I.M.A.G.S.B. NEWS BULLETIN

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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GUJARAT MEDICAL JOURNAL

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Dear Friends

Indian Medical Association is voluntary organization and is for spreading and fostering brotherhood amongst ourselves. IMA is not only forum for Academic Interest, but also a forum to enhance the relationship between us. The unity of members of our Association forms the foundation in which we can construct all our activities including Community service. Hence the friendship and fellowship is the most important objectives of our IMA. In order to strengthen the effective functioning of the local branches, every office bearer and members should know our obligations to IMA, Benefits of joining IMA, the ways and means of improving the attendance, friendship and fellowship amongst the members and how to build rapport and good relations with the society at large. Please involve yourself in its activity. Give your time & skill for the Association. Please attend your branch meeting in the **mutual interest** of **yourself and IMA.** No branch can operate efficiently without the full **participation of its members** in regular meetings. **Non-attendance causes** failure of the branch to receive the members ideas. "Attendance percentage is the **health indicator** of the branch".

Leaders are special people of great vision, talents & influence who successfully guide, motivate and inspire others to achieve their high goals. Your President and Secretary along with whole TEAM IMA GSB are working to gather with effective co-ordinator, co-operation to run the Association in a smooth and effective manner. For better communication, we require your phone numbers, mobile number and e-mail. The local branch Presidents and Hon. Secretaries are requested to submit the updated data of their members. The

decisions are not reaching to the grass root level workers because of communication gap between state branch, local branch & individual members. The data provided by you will help us to fill up this gap.

Young members should be involved in all our activities. The wisdom of elders and vigor of youth are the key point for success to any organization. We should give more chances for the youth to take up the office and to run the office with **Dynamism.** Every senior member should be a role model to the youthful members.

Last year our respectable IMA Past National President Dr. Jitendra B. Patel had launched two National project. IMA knowledge and Life Style Disease Awareness programme. Our IMA GSB Past President Dr. Suresh P. Amin is leading the Life Style Disease Awareness programme. All the State Working Committee members as well as local branch Presidents & Hon. Secretaries will receive a complete guide book for implementation. We request you to implement in in your branch.

The meeting of State President and Hon. State Secretaries organized by IMA HQ at Mumbai. Our State activities were praised by all the members including the National leadership. So friends report your activities to our State office in a prescribed format.

Our next GIMACON is schedule on 28th & 29th November 2015. Represent your branch in a very large number in this mega state event. The registration form is in this bulletin as well as on IMA GSB's web site : www.imagsb.org. The Team IMA Vadodara is working very hard to make it successful. Register for the same in very large number.

The world is full of good, ethical people. If you cannot find one, you be one.

Dr. Chetan N. Patel
(President, G.S.B.,I.M.A.)

Dr. Jitendra N. Patel
(Hon. State Secy. G.S.B.I.M.A.)

Self-regulation is always better than external regulations.

IMA White paper on Cough Sutras: Some suggestions

- Do not ignore sore throat in children
- Sore throat is not same as flu
- You may have sore throat without cough and cold
- Do not ignore any red looking sore throat in children' it can cause rheumatic heart disease
- Do not ignore sore throat and joint pain in children
- Sore throat in children may require antibiotics
- Chronic cough may be due to asthma
- Do not ignore cough of over two weeks duration• Cough and cold means viral infections
- Cough and cold may require no antibiotics
- Stay three feet away from a person who is coughing or sneezing
- Never cough in your hands or handkerchiefs
- Always cough in disposable tissue paper or your sleeves
- Dry cough requires cough suppressants while cough with sputum requires cough expectorants
- Chronic acidity can cause cough
- Do not ignore tonsillar infections in children
- Irrational use of antibiotics in sore throat can be dangerous
- In a hospital setting always ask for surgical mask at reception
- Patients with cough have a right to get a surgical mask at reception and getting priority at lab imaging and other investigations
- Do not spit sputum in open
- Always dispose sputum in a disposable container, use phenyl or bleaching powder to disinfect
- High risk children should be given annual flu vaccine
- Do not give aspirin in children to reduce fever. It can cause fatal liver injury
- All cough syrups are not same

INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

Sri Narendra Modiji

Honorable Prime Minister of India

Respected Sir,

Indian Medical Association, the largest organization of doctors in the world, places on record our appreciation for taking up the cause of women and taking steps for financial empowerment of women and save the girl child.

Indian Medical Association for the last ten years have been promoting the agenda of save the girl child. IMA is concerned about the declining sex ratio in India. The national steering committee on PCPNDT Act also has floated the slogan Betti Bachao, Desh Badhao. IMA with 2.5 lakhs membership in 30 states and Union Territories and 17,000 local branches offer full support in financial empowerment of women, the only tool through which the declining sex ratio in India can be corrected.

In this context, IMA also wish to express our concern regarding the PCPNDT Act, which is meant to prevent female foeticide. IMA fully endorse the clause 23 of the act, which awards imprisonment and financial punishment on Doctors who abet female foeticide. At the same time, IMA is against the clause 25 which awards the same punishment on Doctors for non-conformity of the act in terms of not-wearing the badge/apron, not displaying the registration certificate, not keeping copy of the PCPNDT Act in the diagnostic centre and deficiencies in the filling of the various forms.

IMA requests the government to amend the clause 25 so that only fine is given for minor non-conformities and non-compliance.

Already more than 4000 cases exist in this regard and many courts have ordered imprisonment of doctors for minor non-conformity. Thousands of ultra sound scan machines have been confiscated and diagnostic centres closed down.

Ultrasonography has now become the cheapest and easily available, cost effective and user friendly diagnostic tool right from trauma and emergency management to every segment of medical diagnosis and care. Putting undue restrictions on the use

of ultrasound could only be counter productive and it will definitely cause immense damage to health care

The purpose of the PCPNDT Act is to address the problem of declining sex ratio in India. It is a stark fact that over the last twelve years after the act has become operational, no change in the sex ratio has happened. In fact, the decline in sex ratio do also occur between the age of 1 to 5 and not only at the foetal stage. A medical intervention in the form of PCPNDT act alone cannot solve a social evil. Only by social intervention, this problem can be addressed. The Indian Medical Association appreciate the steps taken by the Prime Minister to solve this decline in sex ratio by social interventions through financial empowerment of women. The advocacy for selfie of the father with a girl child, encouraging people to gift insurance policy to women on raksha bandhan day etc. are novel ideas. IMA also suggest that the government should partially defray the educational expenditure of girl child, the marriage expenditure of women and bring in reservation for women in employment.

While appreciating Betti Bachao, Betti Padhao scheme, IMA also request the Government to bring in amendments in PCPNDT Act to make it more user-friendly and to retain Ultrasound scan as the cheapest, most accessible user friendly and important medical diagnostic tool.

Thanks and Regards

Dr. A. Marthanda Pillai
National President, IMA (HQs)

Dr. K. K. Aggarwal
Hon. Secretary General, IMA (HQs)

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DAYS TO BE OBSERVED

01st September	Women's Heart Day
04th – 11th September	World Pharmacy Week
21st September	World Alzheimer's Day
24th September	World Heart Day

STATE PRESIDENT-HONY. SECY. & OFFICE BEARERS TOURS/VISIT

25/26-7-15 Dr. Bipin M. Patel; Imm. Past President, IMA-GSB Dr. Jitendra N. Patel; Hon. State Secretary attended Felicitation ceremony at IMA Jamnagar.

8/9-8-2015 Dr. Jitendra B. Patel; Imm. Past President, IMA (HQs), Dr. M. R. Kanani, Vice President, IMA (HQs) Dr. Jitendra N. Patel; Hon. State Secretary attended meeting of State Presidents & Secretaries at Mumbai.

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Appeal for Blood Donation Camp

To organize Blood Donation Camp in Gujarat and Ahmedabad.

Contact : **Dr. Jitendra N. Patel**
M: 9825325200
Email: imagsb@gmail.com

You can organize blood donation camp in your clinic, society, hospital, office, complex, corporate offices, N.G.O., etc….

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CONGRATULATIONS

❖ **Dr. M. M. Prabhakar, Medical Superintendent, Civil Hospital, Ahmedaabd**

Received Prestigious "National Awards for Excellence in Healthcare" in the category of outstanding Achievement Award in Healthcare - Social Causes, presented by CMO ASIA at Mumbai on 24th July, 2015.

❖ **Dr. Smita Nagpal; Ahmedabad**

Being awarded rising star scholarship at 23rd World Congress of Dermatology (WCD) in Vancouver, Canada, June, 2015.

❖ **Dr. Dhiraj H. Sahayata; Radhanpur**

For being elected as Chairman, The Bhabhar Vibhag Nagrik Sahakari Bank Ltd. for the year 2015-2016.

❖ **Dr. Kalpanaben Khandharia; Jamnagar**

President : Rotary Club of Senoras, Jamnagar.
President : Jamnagar Cancer Research Institute.
Member : National Adolescent, Food & Drug committee FOGSI
Director of health panel : Indian Red Cross Society, Jamnagar.

❖ **Dr. Heli Sudhir Shah; daughter of Dr. Sudhir V. Shah; Ahmedabad**

For achieving first rank in MD (Medicine) in Gujarat University with Gold Medal (73.7%) May, 2015

❖ **Pranjal; daughter of Dr. Paresh Majmudar; Vadodara**

For participation in the Senior category of Solo, Duet & Trio dance in Kathak classical. Senior category in solo dance semi classical style at All India Multi-Lingual Drama, Dance, Music contest / fest Global harmony

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GUJARAT STATE S.S.C. BOARD

Name	:	**BALANI HYNNY NARESHBHAI**
Percentile Rank	:	99.99 (A1)
Date Of Birth	:	26/03/1999
School	:	Gyanmanjari Vidhyapith, Bhavnagar
Hobby	:	Reading Poetry, Drawing, Tennis
Father's Name	:	Dr. Naresh G. Balani
Mother's Name	:	Mrs. Soniya N. Balani

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GUJARAT STATE S.S.C. BOARD (CBSE)

Name	:	AASHAY ATUL SHAH
Grade	:	A1
Date Of Birth	:	29/06/1999
School	:	Prakash High School
Hobby	:	Outdoor, Sports, Football
Father's Name	:	Dr. Atul J. Shah
Mother's Name	:	Dr. Shaila A. Shah

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GUJARAT STATE H.S.C. BOARD

Sarthak	Dr. Sunil P. Shah (Ahmedabad)	99.31 % (A2)

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24510	Dr. Prajapati Bharat Ambalal	Mehsana
LM/24511	Dr. Salunke Abhijit Ashokbhai	Anand
LM/24512	Dr. Patel Vishang Prahladbhai	Himatnagar
LM//24513	Dr. Patel Arti Girishbhai	Himatnagar
LM/24514	Dr. Javia Mayank Devajibhai	Bhujkutch
LM/24515	Dr. Sanaria Joy Maganlal	Rajkot
LM//24516	Dr. Sanaria Kinjal Joy	Rajkot
LM/24517	Dr. Sharma Neeraj Jaibhagwan	Rajkot
LM/24518	Dr. Thumbadiya Alpesh Shamal	Rajkot
LM/24519	Dr. Kanzariya Hitesh Merubhai	Rajkot
LM/24520	Dr. Kavar Kalpesh Shantilal	Rajkot
LM/24521	Dr. Chokshi Jimmy Jyotinbhai	Anand
LM/24522	Dr. Shah Ankit Prakashbhai	Surendranagar
LM/24523	Dr. Patel Hasit Kanaiyalal	Unjha
LM/24524	Dr. Patel Maulik Dineshbhai	Unjha
LM/24525	Dr. Patel Mitul Bhikhabhai	Deesa
LM/24526	Dr. Raval Chintan Madhusudan	Patan
LM/24527	Dr. Mecwan Preetej Jayantbhai	Anand
LM/24528	Dr. Macwan Priscilla Jayant	Anand
LM/24529	Dr. Chaudhari Nisarg Raghjibhai	Palanpur
LM/24530	Dr. Patel Vishal Baldevbhai	Anand
LM/24531	Dr. Mahajan Ketas Kaushikkumar	Anand
LM/24532	Dr. Dudhia Sneh Hemantbhai	Anand
LM/24533	Dr. Chaudhari Piyush Babubhai	Navsari
LM/24534	Dr. Chaudhari Khushboo Dilipbh	Navsari
LM/24535	Dr. Patel Dikesh Thakorbhai	Navsari
LM/24536	Dr. Patel Saurabh Rameshbhai	Navsari
LM/24537	Dr. Patel Darshan Sureshbhai	Bayad
LM/24538	Dr. Vaddorya Sandip Chaturbhai	Surat

LM/24539	Dr. Patel Naynaben Babubhai	Surat
LM/24540	Dr. Madhiwala Abhijit S.	Surat
LM/24541	Dr. Gondalia Kazumi Viralbhai	Surat
LM/24542	Dr. Patel Vishal Mahendrabhai	Gandhinagar
LM/ORDY	Dr. Mansuri Uzzaif Usmanbhai	Ahmedabad
LM/ORDY	Dr. Mansuri Sadaf Uzzaifbhai	Ahmedabad
LM/24543	Dr. Somani Abhishek Shailesh	Kapadwanj
LM/24544	Dr. Akhani Dhavl Dineshkumar	Palanpur
LM/24545	Dr. Barad Ajaysinh Narpatsinh	Palanpur
LM/24546	Dr. Patel Nishith Mahendrabhai	Valsad
LM/24547	Dr. Patel Hetalkumari Arvind	Valsad
LM/24548	Dr. Shah Sanket Bharatkumar	Vadodara
LM/24549	Dr. Desai Smiral Yogeshkumar	Vadodara
LM/24550	Dr. Mehta Nikunj Vinodchandra	Vadodara
LM/24551	Dr. Patel Abhinam Hemendrabhai	Vadodara
LM/24552	Dr. Prajapati Nitin Devjibhai	Vadodara
LM/24553	Dr. Rathava Rakesh Mangalbhai	Vadodara
LM/24554	Dr. Gadhavi Mahnish Vijaybhai	Surendranagar
LM/24555	Dr. Gadhavi Ketan Devsurbhai	Surendranagar
LM/24556	Dr. Gadhavi Mansi Vijaykumar	Surendranagar
LM/24557	Dr. Mehta Jigesh Mukeshbhai	Bharuch
LM/24558	Dr. Prajapati Mangala Jashbhai	Anand
LM/24559	Dr. Parmar Paresh Babulal	Ahmedabad
LM/24560	Dr. Shah Nikita Nareshbhai	Ahmedabad
LM/24561	Dr. Mansuri Gazala Hasanbhai	Ahmedabad
LM/24562	Dr. Modiya Yogesh Nanjibhai	Ahmedabad
LM/24563	Dr. Modiya Kinjal Yogeshbhai	Ahmedabad
LM/24564	Dr. Gupta Satya Basantilal	Ahmedabad
LM/24565	Dr. Gadani Maulesh Nitinbhai	Ahmedabad
LM/24566	Dr. Shah Brijesh Champaklal	Ahmedabad
LM/24567	Dr. Ramwani Mitesh Gautambhai	Ahmedabad
LM/24568	Dr. Patel Alpesh Purushottam	Ahmedabad
LM/24569	Dr. Panchal Chirag Vishnuprasad	Ahmedabad
LM/24570	Dr. Panchal Amee Chiragbhai	Ahmedabad
LM/24571	Dr. Mori Chintan Maganlal	Ahmedabad

