patients through exaggerated claims, professional superiority or commercial inducements raises different regulatory considerations.

The Guidelines define advertisement broadly to include communication, promotion, publicity, announcements and representations that directly or indirectly promote professional services, reputation, qualifications, achievements, facilities or commercial healthcare services. This

definition extends to print, electronic and digital media, including sponsored content, influencer-led communication, search-engine promotions and AI-assisted material [1].

The framework applies to Registered Medical Practitioners (RMPs), hospitals and medical institutions. For RMPs, it is to be read alongside the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, as amended, and the National Medical Commission Act, 2019. For hospitals and medical institutions, the relevant Clinical Establishments Act, applicable Rules or other State legislation must also be considered [1–3].

An important distinction is maintained between advertising and factual information. Communication concerning the availability of equipment, technology, diagnostic facilities or healthcare services may be permissible when presented accurately and without misleading comparisons, guaranteed outcomes or superiority claims [1].

This approach recognizes the public's need for reliable healthcare information while restricting communication that could improperly influence medical decision-making.

Preventing Misleading Claims and Commercial Promotion

Trust is fundamental to the relationship between healthcare professionals and patients. Medical decisions frequently involve complex clinical considerations, making accurate and balanced communication particularly important.

The Guidelines restrict advertising activities intended to create unnecessary demand for medical procedures, diagnostic investigations or therapeutic services. They also prohibit professional representations that may mislead patients or create unrealistic expectations regarding treatment outcomes [1].

Claims such as "guaranteed cures", "100% success", "miracle treatment" and similar assurances are specifically identified among prohibited professional representations. The Guidelines also address claims of professional superiority, including expressions such as "best", "No.1", "leading" and "most trusted", unless the applicable conditions concerning objective verification, transparent methodology and legal permissibility are satisfied [1].

These restrictions reflect the need to distinguish evidence-based information from promotional language that may exaggerate clinical capabilities or treatment benefits.

Professional endorsements are another area addressed by the framework. Medical practitioners are prohibited from endorsing or recommending drugs, medicines, medical devices, therapeutic articles, appliances and specified healthcare or commercial products for advertising or publicity

through the use of their professional identity, credentials, photographs, voices or other identifying attributes [1].

The provisions reinforce the separation between professional medical judgment and commercial product promotion.

Patient Solicitation and Promotional Inducements

Commercial incentives can influence how healthcare services are presented and accessed. In medical practice, such incentives require particular scrutiny when they encourage unnecessary consultations, investigations or treatment.

The Guidelines prohibit specified financial arrangements involving commissions, rebates, referral fees, lead-generation fees and other consideration connected with patient procurement or referral in the promotion or advertisement of medical services [1].

Restrictions also apply to arrangements involving advertising agencies, digital marketing agencies, influencers and online platforms where payment or consideration is linked to the procurement or referral of individual patients.

Promotional practices involving discounts, limited-period offers, contests, coupons, gifts, cashback, referral benefits, free procedures or similar inducements are restricted where they are likely to encourage unnecessary medical consultation, diagnostic investigation or treatment, or otherwise amount to patient solicitation [1].

At the same time, the Guidelines permit lawful disclosure of charges, packages and fees, provided the information remains factual, transparent and non-misleading.

The distinction is important because communicating the cost of a medical service is not necessarily equivalent to using financial incentives to encourage inappropriate healthcare utilization.

Social Media and Digital Healthcare Promotion

Digital communication has become an important component of healthcare information exchange. Social media platforms, online directories and institutional websites allow medical information to reach large audiences, but they also create opportunities for misleading promotion and manipulation of professional reputation.

The Guidelines require medical practitioners and clinical establishments to use social media responsibly and consistently with professional ethics. Existing restrictions concerning misleading

claims, endorsements, testimonials and patient solicitation also apply to digital communication [1].

Particular attention is given to practices that create an inaccurate impression of professional standing. The procurement or manipulation of fake followers, likes, reviews, ratings, testimonials, comments, views and other digital engagement is prohibited. The Guidelines also restrict manipulation of search rankings, online visibility or algorithms when intended to create a misleading impression of professional standing [1].

