# 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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(M) 98241 87892

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## National President's Desk

### MY APPEAL

Season's Greetings

Appeal to all Local Branch Presidents / Hon. Secretaries.

(1) PROACTIVE EFFORTS FOR MEMBERSHIP DRIVE.

(2) ACTIVE IMPLEMENTATION OF "AAO GAON CHALEN" PROGRAMME BY ALL BRANCHES.

(3) BLOOD DONATION CAMP BY ALL BRANCHES ON DOCTOR'S DAY - 1st JULY 2014.

(4) ACTIVE EFFORTS FOR STRENGTHENING OF YOUNG DOCTOR'S WING.

(5) STRONG BONDING WITH SPECIALITY ORGANISATIONS.

(6) "WELCOME THE GIRL CHILD..." DRIVE.

KINDLY COMPLY POSITIVELY.

Dr. JITENDRA B. PATEL
NATIONAL PRESIDENT, IMA

# STATE PRESIDENT'S MESSAGE

Dear friends,

Family practice and family physicians:

Recently I had an opportunity to attend annual conference of family physicians at Ahmedabad. That inspired me to reallocate my stray thoughts and put me to you all, in the form of an article about family practice and family physicians.

The family practice is one of the oldest profession in the world with a glorious past. General practitioners (as British doctors like to call them) or family physicians have many achievements to display. In olden days generalized medical practice was in vogue. Multi-disciplinary system and specialty and super- specialty developed later in last centuries.

A family physician gives personal care to his patient and also to family. His services starts from the first contact care to become an on-going care. He provides positive health care to all the family members of his patients. He helps in prevention of diseases to rehabilitation from the diseases. He not only deals with the medical problems of his patients but also takes care of psychological problems and also of mental trauma of his patients by counseling and solacing.

In the recent era, the disease burden has shifted from infectious to non-infectious, non-communicable diseases, better known as life style diseases. In our country it is the effect of globalization and so called modernization. Junk food, sedentary life style along with stress has increased diseases like hypertension, diabetes and obesity in many folds. With this duties and goal of services of family physicians have also changed. Patient education is more important in preventing these diseases. I have observed and noted that our family physicians are more





competent in dealing with these diseases also, because they keep themselves updated with recent advances in the medical field.

Family physicians are the backbones of health care system. But somehow in our country, we have observed a trend amongst medical graduates that they don't opt for family practice. Why this has happened? Is it less rewarding considering the time and pains a doctor puts in treating a patient ? Or because the establishment cost has increased in many folds than the revenue ? Whatever it is, it is alarming for the society, because in absence of qualified M.B.,B.S. doctor patients are forced to take medical treatment from non- allopathic practitioners, who are not at all competent and legally not allowed to practice modern medicine. Health authorities of all the states and union government should take stern actions against such unqualified practitioners. At IMA level we are trying to curb this menace, but unfortunately it seems, state governments are unwilling to take actions against them, though the supreme court has also given clear judgement against this.

There is an apprehension about the future of family practice in our country. But I strongly believe, the medical services rendered by a qualified family physician at primary health care level are much important and can not be replaced by any one. A qualified family physician provides medical treatment at comparatively affordable cost with personalized care which no where else a patient will get. Let us hope and pray for the larger interest of the society, government starts thinking towards this vital issue.

Long Live Family Practice,

Jai IMA

**Dr. Bipin M. Patel**
(President, G.S.B.,I.M.A.)

# HON. STATE SECRETARY'S MESSAGE

Dear members,

Wishing you all a very very healthy season as we have entered into a phase of double season.

Before I continue my theme of CHANGE, let me share a huge achievement of IMA HQ. On behalf of whole medical fraternity I congratulate leaders at IMA HQ, & in particular our own leader & National President, Dr Jitendra Patel for their quick, solid & effective representation to Govt of India regarding 7½ year course of MBBS. Which has forced the Govt to take their decision back. That is one of the major victory of our solidarity. I am sure there are many more to come in this year.

So my sincere request to all other state & local branch leaders & members to join our hands with HQ's appeal regarding 6 points which have been mentioned in previous issue too.