LM/24572	Dr. Varmora Ravi Damjibhai	Ahmedabad
LM/24573	Dr. Patel Parthiv Jayantilal	Ahmedabad
LM/24574	Dr. Lodha Nitin Ashokbhai	Ahmedabad
LM/24575	Dr. Patel Rishap Ambalal	Ahmedabad
LM/24576	Dr. Patel Dixita Rishapbhai	Ahmedabad
LM/24577	Dr. Hedamba Rutvij Harshadbhai	Ahmedabad
LM/24578	Dr. Maheshwari Sunil Tulsidas	Ahmedabad
LM/24579	Dr. Solanki Pratik Jitendrakumar	Ahmedabad
LM/24580	Dr. Soni Maulik Rameshkumar	Ahmedabad
LM/24581	Dr. Surela Abhilash Mansukhlal	Ahmedabad
LM/24582	Dr. Shah Megha Pradipbhai	Amreli
LM/24583	Dr. Kagathara Pooja Dineshbhai	Morbi
LM/24584	Dr. Agrawal Navin Bishnuprasad	Surat
LM/24585	Dr. Bamania Dhaval Narendrabhai	Surat
LM/24586	Dr. Shamaliya Khyati D.	Surat
LM/24587	Dr. Trivedi Parth Anilkumar	Palanpur
LM/24588	Dr. Shah Mrunal Lomeshbhai	Navsari
LM/24589	Dr. Chaudhary Tushar Jesangbhai	Mehsana
LM/24590	Dr. Chaudhari Dhaval Kantilal	Kheralu
LM/24591	Dr. Munji Bababhai Hemabhai	Mehsana
LM/24592	Dr. Patel Suchita Anilbhai	Surat
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LM/24594	Dr. Suthar Jaymin Somabhai	Palanpur
LM/24595	Dr. Rajpurohit Ravi Shivnaraya	Palanpur
LM/24596	Dr. Gupta Aprajita Ramkishan	Palanpur
LM/24597	Dr. Patel Amit Rameshbhai	Vapi
LM/24598	Dr. Bhatti Mohammedsafi N.	Amreli
LM/24599	Dr. Vaghela Hasumati Muljibhai	Surat
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LM/24601	Dr. Suratwala Jay Narendrabhai	Surat
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LM/24604	Dr. Mehta Aashinee Pareshbhai	Ahmedabad
LM/24605	Dr. Dongara Ashish Rajeshwar	Ahmedabad
LM/24606	Dr. Dongara Dwiti Ashishbhai	Ahmedabad

LM/24607	Dr. Suthar Apurva Harendrabhai	Ahmedabad
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LM/24612	Dr. Shah Arpit Subhashbhai	Ahmedabad
LM/24613	Dr. Agrawal Rinky Manishbhai	Ahmedabad
LM/24614	Dr. Chauhan Prakash Chhaganbhai	Ahmedabad
LM/24615	Dr. Shah Rushi Manojbhai	Ahmedabad
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LM/24617	Dr. Parmar Ravikrishna Dilip	Ahmedabad
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LM/24622	Dr. Patel Kavach Hirabhai	Nadiad
LM/24623	Dr. Morthana Chetan Ashvinsing	Ankleshwar
LM/24624	Dr. Kher Priyankakumari R.	Ankleshwar
LM/24625	Dr. Agrawal Heming Ashokkumar	Daman
LM/24626	Dr. Singal Shilpa	Daman
LM/24627	Dr. Agrawal Palak Ashokkumar	Daman
LM/24628	Dr. Gupta Prashant Mohanlal	Vadodara
LM/24629	Dr. Vaghela Parth Kishorkumar	Vadodara
LM/24630	Dr. Parekh Shivam Bipinbhai	Vadodara
LM/24631	Dr. Mavadiya Shashikant B.	Vadodara
LM/24632	Dr. Thorat Rutik Palubhai	Vadodara
LM/24633	Dr. Doshi Jinal Nileshbhai	Vadodara
LM/24634	Dr. Raina Sumeru	Vadodara
LM/24635	Dr. Seth Shruti	Vadodara
LM/24636	Dr. Gandhi Arun Chandanmal	Vadodara
LM/24637	Dr. Bhandari Kamana Rameshbhai	Vadodara
LM/24638	Dr. Shah Vishal Nitinkumar	Vadodara
LM/24639	Dr. Shah Kruti Vishalbhai	Vadodara
LM/24640	Dr. Varma Veena Gopalbhai	Palitana
LM/24641	Dr. Kakkad Dipesh Kishorbhai	Veraval

LM/24642	Dr. Prajapati Dhavl Natwarbhai	Anand
LM/24643	Dr. Chhajwani Sunil Harisharan	Anand
LM/24644	Dr. Pratap Amit Birendra	Anand
LM/24645	Dr. Sinha Archana	Anand
LM/24646	Dr. Panchal Rupen Devendrabhai	Ahmedabad
LM/24647	Dr. Panchal Dhara Rupenbhai	Ahmedabad
LM/24648	Dr. Dwivedi Kumarsheel S.	Ahmedabad
LM/24649	Dr. Dwivedi Saloni Kumarsheel	Ahmedabad
LM/24650	Dr. Rajpurohit Gopalsingh	Ahmedabad
LM/24651	Dr. Mehta Amol Surindra	Ahmedabad
LM/24652	Dr. Madan Tarun Harishchander	Ahmedabad
LM/24653	Dr. Chauhan Dhaval Sureshkumar	Ahmedabad
LM/24654	Dr. Domadia Paresh Jaysukhbhai	Ahmedabad
LM/24655	Dr. Patel Shaunak Ambarishbhai	Ahmedabad
LM/24656	Dr. Ramsinghani Rajkumar	Ahmedabad
LM/24657	Dr. Shah Mit Bhadreshbhai	Ahmedabad
LM/24658	Dr. Darji Shailesh Hasmukhlal	Ahmedabad
LM/24659	Dr. Darji Payal Shaileshbhai	Ahmedabad
LM/24660	Dr. Dave Smitul Mayankbhai	Ahmedabad
LM/24661	Dr. Shrimali Jigar Dahyabhai	Ahmedabad
LM/24662	Dr. Vasa Punit Bipinbhai	Rajkot
LM/24663	Dr. Gosalia Ekta Vinodbhai	Rajkot
LM/24664	Dr. Barochia Chirag Chandulal	Rajkot
LM/24665	Dr. Thakrar Milap Pravinchandra	Rajkot
LM/24666	Dr. Vyas Ashutosh Mukeshbhai	Rajkot

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OBITUARY

Dr. Kishorchandra R. Rajguru

(13/05/1937 - 29/04/2015)

Age : 78 Years
Qualification : Physician
Name of Branch : Rajkot

Dr. V. P. Sojitra

(09-02-1934 - 25/05/2015)

Age : 81 Years
Qualification : L.M.P.
Name of Branch : Gondal

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Dr. P. R. Munjpara

(13/08/1952 - 30/05/2015)

Age : 63 Years
Qualification : M.S. (Ophth.)
Name of Branch : Bhavnagar

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Dr. Harshad Rasiklal Shah

(23/02/1937 - 18/07/2015)

Age : 78 Years
Qualification : M.B.B.S., D.O.
Name of Branch : Nadiad

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Dr. Parekh Hitesh P.	27-03-2015	Rajkot
Dr. Desai Harshad N.	10-04-2015	Navsari
Dr. Desai Sanjay R.	18-04-2015	Surat
Dr. Naik Arunkumar H.	30-04-2015	Visnagar
Dr. Padhiya Rajesh T.	22-05-2015	Ahmadabad
Dr. Patel Maganbhai R.	23-05-2015	Unjha
Dr. Shihora Vithaldas R.	28-05-2015	Junagadh
Dr. Shah Rajendra H.	31-05-2015	Ahmadabad
Dr. Sheth Ashwin K.	31-05-2015	Ahmadabad
Dr. Basantani Rajni G.	11-06-2015	Ahmadabad
Dr. Basantani Ghanshyam K.	15-06-2015	Ahmedabad
Dr. Purohit Laxamishanker M.	20-06-2015	Ahmedabad
Dr. Purohit Ravindra R.	21-06-2015	Jamnagar

We send our sympathy & condolence to the bereaved family

We pray almighty God that their soul may rest in eternal peace.

COMMUNITY SERVICE

ANAND

25-06-2015 Save the Girl Child. Under these projects, 4 trust hospitals have been selected. All the BPL card holder newborn girl children delivered in these four hospitals presented a gift hamper. (consisting of baby utility items)

02-07-2015 Under the project Aao Gaon Chalen adopted the village JOL.

03-07-2015 Launched Welcome the Girl Child Project.

10-07-2015 IMA Anand Drug Bank was formed.

19-07-2015 Sarva Rog Nidan Camp at village JOL. 200 patients were examined and free medicines were given.

JETPUR

14-06-2015 Doctors Day Celebration.

MORBI

07-06-2015 Aao Gaon Chalen – Diagnostic camp at Wanker. 300 patients were benefitted.

05-07-2015 Aao Gaon Chalen – Poly Diagnostic camp at Hirapar village. Total 300 patients examined.

28-07-2015 ENT, Dental and Nutrition and General Check up camp. Total 104 students benefitted.

PALANPUR

19-06-2015 Blood Donation Camp. Total 45 bottle of blood were collected in this camp.

RAJKOT

07-06-2015 Cycle rally on the occasion of World environment day. The rally was of about 8 km. After the rally, planted trees on the campus of PDU Medical College, Rajkot.

VADODARA

14-06-2015 Blood Donation camp. Total 80 bottles were collected from medical students and donated to blood bank.

23-05-2015 Participated in Health Mela by Govt. of Gujarat.

BRANCH ACTIVITY

AMRELI

08-08-2015 "Infertility" by Dr. Darshan Sureja.

ANAND

19-06-2015 "Common Gastro Intestinal problems & endoscopy" by Dr. Sanjay Rajput.

DHORAJI

25-04-2015 "Non-Cardiac Chest Pain: clinical presentation & D/D" by Dr. Punit Thoriya.

"They look same But They are different (Dermatology)" by Dr. Janak Dharsandiya.

IDAR

25-26/7/2015 "A syntax trial Coronary Angioplasty v/s CABG" by Dr. Nitinkumar Jain.

"Improving outcome in Critical Care" by Dr. Jaykumar Kothari.

"Cases based Hematology Learning" by Dr. Chirag A. Shah.

"Tackling Obesity: One size does not fit all" by Dr. Mahendra Narwariya.

JAMNAGAR

17-05-2015 "CME on Asthma"

"Basic Pathophysiology" by Dr. Bhadresh Vyas.

"Diagnosis of Asthma" by Dr. Suresh Thaker.

"Long Term Management" by Dr. Kamlesh Shah.

"Management of Acute Attacks" by Dr. Chetan Dabhi.

"Practical Demonstrations and case studies" by Dr. Maulik Shah.

"Asthma in Adults" by Dr. Amit Oza.

14-06-2015	"CME on Anemia"
	"Biochemical indices for Anemia" by Dr. Bijoya Chatterjee.
	"Physiology & Biochemistry of Homoeopathic Factors" by Dr. Hardik Mahant.
	"Physiology & Biochemistry of Iron Metabolism" by Dr. Amit Kakaiya.
	"Pharmacotherapy in anemia" by Dr. Jayesh Waghela.
	"Pathophysiology of anemia" by Dr. J. R. Joshi.
	"Anemia in Children" by Dr. Sonal Mehta.
	"Anemia in Adults" by Dr. Hemang Acharya.
	"Anemia in pregnancy" by Dr. Heenaben Patel.
	"Anemia in oncology" by Dr. Bhargav Trivedi.

JASDAN

09-07-2015	"Common GI problems in general practice" " by Dr. Vimal Saradavasir.

JETPUR

03-06-2015	"Myth Management of Spine Surgery" by Dr. Dharmendra Patel.
06-06-2015	"Management of Epistaxis" by Dr. Jayesh Patel.
20-06-2015	"Low back pain" by Dr. Mehul Chauhan.
27-06-2015	"Rational Use of Antibiotics" by Dr. Nayan Kalavadiya.
	"Perinatal Asphaxia" by Dr, Rakesh Patel.
01-07-2015	"New paradigm in TzDM with Dipagliffazin" by Dr. Vidyut Shah.
11-07-2015	"Update on backche" by Dr. Amish Sanghavi.
15-07-2015	"Ambulatory BP monitoring" by Dr. Kinjal Bhatt.
18-07-2015	"Obstuctive Defection syndrome" by Dr. Jay Mistri.
29-07-2015	"Vicarious liability in medical practice" by Dr. N. N. Kanzaria.

KALOL

19-06-2015	"An update on Liver surgery" by Dr. Hitesh Chavda.
	"Introduction to Endo-Vascular Neuro Surgery (Neuro Vascular Intervention)" by Dr. Sandip Modh.
03-07-2015	"Management of the Breast Cancer" by Dr. Rahul Jaiswal.
	"Management of Aplastic Anemia" by Dr. Abhishek Kakroo.
17-07-2015	"Cancer Screening & Treatment" by Dr. Kajal Shah.
	"Pediatric Cancer Leukaemia" by Dr. Chinmay Doctor.

KAPADWANJ

24-06-2015	"Chronic Pancreatitis & its management" by Dr. Nikhil Patel.

MORBI

21-06-2015	"The medico spiritual seminars on Joy of pregnancy a unique seminar for women" by Dr. Ramesh Boda, Dr. Devinaben Akhani, Dr. J.K. Panara, Dr. Bhavnaben Bhatt.
23-06-2015	"Recent in GI oncology" by Dr. K. S. Patel.
	"Bariatric Surgery beyond weight Loss" by Dr. Atul Shah.
24-06-2015	"Recurrent apthous ulcers" by Dr. Preyas Pandya.
04-07-2015	"Internet addiction disorder" by Dr. Chetan Hansaliya.
	"Women, change of role" by Dr. Vijay Nagecha.
10-07-2015	"Conservative management of unrupture ectopic pregnancy" by Dr. J. K. Panara.
	"Parentral Iron therapy" by Dr. Jignasha R. Ganatra.
17-07-2015	"Approach to anaemia and hemoglobinopathies" by Dr. Nishant Dharsandiya.
	"Blood transfusion reaction" by Dr. Manish Sanariya.
24-07-2015	"Recent advances in pediatrics orthopedics" by Dr. Kamlesh Devmurari.
	"Common pediatrics opthelmic problem" by Dr. Ankit Bhavsar.

NADIAD

03-07-2015 "Total Knee Replacement today" by Dr. Srirang Deodhar

"Minimal Invasive Surgery in Orthopedics" by Dr. Dhaval Sagala.

"Approach to Heamaturia" by Dr. Manoj Gumber.

"Surgical Aspects of Heamaturia" by Dr. Kartik Shah.

21-07-2015 "Cirrhosis & It's ailments" by Dr. Bhavesh Thakkar.

"Traumatic Brain Injury: A Stitch in time saves nine" by Dr. Amruta Thakkar.

PALANPUR

14-05-2015 "Importance of Bone marrow examination in Pyrexia of unknown origin" by Dr. Abhishek Kakroo.

"Management of Ca Breast" by Dr. Rahul Jaiswal.

28-05-2015 "Total knee Replacement" by Dr. Ashish Sheth & Dr. Srirang Deodhar.

"Minimal Invasive Surgery in Orthopedics" by Dr. Dhaval Sagala.

"Recent Trends in CABG" by Dr. Bhavin Desai.

"Recent Trends in Breast Cancer" by Dr. Dharmendra D. Panchal.

PALITANA

31-07-2015 "Common neonatal and pediatrics emergencies in our NICU PICU in our day to day practice" by Dr. Ridhish Laniya.

RAJKOT

21-06-2015 CME on Renal Transplantation and chronic kidney diseases.

* * * * *

Disaster Relief Fund (Nepal Earth Quake Relief Fund)

Following Branches have given the donation for Disaster Relief Fund (Nepal Earth Quake Relief Fund)

I.M.A. Palanpur Branch Rs. 93,500-00

ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

L_M_No.	NAME	BRANCH
LM/14642	Dr. Bansal Vivek Yatindrakumar	Ahmedabad
LM/14643	Dr. Bansal Usha Vivekbhai	Ahmedabad
LM/23586	Dr. Raval Ronakkumar Kantilal	Ahmedabad
LM/20790	Dr. Sharma Arvind Vijaysharan	Ahmedabad
LM/20791	Dr. Sharma Suktara Arvind	Ahmedabad
LM/17165	Dr. Rathi Manish Arjunbhai	Ahmedabad
LM/03213	Dr. Shirahatti S.K.	Anand
LM/17303	Dr. Patel Mayur Pravinchandra	Ankleshwar
LM/14116	Dr. Brahmbhatt Manhar Somalal	Bayad
LM/01296	Dr. Desai Rajesh P.	Bilimora
LM/22769	Dr. Raval Alpesh Vinodbhai	Deesa
LM/08256	Dr. Patel Purushotam Punjabhai	Gandhinagar
LM/23058	Dr. Patel Vijay Kantibhai	Gandhinagar
LM/23218	Dr. Panchiwala Bhadresh J.	Godhra
LM/08694	Dr. Trivedi Prabhakar S.	Jamnagar
LM/23676	Dr. Mittal Sumitbhai	Jamnagar
LM/07819	Dr. Gurjar Kamlesh T.	Mehsana
LM/11418	Dr. Jha Anilkumar G.	Nadiad
LM/11419	Dr. Jha Jyoti A.	Nadiad
LM/01103	Dr. Ramnani K.C.	Navsari
LM/11689	Dr. Pancholi Rekha Dahyabhai	Surat
LM/14863	Dr. Parekh Pritesh Sureshchandra	Surat
LM/21866	Dr. Dholaria Dilip Jagabhai	Surat
LM/15609	Dr. Vora Surenik Jitendrabhai	Surendranagar
LM/15484	Dr. Gadhvi Mahesh Hamirdanji	Tharad
LM/16330	Dr. Kubavat Piyush Gulabdas	Veraval
LM/16331	Dr. Kubavat Kalapna Piyushbhai	Veraval

* * * * *

I.M.A. NATIONAL SOCIAL SECURITY SCHEME DFC No. 20

Following members have not paid their DFC No.20 amount.

