
BETWEEN THE SCALPEL AND THE STATUTE: NAVIGATING LEGAL OBLIGATIONS IN MAXILLOFACIAL SURGERY

Dr. Kohinoor Acharya, Oral and Maxillofacial Surgery, Hi-Tech Dental College &
Hospital

ABSTRACT

Maxillofacial surgery sits at the intersection of medical expertise and legal responsibility. Surgeons in this field not only treat facial injuries and deformities but also navigate a complex web of legal requirements, including informed consent, emergency protocols, documentation, and forensic testimony.

Recent legal reforms in India, such as the introduction of the Bharatiya Nyaya Sanhita (BNS) in 2023, have reshaped criminal liability, patient rights, and emergency duties. This shift has made the surgeon's role not only clinical but also legal, ethical, and societal.

This article explores the legal duties and liabilities of maxillofacial surgeons in India, highlighting the need for better legal awareness and preparedness. It emphasizes the importance of thorough documentation, ethical practice, and understanding legal obligations to ensure safe, compliant care in this increasingly scrutinized field.

Introduction

In modern surgical practice, the line between clinical excellence and legal responsibility is increasingly blurred, especially in oral and maxillofacial surgery. This specialty, dealing with trauma, aesthetics, and medicolegal evaluations, places surgeons in high-stakes situations, from reconstructing a shattered mandible to removing jaw tumors with precision. However, the legal obligations governing this field are often not fully understood. Clinical decisions can lead to legal consequences, such as criminal charges or civil claims, especially in cases involving informed consent, postoperative disfigurement, negligence, or delays in trauma care. Surgical negligence is one of the most litigated categories of medical malpractice in India.¹

Recent legal reforms in India, including the Bharatiya Nyaya Sanhita (BNS), 2023, Bharatiya Sakshya Adhiniyam (BSA), 2023, and Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, have updated laws related to criminal liability, emergency care, and professional misconduct, directly impacting surgical practice. For maxillofacial surgeons, understanding anatomy and technique is no longer enough; knowledge of legal principles such as duty of care, consent, and criminal negligence is essential. In India, where public awareness of medical rights is rising and litigation is increasing, legal literacy has become a crucial safeguard.

Legal Duties of a Maxillofacial Surgeon in India

Maxillofacial surgeons have extensive legal obligations that extend beyond the operating room. As licensed professionals, they owe a statutory, ethical, and common law duty of care to every patient, starting from the moment of examination and continuing through diagnosis, treatment, surgery, and postoperative care. In India, these duties are defined by constitutional rights, professional codes, and the recent criminal law reforms under the Bharatiya Nyaya Sanhita (BNS), 2023.

1. Duty of Care and Standard of Practice

Surgeons must act with the competence and diligence expected of a reasonable practitioner in similar circumstances. Deviations that lead to harm, such as nerve damage, excessive scarring, or jaw misalignment, can result in negligence claims.

¹ National Consumer Disputes Redressal Commission. Annual Case Statistics. [Internet]. New Delhi: NCDRC; [cited 2025 Jul 5]. Available from: [<https://nedrc.nic.in>] (<https://nedrc.nic.in>)

Under the Consumer Protection Act (CPA), 2019, patients can seek compensation for deficiencies in service, with courts relying on expert testimony and hospital documentation to assess the standard of care.^{2,3}

2. Informed Consent: A Legal Necessity

Informed consent is not just a formality but a legal safeguard. It must be:

- Voluntary
- Informed (explaining risks, alternatives, complications, and prognosis)
- Documented (preferably in the patient's language)
- Specific to the procedure

Without proper consent, surgery may be seen as battery or assault, even without harm. Section 97(2) of the BNS, 2023 clarifies the framework for acts in good faith during emergencies.⁴

3. Emergency Surgical Intervention

Maxillofacial surgeons often handle life-threatening injuries, such as facial fractures leading to airway obstruction. When consent cannot be obtained (e.g., unconscious trauma victims), implied consent is legally recognized. Section 37 of the BNS, 2023 protects surgeons acting in good faith during emergencies as long as their actions are necessary and reasonable. Documenting these emergencies, including witness statements, is crucial in defending against potential allegations.⁴

4. Legal Obligation to Refer or Investigate

Surgeons must recognize the limits of their expertise and refer patients when necessary. Failure to refer or investigate symptoms, like neglecting a suspicious oral ulcer that turns out to be cancer, can result in medical negligence. Courts have ruled that

² Thomas R, Kumar S, Shetty K. Legal aspects of dental practice: An Indian perspective. J Forensic Dent Sci. 2015;7(2):91–6.