The six points are mentioned in this bulletin somewhere else. As far as membership drive concerns, we have golden opportunity to enrol many junior doctors at different hospitals and colleges as with the efforts of IMA, we have successfully cancelled the decision of 7.5 years MBBS course. My request to all members is to promote membership drive which is one of the important issues taken up this year. Involvement of young doctors in various activities of IMA can also be promoted by creating motivating activities for them. “Aao Gaon Chale” and “Welcome Girl Child” are existing issues for which all of us have to go into the depth and source. Why people don't want girl child? What are the social factors which prevent people from having girl child? It is responsibility of we learned people to bring changes in basic thoughts of community at large because we-doctors are the respected and close to the people to whom community follows. We have to pursue that females get higher respect, education and many more things such that people welcome girl child. By involving different medical fraternity





organisations, we can strengthen our unity which is crucial in today's world. Last but not least, only we doctors can play pivotal role in creating and raising awareness about voluntary blood donation.

Now let me elaborate & generate the thought of CHANGE still further. And yes, I need feedback & contribution from your side too in this matter as we all can have different perspective in this regard. Now we are entering from winter to summer. Whether we love it or not, we like it or not, it is going to come. And we all have to bear with it or love it. Choice is yours. Then what would you prefer? Bear or Love? Of course, I will choose to love it.

I need your continuous feedback, support and involvement to have continuous and ongoing positive CHANGE in our bulletin as well as our activities too.

My email id : drjitendrapatel11@yahoo.com

“COME ONE, COME ALL.”

Thanking You,

Yours Truly,

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

**For Kind Attention Please**

We would like to add following section in our News Bulletin like.....

1. Sport Update
2. Polities Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interested matter which increase readership of our bulletin members who are interested to write on any of the following should contact : **Dr. Jitendra Patel,** Hon. State Secretary, IMA-GSB on E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200

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

19/01/2014 Dr. Jitendra N. Patel, Hon. State Secretary attended Blood Donation Camp at Achalayatan Society, Naranpura, Ahmedabad. More than 450 bottle were collected.

26/01/2014 Dr. Bipin M. Patel; Hon. State Secretary, Dr. Kirit C. Gadhavi; Director of C.G.P. and Dr. Lalit I. Nayak; Hon. Secretary of CGP, attended valedictory function of C.M.E. at Vadodara

26/01/2014 Dr. Jitendra N. Patel, Hon. State Secretary attended Blood Donation Camp at Sardhav, Gandhinagar. More than 113 bottle were collected.

01/02/2014 Dr. Bipin M. Patel, President attended "Volunteer for a Better India" United we March – Gujarat State Youth Summit as a Guest of Honour organized by The Art of Living, Ahmedabad.

16/02/2014 Dr. Jitendra B. Patel; National President IMA-HQs. and Dr. Jitendra N. Patel, Hon. State Secretary attended National Conference of College of G.P. at Shirdi.

16/02/2014 Dr. Jitendra B. Patel; National President IMA-HQs. and Dr. Jitendra N. Patel, Hon. State Secretary visited at IMA Dhule Branch (Maharashtra)

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## CONGRATULATIONS


**Dr. M. M.Prabhakar,** Medical Superintendent, Civil Hospital Ahmedabad received the "Best Hospital with Medical College - Metro" at India Health Care Awards: 2013 award from Mr. Montek Singh Ahluwalia, Deputy Chairman Planning Commission on 23rd December 2013 at Taj Palace, New Delhi.

* * * * *

❖ **Dr. K.M. Acharya; Jamnagar**

Being awarded Padmashree award by Government of India for his social services to Leprosy Patients since 25 years.

❖ **Dr. Viral Chhaya; Jamnagar**

Being elected as President elect at Association of Otolaryngologist of India for the year 2014

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**Attention - I.M.A. Members; Essay Competition**

**GIMACON 2014**

**Subject : Psychosocial disorder in Adolescence**

The essay should be in three typed copies double spacing on one side of the full-scap paper. The author should not print his/her name & address on the essay but put up on a separate piece of paper.