NSSS NO.	NAME OF MEMBER	CITY
378	Dr. Wadhawani Vijay Shewaram	Adipur (Kutch)
71	Dr. Desai Manjula Anil	Ahmedabad
287	Dr. Singh Chandrabhusan Ramnandan	Ahmedabad
1592	Dr. Patel Kirit Narottamdas	Ahmedabad
2351	Dr. Patel Bharat Jayantilal	Ahmedabad
2743	Dr. Prajapati Hasmukhbhai F.	Ahmedabad
3408	Dr. Gajjar Rajnikant Govindbhai	Ahmedabad
3827	Dr. Soni Rajeshkumar Kanubhai	Ahmedabad
3861	Dr. Thakkar Navin Narsinhbhai	Ahmedabad
3913	Dr. Ghumra Ahmed Suleman	Ahmedabad
4702	Dr. Patel Jayantilal Prabhudas	Ahmedabad
4703	Dr. Patel Madhuben Jayantilal	Ahmedabad
4944	Dr. Patel Pragnesh Vadilal	Ahmedabad
5518	Dr. Patel Madhusudan Atmaram	Ahmedabad
6795	Dr. Patel Kalpesh Chandubhai	Ahmedabad
7075	Dr. Nihalani Umesh Kanaiyalal	Ahmedabad
7574	Dr. Sharma Viswambharnath	Ahmedabad
8034	Dr. Palat Palital Navnitkumar	Ahmedabad
8038	Dr. Sutaria Bharat Mohanlal	Ahmedabad
8827	Dr. Das Kamalakanta H.	Ahmedabad
10941	Dr. Pandya Rajulben Rajesh	Ahmedabad
10981	Dr. Shah Dhiren Shantilal	Ahmedabad
11257	Dr. Gandhi Hitendra Amritlal	Ahmedabad
11597	Dr. Jarmarwala Praful Shyamsunder	Ahmedabad
12426	Dr. Khatri Priyesh Nareshchandra	Ahmedabad
12911	Dr. Naik Pinky Dhaval	Ahmedabad
12912	Dr. Naik Dhaval Dinkerrai	Ahmedabad

13951	Dr. Zalavadiya Gaurav Mohanbhai	Ahmedabad
14122	Dr. Gandhi Nirav Shankarlal	Ahmedabad
14255	Dr. Soni Kunal Punamchand	Ahmedabad
14330	Dr. Gandhi Badal Dhiravbhai	Ahmedabad
14610	Dr. Gautam Vinod Chandanlal	Ahmedabad
15094	Dr. Solanki Shwetang Maheshkumar	Ahmedabad
15168	Dr. Dharaiya Nisarg Dilipkumar	Ahmedabad
3852	Dr. Vekaria Chhaganlal Mohanbhai	Amreli
4801	Dr. Dave Bhavesh Sumitrarai	Amreli
216	Dr. Patel Ambalal Ishvarlal	Anand
1222	Dr. Patel Daxaben Jashvantbhai	Anand
7248	Dr. Patel Shailesh Maganbhai	Anand
3404	Dr. Pasrija Rajiv Kumar P.	Ankleshwar
11144	Dr. Patel Ami Mahendrabhai	Ankleshwar
13809	Dr. Oza Niranjan Umashanker	Bardoli-Dist.Surat
708	Dr. Trivedi Suketu Ramniklal	Baroda
709	Dr. Trivedi Leela Suketu	Baroda
737	Dr. Pandit Sanjay Shripad	Baroda
2770	Dr. Shah Smita Asitkumar	Baroda
2771	Dr. Shah Asit Kumar I.	Baroda
3416	Dr. Parikh Paulamkumar Jagdishchandra	Baroda
3423	Dr. Patel Arvindbhai Vithalbhai	Baroda
4365	Dr. Parikh Narendra Shantilal	Baroda
4366	Dr. Parikh Divya Narendra	Baroda
5692	Dr. Das Abhijit Panchanan	Baroda
5997	Dr. Dua Anil Ramlabhaya	Baroda
6286	Dr. Mori Ajitkumar Bhagwanbhai	Baroda
8098	Dr. Parekh Dipak Chimanbhai	Baroda
8138	Dr. Makwana Rajiv Dahyabhai	Baroda
8206	Dr. Raniga Hetal Sameer	Baroda
8497	Dr. Rajpura Jayeshkumar Natvarlal	Baroda
12568	Dr. Pandya Preeti Tanmay	Baroda

12569	Dr. Pandya Tanmay Piyushchandra	Baroda
12828	Dr. Patel Pratik Prakashbhai	Baroda
13441	Dr. Verma Shyam Bhanushankar	Baroda
13545	Dr. Mankad Naisargi Nirav	Baroda
13587	Dr. Parikh Hirenkumar Kaushikbhai	Baroda
13606	Dr. Dhodi Manishaben Ranjitbhai	Baroda
14290	Dr. Kodnani Harish Udharam	Baroda
8567	Dr. Vasava Jayantilal Sonjibhai	Bharuch
14390	Dr. Tapuriah Abhisek Kamalkumar	Bharuch
5194	Dr. Shah Chirag Vipinchandra	Bhavnagar
14211	Dr. Vala Siddharajsinh Dharmendrasinh	Bhavnagar
14212	Dr. Jadeja Krupa Ravindrakumar	Bhavnagar
15056	Dr. Pateliya Bhupatbhai Parshotambhai	Bhavnagar
8155	Dr. Damor Kalsing Ramsingbhai	Dahod
8171	Dr. Soni Amar Bipinchandra	Dahod
8226	Dr. Shah Krushnakumar Amrutlal	Dahod
14068	Dr. Agrawal Jawaharlal Ramanlal	Dahod -Dist.
2168	Dr. Chikhaliya Vasudev Becharbhai	Dist. - Rajkot
2477	Dr. Bharwad Bapubhai A.	Dt.Mehsana
15176	Dr. Ninama Hemalata Vechatbhai	Gandhinagar
14412	Dr. Mansuri Mohmadvasim Ibrahimbhai	Godhra
5488	Dr. Parikh Nandan Motilal	Godhra (Panchmahal)
5565	Dr. Bhagat Nirmal Deonarayan	Gondal
11118	Dr. Uperia Jayant Mafatlal	Himatnagar
13690	Dr. Rami Nitin Gunvantlal	Himatnagar
8000	Dr. Kariya Meghna Manharlal	Himmatnagar
8001	Dr. Patel Maheshkumar Chaturbhai	Himmatnagar
7396	Dr. Thakkar Shilpa Rajesh	Jam-Khambhalia
9034	Dr. Chhari Mahendra Tanti Ram	Jol Dist-Anand
3032	Dr. Hotchandani Hiralal C.	Kachchh
11655	Dr. Manju Ramnani	Kharach-Dist.Bharuch
2791	Dr. Galgali Arvind Gopal	Kheda

7134	Dr. Babaria Arjun Samatbhai	Kutiyana,Dt.Porbndar
6706	Dr. Bhagat Sharda Mayurbhai	Lunawada
13765	Dr. Shah Sanjay Kumar Champaklal	Lunawada
10844	Dr. Patel Gopi Rameshchandra	Mahesana
549	Dr. Choksey Rajeshkuamr Sunderlal	Mahuva
8410	Dr. Bava Rakeshkumar Karsangiri	Mansa Tal.
130	Dr. Patel Bharatbhai Babaldas	Mehsana
319	Dr. Nayak Anilkumar Jaydev	Mehsana
12097	Dr. Patel Hardik Nathalal	Modasa
9068	Dr. Mishra Mahinath Vaidyanath	Mundra(Kutchh)
369	Dr. Patel Kamlesh Ranchhodbhai	Navsari
14371	Dr. Joshi Jayeshkumar Kaneshchandra	Navsari
12519	Dr. Sutariya Shailesh Ramanlal	Palanpur
9679	Dr. Batua Dineshkumar Mohanbhai	Palanpur Dis.(B.K.)
4071	Dr. Shah Pravinchandra Trikamlal	Patan
9627	Dr. Patel Bakul Natvarlal	Patan
2247	Dr. Dave Yogesh Jayantilal	Porbandar
5920	Dr. Dalsaniya Vipul Dayalal	Porbandar
9235	Dr. Gorviyala Bharatkumar Nathubhai	Porbandar
279	Dr. Dadhania Bipinbhai Trikambhai	Rajkot
1605	Dr. Fernandez Cyril Gabriel Mathew	Rajkot
2055	Dr. Adalja Harshad Ramniklal	Rajkot
6002	Dr. Popat Mukesh Dhanjibhai	Rajkot
12501	Dr. Shah Darshita Paras	Rajkot
12502	Dr. Shah Paras Prafullbhai	Rajkot
13352	Dr. Jani Falguni Samidh	Rajkot
13763	Dr. Virani Jaykumar Haribhai	Rajkot
5862	Dr. Muchhadia Palabhai Polabhai	Rajula
435	Dr. Shah Chandrakant Dalichand	Surat
628	Dr. Hajirawala Mita Nimishbhai	Surat
1012	Dr. Iyer Sushma Sitaram	Surat

1436	Dr. Khant Narandas Mepabhai	Surat
2387	Dr. Patel Mansukh Mohanbhai	Surat
5151	Dr. Patel Chandradutt Bhudarbhai	Surat
5442	Dr. Govekar Kamna Ganesh	Surat
6440	Dr. Garge Subhash Narayan	Surat
6457	Dr. Vaidya Hiren Premchand	Surat
6549	Dr. Garasia Sanjivkumar Thakorlal	Surat
8441	Dr. Gemawat Manohar Mishrimal	Surat
11532	Dr. Ghoghari Vinodbhai Laxmanbhai	Surat
11584	Dr. Vasoya Sanjay Jayantilal	Surat
11599	Dr. Trivedi Sunilbhai Rameshchandra	Surat
13703	Dr. Chauhan Mitesh Pravinchandra	Surat
13704	Dr. Chauhan Neelam Mitesh	Surat
13751	Dr. Sarita Dinesh Prasad	Surat
13779	Dr. Sonani Tejas Sureshbhai	Surat
13780	Dr. Sonani Rathi Tejas	Surat
14749	Dr. Padsala Suresh Gordhanbhai	Surat
14835	Dr. Mistry Vatsal Hasmukhbhai	Surat
7522	Dr. Parmar Alpeshkumar Ratilal	Surat Dist.
7970	Dr. Patel Upendrakumar Shivabhai	Surat Dist.
5323	Dr. Chatrath Sanjay Satyapal	Surendranagar
6248	Dr. Acharya Jayesh Ganpataram	Surendranagar
800	Dr. Surma Jyoti Kanaksinh	Udhana
801	Dr. Surma Kanaksinh Umedsinh	Udhana
4934	Dr. Valia Ajay Vrundavandas	Vadodara
4935	Dr. Valia Parul Ajay	Vadodara
5448	Dr. Damor Suresh Malabhai	Vadodara
5693	Dr. Bhagat Shilpa Das Abhijit	Vadodara
6761	Dr. Shah Rakesh Bhanuprasad	Vadodara
8778	Dr. Ray Samir Jayantibhai	Vadodara
2187	Dr. Desai Devang Gunvantrai	Valsad

9467	Dr. Joshi Prarthana Rameshbhai	Valsad
9468	Dr. Shah Amitkumar Arvindkumar	Valsad
15014	Dr. Shobha K. Andy	Vapi
910	Dr. Trivedi Nareshbhai Shanker	Visnagar
3353	Dr. Maharaja Hemant Kumar R.	Visnagar
7797	Dr. Delvadia Jignesh Girdharbhai	Wankaner

If we will not receive the payment on or before 15-9-2015 their membership will be terminated from scheme.

For any query contact office No. 079-26585430 between 2-00 p.m. to 6-30 p.m.

Dr. Yogendra S. Modi
Hony. Secretary

Dr. Kirti M. Patel
Chairman

* * * * *

COLLEGE OF GENERAL PRACTITIONER, G.S.B.I.M.A.

(Reported by Dr. Kirit C. Gadhavi; Director and Dr. Vasant B. Patel; Hon. Jt. Secretary)

Ahmedabad Medical Association organized CME programme in collaboration with College of G.P., Gujarat State branch, IMA on 13-6-2015 at Ahmedabad.

The function was attended by Dr. Kirit C. Gadhavi; Director of College of G.P. and Dr. Sunil B. Chenwala; Observer of C.M.E.

Programme was well attended by doctors of AMA branch. Speaker Dr. Sunil Thanvi, Dr. Abhay Dikshit & Dr. Pragnesh Vachharajani shared their views for understanding Cardio-Vascular investigations, Home Care – Role of Family Physician & and How data keeping is useful in day to day practice.

Dr. Kirit C. Gadhavi
Director

Dr. Vasant B. Patel
Hon. Joint Secretary

SOCIAL SECURITY SCHEME DFC No. 40

Following members have not paid their DFC No.40 amount.

SSS NO.	NAME OF MEMBER	CITY
7527	Dr. Shah Nilesh Hasmukhlal	Ahmedabad
7930	Dr. Sutaria Bharatkumar Mohanlal	Ahmedabad
7983	Dr. Patel Natvarbhai Prabhudas	Ahmedabad
8034	Dr. Nath Shriram Vaidia	Ahmedabad
8035	Dr. Nath Lakshmi Shriram	Ahmedabad
8542	Dr. Patel Shailesh Gunvantbhai	Ahmedabad
9218	Dr. Sadhwani Janakkumar Arjunbhai	Ahmedabad
10840	Dr. Patel Dinesh Trikambhai	Ahmedabad
11074	Dr. Changlani Kishor Sevakram	Ahmedabad
11127	Dr. Shah Kajal Jigar	Ahmedabad
11128	Dr. Shah Jigar Dineshkumar	Ahmedabad
11772	Dr. Das Kamalakanta Heramba Narayan	Ahmedabad
12037	Dr. Patel Mukeshkumar Bahecharbhai	Ahmedabad
12443	Dr. Parikh Umang Hiralal	Ahmedabad
12618	Dr. Shah Tejas Dushyantbhai	Ahmedabad
12619	Dr. Shah Chaitri Tejas	Ahmedabad
12631	Dr. Joshipura Vismit Pradyuman	Ahmedabad
12736	Dr. Patel Akash Narayanbhai	Ahmedabad
12887	Dr. Vala Rohitkumar Devabhai	Ahmedabad
13098	Dr. Patel Jayeshkumar Keshavlal	Ahmedabad
13289	Dr. Shah Mili Tapan	Ahmedabad
13464	Dr. Zalavadiya Gaurav Mohanbhai	Ahmedabad
13703	Dr. Gautam Aruna Vinod	Ahmedabad
13704	Dr. Gautam Vinod Chandanlal	Ahmedabad
8761	Dr. Vasava Jayantilal Sonjibhai	Bharuch
12996	Dr. Doshi Rupaben Ketankumar	Bharuch
12997	Dr. Doshi Ketankumar Somchandbhai	Bharuch
8479	Dr. Doshi Mitul Yaswant	Bhavnagar