³ Consumer Protection Act, 2019 [Internet]. Ministry of Law and Justice, Government of India. [cited 2025 Jul 5]. Available from: [<https://egazette.nic.in>] (<https://egazette.nic.in>)

⁴ Bharatiya Nyaya Sanhita, 2023. Ministry of Home Affairs, Government of India. Act No. 45 of 2023.

diagnostic delays, when avoidable, breach the standard of care.⁵

5. Recordkeeping and Legal Traceability

Accurate medical records, including consent forms, operative notes, radiographs, and follow-up instructions, are essential for legal defense. Under the Bharatiya Sakshya Adhiniyam (BSA), 2023, both electronic and written records are admissible in court and hold significant evidentiary value.⁶

Medicolegal Pitfalls and Case Studies in Maxillofacial Surgery

Maxillofacial surgery is prone to medicolegal complications due to high aesthetic expectations, complex anatomy, and urgent decision-making. Common issues in India include postoperative disfigurement, delay in trauma care, improper consent, and wrong-site surgery.⁷ Below are key medicolegal pitfalls, supported by real case examples:

1. Negligent Surgical Technique

Allegations of operative negligence often arise when a surgical procedure falls below accepted standards. For example, iatrogenic injury to the facial nerve or the inferior alveolar nerve can lead to permanent sensory loss. In *Dr. R.P. Kapur v. Smt. Shanti Devi* (2011), a poorly executed excision of a cheek mass led to irreversible disfigurement, with the surgeon held liable for not properly discussing cosmetic risks.⁸

2. Wrong-Site or Unwarranted Surgery

Wrong-site surgery, such as removing the wrong tooth or performing unnecessary procedures, is considered a “never event” and cannot be defended as human error. In *Shyam Sunder v. State of Rajasthan* (2013), a dental surgeon was held liable for extracting the wrong molar, causing trauma and psychological harm.⁹

⁵ Chidambaram S, Sundaram SS. Delayed diagnosis and litigation risk in oral cancer: Lessons from Indian cases. *J Oral Maxillofac Pathol.* 2020;24(1):10–6.

⁶ Bharatiya Sakshya Adhiniyam, 2023. Ministry of Home Affairs, Government of India. Act No. 47 of 2023.

⁷ Sharma R, Chauhan P. Medicolegal risks in maxillofacial trauma management: An audit from a tertiary care center. *Natl J Maxillofac Surg.* 2021;12(1):75–9.

⁸ *Dr. R.P. Kapur v. Smt. Shanti Devi*, (2011). National Consumer Disputes Redressal Commission.

⁹ Menon A, Reddy M, Kumar A. Legal doctrine of Res Ipsa Loquitur in surgical errors: Implications in dental practice. *J Indian Assoc Public Health Dent.* 2022;20(1):3–7.

3. Failure to Diagnose or Delay in Referral

Delayed diagnosis of conditions like malignancies or fractures can lead to complications. In *Consumer Education & Research Society v. Dr. G.M. Mehta* (2017), a delayed diagnosis of a mandibular tumor led to extensive resection, and the dentist was held liable for failing to refer the patient promptly¹⁰

4. Cosmetic Disfigurement and Unmet Expectations

Facial aesthetics are subjective, and unmet expectations may lead to litigation. In cases of orthognathic surgery or trauma reconstruction, if outcomes cause noticeable asymmetry or scarring, litigation can follow. The NCDRC has stated that while aesthetic dissatisfaction alone isn't grounds for compensation, poor documentation of cosmetic risks weakens the surgeon's defence.¹¹

5. Failure to Obtain Valid Consent

Consent that is vague, generalized, or obtained under pressure can lead to allegations of unauthorized surgery. In *Samira Kohli v. Dr. Prabha Manchanda* (2008), the Supreme Court ruled that consent must be specific to the procedure and cannot be assumed for additional interventions unless it's an emergency, a principle applicable across all specialties.¹²

Consent and Confidentiality: Legal and Ethical Dimensions

In maxillofacial surgery, the principles of consent and confidentiality are not merely ethical ideals but legally enforceable obligations. These concepts form the bedrock of the doctor–patient relationship, ensuring that treatment is both lawful and respectful of the patient's autonomy and privacy.