**Last Date for Submission on the State Office is 31/8/2014**

## NEW LIFE MEMBERS

**I.M.A. GUJARAT STATE BRANCH**

**We welcome our new members**

| L_M_No. | NAME | BRANCH |
|---|---|---|
| LM/23220 | Dr. Patel Gayatri Mahendrabhai | Gandhinagar |
| LM/23221 | Dr. Damore Chirag Gunvantrai | Gandhinagar |
| LM/23222 | Dr. Mevada Lata Darshrathlal | Gandhinagar |
| LM/23223 | Dr. Jogia Ashutosh Dilipbhai | Gandhinagar |
| LM/23224 | Dr. Desai Gauravkumar Jagubhai | Gandhinagar |
| LM/23225 | Dr. Minz Amar Subhash Ashirbad | Bharuch |
| LM/23226 | Dr. Chauhan Parthsarthi M. | Dahod |
| LM/23227 | Dr. Lodhiya Kaushik Kishorbhai | Junagadh |
| LM/23228 | Dr. Surati Divyakumari B. | Surat |
| LM/23229 | Dr. Patel Sneha Chhotubhai | Surat |
| LM/23230 | Dr. Gandhi Ankur Dineshchandra | Surat |
| LM/23231 | Dr. Parmar Vishal Narsinhbhai | Dahod |
| LM/23232 | Dr. Motka Krunal Ghanshyambhai | Surendranagar |
| LM/23233 | Dr. Ninama Chetan Kantilal | Bhiloda |
| LM/23234 | Dr. Chaudhary Virendra Pratap | Jamnagar |
| LM/23235 | Dr. Dalbanjan Vidya | Jamnagar |
| LM/23236 | Dr. Sanghavi Mithun M. | Jamnagar |
| LM/23237 | Dr. Gandha Kapilkumar Manilal | Jamnagar |
| LM/23238 | Dr. Shah Viral Ratanprakash | Jamnagar |
| LM/23239 | Dr. Dhaduk Kishor Muljibhai | Jamnagar |
| LM/23240 | Dr. Saradhara Vijay N. | Jasdan |
| LM/23241 | Dr. Desai Anish Jadavjibhai | Jasdan |
| LM/23242 | Dr. Patel Narendra Parbatbhai | Surat |
| LM/23243 | Dr. Bhadiyadra Vipulkumar R. | Surat |
| LM/23244 | Dr. Bhayani Shailesh Kanubhai | Surat |
| LM/23245 | Dr. Parmar Nishaben Dhavalsinh | Surat |
| LM/23246 | Dr. Chotaliya Ritesh D. | Surat |
| LM/23247 | Dr. Pithadia Pradeep Rasiklal | Jamnagar |
| LM/23248 | Dr. Ram Rohitkumar Vasabhai | Jamnagar |
| LM/23249 | Dr. Vora Rajnik Sureshbhai | Rajkot |
| LM/23250 | Dr. Patel Bhavin Nandkishorbhai | Rajkot |
| LM/23251 | Dr. Machhar Pankaj Narendrabhai | Rajkot |
| LM/23252 | Dr. Bhetariya Mayur Jagmalbhai | Rajkot |





| | | |
|---|---|---|
| LM/23253 | Dr. Patel Nirav Vitthalbhai | Rajkot |
| LM/23254 | Dr. Patel Nency Niravbhai | Rajkot |
| LM/23255 | Dr. Chaudhary Bharat Mansinh | Mehsana |
| LM/23256 | Dr. Modi Krunal Vinodkumar | Mehsana |
| LM/23257 | Dr. Alam Md Naushad | Devgadh |
| LM/23258 | Dr. Parmar Yogesh Chimanlal | Vadodara |
| LM/23259 | Dr. Mistry Parul Kishorbhai | Vadodara |
| LM/23260 | Dr. Rabari Mayur Gandabhai | Vadodara |
| LM/23261 | Dr. Shah Ankitkumar Sanatkumar | Vadodara |
| LM/23262 | Dr. Modi Prerak Narayanbhai | Vadodara |
| LM/23263 | Dr. Sudhalkar Aditya Anandbhai | Vadodara |
| LM/23264 | Dr. Shah Akash Pankajkumar | Vadodara |
| LM/23265 | Dr. Chauhan Bharatsinh Mansinh | Vadodara |
| LM/23266 | Dr. Puwar Pruthviraj I. | Vadodara |
| LM/23267 | Dr. Maheshwari Ramya Nitinbhai | Vadodara |
| LM/23268 | Dr. Chaudhari Tejal Arvindbhai | Vyara |
| LM/23269 | Dr. Patel Vishal Premjibhai | Dhanera |
| LM/23270 | Dr. Prajapati Bharat Bhutaji | Dhanera |
| LM/23271 | Dr. Patel Avakash Mangalbhai | Dhanera |
| LM/23272 | Dr. Bhimani Rajesh Girdharbhai | Dhanera |
| LM/23273 | Dr. Joshi Shivang Chetanbhai | Bhavnagar |
| LM/23274 | Dr. Parmar Kinal Nileshkumar | Bhavnagar |