8480	Dr. Doshi Shilpa Mitul	Bhavnagar
9752	Dr. Shah Chirag Vipinbhai	Bhavnagar
13301	Dr. Solanki Dhaval Ishwarbhai	Bhavnagar
13569	Dr. Vala Siddharajsinh Dharmendrasinh	Bhavnagar
11639	Dr. Patel Pankajkumar Prabhubhai	Chikhali
11460	Dr. Azad Satishkumar Bodhraj	Dahod
13652	Dr. Mansuri Mohmadvasim Ibrahimbhai	Godhra
10156	Dr. Nayak Jagdishkumar Kantilal	Himatnagar
13300	Dr. Gandhi Karankumar Rameshbhai	Himatnagar
12688	Dr. Patel Rohitbhai Damubhai	Himmatnagar
13866	Dr. Chaudhary Sanjaykumar Galababhai	Jagana
11919	Dr. Chhari Mahendra Tantiram	Jol
10952	Dr. Patel Falguni Budhabhai	Kapadwanj
10752	Dr. Bhagat Sharda Mayurbhai	Lunawada
12505	Dr. Panchal Mehulkumar Jayantilal	Modasa
12888	Dr. Parmar Dilipsinh Laxmanbhai	Nadiad
13350	Dr. Maheshwari Chamanlal Tarachand	Nadiad
12662	Dr. Patel Vijaybhai Vinodrai	Navsari
12663	Dr. Patel Divyaben Vijaybhai	Navsari
10196	Dr. Dalsaniya Vipul Dayalal	Porbandar
8061	Dr. Rathore Shivpalsingh Fatehsingh	Rahpur-Kutch
7863	Dr. Kumar Pramod M.L.Sharma	Rajkot
8979	Dr. Kheradia Mansukhlal Hirji	Rajkot
9214	Dr. Rohit Rajeshkumar Chaganbhai	Silvassa
11070	Dr. Rohit Anitarani Manmohansingh	Silvassa
7926	Dr. Trivedi Rajesh Shashidhar	Surat
7927	Dr. Trivedi Seema Rajesh	Surat
8511	Dr. Hajirawala Mita Nimish	Surat
10468	Dr. Garasia Sanjivkumar Thakorlal	Surat
11421	Dr. Soni Reshma Dipak	Surat
13419	Dr. Sonani Tejas Sureshbhai	Surat
13420	Dr. Sonani Rathi Tejas	Surat
13783	Dr. Mistry Vatsal Hasmukhbhai	Surat

12237	Dr. Nayak Purvi Jigneshkumar	Talod
13648	Dr. Bhoi Suresh Hirabhai	Thasra
9089	Dr. Parikh Rita Vihang	Vadodara
9210	Dr. Nagar Shaileshkumar Kashiram	Vadodara
9492	Dr. Acharya Keyur Surendrabhai	Vadodara
11283	Dr. Raniga Hetal Sameer	Vadodara
11284	Dr. Raniga Sameer Bhimjibhai	Vadodara
11682	Dr. Patel Satyam Rashmikant	Vadodara
11767	Dr. Ray Samir Jayantibhai	Vadodara
12999	Dr. Pandya Preeti Tanmay	Vadodara
13000	Dr. Pandya Tanmay Piyushchandra	Vadodara
13080	Dr. Patel Pratik Prakashbhai	Vadodara
13456	Dr. Amin Gautam Shirish	Vadodara
13630	Dr. Patel Rajendra Babubhai	Vadodara
13651	Dr. Ajwani Vikky Ramesh	Vadodara
13900	Dr. Desai Manan Himanshu	Vadodara
10846	Dr. Arlekar Chandrika Shailesh	Vapi
10847	Dr. Arlekar Shailesh Ramchandra	Vapi
8025	Dr. Maharaja Hemantkumar Ramanlal	Visnagar
9683	Dr. Patel Pravinkumar Hakumatrai	Vyara
12844	Dr. Patel Anilkumar Jivanlal	Di- Gandhinagar
12916	Dr. Thakkar Minal Sunil	Jamkhambhalia
12917	Dr. Thakkar Sunil Rajanikant	Jamkhambhalia
13030	Dr. Fof Mahadevbhai Khemrajbhai	Dist- Banaskantha
13097	Dr. Vala Vipulkumar Kantilal	Ta- Zalod Di-Dahod

If we will not receive the payment on or before 10-9-2015 their membership will be terminated from scheme.

For any query contact office No. 079-26580690 between 2-00 p.m. to 6-00 p.m.

Dr. Jitendra B. Patel
Hony. Secretary

Dr. Yogendra S. Modi
Hony. Treasurer

Family Planning Centre, I.M.A. Gujarat State Branch

Respected Members,

Indian Medical Association, Gujarat State Branch runs 9 Urban Health Centers in the different wards of Ahmedabad City.

These Centres performed various activities during the month of June-July 2015 in addition to their routine work. These are as under :

01-06-2015 to 31-07-2015 : Intra domestic house to house survey by the centers of Ahmedabad

21-06-2015 to 23-06-2015 Migratory Polio Round by the centers of Ahmedabad & Rajkot

24-07-2015 - Khokhra (Amraiwadi) General Medical Camp - Patients : 130

Rander - Surat : Mothers - Iron : 4500 tables, Children - Calcium 3450 tablets were distributed & Vitamin A solution 96 children.

Nanpura - Surat : Mothers - Iron : 1750 tables, Children - Iron : 1500 tablets were distributed & Vitamin A Solution : 50 Children.

The total number of patients registered in the OPD & Family planning activities of Various Centers is as Follows :

JUNE-JULY - 2015

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	1703	762	2465
(2)	Behrampura	(Sardarnagar Ward)	2553	453	3006
(3)	Bapunagar	(Potalia Ward)	3297	1181	4478
(4)	Dariyapur	(Isanpur Ward)	1811	333	2144
(5)	Gomtipur	(Saijpur Ward)	3174	830	4004
(6)	Khokhra	(Amraiwadi Ward)	4986	1067	6053
(7)	New Mental	(Kubernagar Ward)	1201	337	1538
(8)	Raikhad	(Stadium Ward)	856	229	1085
(9)	Wadaj	(Junawadaj Ward)	2027	391	2418
(10)	Khambhat		—	—	—
(11)	Junagadh		----	----	----
(12)	Rander-Surat		----	----	----
(13)	Nanpur-Surat		----	----	----
(14)	Rajkot		1638	419	2057

JUNE - JULY : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	40	—	92	26040	881
(2)	Behrampura (Sardarnagar Ward)	46	---	71	15000	2494
(3)	Bapunagar (Potalia Ward)	76	01	129	32400	919
(4)	Dariyapur (Isanpur Ward)	48	—	60	9625	2315
(5)	Gomtipur (Saijpur Ward)	34	09	54	26500	1060P
(6)	Khokhra (Amraiwadi Ward)	82	---	121	25600	465
(7)	New Mental (Kubernagar Ward)	56	---	78	17850	588 P
(8)	Raikhad (Stadium Ward)	62	---	105	36420	1506P
(9)	Wadaj (Junawadaj Ward)	25	—	132	26500	2790
(10)	Khambhat	02	—	25	1300	42
(11)	Junagadh	24	—	122	4000	490
(12)	Rander-Surat	40	—	52	2100	84 P
(13)	Nanpura-Surat	31	—	38	4500	235 P
(14)	Rajkot	44	04	137	1400	563

GIMACON 2015

67th Annual Conference of IMA Gujarat State Branch

28, 29 November 2015 at Vadodara

सर्वे सन्तु निरामया

Dr. Chetan N. Patel, President IMA GSB

Dr. Jitendra N. Patel, Hon. Secretary IMA GSB

IMA Vadododra

Venue : C. C. Mehta Auditorium, M. S. University Campus, Vadodara

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2.			
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Host : Indian Medical Association, Vadodara

Indications for Transfusion of Blood Components

The indications for transfusion below are taken from UK national guidelines for the use of blood components. Although it is accepted that clinical judgment plays an essential part in the decision to transfuse or not, the purpose of drawing available transfusion guidelines together is to help clinicians to decide when blood transfusion is appropriate and to minimize unnecessary exposure to transfusion.

Red Cell Concentrates

RCC should be transfused in the below-mentioned conditions:

1. **Acute Blood Loss :**

   To maintain circulating blood volume and hemoglobin (Hb) concentration:

   > 7g /dl in otherwise fit patients, and

   > 8g/dl in older patients and those with known cardiovascular disease.

   15-30% loss of blood volume (800-1500 ml loss in an adult): transfuse crystalloids or synthetic colloids. Red cell transfusion is unlikely to be necessary.

   30-40% loss of blood volume (1500-2000 ml loss in an adult): Rapid volume replacement is required with crystalloids or synthetic colloids. Red cell transfusion will probably be required to maintain recommended Hb levels.

   Greater than 40% loss of blood volume (>2000ml loss in an adult): Rapid volume replacement including red cell transfusion is required.

2. **Peri- operative Transfusion : Hb<7g/dl:**

   Many patients undergoing elective surgical operations should not require transfusion support if their Hb concentration is normal before surgery. Assuming normovolemia has been maintained, the Hb can be used to guide the use of red cell transfusion.

3. **Hb < 8g/dl:** In a patient with known cardiovascular disease or those with significant risk factors for cardiovascular disease (e.g. elderly patients and those with hypertension, Diabetes Mellitus, peripheral vascular disease etc).

4. **Critical Care:**

   Transfuse to maintain the Hb> 7g/dl.

5. **Chronic Anemia:**

   Transfuse to maintain the hemoglobin just above the lowest concentration which is not associated with symptoms of Anemia. Many patients with chronic Anemia may be asymptomatic with a hemoglobin concentration> 8g/dl.

Dose: 1 unit of Red Cell Concentrate will increase hemoglobin by 1 to 1.5 gm/dl or Hct by 3%.

Fresh Frozen Plasma

1. FFP can be transfused for the replacement of single/multiple coagulation factor deficiencies, where a specific or combined factor concentrate is unavailable.
2. Immediate reversal of warfarin effect, in the presence of life-threatening bleeding. FFP only has a partial effect.
3. Acute Disseminated Intravascular Coagulation (DIC): FFP should be transfused in the presence of bleeding and abnormal coagulation results.

4. Thrombotic Thrombocytopenic Purpura (TTP): Usually in conjunction with plasma exchange.
5. Massive transfusion and surgical bleeding; the use of FFP should be guided by timely tests of coagulation including near patient testing.
6. Liver disease: Patients with a high PT are unlikely to benefit from the use of FFP.
7. Hemophilia B or Von Wilebrand disease

   Dose: 12-15 ml/kg body weight, equivalent to 4 units for an adult. Same dose can be repeated after 6-8 hours.

Platelet Concentrates (PC)

PC should be transfused in the below-mentioned conditions:

1. To prevent spontaneous bleeding when the platelet count <10,000/cu mm
2. To prevent spontaneous bleeding when the platelet count <20,000/cu mm in the presence of additional risk factor for bleeding such as sepsis or haemostatic abnormalities.
3. To prevent bleeding associated with invasive procedures. The platelet count should be raised to >50,000/cu mm before lumbar puncture, epidural anesthesia, insertion of intravascular lines, transbronchial and liver biopsy and laparotomy and to >1lac /cu mm before surgery in critical sites such as the brain or the eyes.

Critical Care / Surgery:

4. Massive blood transfusion. The platelet count can be anticipated to be <50,000/ cu mm after 1.5-2 x blood volume replacement. Aim to maintain platelet count >50,000/cu mm.

5. Bleeding, not surgically correctable and associated acquired platelet dysfunction e.g. post-cardiopulmonary bypass possibly combined with the use of potent anti-platelet agents.
6. Acute Disseminated Intravascular Coagulation (DIC) in the presence of bleeding and severe Thrombocytopenia.
7. Inherited platelet dysfunction e.g. Glanzmanns Thrombasthenia with bleeding or as prophylaxis before surgery.

   Immune Thrombocytopenia:
8. Autoimmune Thrombocytopenia, in the presence of major hemorrhage.
9. Post-transfusion Purpura, in the presence of major hemorrhage.
10. Neonatal Alloimmune Thrombocytopenia, to treat bleeding or as prophylaxis to maintain the platelet count >50,000 /cu mm.

Dose-15 ml/kg body weight as therapeutic dose for adults and older children

Cryoprecipitate

Cryoprecipitate should be transfused in the below-mentioned conditions:

1. Acute disseminated intravascular coagulation (DIC), where there is bleeding and a fibrinogen level <1g/l.
2. Advance liver disease, to correct bleeding or as prophylaxis before surgery, when the fibrinogen level <1g/l.
3. Bleeding associated with thrombolytic therapy causing Hypofibrinogenemia.
4. Hypofibrinogenemia (fibrinogen level <1g/l) secondary to massive transfusion.
5. Renal failure or liver failure associated with abnormal bleeding where DDAVP is contraindicated or ineffective.
6. Hemophilia A (Factor VIII deficiency)

   Dose: 1 unit/5kg body weight, equivalent to 10 units for an adult

Dr. RIPAL SHAH
MBBS, DCP, DNB (Transfusion Medicine)
Ahmedabad.

NEWS CLIP

Ahmedabad

સીએ-ડૉક્ટર ડે નિમિત્તે આજે માનવસાંકળ રચાશે

અમદાવાદ, તા. ૩૦

૧ જુલાઈએ સીએ-ડે અને ડૉક્ટર્સ-ડેની ઊજવણીના ભાગરૂપે ધ ઈન્સ્ટિટ્યૂટ ઓફ ચાર્ટર્ડ એકાઉન્ટન્ટ્સ ઓફ ઈન્ડિયાની ડબલ્યુઆઈઆરસી અમદાવાદ શાખા તથા અમદાવાદ મેડિકલ એસોસિયેશનના સંયુક્ત ઉપક્રમે બુધવારે સવારે નેહરુબ્રિજ સર્કલ ખાતે સવારે ૭થી ૮ વાગ્યા દરમિયાન ૫૦૦ જેટલા સીએ અને ૫૦૦ જેટલા ડૉક્ટર માનવસાંકળ રચાશે.

શહેરમાં ડૉક્ટર્સ અને સી.એ. ત્રણ કિલોમીટરની હ્યુમન ચેઇ

૧ જુલાઈના રોજ સીએ અને ડૉક્ટર્સ ડે બન્ને સાથે સેલિબ્રેટ કરવામાં આવે છે. આ દિવસે લોકોને પોઝીટીવ મેસેજ આપવાના ઉદ્દેશથી ભારતમાં વિવિધ જગ્યાએ કાર્યક્રમ થતા હોય છે. જેને ધ્યાનમાં રાખી અમદાવાદ મેડિકલ એસોસિએશન અને અમદાવાદ સીએ ઈન્સ્ટિટ્યુટ મળીને આ દિવસનું સેલિબ્રેશન હ્યુમન ચેઈન બાંધી કરશે. આ હ્યુમન ચેઈનમાં શહેરના ૫૦૦ ડોક્ટર્સ અને ૫૦૦ સીએ તેમજ સીએ સ્ટુડન્ટ્સ પાર્ટીસિપેટ કરશે. આ ચેઈન ત્રણ કિમી જેટલી હશે.

જેઓ નેહરુબ્રિજથી વલ્લભસદન સુધી એક માનવ સાંકળમાં રચી ઉભા રહેશે. સવારમાં આઠ વાગ્યે યોજનાર આ કાર્યક્રમ દરમિયાન તેઓ અખંડ ભારત, વ્યસન મુક્તિ, સાવધાનીપૂર્વક વાહન ચલાવવું વગેરેનો સુત્રોચ્ચાર સાથે મેસેજ આપશે. આ બન્ને હાથ બાંધીને આ દિવસે ઉભા રહેલા ડૉક્ટર્સ અને શહેરીજનોનો મુખ્ય ઉદ્દેશ અખંડ ભારતનો રહેશે.

આ દિવસે સીએ અને ડોકટર્સ મળીને ભારતની એકતા પર, સાવધાનીપૂર્વક વાહન ચલાવવું, વ્યસન મુક્તિ વગેરેનો મેસેજ આપશે

Palanpur

આઇ.એમ.એ. અને બનાસડેરી દ્વારા બ્લડ ડોનેશન કેમ્પ યોજાયો

પાલનપુર: પાલનપુર બનાસડેરી ગલબાભાઇ સહકારી તાલીમ કેન્દ્રના હોલમાં ગત શુક્રવારે આઇ.એમ.એ. પાલનપુર અને બનાસડેરીના સંયુક્ત ઉપક્રમે બ્લડ ડોનેશન કેમ્પ યોજવામાં આવ્યો હતો. જેમાં ૪૧ બોટલો બ્લડ એકત્ર કરવામાં આવ્યું હતું. આ કેમ્પમાં બનાસડેરીના ચેરમેન પરથીભાઇ ભટોળ આઇએમએના પ્રમુખ ડો.સુરેન્દ્ર ગુપ્તા,ડેરીના એમડી સંજય કરમચંદાણી, ડો.મનોજ વી.જૈન, ડો.રોનક એસ.પટેલ, ડો.જંયત મહેશ્વરી ડો,પ્રશાંત જુ.પ્રજાપતિ, ડો.જુગનેશ રાવલ,ડો.દર્શન કેલા તથા ડેરીના સર્વે અધિકારીગણ તથા તાલીમાર્થીઓ ઉપસ્થિત હતા.