Any breach in these areas whether through inadequate disclosure or unauthorized sharing of patient information can lead to serious civil, criminal, and professional consequences.

¹⁰ *Consumer Education & Research Society v. Dr. G.M. Mehta*, (2017). Gujarat State Consumer Commission.

¹¹ Joshi A. Medical negligence and cosmetic expectations: Legal position in India. *Med Law Rev India*. 2022;4(2):89–96.

¹² *Samira Kohli v. Dr. Prabha Manchanda & Anr.* (2008) 2 SCC 1.

1. Types of Consent: Understanding Legal Validity

The Bharatiya Nyaya Sanhita (BNS), 2023, while retaining the core spirit of the previous IPC, now provides a modernized framework for interpreting acts done in good faith, including in medical emergencies. However, in nonemergency surgical settings, explicit, informed, and written consent remains mandatory.

There are three primary types of consent recognized under Indian law:

- **Implied Consent:** Valid for basic clinical examination or history taking. Not acceptable for invasive procedures.
- **Express (Written) Consent:** Legally mandatory for surgical interventions, especially those involving risk to life, aesthetics, or long-term functionality.
- **Proxy Consent:** Applicable when the patient is a minor or mentally incapacitated. This must be obtained from a legal guardian and documented with proper identity verification.

In emergent trauma scenarios, Section 37 of the BNS, 2023 allows for implied emergency consent, provided that the intervention is essential to save life or prevent serious harm, and the action is performed in good faith.¹³

2. Elements of Valid Informed Consent

- For consent to stand legal scrutiny, it must fulfill the following:
- Be obtained voluntarily, without coercion or misrepresentation.
- Be procedure specific, covering both the primary surgery and any potential auxiliary steps (e.g., bone grafting or plating).

Include a thorough explanation of:

¹³ Bansal A, Kapoor R. Emergency medical care and implied consent: Relevance of BNS provisions. Indian J Med Ethics. 2024;21(1):11–4.

- Nature and purpose of the procedure
- Expected benefits and duration
- Recognized risks and complications
- Alternatives (including no treatment)
- Likely aesthetic and functional outcomes

In the case of *Montgomery v. Lanarkshire Health Board* (UKSC, 2015), the principle was clearly established that patients must be informed of material risks in a way they can understand, not in overly technical language. While this is a UK ruling, Indian courts are increasingly citing international judgments in medical negligence cases, especially in higher forums.¹⁴

Informed consent becomes even more critical when employing adjunctive or emerging techniques, which patients may not fully understand. One such example is micro-Oste perforation (MOP) a minimally invasive surgical approach used to accelerate orthodontic tooth movement. While the technique has demonstrated efficacy, it also carries potential discomfort and uncertain long-term outcomes, necessitating procedure-specific consent and full disclosure of risks.²⁸ Courts have consistently held that failure to disclose material information even for minor interventions may render the consent invalid, especially when complications arise.

3. Confidentiality: Legal Limits and Ethical Duties

Patient confidentiality is a core ethical duty under the Medical Council of India Code of Ethics, now overseen by the National Medical Commission (NMC). Confidentiality extends to:

- Clinical records
- Radiographs and operative photos
- Identity and diagnosis

¹⁴ *Montgomery v. Lanarkshire Health Board* [2015] UKSC 11.

- Forensic findings (e.g., assault related injuries)

In *Mr. X v. Hospital Z* (Supreme Court of India, 1998), the court ruled that patient confidentiality is not absolute it may be breached when public interest outweighs personal privacy.¹⁵

In maxillofacial practice, special caution is required when handling trauma cases, medicolegal assault wounds, or sexual violence injuries involving oral genital contact. Photographic evidence, radiographs, or narratives shared in case presentations must be fully anonymized and used with written permission or under academic/legal authorization.