## OBITUARY

# Padmashri Prof. Dr. V. C. Patel

MBBS, MS, FRCS, FICS

(18/09/1931 - 04/01/2014)

**Medals, Prices and Merit Scholarships :**

- Anderson Scholarship for getting highest number of marks in Anatomy at 1st MBBS Examination (1953)
- Dr. Macmilan Scholarship for securing highest number of marks in Medicine at Final MBBS Examination from Bombay University (1956)
- Cardiac arrest at Resuscitation follow up of 60 cases, paper read at Cambridge Medical Research Society (1964)
- R. S. Poredi Gold Medal for securing highest number of marks in Medicine at Final MBBS examination from Bombay University (1956)
- Dr. S. F. Gandhi Scholarship for securing highest number of marks in Surgery at Final MBBS from Bombay University (1956)

**Public, Professional and Social Appointments**

- National President of Indian Medical Association (1999-2000)
- Past-President, Indian Medical Association, Gujarat State Branch (1977)
- Past-President, Gujarat State Surgeons Association (1974)
- "Padmashri" Award in 1989 for "Public Affairs, Socio-Medical Relief and Medical Education."
- "Gujarat Ratna" Award by All India Federation of State Bank of India at Ahmedabad in January (1995)
- Recipient of "Dr. B.C. Roy National Award" under "Socio Medical Relief Category (1985)
- Chairman, Lions Heart Foundation. Dist. 323 F.
- Advisor to Govt. of Gujarat Heart Surgery Programme.
- Managing Director, Gujarat Heat Relief Society, Baroda Dist.
- Mayor, Baroda Municipal Corporation, Baroda (1983)
- Member Senate, Shree Maharaja Sayajirao University, Baroda (1983)





# Dr. Pravin Patel

(Pulse Women's Hospital, Ahmedabad.)

(25/10/1954 - 25/01/2014)

Age : 60 years

Qualification : M.D. (Gyanec)

Name of Branch : Ahmedabad

**Professional Affiliations :**

- Vice-President, IAGE (The Indian Association of Gynecological Endoscopists)
- Board member for ISGE (The International Society for Gynecological Endoscopy)
- Chairman, Endoscopy Committee, FOGSI (2006 - 2008)
- Vice-President, Federation of Obstetrics and Gynecological Societies of India (FOGSI 2001-02)
- Board Member of Indian Society for Assisted Reproduction (ISAR)
- President, Ahmedabad Obstetrics & Gynecology Society (AOGS) (1990-91)
- First Medical group to have International Collaboration in the field of IVF (Melbourne, Australia) and Endoscopy (CICE, France).
- Ex-International Course Instructor - KIEL School of Gynaecological Endoscopy and Reproductive Medicine, Germany

**Publications & Training Programmes :**

- Published numerous papers in journals, contributed chapters in numerous textbooks and delivered lectures at various international and national conferences.
- Basic Infertility : recognized by the Federation of Obstetrics and Gynecological Societies of India
- Gynecological Endoscopy : recognized by Federation of Obstetrics and Gynecological Societies of India and Karl Storz, Germany

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We send our sympathy & condolence to the bereaved family

| | | |
|---|---|---|
| Dr. Kanubhai K. Vasani | 12/12/2013 | Surendranagar |
| Dr. K. B. Lohana | 27/12/2013 | Bhavnagar |

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

## COMMUNITY SERVICE

**MORBI**

05/01/2014 Free Diagnostic and awareness camp for breast cancer. Dr. Jyotiben Shah & Dr. Beenaben Trivedi had given free service. Total 60 patients took benefit

12/01/2014 Awareness lecture about common gynecological problem in programme 'u & your'. Dr. Devina Akhani had given lecture. Total 70 people attended the programme

24/01/2014 Bone Densitometry camp at multispecialty hospital. Dr. Vinod Kaila had given free service 40 patient took benefit.