Ahmedabad

Vadodara

વર્લ્ડ ડોકટર્સ-ડે નિમિત્તે યોજાયેલ કોન્ફરન્સમાં

તબીબો પર થતા હુમલા અને મેડીકલેઈમ અંગેની અણસમજ વિશે ડોકટરોએ ચિંતા વ્યકત કરી

સરકારની નવી પોલીસી મેટરોમા સુધારો કરવા ડોકટરોની મંતવ્ય

(પ્રતિનિધિ) વડોદરા, તા. ૧

ઈન્ડીયન મેડીકલ એસોસિયેશન વડોદરા બ્રાન્ચ દ્વારા આજે ૧લી જુલાઈના રોજ ડોકટર્સ-ડેની ઉજવણી કરવામા આવી હતી તદઉપરાંત જોગાનુજોગ મેડીકલ અને તબીબી સેવા ક્ષેત્રે ઉત્કર્ષ અને પ્રેરણારુપ સેવાઓ આપનાર વેસ્ટ બંગાળના પૂર્વ ચીફ મિનિસ્ટરે તમજ કલકત્તાના પૂર્વ મેયર રહી ચુકેલા ભારત રત્ન એવોર્ડથી સન્માનીત ડૉ.બિધાન ચંદ્રારોયનો પણ જન્મ દિવસ અને મરણતિથિ એક સાથે હોવાથી તેનીપણ ઉજવણી સાથે મૌન પાળી સ્મરણાંજલી અર્પણ કરી હતી. આજના વર્લ્ડ ડોકટર્સ-ડે અંતર્ગત આજે એક સાથે ૩૦ જેટલા રાજયોમા વિડીયો કોન્ફરન્સ દ્વારા ડોકટર્સ ડેની ઉજવણી કરવામા આવી છે. વર્લ્ડ ડોકટર્સ-ડે ની ઉજવણી પ્રસંગે ગુજરાત આઈ.એમ.એ.ના પ્રમુખ ડૉ.ચેતન પટેલ તથા વડોદરા શાખાના આઈ.એમ.એ પ્રમુખ ડો.અતુલ શાહે પત્રકારો સાથે વાતચીત કરતા જણાવ્યુ હતુંકે તેમને તબીબો ઉપર અવાર નવાર થતા હુમલાઓ વિષે ચિંતા વ્યકત કરીને ઉમેર્યુ હતું કે રાજય સરકારે વર્ષ ૨૦૧૨ તબીબો પર હુમલાઓને કોગ્નીઝીબલ અને નોન કોગ્નીઝેબલ ગણાતો પસાર કરેલ છે. આ કાયદાની વિસ્તૃત જાણકારી તમામ પોલીસ કર્મચારીઓ સુધી પુરતા પ્રમાણમાં પહોચી નથી. જેના કારણે તોડફોડ કરનારાઓ ઉપર માત્ર કોગ્નીઝેબલ ગુનો નોંધાય છે. આ સંજોગોમા રાજય સરકારે કાયદાની જોગવાય પ્રમાણે પુરતા પગલા લેવાની જરુર છે તેમ ઉમેર્યુ હતું. તેમને એમ પણ જણાવ્યુ હતું કે અન્ય રાજયોની સરખામણીમા ગુજરાતમા તબીબ પર હુમલાના બનાવો બહુજ ઓછા બને છે ૭૦ થી ૮૦ ટકા લોકો હજી પણ તબીબોને ભગવાનના રુપમા જોઈ રહ્યા છે. એ એક આનંદની વાત છે તેમ ડો. ચેતન પટેલ તથા ડો. અતુલ શાહે જણાવ્યુ હતું.

Vadodara

વડોદરા, ગુરુવાર, 2 જુલાઇ, 2015 3

ડોકટર્સ ડેના અવસરે IMA દ્વારા પ્રજાલક્ષી કાર્યો વિશે ચર્ચા કરાઇ

હોસ્પિટલ અને તબીબો પર વારંવાર થતા હુમલા અંગે IMA ચિંતિત

પોલીસે આ પ્રકારના બનાવોમાં કડક કાર્યવાહી કરવી જોઇએ

હેલ્થ રિપોર્ટર.વડોદરા

1 જુલાઇને દેશમાં ડોકટર્સ ડે તરીકે ઉજવવામાં આવે છે. ડોકટર્સ ડેના અવસરે ઇન્ડિયન મેડિકલ એસોસિયેશનના વડોદરા ચેપ્ટર દ્વારા એક પ્રેસ કોન્ફરન્સ યોજવામાં આવી હતી. પ્રેસ કોન્ફરન્સમાં ડોકટર્સ તેમજ તબીબી સંસ્થાઓ પર થતા હુમલા, મેડિક્લેઇમ પોલિસી તેમજ આઇ.એમ.એનાં પ્રજાલક્ષી કાર્યો વિશે ચર્ચા થઇ હતી.

બરોડા ચેપ્ટરના પ્રેસિડેન્ટ ડો.અતુલ શાહે જણાવ્યું હતું કે ' ગુજરાત સરકારે 2012માં હોસ્પિટલ્સ તેમજ તબીબો પર થતા હુમલાઓનો કોગ્નિઝિબલ અને નોન બેઇલેબલ ગુનો ગણતો કાયદો પસાર કરેલો છે. આ કાયદાની વિસ્તૃત જાણકારી તમામ પોલીસ કર્મચારીઓ સુધી પુરતા પ્રમાણમાં પહોંચી નથી. જેના કારણે ધમાલ અને તોડફોડ કરનારા લોકો ઉપર ફકત કોગ્નિઝિબલ ગુનો નોંધાય છે. દર્દીની તબિયત વધારે ખરાબ હોય ત્યારે કે તબીબને અસફળતા મળે ત્યારે ઉશ્કેરાઇને સામાનની તોડફોડ કરવાના અને તબીબો પર હુમલા કરવાના બનાવો બને છે. પોલીસ, ડિપાર્ટમેન્ટ દ્વારા આ પ્રકારના બનાવોમાં કડક કાર્યવાહી કરવી જોઇએ. આ પ્રસંગે ઓનરરી સેક્રેટરી બકુલેશ ચૌહાણ, સિનિયર ડો.અમીન, ડો.પરેશ મજમુદાર, વગેરે સભ્યો ઉપસ્થિત રહ્યા હતા.

હોસ્પિટલ્સનું વ્યવસાયીકરણ થયું છે

ડો.અતુલ શાહે જણાવ્યું હતું કે ' અગાઉ તબીબ અને દર્દી વચ્ચે આત્મીયતા હતી. હવે હેલ્થ અને હોસ્પિટલ્સને કોર્પોરેટ સેક્ટર હેન્ડલ કરે છે. હોસ્પિટલનું સંચાલન તબીબો નહીં પણ વ્યાવસાયિક લોકો કરે છે જે મેડિસીનના સ્થાને એમ.બી.એ ભણેલા હોય છે. તેના લીધે હોસ્પિટલ્સનું વ્યવસાયીકરણ થયું છે. ભારતમાં 70 ટકા હેલ્થકેર પ્રોવાઇડર ખાનગી ક્ષેત્રમાં છે.

મેડિક્લેઇમ પોલિસીનું બાળમરણ

IMAના બરોડા ચેપ્ટરના સેક્રેટરીએ જણાવ્યું હતું કે ' રવિવારના અખબારોમાં ચાર જ.ઇન્શ્યૂરન્સ કંપનીઓએ પોલિસી ધારકોને જાહેરાત આપીને ચેતવ્યા છે કે પંદરથી ઓછી પથારીવાળી હોસ્પિટલ્સમાં કરેલ ખર્ચની ચૂકવણી મેડિક્લેઇમ દ્વારા નકારી શકાશે. 2013માં આઇ.આર.ડીએ આને માત્ર ગાઇડ લાઇન જ જાહેર કરી હતી જેની સામે ઇન્શ્યૂરન્સ કંપનીઓ પૈસા નહીં આપવાના રસ્તા ઊભા કરી રહી છે.

Vadodara

SANDESH

દર્દી પરિવાર સાથે ૧૮૩ કિલોમીટર દૂરથી મળવા આવ્યો

કેન્સરની સારવાર કરનાર તબીબ પ્રત્યે કૃતજ્ઞતા વ્યકત કરતો દર્દી

ભંગાણના આરે પહોંચેલું લગ્નજીવન તબીબે બચાવ્યું હતું

■ લગ્નના ૬ મહિના બાદ જ કેન્સરનું નિદાન થયું હતું

કોર્પોરેટ હોસ્પિ.ના લીધે તબીબ અને દર્દીનો પિતા - પુત્રનો નાતો તૂટયો

ડોક્ટર્સ-ડે ની ઉજવણી

હોસ્પિટલ સંચાલકો પાસેથી વસૂલાતો કોમર્શિયલ ટેકસ દૂર કરવા ડૉ.અશોક મહેતાની રજૂઆત

દર્દીઓના મેડીકલેઈમ નામંજુર થતાં ડોકટરોમાં રોષ

વીમાકંપનીનો ફતવો : મેડીકલેઈમ માટે હોસ્પિટલોમાં ૧૫ બેડ જરૂરી

આઈએમએ-વડોદરા બ્રાન્ચ દ્વારા ડોકટર્સ ડેની ઉજવણી : ડોકટરોના મતે વીમા કંપનીના આવા ફતવાઓનો લોકોએ વિરોધ કરવો જોઈએ

IMA, વડોદરા બ્રાન્ચની આવો ગાંવ ચલે યોજના

Anand

એન.સી.ઇ.આર.ટી.નાં ધો. ૭નાં પાઠયપુસ્તકનું ખાનગી સ્વાસ્થ્ય સંભાળ રાખનાર ડૉકટર્સ વિશેનું લખાણ દૂર કરવું જરૂરી : ઈન્ડિયન મેડિકલ એસો.

ઈન્ડિયન મેડીકલ એસોસીએશન એન.સી.ઇ.આર.ટી.ની ધોરણ ૭નાં સમાજશાસ્ત્રનાં પાઠયપુસ્તકમાં ખાનગી સ્વાસ્થ્ય સંભાળ રાખનાર ડૉકટર્સની સેવા બાબતેના લખાણનો ભારે વિરોધ નોંધાવેલ છે. ...

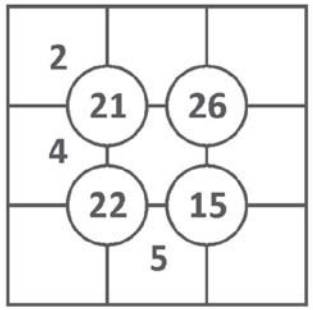
... રાજયોમાં મેડીકલ પ્રોટેકશન એક્ટ લાગુ કરાયો છે.

આઇ.એમ.એ., આણંદના પ્રેસિડેન્ટ ડૉ. ગીરીશ શ્રીવાસ્તવ અને સેક્રેટરી ડૉ. ... જણાવે છે કે એન.સી.ઇ.આર.ટી. પુસ્તકનું લખાણ વિદ્યાર્થીઓને ખાનગી સ્વાસ્થ્ય સેવા આપનાર ડૉકટર્સમાંથી વિશ્વાસ ઓછો કરી નાંખે તેમ છે. ...

Games Corner

Dr. Chandresh Jardosh
Surat

Chhota Sudoku



"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different items seen at the time of Republic Day.

Key	Words
4 Letters	1
6 Letters	4
8 Letters	1
11 Letters	1

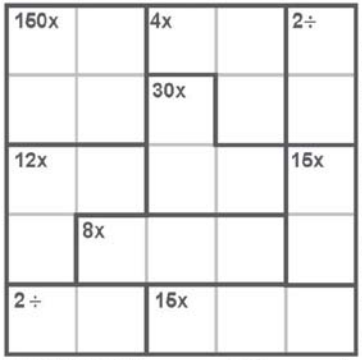
NG	HO	CH	EM	TE	PA
SA	RA	RE	FL	SP	TI
AG	EE	IS	BL		LU
IC	TH		DE	PU	AN

Sudoku

			5					
	6		1		3	9	2	
3		8	2			5		6
	9	6						8
				7				
7						2	5	
5		1			8	4		2
	8	4	7		2		1	
					4			

The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:
Each horizontal row contains each digit exactly once
Each vertical column contains each digit exactly once
Each 3 by 3 square contains each digit exactly once

KEN KEN PUZZLE



1 write down 1 to 5 in each row and each column in such a way they come only once, in each row and column.
2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and a math operation (+, –, x, ÷).
3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's math operation—to form that cage's target number.

FOR EXAMPLE

4 The number written in the cage of one square, will be the answer for the cage.
5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

Answer Page No.66

Disha - "The direction"-Readymade : Tips to Retain High Performance, "Senior", Effective Employees

Step-2

The tide has turned. The employers no longer can tell employees, "Like it or leave it." In today's scenario, attracting and retaining good employees is a top priority in both large and small organizations. In fact, it is the biggest concern of today's owners of the hospitals. Today's workers expect fair pay and competitive benefits. But they also are interested in job security. A study by the Hay Group (1998) reports that out of fifty retention factors pay is the least important to one-half million employees from over three hundred companies. Surprising....Isn't it?

Owners of the hospitals, supervisors, team leaders, and project leaders—who lead and interact directly with employees—have the greatest impact on employees' satisfaction or dissatisfaction with their jobs.

In short, "problems with the boss" is the primary reason that employees seek work elsewhere.

Four key factors....the primary factors that contribute to retention & that create loyalty on the part of high-performing, senior & effective employees can be placed in four categories: (1) having an efficient boss, (2) the sense of being part of a group or team, (3)challenging and meaningful work, and (4) opportunities to learn and grow. These factors drive employee satisfaction and commitment.

1) An Efficient Boss

An Efficient Boss does not....	An Efficient Boss.....
Fail to solicit and listen to employee inputs	Pays Attention to and Communicates with their employees
Fail to recognize employees' accomplishments	Provides frequent, honest feedback to employees about their performance.
Withhold praise	helps to make the right job fit in terms of an employee's skills and personal interests.
Give only negative feedback	takes the time to listen and respond in a way that shows that they care.
Take credit for others' accomplishments or ideas	is Trustworthy and Supportive
Blame others for one's own mistakes	is concerned about his employees' family concerns and work-life balance.
Betray trusts or confidences	Helps to Create a Sense of Purpose in the Work by providing coaching & mentoring.
Manage up rather than down	Encourages Employee Growth and Career Development through creativity & innovation.
	Asks questions to the obvious and go beyond.

2) The Sense of Being The Part of a Group or Team

- Working with great people, being part of a team, and having fun on the job are some other important factors in job satisfaction.
- A department, section, or division can feel like a "team" if....
  - the manager and employees treat one another with courtesy and respect.
  - They listen to one another's ideas.
  - They recognize and celebrate one another's accomplishments.
  - They work toward common goals.
  - They Provide the team members with the tools and resources to work together.
  - They provide training in the areas in consensus decision making, customer service & communication .

3) Challenging and Meaningful Work

Exciting and challenging work and meaningful work that makes a difference or a contribution to society were cited as some of the most important factors in job satisfaction.

- Provide a sense that he/she is going to spend a great deal of one's life doing something.
- Allow them to have some say in how the work is done.
- The need for connection extends both from the work and to the work.
- Recognize their suggestions of improvement suggest improvements in work assignments, processes, schedules, and measurements.
- Let them have autonomy and a sense of control over their work .
- Delegate work to them and let them be responsible for their own work.
- Let them Perceive and meet the challenges on the job such that the work exciting and full of pride
- Provide continuous & consistent training for the people skills & create an environment such that they keep up with knowledge and technology in the field.

3) Opportunities to Learn and Grow

Career growth, learning, and development are three of the top reasons that people stay in their current jobs.

- Provide opportunities on the job that match the employees' abilities & and aspirations.
- Encourages employees to improve the work itself as well as their skills. A resource person works wonders.
- Motivate them to keep up with latest developments in their fields.
- Providing formal training and development opportunities is only one means of helping employees to learn and grow.
- Providing informal learning opportunities on the job can be done regularly.
- Encourage them to "network," and learn from Coaching, mentoring
- Make them read publications related to their lines of work.

¨ If we do not do All These and Lose employees then?

- Some owners of the hospitals may think that they don't have time to do all these things.

Consider ...

[A.] Investment in the current employee

- the time (and costs) required to recruit, interview and hire an employee,
- The time and cost invested to assess, train, and integrate them to replace the ones who have left.
- Hard costs like advertising, travel, selection, orientation, and sign-on bonuses.
- Other costs of the work that is put on hold while this is done; the effects on productivity, morale, and customer (patients) satisfaction.

[B.] There are some unseen costs also.

- The benefits to the competitor of hiring the lost employee .
- The possible influence of this employee on other employees (to leave).
- New hires tend to demand 20 to 40 percent more in pay than the employees they replace.
- High-tech workers, professionals, and owners of the hospitals cost twice as much as other employees to replace.

- **The punch line is....**

"We need high performance, senior, effective employees in our hospitals. It is the truth and it will remain the truth."