4. Digital Consent and Teleconsultation

With the growing use of digital platforms, teleconsultations and electronic consent have become more common. The Telemedicine Practice Guidelines, 2020 issued by the Ministry of Health permit electronic consent but recommend documentation through text confirmation, digital signature, or video consent where possible. Maxillofacial surgeons offering presurgical opinions or trauma triage online must comply with these protocols to remain legally protected.¹⁶

Maxillofacial Surgeons as Medicolegal Experts

Beyond the operating theatre, maxillofacial surgeons often play an important but underrecognized role in the medicolegal and forensic system. Due to their expertise in facial anatomy, dentition, and trauma patterns, they are frequently called upon to assist in legal investigations, offer expert opinions, and provide evidence in courts. Their assessments can influence criminal convictions, personal injury claims, and even the identification of deceased individuals.

1. Trauma Documentation in Assault and RTA Cases

In India, oral and facial injuries are common in road traffic accidents (RTAs), interpersonal

¹⁵ *Mr. X v. Hospital Z* (1998) 8 SCC 296.

²⁸ Nayak SC, Acharya K, Mishra A, Biswal SR, Pradhan A. Micro-osteoperforation for accelerating orthodontic tooth movement. *IP Indian J Orthod Dentofacial Res.* 2025;11(2):93–96.

¹⁶ Ministry of Health and Family Welfare. Telemedicine Practice Guidelines. New Delhi: Government of India; 2020.

violence, and domestic abuse. Maxillofacial surgeons are frequently the first specialists to evaluate these cases. Their role in documenting the nature, location, severity, and cause of injuries is critical for both clinical management and legal prosecution.

A Medicolegal Injury Report (MLC) must be:

- Promptly prepared
- Factually descriptive (without assuming intent)
- Free of subjective interpretation
- Supported by photographic and radiological evidence

Under the Bharatiya Sakshya Adhiniyam (BSA), 2023), such reports, when authenticated and properly recorded, are considered admissible documentary evidence in court proceedings.¹⁷

2. Expert Testimony and Legal Examination

Maxillofacial surgeons may be summoned to provide oral or written expert testimony in criminal courts or consumer forums. Their analysis can assist in:

- Determining grievousness of injury (previously under Section 320 IPC; now interpreted under BNS provisions)
- Establishing cause effect relationships (e.g., if a fracture is consistent with blunt trauma)
- Commenting on permanent disability or facial disfigurement

Courts place significant weight on expert opinions when deciding on culpability, compensation, or sentencing, particularly in cases involving facial disfigurement, acid attacks, or grievous injury certification.¹⁸

¹⁷ Bharatiya Sakshya Adhiniyam, 2023. Section 61–66: Digital Evidence Provisions.

¹⁸ Paul G, Sharma S. Role of dental experts in Indian criminal courts: Forensic and ethical perspectives. J Forensic Sci Crim Investig. 2021;17(3):1–5.

3. Forensic Identification and Bite Mark Analysis

Dentofacial structures are highly individual. In mass disasters, criminal cases, or unclaimed bodies, maxillofacial specialists and forensic odontologists are crucial in:

- Age estimation (based on dental eruption, root formation, and facial bone development)
- Identification through dental records, orthopantomograms (OPG), or implant data
- Bite mark analysis in assault or sexual abuse cases

While the scientific reliability of bite mark analysis has been debated internationally, Indian courts still admit such evidence, particularly when supported by photographic overlays, impressions, and anatomical correlation.¹⁹

4. Ethical Balance Between Clinical Care and Legal Role

Surgeons often face ethical dilemmas: What if the trauma victim is also the assailant? How much should be disclosed to the police? When does clinical suspicion warrant legal reporting?

Indian law mandates that doctors report MLC injuries, suspected abuse, and unnatural deaths, but it also expects them to respect patient confidentiality unless disclosure is legally required. Balancing this dual obligation of legal duty and patient trust requires clarity, neutrality, and proper documentation.

Criminal and Civil Liabilities in Maxillofacial Surgery

In India's increasingly aware and litigious society, the maxillofacial surgeon may find themselves held accountable not only in civil courts for compensation but also in criminal courts for personal liability. While complications are an accepted risk in any surgical field, negligence, omission, or misconduct whether real or perceived can expose the surgeon to harsh legal scrutiny.

¹⁹ Rai B, Anand SC. Bite mark analysis in India: Challenges and reliability. J Forensic Odontostomatol. 2016;34(1):1–6.