24/01/2014 Health Exhibition a unique project "Health is Wealth" organized under heading of Science Exhibition as part of celebration of “Dashabdi Mahotsav". More than 2000 people visited and enjoyed this health exhibition

**PALANPUR**

22/12/2013 Medical camp, total 140 patients were checked / served by the Doctors from CIMS Hospital, Ahmedabad

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## BRANCH ACTIVITY

**AMRELI**

08/02/2014 "Sherlock Holms approach in critical care" by Dr. Darshan Sukla and Dr. Vipul Parekh.

"Sepsis Management" by Dr. Gyanendra Gupta.

"Nutrition in ICU" by Dr. J. F. Rana

**JETPUR**

04/01/2014 "Management of coronary artery disease" by Dr. Ramesh Kapadia





08/01/2014 "Advances in joint replacement" by Dr. Rupesh Mehta

"Management of hyper lipidemia" by Dr. Nilesh Makadia

15/01/2014 "Management of chronic migraine" by Dr. Vishal Jogi

18/01/2014 "Gastro-esophageal reflux disease" by Dr. Parag Patel

18/01/2014 "Head injury and its management" by Dr. Mansukh Sangani

29/01/2014 "Update in viral hepatitis" by Dr. Praful Kamani

**MORBI**

07/01/2014 ″CME about bronchoscopy in Foreign body in pediatric patient" by Dr. Parthiv Shah

What is new in gastro surgery and "Doctor ko gussa kyu aata hai?" by Dr. K.S. Purohit.

**PALANPUR**

24/10/2013 "Recent Advances in management of diabetes mellitus" by Dr. Vivek Arya

"Recent trends in infertility" by Dr. Anand Chaudhary

04/12/2013 "General awareness of renal diseases" by Dr. Kamal Goklani

"Hypertension – Recent updates Diagnosis and Management" by Dr. Vineet Sankhla

**PALITANA**

11/02/2014 "Alcoholic leaver diseases" by Dr. Aiyar

"Laproscopic Surgery new advances" by Dr. Parthesh Joshi

**VIRAMGAM**

27/01/2014 "Asthma and COPD" by CIPLA. Total 25 members remained present.

# 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 January-2014 in addition to their routine work. These are as under :

| | | |
|---|---|---|
| 01-01-2014 to 31-01 -2014 | : | Intra domestic house to house survey by the centers of Ahmedabad |
| 19-01-2013 to 21-01-2014 | : | National Polio Round by the centers of Ahmedabad |
| 19-01-2013 to 22-01-2014 | : | National Polio Round by the centers of Rajkot |
| 24-01-2013 (Rajkot) | : | General Medical Camp |

Rander - Surat : Vitamin 'A' Solution - 50 Children, Iron : 2000 tables & Calcium - 1000 tablets, were distributed.

Nanpura - Surat : Vitamin 'A' Solution - 50 Children, Iron : 1000 tablets were distributed.

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

**JANUARY-2014**

| No. | Name of Center | | New Case | Old Case | Total Case |
|---|---|---|---|---|---|
| (1) | Ambawadi | (Jamalpur Ward) | 558 | 776 | 1334 |
| (2) | Behrampura | (Sardarnagar Ward) | 821 | 241 | 1062 |
| (3) | Bapunagar | (Potalia Ward) | 1407 | 665 | 2072 |
| (4) | Dariyapur | (Isanpur Ward) | 721 | 212 | 933 |
| (5) | Gomtipur | (Saijpur Ward) | 1380 | 384 | 1764 |
| (6) | Khokhra | (Amraiwadi Ward) | 1920 | 601 | 2521 |
| (7) | New Mental | (Kubernagar Ward) | 492 | 141 | 633 |
| (8) | Raikhad | (Stadium Ward) | 308 | 636 | 944 |
| (9) | Wadaj | (Junawadaj Ward) | 800 | 210 | 1010 |
| (10) | Khambhat | | — | — | — |
| (11) | Junagadh | | ---- | ---- | ---- |
| (12) | Rander-Surat | | ---- | ---- | ---- |
| (13) | Nanpur-Surat | | ---- | ---- | ---- |
| (14) | Rajkot | | 690 | 336 | 1026 |