Paid promotional relationships involving celebrities, influencers, employees, patients or other third parties are subject to the applicable restrictions and transparency requirements.

The Guidelines further address communication undertaken through intermediaries. Where an advertisement is authorized, commissioned, sponsored, adopted or knowingly permitted by a medical practitioner or healthcare institution, the involvement of an external agency or digital platform does not, by itself, remove the responsibility of the concerned practitioner or institution [1].

This provision is relevant to the increasing reliance on outsourced digital communication and promotional services.

Artificial Intelligence in Medical Communication

Artificial intelligence has introduced new possibilities for generating educational content, developing digital communication and presenting healthcare information. However, its ability to produce realistic images, voices and representations also creates concerns regarding authenticity and accuracy.

The Guidelines expressly address AI-generated and AI-assisted promotional communication. AI-generated promotional campaigns undertaken for the furtherance of commercial interests are prohibited under the specified provisions [1].

The framework also prohibits the use of AI-generated or AI-assisted content to create or disseminate misleading, deceptive or unverifiable representations concerning diagnosis, treatment, clinical outcomes, professional qualifications, patient experiences or healthcare services.

AI must not be used to create or manipulate a patient's image, testimonial, voice or clinical outcome, or to produce a synthetic endorsement or representation purporting to originate from an actual patient, medical practitioner or other individual [1].

Where AI-generated or AI-assisted promotional content is otherwise permitted under the Guidelines and applicable law, its artificial nature must be appropriately disclosed when such information is material to the audience's understanding of the communication.

The use of patient information as input into AI systems must also comply with applicable privacy, confidentiality, data-protection and professional-ethics requirements [1].

These provisions establish that the use of emerging technology does not exempt healthcare communication from existing ethical restrictions.

Patient Privacy, Consent and Confidentiality

Patient confidentiality remains a fundamental requirement of ethical medical practice. The widespread use of photographs, clinical images, treatment experiences and digital records has increased the importance of safeguarding identifiable patient information.

The Guidelines restrict the use of patient information, photographs, videos, medical records, clinical images, treatment details, testimonials and other identifiable material for advertising purposes, except where permitted under applicable law and subject to the necessary safeguards [1].

A significant provision clarifies that patient consent alone does not make an otherwise prohibited advertising practice permissible. This applies to testimonials, endorsements, promotional patient stories, before-and-after depictions and success claims that are restricted under the Guidelines or applicable law.

Where consent is legally required, it must be specific, informed, voluntary, documented and capable of verification. Appropriate safeguards must also be adopted to prevent unnecessary disclosure of patient names, images and other identifying information [1].

The Guidelines additionally address compliance with applicable information technology and digital personal data protection requirements.

These provisions recognize that protecting patient information involves both obtaining valid consent where required and ensuring that the proposed use of information is otherwise legally permissible.

Scientific Communication and Public Health Education

The restrictions on advertising do not eliminate the legitimate role of medical professionals in educating patients and the wider public.

The Guidelines permit participation in health awareness programmes, public health campaigns, academic discussions and educational activities, provided these are not used for prohibited promotional marketing or patient solicitation [1].

Research-based communication is also recognized within the specified exceptions, including communication concerning interesting case studies published in reputed medical journals.

Medical practitioners may deliver lectures or talks on public health and diseases through television, radio and electronic media in their own name and designation, subject to the condition that such communication does not promote their employer organization [1].

Health education pamphlets and general information brochures may be provided to patients visiting clinics or hospitals, provided they do not contain misleading information or advertise professional superiority.

The Guidelines also permit specified factual announcements concerning commencement of practice, changes in practice type or address, temporary absence, resumption of practice, succession to another practice and public declaration of charges.

These provisions preserve opportunities for professional knowledge-sharing and patient education while maintaining restrictions on commercial promotion.

Advertising by Hospitals and Medical Institutions

Hospitals and medical institutions have a legitimate need to communicate information about their services, infrastructure and accessibility. Such communication can assist patients in identifying available facilities and making informed healthcare decisions.