1. Criminal Liability: The BNS, 2023 Perspective

Under the Bharatiya Nyaya Sanhita (BNS), 2023), criminal provisions relating to medical negligence are updated versions of former IPC statutes.

- **Section 106: Death Caused by Negligent Act**

This replaces Section 304A IPC. It criminalizes acts where death results from a rash or negligent act, not amounting to culpable homicide. If a surgical complication leads to death and the act is proven to be reckless or grossly negligent, the surgeon may be criminally prosecuted under this section.²⁰

However, courts have consistently held that to convict a doctor criminally, the negligence must be “gross and of a high degree,” as per *Jacob Mathew v. State of Punjab* (Supreme Court, 2005). Ordinary errors in judgment are not enough for criminal conviction.

- **Section 124: Voluntarily Causing Hurt**

This provision, analogous to the old Section 319 IPC, may apply if surgery results in unjustified harm for instance, extracting the wrong tooth or operating without valid consent.

- **Section 122: Grievous Hurt**

A surgical error that causes permanent disfigurement or loss of function (e.g., facial nerve paralysis) may fall under “grievous hurt” if proven to be the result of unjustifiable or reckless intervention.

2. Civil Liability: Consumer Protection Act (CPA), 2019

Under the CPA, 2019, patients can initiate claims against doctors and hospitals for deficiency in service. This includes:

- Delay in diagnosis or referral
- Surgical mishap or poor outcomes

²⁰ Bharatiya Nyaya Sanhita, 2023. Section 106: Death by negligence.

- Inadequate postoperative care
- Poor communication or consent process

In *Dr. Balram Prasad v. Dr. Kunal Saha* (Supreme Court, 2013), a record compensation of over ₹6 crore was awarded for medical negligence underscoring the growing consumer power in Indian medical litigation.²¹

For maxillofacial surgeons, even small errors like postoperative infections, unsatisfactory cosmetic results, or poor communication can trigger legal action. While insurance helps financially, reputation loss and emotional toll remain real risks.

3. Professional Disciplinary Liability: NMC Guidelines

Apart from courts, the National Medical Commission (NMC) has the power to:

- Suspend or cancel medical licenses
- Issue warnings or reprimands
- Penalize unethical conduct (e.g., unauthorized aesthetic surgery, fee disputes, false advertising)

Surgeons found violating ethical codes such as operating without consent, using unapproved implants, or failing to refer complex cases may face disciplinary actions that impact licensure and career progression.²²

4. Landmark Indian Judgments Involving Surgical Negligence

- *V. Kishan Rao v. Nikhil Super Specialty Hospital* (2010): Confirmed that expert evidence is necessary in negligence claims, except where negligence is obvious.
- *Martin F. D'Souza v. Mohd. Ishfaq* (2009): Directed courts to consult medical boards before proceeding against doctors.

²¹ *Dr. Balram Prasad v. Dr. Kunal Saha & Ors.* (2014) 1 SCC 384.

²² National Medical Commission (NMC). Professional Conduct Regulations. New Delhi: NMC; 2023.

- *Indian Medical Association v. V.P. Shantha* (1995): Brought medical services under the purview of the Consumer Protection Act.

Documentation as Legal Defense in Maxillofacial Surgery

In the courtroom, what is not written may as well not exist. For maxillofacial surgeons, clinical documentation is not only a medical necessity it is a powerful legal shield. Well-maintained records can exonerate a surgeon in the face of allegations, while poor or absent documentation can turn even a justifiable complication into a career threatening liability.

Courts in India, under both the Consumer Protection Act, 2019 and the Bharatiya Sakshya Adhiniyam (BSA), 2023) (which replaced the Indian Evidence Act), heavily rely on documented records to determine the sequence of events, intent, and standard of care delivered.²³

1. Essential Components of Medicolegal Documentation

Every maxillofacial case whether elective or emergency should include the following:

- **Detailed Case History and Clinical Examination:** Include chief complaints, medical history, allergies, and clinical findings. Timed and dated entries are crucial.
- **Radiographs and Imaging Reports:** CBCT, OPG, or CT scans with annotations are essential in trauma or pathology cases. Ensure these are preserved digitally with patient identifiers.

Informed Consent Forms: Should be written, signed by the patient (or guardian), and witnessed. Forms must detail procedure specific risks such as:

- Scarring
- Facial asymmetry
- Sensory deficits

²³ Sharma V, Goel S. Medical records as legal evidence: Practical implications for Indian surgeons. Indian J Surg. 2022;84(5):735–40.