In business, and especially in medical practice -

guarantee no dips,

if we use these tips

Mr. Nandak Pandya, Ahmedabad
Author is Educational & Corporate Mentor

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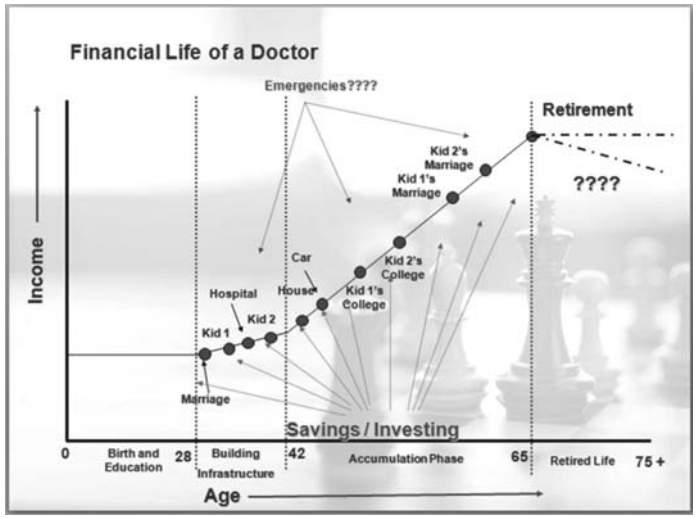
Financial Life stages in the life of a Doctor.

Writing an article on financial planning for doctors is my favorite topic because 70% of my clients are doctors. During my practice I have worked with doctors from many different branches and with different age groups, like few of them are very young say between 32 to 35 years old and have just started their practice, few of them are at the middle of their career and at the age of around 42 to 50 and some are senior and close to their retirement.

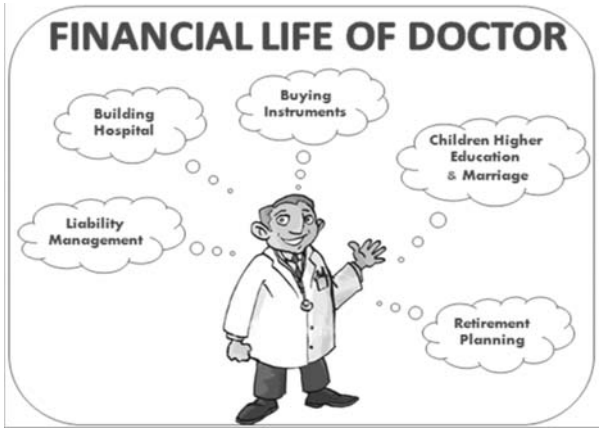
So from my experience I have understood one thing about doctors that their financial life is different than other professionals like lawyers, architect or entrepreneurs in many aspects like their career start very late, at the earlier stage of their career they are loaded with loans, strong cash flow starts only after 38 to 40 years, they cannot delegate their core work to others and are always running short of time. On the basis of my experience I would divide a doctors life into four stages as per the below graph.



Stage-1 Birth and Education: In case of a doctor, this stage normally ends at 28 years of **age and** till that time you are mainly dependent upon your parents for your financial needs.

Stage-2 Building Infrastructure: Once you start earning at around 28 years of stage your income starts and keeps growing. This is a stage where you build all the basic

infrastructure for your practice like hospital, instrument and House along with the major events like marriage, kids etc. happening in your life. This stage normally continues till 42 to 45 years of age depending upon your branch. For some branches like Pediatrics or Dermatology, investment in instruments is relatively less whereas for some branches like orthopedics or cardiology, investment required in an instrument is much higher. Here at this stage doctors also take many loans to set up infrastructure. A few points that I would like to make out for this stage which doctors should keep in mind are as following.



- **Give priority to building hospital over house:** Sometimes I have seen that as the income grows young doctors are more attracted towards building luxurious house and to built luxurious house they delay hospital project or build smaller hospital. This is a wrong approach, once you decide to start your own practice, all your cash flow should be diverted to building a good and competitive hospital. When you delay your hospital project to build luxurious home, cost of the hospital project increases very fast and you also loose or income and delay your practice by few years. Luxurious house can be built at a later stage also.
- **Don't invest in illiquid Investments:** At this stage you should not put major part of your investments into illiquid investment avenues like PPF and Life insurance policies. In this stage of your life your practice expands at faster rate and medical practice has become a capital intensive profession nowadays. So if you invest major money in illiquid instruments it can sometimes create

liquidity crisis for you and you may miss out some expansion opportunities. You should always have PPF account but at this stage but don't invest too much in PPF account. More investment in PPF account should start once you complete your infrastructure building.

- **Have maximum Insurance: This** is the stage where yo**u** have maximum liabilities and less amount of wealth so if anything goes wrong with you, your family will have to suffer a lot. So take maximum life insurance and Disability insurance at this stage of your life.
- **Provide for Long Term Goals and avoid luxuries:** The wealth that is accumulated at this stage will have maximum compounding cycles. So I would always recommend you to avoid some luxuries like cars and foreign trips at this stage to have fast wealth creation.
- **Provide for Contingency Fund**: At this stage you have significant cash outflow in terms of household expenses, Ms, regular expenses of your hospital etc. any small emergency like a small accident where you cannot work for a month or so may disturb your cash flow so you should provide at least six months of cash outflow as contingency fund and put it in your saving account or liquid investments.

Stage-3 Accumulation Phase: This stage normally starts between 42 to 45 years of age and continues till 65 year of age. At this stage normally liabilities are over or very less as compared to assets and income. At this stage cash flow is very strong so now a doctor should seriously start maximum accumulation for long term goals like retirement, children's higher education etc.

- **Reduce your Insurance:** Normally my observation says that most of the doctors start taking bigger life insurance policies at this stage of life but actually as the assets grow and liabilities like children's higher education and marriage gets over, you should reduce your insurance. Because once your liabilities are over or you have accumulated enough wealth to cover those goals you don't need much insurance.
- **Don't avoid Retirement Planning:** At this stage focus should be on providing for long term goals and mainly on retirement. Many times doctors argue that I will keep practicing for life time but at tater stage of your life your health may not permit you to continue with your practice or with the technological advancement you may not be able to compete with younger Doctors who have learnt latest technology. So Retirement planning is most avoided financial

goals by the doctors which I don't think is the right approach. At this stage you may see some major cash outflows for higher education of children and marriages of children, this will disturb your wealth accumulation so while spending on goals like marriages of children you should first provide for retirement because retirement is a goal which time wise comes last so many doctors keep spending on marriages and education excessively and then have to delay their retirement.

Stage-4 Retirement: Retirement is a stage where your regular income from primary source (practice or service) either slowly reduces or stops and you have to survive on the wealth accumulated during your working life. **T**his is the most important stage of life because here your physical and mental health deteriorates slowly and you need maximum support from your financial assets. Nowadays we are living in the modern society so many times children are settled abroad or at some different place or even if they are in the same city you would not like to take their financial support at old age. So it is always better that you should provide for this stage from your young days.

- **Wealth preservation and regular cash flow:** During retirement stage wealth preservation should be given priority so you give priority over wealth accumulation. So your investments should be focused on bonds and other fixed income securities. Your investments should also be organized in such a manner that you have effective cash flow to meet your day to day needs have also provided for bigger medical emergencies.
- **Succession planning:** Succession planning is an important aspect of financial planning. Mostly we keep on avoiding this. Ideally you should write your will at the earlier stage of your life but if you have missed that, I would recommend you to complete it here.

Prakash Lohana, CFP^{CM}, CPFA.
(Vadodara)

Feedback / comments : imagsb@gmail.com

Answers

Chhota Sudoku

2	9	8
21		26
4	6	3
22		15
7	5	1

Sudoku

9	2	7	5	4	6	1	8	3
4	6	5	1	8	3	9	2	7
3	1	8	2	9	8	5	4	6
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7	4	3	8	6	9	2	5	1
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7 BR OK EN Words

1 FLAG
2 PARADE
3 SALUTE
4 ANTHEM
5 SPEECH
6 HOISTING
7 REPUBLIC DAY

KEN KEN PUZZLE

150x 5	3	4x 1	4	2÷ 2
2	5	30x 3	1	4
12x 1	4	2	5	15x 3
3	8x 1	4	2	5
2÷ 4	2	15x 5	3	1

I.M.A. State Leadership Review Meet Mumbai

Doctor's Day Celebration Jetpur Branch

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CME organized by C.G.P.I.M.A.G.S.B. & Ahmedabad Branch

I.M.A.G.S.B. NEWS BULLETIN AUGUST-2015 / MONTHLY NEWS

P.P.S. Zonal Educative Seminar Ahmedabad Branch

IMA GFATM RNTCP PPM PROJECT Workshop on Present & Future evaluation IMA-RNTCP Project at IMA HQ (New Delhi)

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Aao Gaon Chalen Anand Branch

Annual Day Celebration Ahmedabad Branch

Anemia CME Jamnagar Branch

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IMA Ladies wing launching Jamnagar Branch

I.M.A.G.S.B. NEWS BULLETIN AUGUST-2015 / MONTHLY NEWS

Doctor's Day Celebration Ahmedabad Branch

Aao Gaon Chalen - Diagnostic Camp Morbi Branch

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Yoga Day Celebration Morbi Branch

Scientific Programme Idar Branch

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Scientific Programme Idar Branch

IN THE SUPREME COURT OF INDIA CIVIL APPELLATE JURISDICTION, CIVIL APPEAL No. 8065 OF 2009

V. KRISHNAKUMAR .. APPELLANT VERSUS STATE OF TAMIL NADU & ORS. ..RESPONDENTS With CIVIL APPEAL No. 5402 OF 2010

JUDGMENT, S. A. BOBDE, J.

These two Civil Appeals are preferred against the judgment of National Consumer Disputes Redressal Commission (hereinafter referred to as the `NCDRC') rendering a finding of medical negligence against the State of Tamil Nadu, its Government Hospital and two Government Doctors and awarding a sum of Rs.5,00,000/- to V. Krishnakumar. Civil Appeal No. 8065 of 2009 is preferred by V. Krishnakumar for enhancement of the amount of compensation. Civil Appeal No. 5402 of 2010 is preferred by the State of Tamil Nadu and another against the judgment of the NCDRC. As facts of both the appeals are same, we are disposing the appeals by this common judgment.

2. On 30.8.1996, the appellant V. Krishankumar's wife Laxmi was admitted in Government Hospital for Women and Children, Egmore, Chennai (hereinafter referred to as the "Hospital"). Against the normal gestation period of 38 to 40 Digitally signed by Meenakshi Kohli, Date: 2015.07.02, Reason: She delivered a premature female baby in the 29 th week of pregnancy.

   The baby weighed only 1250 grams at birth. The infant was placed in an incubator in intensive care unit for about 25 days. The mother and the baby were discharged on 23.9.1996. A fact which is relevant to the issue is, that the baby was administered 90-100% oxygen at the time of birth and underwent blood exchange transfusion a week after birth. The baby had apneic spells during the first 10 days of her life. She was under the care of Respondent No.3 - Dr. S.Gopaul, Neo-paediatrician and Chief of Neonatology Unit of the Hospital and Respondent No.4 - Dr. Duraiswamy of the Neonatology Unit of the Hospital. The Respondent No.2 is the Director of the Hospital, which is established and run by the Respondent No.1 - State of Tamil Nadu under the Department of Health.

3. The baby and the mother visited the hospital on 30.10.1996 at the chronological age of 9 weeks. Follow up treatment was administered at the home of the appellant by Respondent No.4, the Government Doctor, Dr. Duraiswamy during home visits. The baby was under his care from 4 weeks to 13 weeks of chronological age. Apparently, the only advice given by Respondent No.4 was to keep the baby isolated and confined to the four walls of the sterile room so that she could be protected from infection. What was completely overlooked was a well known medical phenomenon that a premature baby who has been administered supplemental oxygen and has been given blood transfusion is prone to a higher risk of a disease known as the Retinopathy of Prematurity (hereinafter referred to as `ROP'), which, in the usual course of advancement makes a child blind. The

Respondent No.3, who was also a Government Doctor, checked up the baby at his private clinic at Purassaiwakkam, Chennai when the baby was 14-15 weeks of chronological age also did not suggest a check up for ROP.

4. One thing is clear about the disease, and this was not contested by the learned counsel for the respondents, that the disease occurs in infants who are prematurely born and who have been administered oxygen and blood transfusion upon birth and further, that if detected early enough, it can be prevented. It is said that prematurity is one of the most common causes of blindness and is caused by an initial constriction and then rapid growth of blood vessels in the retina. When the blood vessels leak, they cause scarring. These scars can later shrink and pull on the retina, sometimes detaching it. The disease advances in severity through five stages - 1, 2, 3, 4 and 5 (5 being terminal stage). Medical literature suggests that stage 3 can be treated by Laser or Cryotherapy treatment in order to eliminate the abnormal vessels. Even in stage 4, in some cases, the central retina or macula remains intact thereby keeping intact the central vision.

   When the disease is allowed to progress to stage 5, there is a total detachment and the retina becomes funnel shaped leading to blindness. There is ample medical literature on the subject. It is, however, not necessary to refer all of it.

   Some material relevant to the need for check up for ROP for an infant is: "All infants with a birth weight less than 1500 gms or gestational age less than 32 weeks are required to be screened for ROP."

   Applying either parameter, whether weight or gestational age, the child ought to have been screened. As stated earlier, the child was 1250 gms at birth and born after 29 weeks of pregnancy, thus making her a high risk candidate for ROP.

5. It is undisputed that the relationship of birth weight and gestational age to ROP as reproduced in NCDRC's order is as follows:

   AIIMS Report dated 21.8.2007 "Most ROP is seen in very low-birth weight infants, and the incidence is inversely related to birth weight and gestational age. About 70-80% of infants with birth weight less than 1000 gms show acute changes, whereas above 1500 gms birth weight the frequency falls to less than 10%."

6. Again, it seems that the child in question was clearly not in the category where the frequency was less than 10% since the baby was below 1500 gms. In fact, it is observed by the NCDRC in its order that the discipline of medicine reveals that all infants who had undergone less than 29 weeks of gestation or weigh less than 1300 gms should be examined regardless of whether they have been administered oxygen or not. It is further observed that ROP is a visually devastative disease that often can be treated successfully if it is diagnosed in time.

7. The need for a medical checkup for the infant in question was not seriously disputed by the respondents.

8. The main defence of the respondents to the complaint of negligence against the appellant's claim for compensation was that at the time of delivery and management, no deformities were manifested and the complainant was given proper advice, which was not followed. It was argued on behalf of the respondent that they had taken sufficient precautions, even against ROP by mentioning in the discharge summary as follows: "Mother confident; Informed about alarm signs; 1) to continue breast feeding 2) To attend post natal O.P. on Tuesday."

9. It must, however, be noted that the discharge summary shows that the above writing was in the nature of a scrawl in the corner of the discharge summary and we are in agreement with the finding of the NCDRC that the said remarks are only a hastily written general warning and nothing more. After a stay of 25 days in the hospital, it was for the hospital to give a clear indication as to what was to be done regarding all possible dangers which a baby in these circumstances faces. It is obvious that it did not occur to the respondents to advise the appellant that the baby is required to be seen by a paediatric ophthalmologist since there was a possibility of occurrence of ROP to avert permanent blindness. This discharge summary neither discloses a warning to the infant's parents that the infant might develop ROP against which certain precautions must be taken, nor any signs that the Doctors were themselves cautious of the dangers of development of ROP.

   We are not prepared to infer from `Informed about alarms signs' that the parents were cautioned about ROP in this case. We find it unfortunate that the respondents at one stage took a stand that the appellant did not follow up properly by not attending on a Tuesday but claiming that the mother attended on a Wednesday and even contesting the fact that she attended on a Wednesday. It appears like a desperate attempt to cover up the gross negligence in not examining the child for the onset of ROP, which is a standard precaution for a well known condition in such a case. In fact, it is not disputed that the Respondent No.3 attended to and examined the baby at his private clinic when the baby was 14-15 weeks and even then did not take any step to investigate into the onset of ROP. The Respondent No.4 also visited the appellant to check up the baby at the home of the appellant and there are prescriptions issued by the said Respondent No.4, which suggests that the baby was indeed under his care from 4 weeks to 13 weeks.