**JANUARY - 2014**

| No. | Name of Center | Female Sterilisation | Male Sterilisation | Copper-T | Condoms | Ocpills |
|---|---|---|---|---|---|---|
| (1) | Ambawadi (Jamalpur Ward) | 26 | — | 58 | 8100 | 841 P |
| (2) | Behrampura (Sardarnagar Ward) | 31 | — | 45 | 9000 | 1219 |
| (3) | Bapunagar (Potalia Ward) | 45 | — | 52 | 16320 | 45 P |
| (4) | Dariyapur (Isanpur Ward) | 20 | — | 20 | 25100 | 900 P |
| (5) | Gomtipur (Saijpur Ward) | 42 | — | 47 | 1705 | 454 |
| (6) | Khokhra (Amraiwadi Ward) | 44 | 02 | 60 | 12300 | 118 |
| (7) | New Mental (Kubernagar Ward) | 42 | 01 | 39 | 10880 | 444 P |
| (8) | Raikhad (Stadium Ward) | 31 | — | 40 | 19260 | 1235 P |
| (9) | Wadaj (Junawadaj Ward) | 28 | — | 82 | 10000 | 1210 |
| (10) | Khambhat | 03 | — | 24 | — | 42 |
| (11) | Junagadh | 56 | — | 53 | — | 245 |
| (12) | Rander-Surat | 13 | — | 40 | 2000 | 60 P |
| (13) | Nanpura-Surat | 19 | — | 105 | 2250 | — |
| (14) | Rajkot | 38 | 01 | 50 | 200 | 100 |

## COLLEGE OF GENERAL PRACTITIONERS; G.S.B.I.M.A.

Indian Medical Association has successfully organized C.M.E. programmes in collaboration with the College of G.P. G.S.B. I.M.A. from 19/1/2014 to 26/1/2014 at Bhailal Amin IMA Hall, Vadodara.

The inauguration function was attended by Dr. Chetan N. Patel, Vice President, Vadodara Zone & Dr. I.C. Patel.

Dr. Bipin M. Patel, President, I.M.A. G.S.B. Dr. Kirit C. Gadhavi, Director, College of G.P., Dr. Lalit I. Nayak, Hon. Secretary, College of G.P. I.M.A. G.S.B. were present. The programme was well attended by 60 Doctors.

**Dr. Kirit C. Gadhavi**
Director

**Dr. Lalit I. Nayak**
Hon. Secretary

**Dr. Vasant B. Patel**
Hon. Joint Secretary

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## FUTURE CME

### "CME on Pediatric HIV"

The CME topics are keeping in view the Global trends and challenges in Pediatric HIV; and there are eminent national speakers working in this field. This is an opportunity for all to appraise themselves to many new developments in Care Support and Treatment in Pediatric HIV in Indian senario.

Date : 16-03-2014 Time : 9-00 a.m. to 5.00 p.m.
Venue : Asmita Bhavan, Civil Hospital Campus

Registration Fee Rs. 250/-
Cheque / DD in favour of "CME on pediatric HIV"

Contact : 98792 08977 / 94278 06614

Dr. K. M. Mehariya
Chairperson

Dr. Bela Shah
Chairperson

# IMA-GFATM-RNTCP-PPM-RCC-Project

To,

All State Working Committee Members, District Co-ordinators ,
Local Branch Presidents and Local Branch Secretaries.

**Sub : To organize CME on Tuberculosis in your Branch**

Dear Member,

Hope this letter finds you in best of your health.

As you are aware that I.M.A. Gujarat State Branch is involved in prestigious project of **IMA-GFATM-RNTCP-PPM-RCC.** We request you to organize CME in your branch as per the guidelines with an average attendance of 40 members for each session. You are also requested to contact your district Tuber**c**ulosis officer and finalize the date & venue and intimate state office well in advance.

**The Success of the sensitization programme in the branch will be measured by**

- The number of sensitized Private Practitioners (PP) who attended the CMEs
- The number of PPs who sign up as referral doctors
- The number of PPs who follows the principles of RNTCP/ISTC in managing TB patients
- Number of PPs notifying the TB patients.
- Number of PHIs established by the PPs.