- Functional limitations (e.g., restricted mouth opening or speech issues)

Operative Notes: A stepwise intraoperative summary is vital. Include the time of incision, anesthesia used, intraoperative complications, and implant details.

2. Electronic Health Records (EHR) and Legal Validity

Under the Information Technology Act, 2000, and reaffirmed in BSA, authenticated electronic records including scanned notes, digital signatures, and timestamped entries are legally admissible. Hospitals should implement EHR systems with secure backups and audit trails to avoid tampering allegations.²⁴

3. When Documentation Fails: Legal Consequences

Lack of proper documentation has been at the root of several adverse judgments. In *Dr. Kunal Saha v. AMRI Hospital* (2013), the Supreme Court highlighted that missing records, inconsistent discharge summaries, and unclear surgical notes undermined the defense and contributed to one of the largest compensation verdicts in Indian medicolegal history.²⁵

In maxillofacial cases, the absence of a properly signed consent form or an incomplete operative note can lead courts to assume professional negligence by default, especially when complications arise.

Proposed Reforms and Recommendations

As legal scrutiny intensifies in Indian healthcare, maxillofacial surgeons must not only safeguard themselves individually but also advocate for systemic changes that reduce the legal risks inherent to surgical practice. The solution lies not in defensive medicine or avoiding high-risk cases, but in building a legally aware, ethically grounded, and structurally supported practice environment.

1. Legal Literacy and Training in Surgical Curriculum

Legal education remains conspicuously absent from most surgical training programs in India.

²⁴ Information Technology Act, 2000. Ministry of Electronics and IT, Government of India.

²⁵ *Dr. Kunal Saha v. AMRI Hospital & Ors.* (2013). Supreme Court of India.

Maxillofacial surgery residents are seldom taught how to:

- Read consent forms critically
- Understand statutory duties under BNS or CPA
- Handle police MLC protocols or court summons

Inclusion of medicolegal modules in the Master of Dental Surgery (MDS) curriculum and continuous professional development (CPD) in legal aspects should be mandated. These sessions should cover:

- Consent law and communication
- Criminal and civil liability scenarios
- Legal documentation standards
- Testifying in court as a medical expert

Collaborations between law schools and medical colleges could foster interdisciplinary understanding and produce more legally aware surgeons.²⁶

2. Good Samaritan Protections and Legal Immunity in Emergencies

Trauma surgeons often hesitate to intervene in roadside accidents or medicolegal emergencies due to fear of police harassment or litigation. The Good Samaritan Guidelines issued by the Government of India (MoRTH, 2016) and supported under the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023) provide protection to doctors who act in good faith to save lives.²⁷

Awareness of these protections must be improved, and hospital administrations must back their surgeons with documentation and legal support when such cases arise.

²⁶ Singh A, Thakur V. Introducing law in medical curriculum: A call for interdisciplinary reform. *Indian J Med Ethics*. 2023;20(4):206–10.

²⁷ Ministry of Road Transport and Highways. Good Samaritan Guidelines. New Delhi: Government of India; 2016.

3. Better Regulation of Elective and Aesthetic Surgeries

Maxillofacial surgery today includes elective procedures like orthognathic surgery, facial implants, and scar revisions. However, no specific Indian law currently governs aesthetic surgical practices, leading to:

- Unregulated advertising
- Unrealistic patient expectations
- Inconsistent standards for cosmetic outcome counseling

Conclusion

Maxillofacial surgeons in India must navigate a landscape where clinical judgment and legal accountability are increasingly intertwined. While their expertise corrects physical deformities, it also operates under legal scrutiny, including duties of care, consent, and documentation, as well as criminal and civil liabilities.

Legal literacy is crucial for surgeons to provide ethical, defensible, and patient-centred care. Understanding the legal framework enhances both protection and responsibility in practice. As India's legal system evolves and patients become more informed, it's vital for surgical professionals to stay updated. Academic institutions and professional bodies must ensure surgeons are equipped not only with technical skills but also with knowledge of their legal rights and duties.

In these dual roles healer and legal subject, the maxillofacial surgeon must learn to operate not only with skill, but with clarity, caution, and conscience.