The Guidelines permit dissemination of factual, objective and verifiable institutional information, including names, locations, contact details, departments, facilities, equipment, services, emergency services, accreditation status and applicable charges [1].

However, this communication must not contain patient solicitation, prohibited inducements, misleading superiority claims, guarantees of cure or treatment outcomes, or exaggerated and unverifiable representations.

Institutional websites and directories may provide factual information concerning medical practitioners, including recognized qualifications, specialties, registration details and availability, without converting such information into prohibited promotional advertising [1].

The framework also places restrictions on using patient photographs and practitioner images for advertising or promotional purposes.

Accordingly, institutional communication must remain consistent with both the NMC Guidelines and the applicable clinical establishment or State regulatory provisions.

Regulatory Accountability and Enforcement

The Guidelines establish a graded enforcement framework for violations by medical practitioners. Corrective measures are to be imposed by the concerned State Medical Council in accordance with the NMC Act and applicable regulations [1,2].

The specified measures include:

Violation category	Corrective measure
First violation	Warning and mandatory ethics training
Second violation	Censure and monetary penalty
Third violation	Suspension of registration for 3–6 months
Serious violation	Suspension for 6–12 months
Repeated violations	Removal from the medical register for 1–3 years

Serious violations include misleading cure claims, patient inducements and digital mass solicitation [1].

The Guidelines also establish procedural safeguards. Before imposing a penalty, the concerned medical practitioner must receive a show-cause notice and an opportunity to explain or clarify the alleged violation.

The State Medical Council must issue a reasoned order identifying the violation, considering the practitioner's explanation and specifying the basis for the penalty [1].

An aggrieved practitioner may appeal to the Ethics and Medical Registration Board/NMC within 60 days of the State Medical Council's decision. A further appeal is provided for under the applicable provisions of the NMC Act, 2019 [1,2].

For hospitals and medical institutions, violations are addressed under the applicable Clinical Establishments Act and Rules or other relevant State law.

Practical Considerations for Ethical Healthcare Communication

The Guidelines establish boundaries for healthcare communication across traditional and digital media. Their provisions are relevant to the development, approval and dissemination of medical information by practitioners and institutions.

A practical approach to responsible communication may involve reviewing the accuracy of medical claims, distinguishing educational information from promotional material and ensuring that professional credentials are not used for prohibited endorsements.

Similarly, communication involving patient information requires attention to confidentiality, applicable consent requirements and restrictions on promotional use.

Where external agencies or digital platforms are involved, the nature of the communication and the underlying commercial arrangements may also require review.

AI-generated content introduces additional considerations concerning authenticity, transparency and the handling of patient information.

These are practical considerations arising from the regulatory framework rather than additional legal obligations imposed by the Guidelines.

The central objective remains to ensure that healthcare information is accurate, responsible and consistent with professional standards.

Conclusion

The NMC Guidelines issued on 6 October 2026 establish a comprehensive framework for ethical advertising and public communication by medical practitioners, hospitals and medical institutions in India.

By addressing misleading claims, professional endorsements, patient solicitation, promotional inducements, digital reputation practices and AI-generated content, the Guidelines respond to the changing nature of healthcare communication.

At the same time, they recognize the importance of factual institutional information, scientific discussion and public health education within defined ethical boundaries.

The provisions concerning patient privacy, professional accountability and regulatory enforcement further reinforce the importance of responsible communication in medical practice.

As healthcare information continues to reach patients through increasingly diverse channels, maintaining accuracy, transparency, confidentiality and professional integrity remains essential. The Guidelines provide a regulatory framework for achieving these objectives while safeguarding patient interests and preserving public trust in the medical profession.

References

1. National Medical Commission. Guidelines on Ethical Advertising and Public Communication by Hospitals/Medical Institutions and Registered Medical Practitioners. Public Notice No. R-13014/01/2024-Ethics. October 6, 2026. Available at: <https://www.nmc.org.in/whats-new/download/1874>
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