10. The NCDRC has relied on the report dated 21.8.2007 of the All India Institute of Medical Sciences, New Delhi (hereinafter referred to as `AIIMS'). In pursuance of the order of the NCDRC, a medical board was constituted by AIIMS consisting of five members, of which, four are ophthalmological specialists. The board has given the following opinion:-

"A premature infant is not born with Retinopathy of Prematurity (ROP), the retina though immature is normal for this age. The ROP usually starts developing 2-4 weeks after birth when it is mandatory to do the first screening of the child. The current guidelines are to examine and screen the babies with birth weight<1500g and <32 weeks gestational age, starting at 31 weeks post-conceptional age (PAC) or 4 weeks after birth whichever is later. Around a decade ago, the guidelines in general were the same and the premature babies were first examined at 31-33 weeks post-conceptional age or 2-6 weeks after birth.

There is a general agreement on these above guidelines on a national and international level. The attached annexure explains some authoritative resources and guidelines published in national and international literature especially over the last decade. However, in spite of ongoing interest world over in screening and management of ROP and advancing knowledge, it may not be possible to exactly predict which premature baby will develop ROP and to what extent and why."

Review of literature of ROP screening guidelines

Year/ Source/ First screening/ who to screen

1. 2006, American Academy of Pediatrics/ 31 wks PCA or 4 weeks after birth whichever later/ <1500gms birth weight or <32 wks GA or higher
2. 2003:/ Jalali S et al. Indian J Ophthalmology/ 31 wks PCA or 3-4 wks after birth whichever earlier/ , <1500 gram birth or <32 weeks GA or higher
3. 2003 /Azad et al. JIMA / 32 wks PCA or 4-5 wks after birth whichever earlier/ <1500 g birth weighht or < 32 wks GA or higher
4. 2002/ Aggarwal R AIJP/ 32 wks PCA or 4-6 wks after birth whichever earlier/ < 1500 gm birth weight or < 32 wks GA
5. 1997 /American Academy of ped/ 31-33 wks PCA or 4-6 wks after birth/ <1500 gm birth weight or <28, wks GA or higher
6. 1996 / Maheshwari R et al NMJI/ 32 wks PCA or 2 wks after birth whichever is earlier/ <1500 gm birth weight or < 35 wks GA or 02> 24 hours
7. 1998/ Cryotherapy ROP group/ 4-6 wks after birth/ <1250 gms birth

One thing this report reveals clearly and that is that in the present case the onset of ROP was reasonably foreseeable. We say this because it is well known that if a particular danger could not reasonably have been anticipated it cannot be said that a person has acted negligently, because a reasonable man does not take precautions against unforeseeable circumstances. Though it was fairly suggested to the contrary on behalf of the respondents, there is nothing to indicate that the disease of ROP and its occurrence was not known to the medical profession in the year 1996. This is important because whether the consequences were foreseeable

or not must be measured with reference to knowledge at the date of the alleged negligence, not with hindsight. We are thus satisfied that we are not looking at the 1996 accident with 2007 spectacles.

11. It is obvious from the report that ROP starts developing 2 to 4 weeks after birth when it is mandatory to do the first screening of the child. The baby in question was admitted for a period of 25 days and there was no reason why the mandatory screening, which is an accepted practice, was not done. The report of the AIIMS (supra) states that `it may not be possible to exactly predict which premature baby will develop ROP and to what extent and why'. This in our view underscores the need for a check up in all such cases. In fact, the screening was never done. There is no evidence whatsoever to suggest to the contrary. It appears from the evidence that the ROP was discovered when the appellant went to Mumbai for a personal matter and took his daughter to a paediatrician, Dr. Rajiv Khamdar for giving DPT shots when she was 4= months. That Doctor, suspected ROP on an examination with naked eye even without knowing the baby's history. But, obviously Respondent Nos.3 and 4 the Doctors entrusted with the care of the child did not detect any such thing at any time. The helpless parents, after detection got the baby's eyes checked by having the baby examined by several doctors at several places. Traumatised and shocked, they See Roe v. Minister of Health [1954] 2 QB 66 and the discussion in `Medical Negligence', Michael Jones, 4th Edition, Sweet & Maxwell, London 2008 at page 270. rushed to Puttaparthy for the blessings of Shri Satya Sai Baba and the baby was anesthetically examined by Dr. Deepak Khosla, Consultant, Department of ophthalmology at Baba Super Specialty Hospital at Puttaparthy. Dr. Khosla did not take up the case since the ROP had reached stage 5. After coming back from Puttaparthy, the baby was examined by Dr. Tarun Sharma alongwith the retinal team of Shankar Netralaya, who were also of the same opinion. The parents apparently took the baby to Dr. Namperumal Swamy of Arvind Hospital, Madurai, who advised against surgery, stating that the baby's condition was unfavourable for surgery. The appellant then learnt of Dr. Michael Tresse, a renowned expert in Retinopathy treatment for babies in the United States. He obtained a reference from Dr. Badrinath, chief of Shankar Netralaya and took his only child to the United States hoping for some ray of light. The appellant incurred enormous expenses for surgery in the United States but to no avail.

12. Having given our anxious consideration to the matter, we find that no fault can be found with the findings of the NCDRC which has given an unequivocal finding that at no stage, the appellant was warned or told about the possibility of occurrence of ROP by the respondents even though it was their duty to do so. Neither did they explain anywhere in their affidavit that they warned of the possibility of the occurrence of ROP knowing fully well that the chances of such occurrence existed and that this constituted a gross deficiency in service, nor did

they refer to a paediatric ophthalmologist. Further it may be noted that Respondent Nos. 3 & 4 have not appealed to this Court against the judgment of the NCDRC and have thus accepted the finding of medical negligence against them.

Deficiency in Service

13. In the circumstances, we agree with the findings of the NCDRC that the respondents were negligent in their duty and were deficient in their services in not screening the child between 2 to 4 weeks after birth when it is mandatory to do so and especially since the child was under their care. Thus, the negligence began under the supervision of the Hospital i.e. Respondent No.2. The

Respondent Nos. 3 and 4, who checked the baby at his private clinic and at the appellant's home, respectively, were also negligent in not advising screening for ROP. It is pertinent to note that Respondent Nos. 3 and 4 carried on their own private practice while being in the employment of Respondent No. 2, which was a violation of their terms of service.

Compensation

14. The next question that falls for consideration is the compensation which the respondents are liable to pay for their negligence and deficiency in service. The child called Sharanya has been rendered blind for life. The darkness in her life can never be really compensated for in money terms. Blindness can have terrible consequences. Though, Sharanya may have parents now, there is no doubt that she will not have that protection and care forever. The family belongs to the middle class and it is necessary for the father to attend to his work. Undoubtedly, the mother would not be able to take Sharanya out everywhere and is bound to leave the child alone for reasonable spells of time. During this time, it is obvious that she would require help and maybe later on in life she would have to totally rely on such help. It is therefore difficult to imagine unhindered marriage prospects or even a regular career which she may have otherwise pursued with ease. She may also face great difficulties in getting education. The parents have already incurred heavy expenditure on the treatment of Sharanya to no avail. It is, thus, obvious that there should be adequate compensation for the expenses already incurred, the pain and suffering, lost wages and the future care that would be necessary while accounting for inflationary trends.

15. There is no doubt that in the future Sharanya would require further medical attention and would have to incur costs on medicines and possible surgery. It can be reasonably said that the blindness has put Sharanya at a great disadvantage in her pursuit for making a good living to care for herself.

16. At the outset, it may be noted that in such cases, this court has ruled out the computation of compensation according to the multiplier method. (See Balram

Prasad vs. Kunal Saha, (2014) 1 SCC 384 and Nizam's Institute of Medical Sciences vs. Prashant S. Dhananka and Others, (2009) 6 SCC 1.

The court rightly warned against the straightjacket approach of using the multiplier method for calculating damages in medical negligence cases.

Quantification of Compensation

17. The principle of awarding compensation that can be safely relied on is restitutio in integrum. This principle has been recognized and relied on in Malay Kumar Ganguly vs. Sukumar Mukherjee, (2009) 9 SCC 221 and in Balram Prasad's case (supra), in the following passage from the latter:

"170. Indisputably, grant of compensation involving an accident is within the realm of law of torts. It is based on the principle of restitutio in integrum. The said principle provides that a person entitled to damages should, as nearly as possible, get that sum of money which would put him in the same position as he would have been if he had not sustained the wrong. (See

Livingstone v. Rawyards Coal Co.)."

An application of this principle is that the aggrieved person should get that sum of money, which would put him in the same position if he had not sustained the wrong. It must necessarily result in compensating the aggrieved person for the financial loss suffered due to the event, the pain and suffering undergone and the liability that he/she would have to incur due to the disability caused by the event.

Past Medical Expenses

18. It is, therefore, necessary to consider the loss which Sharanya and her parents had to suffer and also to make a suitable provision for Sharanya's future.

19. The appellant - V. Krishnakumar, Sharanya's father is the sole earning member of a middle class family. His wife is said to be a qualified accountant, who had to sacrifice her career to attend to the constant needs of Sharanya. Sharanya's treatment and the litigation that ensued for almost two decades has been very burdensome on account of the prolonged physical, mental and financial hardships, which her parents had to undergo. It appears that the total expenditure incurred by the appellant from the date of the final verdict of the NCDRC (27.5.2009) until December, 2013 is Rs.8,13,240/-. The aforesaid amount is taken from the uncontroverted statement of expenditure submitted by the appellant. The appellant has stated that he had incurred the following expenditure for Sharanya's treatment, for which there is no effective counter, till December, 2013:

Medical Amount Supporting Expenses Document

a) Till December/ 28,63,771/- Exhibit P1-P4 2003

b) January 2004/- 2,57,600/- Annexure A-8 October 2007

c) 27.5.2009 to 8,13,240/ I.A. No.2 of 2014 in December 2013 Civil Appeal No. 8065 of 2009

d) January 2014 - 2,03,310/- Based on I.A. No.2 of March 2015 2014 in Civil Appeal No 8065 of 2009

Total (a)+(b)+(c) 41,37,921/-+(d)

20. Since there is no reason to assume that there has been any change in the expenditure, we have calculated the expenditure from January 2014 to March 2015 at the same rate as the preceding period. In addition, we also deem it fit to award a sum of Rs. 1,50,000/- in lieu of the financial hardship undergone particularly by Sharanya's mother, who became her primary caregiver and was thus prevented from pursuing her own career. In Spring Meadows Hospital and Another v. Harjol Ahluwalia [1998 4 SCC 39] this court acknowledged the importance of granting compensation to the parents of a victim of medical negligence in lieu of their acute mental agony and the lifelong care and attention they would have to give to the child. This being so, the financial hardship faced by the parents, in terms of lost wages and time must also be recognized. Thus, the above expenditure must be allowed.

21. We accordingly direct that the above amount i.e. Rs.42,87,921/- shall be paid by the Respondent Nos.1 to 4. In addition, interest at the rate of 6% p.a. shall be paid to the appellant from the date of filing of the petition before the NCDRC till the date of payment.

Future Medical Expenses

22. Going by the uncontroverted statement of expenditure for the period from the final verdict of the NCDRC to December, 2013, the monthly expenditure is stated to be Rs. 13,554/-, resulting in an annual expenditure of Rs. 1,62,648/-. Having perused the various heads of expenditure very carefully, we observe that the medical costs for Sharanya's treatment will not remain static, but are likely to rise substantially in the future years. Sharanya's present age is about 18 = years. If her life expectancy is taken to be about 70 years, for the next 51 years, the amount of expenditure, at the same rate will work out to Rs. 82,95,048/-. It is therefore imperative that we account for inflation to ensure that the present value of compensation awarded for future medical costs is not unduly diluted, for no fault of the victim of negligence. The impact of inflation affects us all. The value of today's rupee should be determined in the future. For instance, a sum of Rs. 100 today, in fifteen years, given a modest 3% inflation rate, would be worth only Rs.64.13. In Wells v. Wells3 the House of Lords observed that the purpose of awarding a lump sum for damages for the costs of future care and loss of future earnings was to put the plaintiff in the same financial position as if the injury had

not occurred, and consequently the courts had the difficult task of ensuring that the award maintained its value in real terms, despite the effect of inflation.

Apportioning For Inflation

23. Inflation over time certainly erodes the value of money. The rate of inflation (Wholesale Price Index-Annual Variation) in India presently is 2 percent 4 as per the Reserve Bank of India. The average inflationary rate between 1990-91 and 2014-15 is 6.76 percent as per data from the RBI. In the present case we are of the view that this inflationary principle must be adopted at a conservative rate of 1 percent per annum to keep in mind fluctuations over the next 51 years.

The formula to compute the required future amount is calculated using the standard future value formula:-

FV = PV x (1+r)n

PV = Present Value

r = rate of return

n = time period

Accordingly, the amount arrived at with an annual inflation rate of 1 percent over 51 years is Rs.1,37,78,722.90 rounded to Rs.1,38,00,000/-.

Comparative law

24. This Court has referred to case law from a number of other major common law jurisdictions on the question of accounting for inflation in the computation of awards in medical negligence cases. It is unnecessary to discuss it in detail. It is sufficient to note that the principle of apportioning for inflationary fluctuations in the final lump sum award for damages has been upheld and applied in numerous cases pertaining to medical negligence. In the United States of America, most states, as in Ireland and the United Kingdom, require awards for future medical costs to be reduced to their present value so that the damages can be awarded in the form of a one-time lump sum. The leading case in the United States, which acknowledges the impact of inflation while calculating damages for medical negligence was Jones & Laughlin Steel Corporation v. Pfeifer5, wherein that court recognized the propriety of taking into account the factors of present value and inflation in damage awards. Similarly, in O'Shea v Riverway Towing Co.6, Posner J., acknowledged the problem of personal injury victims being severely undercompensated as a result of persistently high inflation.

In Taylor v. O' Connor7, Lord Reid accepted the importance of apportioning for inflation: "It will be observed that I have more than once taken note of present day conditions - in particular rising prices, rising remuneration and high rates of interest. I am well aware that there is a school of thought which holds that the law should refuse to have any regard to inflation but that calculations should be based

on stable prices, steady or slowly increasing rates of remuneration and low rates of interest. That must, I think, be based either on an expectation of an early return to a period of stability or on a nostalgic reluctance to recognise change. It appears to me that some people fear that inflation will get worse, some think that it will go on much as at present, some hope that it will be slowed down, but comparatively few believe that a return to the old financial stability is likely in the foreseeable future. To take any account of future inflation will no doubt cause complications and make estimates even more uncertain. No doubt we should not assume the worst but it would, I think, be quite unrealistic to refuse to take it into account at all."

In the same case Lord Morris of Borth-y-Gest also upheld the principle of taking into account future uncertainties. He observed:

"It is to be remembered that the sum which is awarded will be a once-for-all or final amount which the widow must deploy so that to the extent reasonably possible she gets the equivalent of what she has lost. A learned judge cannot be expected to prophesy as to future monetary trends or rates of interest but he need not be unmindful of matters which are common knowledge, such as the uncertainties as to future rates of interest and future levels of taxation. Taking a reasonable and realistic and common-sense view of all aspects of the matter he must try to fix a figure which is neither unfair to the recipient nor to the one who has to pay. A learned judge might well take the view that a recipient would be ill-advised if he entirely ignored all inflationary trends and if he applied the entire sum awarded to him in the purchase of an annuity which over a period of years would give him a fixed and predetermined sum without any provision which protected him against inflationary trends if they developed."

More recently the Judicial Committee of the UK Privy Council in Simon v. Helmot8 has unequivocally acknowledged the principle, that the lump sum awarded in medical negligence cases should be adjusted so as to reflect the predicted rate of inflation.

25. Accordingly, we direct that the said amount i.e. Rs.1,38,00,000/- shall be paid, in the form of a Fixed Deposit, in the name of Sharanya. We are informed that the said amount would yield an approximate annual interest of Rs. 12,00,000/-.

26. We find from the impugned order of the NCDRC that the compensation awarded by that Forum is directed to be paid only by Respondent Nos. 1 and 3 i.e. the State of Tamil Nadu and Dr. S. Gopaul, Neo-pediatrician, Government Hospital for Women & Children, Egmore, Chennai. No reason has been assigned by the Forum for relieving Respondent Nos.2 and 4. Dr. Duraiswami, Neo Natology Unit, Government Hospital for Women & Children, Egmore, Chennai, who also treated Sharanya during the course of his visits to the house of the appellant.

27. It is settled law that the hospital is vicariously liable for the acts of its doctors vide Savita Garg vs. National Heart Institute, (2004) 8 SCC 56, also followed in Balram Prasad's case (supra). Similarly in Achutrao Haribhau Khodwa v. State of Maharashtra, (1996) 2 SCC 634 this court unequivocally held that the state would be vicariously liable for the damages which may become payable on account of negligence of its doctors or other employees. By the same measure, it is not possible to absolve Respondent No. 1, the State of Tamil Nadu, which establishes and administers such hospitals through its Department of Health, from its liability.