**Structure of Branch CMEs**

On an average, one CME on RNTCP and ISTC will be conducted in each IMA local branch every year. However, as some branches are very large, they may host more than one CME each year. At the same time, branches with very few members will be clubbed with larger ones. The structure of project CMEs at local branches is as follows:

1. The CME programme will be of 2 hours duration
2. CME should only be based on the resource material for the same and supplied by IMA HQs./NWG
3. The IMA Technical Consultant and one of the following should be a resource person at the CME





   a. DTO (the MO-DTC or MO-TC may also be deputed by the DTO)
   b. RNTCP/WHO Consultant for the District (deputed by the DTO/STO)
   c. Any other doctor who has undergone the 2 week RNTCP modular training
4. The District Coordinator should be present at the CME.
5. The budget for each branch CME is **Rs. 18,900/-,** distributed as follows:

| Head of expense | Unit amount | Total amount |
|---|---|---|
| Boarding and Venue rent | Rs. 300 per participant (42) | 12,600/- |
| Honorarium (Resource Persons)* | Rs. 500 per Resource persons (2) | 1,000/- |
| Audio Visual Equipment | Rs. 2,000 per meeting | 2,000/- |
| Stationary per participant | Rs. 25 per participant (42) | 1,050/- |
| Miscellaneous ** | Rs. 2,250/- per meeting | 2,250/- |
| **Total Unit Cost (Amt in Rs.)** | | **18,900/-** |

* RNTCP/WHO and IMA Technical Consultants are not eligible for honorarium

** Misc. expense Includes floral bouquets, mementos, banners and backdrops, photographs / photographer, photocopying, standby generator, local conveyance for organizers; Misc. expenses should be supported by original bills, attested by Branch Secretary, verified by Unit Coordinator and should not exceed allocated budget.

6. There will be no payment for traveling expenditure to any of the participants.
7. The CME report shall be submitted.
   a. In the proforma enclosed along with a statement of account
   b. With original bills and/or vouchers, photographs of the meeting with evidence of the location and date; details of the event should be written on the reverse.
   c. With the Attendance Sheet in original

Please feel free to ask for any information/assistance.

With kind regards,

Thanking you,

**Dr. Bipinbhai Patel**
President, I.M.A.,G.S.B.

**Dr. Jitenra N. Patel**
Hon. State Secy., I.M.A.,G.S.B.

# Mandatory Tuberculosis Notification in India

This is a giant step towards furthering TB care and control in our top priority country world-wide. It has many implications especially when it comes to the coordination with the non-state sector. GoI is to be highly congratulated for having addressed this major issue. WHO at all three levels stands ready to support implementation of the new policy.

## Frequently Asked Questions

(Tuberculosis notification in India)

**1. What is TB notification?**

Reporting about information on diagnosis &/or treatment of Tuberculosis cases to the nodal Public Health Authority (for this purpose) or officials designated by them for this purpose.

**2. Who is expected to notify TB cases?**

Every healthcare providers meaning clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners.

**3. Are the public sector health facilities expected to notify the TB cases?**

Yes. All Tuberculosis cases diagnosed &/or treated; whether under DOTS strategy or not.

**4. To whom TB cases should be notified?**

Nodal Public Health Authority (for this purpose) or officials designated by them for this purpose. State/UT & district-wise contact details are available on www.tbcindia.nic.in

5. **When TB cases can be notified?**

On diagnosis or initiation of anti-TB treatment of a Tuberculosis case. Such reporting to the nodal public health authority to be done at least on monthly basis

**6. How TB cases can be notified?**

- Hard copy by post, courier or by hand to the nodal officer





- Soft copy by email from persons / institutes authorized for this purpose to the nodal officer
- Using authorized mobile numbers by phone call, IVRS or SMS *
- Uploading of information directly on to the Nikshay portal http://nikshay.gov.in*
- Direct online information transmission from newer diagnostic machines like CB- NAAT or MGIT etc. *
- Will be available in future

**7. Why should private health facilities notify TB?**

Notification gives an opportunity to support private sector for better practices in terms of Standard TB Care which include helping the patients to get right diagnosis, treatment, Follow up, Contact Tracing Chemoprophylaxis & facilitates social support systems.

Complete and accurate data obtained from notification will allow continuous evaluation of the trend of the disease with better estimation of burden/impact.

8. **How do I know the contact details of the nodal officer for TB notification in my area?**

The list of Nodal Officers is available on http://tbcindia.nic.in/.

In States/UTs or districts where the bilateral understanding is established between the Health Establishments and the local public health authorities for convenient local TB notification, the information on TB Notification can be submitted to the local public health authorities (e.g. Medical Officer of the Primary Health Center) as designated by the district nodal authority for TB notification. However, this should be done only in consultation with the concerned district nodal officer for TB notification.