Apportionment of Liability

28. In the circumstances, we consider it appropriate to apportion the liability of Rs. 1,38,00,000/- among the respondents, as follows:

Rs. 1,30,00,000/- shall be paid by Respondent Nos. 1 and 2 jointly and severally i.e. The State of Tamil Nadu and the Director, Government Hospital for Women & Children, Egmore, Chennai; and Rs. 8,00,000/- shall be paid by Respondent Nos. 3 and 4 equally i.e. Rs. 4,00,000/- by Dr. S. Gopaul, Neo- pediatrician, Government Hospital for Women & Children, Egmore, Chennai and Rs. 4,00,000/- by respondent no. 4 i.e. Dr. Duraisamy, Neo Natology Unit, Government Hospital for Women & Children, Egmore, Chennai.

The above mentioned amount of Rs. 1,38,00,000/- shall be paid by Respondent Nos. 1 to 4 within three months from the date of this Judgment otherwise the said sum would attract a penal interest at the rate of 18% p.a.

29. Further, we direct that the amount of Rs. 42,87,921/- in lieu of past medical expenses, shall be apportioned in the following manner:

a) Respondent Nos. 1 and 2 are directed to pay Rs. 40,00,000/- jointly, alongwith interest @ 6% p.a. from the date of filing before the NCDRC; and

b) Respondent Nos. 3 and 4 are directed to pay Rs. 2,87,921/- in equal proportion, alongwith interest @ 6% p.a. from the date of filing before the NCDRC.

30. In the event the Respondent Nos. 1 and 3 have made any payment in accordance with the award of the NCDRC, the same may be adjusted.

31. Accordingly, Civil Appeal No. 8065 of 2009 is allowed in the above terms and Civil Appeal No. 5402 of 2010 is dismissed. No costs.

J., [JAGDISH SINGH KHEHAR],
J. [S.A. BOBDE], NEW DELHI, JULY 1, 2015

BEFORE THE HON'BLE STATE CONSUMER DISPUTES REDRESSALCOMMISSION, MAHARASHTRA, MUMBAI

Complaint Case No. CC/01/313

R.F.Lambay
R/at : 17-D, Joelyn, 3rd floor, Shirley Rajan Road,
Off.Carter Road, Bandra West, Mumbai 400 050.....Complainant(s)
Versus
1. Shanti Nusing Home,Blue Flame Apartment,
S.V.Road, Bandra West, Mumbai 400 050.

2. Dr.Prashant K. Pattnaik
Blue Flame Apartment,S.V.Road, Bandra West,
Mumbai 400 050.....Opp.Party(s)

BEFORE:
P.B.Joshi, PRESIDING JUDICIAL MEMBER
Shashikant A. Kulkarni, JUDICIAL MEMBER

For the Complainant : Mr.J.B.Gai, A/R
For the Opp. Party : Adv.S.B.Prabhawalkar
ORDER Per Shashikant A.Kulkarni, Presiding Judicial Member

This is a complaint under Sec.17 of the Consumer Protection Act, 1986 [hereinafter to be referred to as 'CP Act'].

[1] Complainant is a practising advocate and consumer whereas opponent no.1 is nursing home and opponent no.2 is a treating doctor [Urologist]. Both opponents are service providers within the meaning of CP Act.

[2] Since 19/08/1999, complainant suffered from an ailment of passing blood through urine. It became alarming and painful by 23/08/1999. With a pathology report, the complainant approached Dr.Balani on 24/08/1999. Dr.Balani suggested certain tests to diagnose his ailment of bleeding and pain in abdomen probably because of kidney stone. Sonography did not show stone in kidney. Dr.Balani told the complainant that IVP test will clarify the position about location of the stone. On 25/08/1999 at about 8.15 a.m., the complainant approached Dr.R.M.Shah Memorial Centre, Bandra West for performing IVP test. Since there was a waiting time and complainant was in severe unbearable pains, he became extremely restlessness.

[3] Complainant allegedly at the request of opponent no.1 contacted opponent no.2, Urologist. It is alleged that the opponent no.2 told the complainant that cause of

pain was only due to kidney stone and he did not required the IVP to be performed. The removal of stone requires surgery. Complainant then rushed to opponent no.1 hospital. Opponent no.2 commenced treatment for left ureteric calculus. He performed surgery and discharged the complainant on 25/08/2015 from hospital in the morning.

After the complainant returned home, he felt restlessness and breathless. On intimation to the opponent no.2, he persuaded the complainant not to worry about this, because the bleeding through urine will stop but the complainant's restlessness continued. Family members took him to cardiologist at 3.00 p.m. on 25/08/1999 itself. Dr.Gokhale, Cardiologist started treatment on complainant. He required to take him inside the ICCU for the treatment of suspected angina. The complainant was suggested innumerable tests like ECG, sonography. He was also required to be given four blood bottles. For recovery, he took three months' time.

He suffered tremendous and unbearable pain and trauma.

Complainant therefore alleges that without performing IVP test, opponent no.2, working with opponent no.1, committed deficiency in service directly treating the complainant thereby his health condition worsen requiring treatment for heart ailment from cardiologist. The complainant has claimed compensation quantified to Rs.20 lac from the opponents jointly and severally.

Complainant relied upon the documents, medical papers and affidavit.

[4] Opponent no.1 has sworn the affidavit of written version on 19/10/2001 to deny the liability on the ground that there no role was performed by the opponent no.1 in the treatment of the complainant. Opponent no.2 took rooms in the hospital premises on Leave and Licence basis. There was no contract of service between the opponent no.1 and 2. Opponent no.1 has attached a copy of Leave and License agreement to the written version.

[5] Opponent no.2 filed written version cum affidavit on 19/10/2001. It is submitted that he is a qualified Neurologist practising in Mumbai for last several years. He is M.S.(Surgery)(Bom), MCh (Uro)(Bom) etc. His tract record is excellent. He successfully managed 1st Lithotripsy Centre of India . He expressly denied any deficiency on his part although he has treated the complainant almost as outdoor patient on 24/08/1999 to 25/08/1999 on emergency basis.

Dr.Shoukat Shaikh, a common friend of the complainant and opponent no.2, referred the complainant with information that Dr.Balani diagnosed a kidney stone. The complainant was suffering from unbearable pains requiring immediate expertise treatment through urologist like opponent no.2. He found that the complainant was suffering from left ureteric calculus which was apparent on his equipment installed in the hospital. It was not, therefore, necessary to have IVP report. Therefore, on 29/08/1999, opponent no.2 removed the stone through surgery.

Opponent no.2 had a latest and most advanced Lithotriptor of West Germany of Dornier Company, the only unit of its kind in city of Mumbai. Unlike other Lithortriptor, it works on Electro Magnetic Shockwaves which break the stone in fine granules which subsequently passes through urine. This machine has built in fluroscopy mechanism unit which gives the live image of the organ of kidney, ureter bladder etc.

On 24/08/1999, on complainant' admission in opponent no.1's hospital, diagnosis was done with the help of the aforesaid lithotriptor. The complainant was having agonistic/pain due to stone obstructions he could not stand IVP test as alleged by him. Therefore, on the blood report test, lithotripsy was performed. Stone was located in ureter. Hence the kidney was not subjected to treatment. Uretetic stone can be treated with low hemoglobin. IVP test prior to stone breakage on fluroscopic image is available on our lithotripsy machine.

Opponent no.2 injected dye and live picture was demonstrated on the screen which confirms the stone obstruction in the ureter. He carried out treatment was carried out in a proper scientific way. Complainant was discharged on 25/08/1999 in the morning that time was free from any symptoms. Even thereafter, the opponent attended the complainant several times at Nursing Home, discussed progress with Dr.Gokhale, opponent no.2 was satisfied about his clinical management for heart ailment. Statement about complications arose due to negligent insertion of D.J.Stent is mischievous and false statement. So also, statement regarding formation of stone in the right kidney was required to be removed after two months is not correct statement. By the time, complainant was totally free from symptoms. Complaint is filed with ulterior motive and deserves to be dismissed.

Opponent no.2 relied on affidavit, medical papers.

[6] We have heard learned authorized representative Mr.J.B.Gai for the complainant and learned counsel Mr.S.B.Prabhawalkar for the opponents.

Mr.J.B.Gai submitted that presence of kidney/urether stone can only be confirmed by a diagonstic test known as intravenous pyelogram [IVP], which is mandatory. Complainant therefore urges to hold the opponent no.2 guilty of deficiency in service and to grant compensation. However, he fairly concedes that the compensation amount claimed seems to be excessive.

On behalf of the opponent no.2, Mr.S.B.Prabhawalkar vehemently submitted that pre-diagnostic consultations do not necessarily involve IVP, sonography and MRI tests. Opponent no.2 had a machinery unit with himself to locate the stone for proper procedure even in absence of IVP. The affidavit to that effect submitted by the opponent no.2 has not been challenged. There is no adverse expert's evidence even complaint filed affidavit re-joinder, just by simple denianls.

[7] After having considered the rival contentions, following points arise for our consideration, we record our findings thereto as follows:-

i. Whether IVP test before commencing of any procedure for lithotripsy was mandatory procedure as alleged in the facts of this case? - No

ii. Whether opponent no.2 is guilty of negligence and therefore committed deficiency in service? -- No

[8] Opponent no.1 cannot shirk its liability, if it is to be imposed on the basis mutual lease agreement of leave and license unknown to the patients between opponent no.1 and 2. Agreement, per se, does not have any bounden effect on the third party. Moreover, opponent no.2 accepts that under any contract of service, complainant was treated as indoor patient in the hospital of the opponent no.2 for a day i.e. 24/08/1999 to 25/08/1999 till 11 a.m.

[9] Core question is about the bounden effect of IVP or MRI tests or sonography before start of procedure even the patient was treated on emergent basis? Undisputedly in this case, the complainant was to be treated on emergent basis. He was suffering from unbearable agnostic/pain.

Next question crops in is, was there any deficiency in the manner of performance in relation of service rendered by opponent no.2 ?

It is not to be forgotten that the procedure undergone on emergent basis was in the year 1999, precisely on 24/08/1999. On oath, opponent no.2, as the urologist made a statement that surgeon requested to treat complainant on emergent basis. Therefore, he treated the complainant on priority. He had the most advanced lithotripter from West Germany of Dornier Company-the only unit of its kind in city of Mumbai that time. The machine was built in fluroscopy mechanism unit which gives the live image of the organ of kidney. On 24/08/1999, on complainant's admission, diagnosis was done, with the help of lithotriptor machine. Since the complainant was having agnostic/ pain due to stone obstruction he could not stand IVP test as alleged by him.

Even the complainant rejoined the written statement of the opponent no.2 by rejoinder dated 01/08/2002. He has not placed any expert's view except mere denial of the statement of the opponent no.2. The above statements of opponent no.2 based on his expert knowledge as urologist have gone unchallenged. We agree, therefore, with the submission of Mr.Prabhawalkar made in that respect.

[10] There is presumption in medical negligence case that the complainant, as sufferer, automatically discharges the burden of proof of facts stated by him thereby onus shifted on the opponent doctor to rebut such presumption. Such presumption may be raised only in case where there is clear evidence. Prima-facie to indicate that things as have happened are so clear as broad light,in other words the case based on the principle res ispa loquitur

Initial consultation in this case was x-ray or CT scan (intravenous pyelogram) IVP, sonogram or MRI. Dr.Balani and referring Dr.Shoukat Shaikh on their basis their expertise and prelimary tests and from clinical examination diagnosed complainant suffering from kidney stone from the images of aforesaid machine lithotriptor. Opponent no.2, however, located the stone in the left ureter tube and found it to be left ureteric calculus to break into pieces.

There is niether evidence nor expert's evidence which the complainant ought to have been produced, to establish opponent no.2's negligence. In fact, within 24 hours, the complainant was discharged. There is no report as to the complainant was having low hemoglobin on record. Even otherwise, the complainant has utterly failed to prove the nexus between the surgery performed by opponent no.2 with the help of lithotriptor and angina caused to him on 25/08/1999 at evening.

[11] Complainant is an advocate. We are of the view that it cannot be believed that he does not know the consequences of unnecessarily dragging a person into a litigation for years together. Without being any proof of facts alleged about shortcoming imperfection culminating into deficiency due to alleged negligence at the hands of the opponent no.2, the complainant tried to claim huge compensation of Rs.20 lac to exert pressure on opponents without there being any statement of claim on different heads. In support of arguments, Mr.Gai relied the judgment of the Hon. National Commission in case of – *D.H.Kumari & Ors. Vs. Nizam Institute of Medical Science*, I (2013) CPJ 520 (NC). In the case decided, the patient was suffering from breast cancer. She was expected to prove negligence for not undergoing certain tests. Initial burden on her never shifted. In the instant case at hand, complainant failed to discharge initial burden that IVP test was mandatory. The facts in the case relied on and fact in the case on hand are different. Therefore, with great respect, it does not come to the help of the complainant.

For above discussed reasons, we are of the view that the complaint deserves to be dismissed vis-à-vis the complainant shall be saddled with compensatory costs payable to the opponent no.2. Hence,

ORDER

1. Consumer complaint stands dismissed with litigation costs quantified to Rs.25,000/- [Rs.Twenty Five Thousand only] and compensatory costs of Rs.50,000/- [Rs.Fifty Thousand only] payable to the opponent no.2 by the complainant.
2. One set of the complaint compilation be retained and rest of the sets be returned to the complainant.
3. Copies of the order be furnished to the parties free of cost forthwith.

Pronounced

Dated 1st July, 2015.

[P.B.Joshi] PRESIDING JUDICIAL MEMBER

[Shashikant A. Kulkarni] JUDICIAL MEMBER

Every Complaint Is A Gift, A Guide To Dealing With The Upset Patient

Most doctors get put off by patients who complain and most doctors will either ignore these patients – or fire them ! While I'd rather have smiling and happy patients as well , I also believe that every complaint is a gift – it's a chance to learn and improve.

In fact, we actively encourage our patients to provide us with feedback – and both compliments and complaints are welcome . Compliments give us a high and tell us we are doing a good job. Complaints remind us that we can do better !

As a doctor, I am focused on providing high quality medical care to my patients. However, I also run a clinic, and I may not see some basic problems (which are easy to fix) unless someone takes the trouble to point them out to me !

Most patients are quite reluctant to complain to their doctor. For one, most are respectful and are quite grateful for the medical attention and care they are getting. They feel they should not be wasting their doctor's time on minor trifles. Also, many are worried that if they complain, the doctor may get upset and may not provide them with good medical care. This is why most patients are docile and compliant in the clinic. However, when they leave the clinic, they will then openly criticize the doctor – an unhelpful approach , which does not help either the doctor or the patient !

I encourage patients to provide feedback to doctors – after all, if there are problems and you do not tell us about them, how will we improve ?

However, not all complaints are helpful, so if you do want to provide constructive complaints, you must learn the right way of doing so. There's no point in complaining when you are angry and upset. This might seem counter-intuitive, but this is the time when you are likely to say things you may regret later ! It's best to complain when you are cool and collected – and when your doctor also has time to sit and listen to your feedback. Providing written feedback is also useful, if you are willing to take the time and trouble . However, complaining behind the doctor's back is very unhelpful !

Just like patients need to learn how to complain, doctors also need to learn how to listen to their patient's complaints in a mature fashion. This is a useful skill for all

doctors to acquire. Remember that for every one patient who complaints, ten will get upset – but rather than take the time to complain, will just walk out of your practice to your next door competitor ! Complaints should not be ignored – they need to be managed. Your patient is your customer, and you owe him a duty of service ! When dealing with angry unhappy patients, it's very easy for problems to escalate , and when tempers are lost, everyone stands to lose. Often doctors do not have the maturity to listen calmly to a patient's complaints. Many will take a complaint as a personal affront – and will feel the patient is disparaging them . Others may even get incensed – " How dare a patient criticize me ! After all, I am a senior , respected and experienced doctor who knows much more than he does ! "

If you do not manage angry patients well, this will end up hurting you in the long run. Angry patients may end up suing a doctor – especially when they feel the doctor has been uncaring or rude.

Listen patiently and respectfully. It's true that not all complaints are valid and not all problems can be fixed, but giving the upset patient a patient hearing can make a world of a difference !

When a patient complains, rather than getting angry or defensive, a useful acronym to remember is

LEAD - L = Listen ; E= Empathise ; A= Act ; D= Document.

When do patients complain ? When there is a mismatch between expectations and reality. This is why it's so important to be honest and transparent with your patients.

I always tell my patients – If you are happy with us, please tell the world ! If you are not happy with us, please tell us, so we can fix the problem !

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