In case, health care provider is not aware about the contact details of the nodal officer for TB Notification in the district the same may be obtained from the respective District TB Officer / State TB Officer for the updated contact.

9. **What do I do when I am unable to contact the nodal officer for TB Notification?**

You may contact respective District TB Officer / State TB Officer. In case of any grievances, the same may be sent to tbnotification@tbcindia.nic.in & issues regarding electronic reporting data update may be sent to helpdesk.nikshay@tbcindia. nic.in mentioning the name and complete address of the individual and the health care facility.

10. **I am a medical practitioner but I neither diagnose nor treat TB cases. Do I still have to submit the TB notification report to the nodal officer?**

Health establishments and medical practitioners not routinely diagnosing / treating TB patients may give an undertaking regarding the same while agreeing to submit the information in future, in case they diagnose or treat any TB case.

11. **What is a TB case?**

**Microbiologically-confirmed TB** case – Patient diagnosed with at least one sputum specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis, or RNTCP-approved Rapid Diagnostic molecular test positive for tuberculosis

OR

**Clinical TB case** – Patient diagnosed clinically as tuberculosis, without microbiologic confirmation and initiated on anti-TB drugs.

12. **What are the different types of TB cases?**

**New TB case** – Patient who has never been treated with anti-TB drugs or has been treated with anti-TB drugs for less than one month from any source

**Recurrent TB case** – Patient who has been treated for tuberculosis in the past and been declared successfully treated (cured/treatment completed) at the end of their treatment regimen.

**Treatment change** – Patient returning after interruption, and patients put on a new treatment regimen and due to failure of the current treatment regimen.





13. **How Site of disease can be defined for TB cases?**

**Pulmonary TB case** – Patient with TB of the lungs (with or without involvement of anyextra-pulmonary locations).

**Extra-pulmonary TB case** – Patient with TB of any organ other than the lungs, such as pleura, lymph notes, intestines, genito-urinary tract, skin, bones and joints, meninges of the brain, etc, diagnosed with microbiological, histological, radiological, or strong clinical evidence.

14. **Which TB diagnostics are endorsed by RNTCP?**

**Smear Microscopy (for AFB) using** Zeil-Nelson Staining or Fluorescence stains and examination under direct or indirect microscopy with or without LED.

**Culture for MTB on** Solid(Lowenstein Jansen) media or Liquid media (Middle Brook) using manual, semi-automatic or automatic machines e.g. Bactec, MGIT etc.

**Rapid diagnostic molecular test for MTB using c**onventional PCR based Line Probe Assay for MTB complex or Real-time PCR based Nucleic Acid Amplification Test (NAAT) for MTB complex e.g. GeneXpert

**Note:** Diagnosis of TB based on radiology (e.g. X-ray) will be termed as clinical TB

15. **What can be the Rifampicin resistance status of TB patient?**

**Rifampicin resistant** – Patient with a drug susceptibility test result from a RNTCP- certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing resistance to rifampicin.

**Rifampicin sensitive** – Patient with a drug susceptibility test result from a RNTCP- certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing sensitivity to rifampicin.

**Not available** – Patient without a drug susceptibility test result from a RNTCP certified laboratory

**16. What if, I do not notify a TB case?**

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.7, a registered medical practitioner giving incorrect information on his name and authority about Notification amounts to misconduct and such a medical practitioner is liable for deregistration.

**17. How can I share the information about TB patient, as it is a professional secret between a doctor and his patient and needs to be kept confidential?**

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.14, it is the duty of the registered medical to divulge this information to the authorized notification official as regards communicable and notifiable diseases. It further states that in case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

**18 .Is there a provision for punitive / legal action if I do not notify TB cases in Constitution / MCI rules?**

Yes.

**19. How will the TB notification information be used by the National Programme / Government?**

For undertaking Public Health measures like contact tracing of infectious cases, counseling support for treatment adherence and follow-up. Also, the surveillance system will be helpful in estimating the burden of TB disease in the country.

**20. What if I notify a TB case and later on I found it not to be TB?**

Information on such rare cases may be intimated to the nodal officer for TB notification

**21. What will happen to the TB cases I have notified?**

Support system for treatment initiation, adherence, follow-up, default retrieval, contact tracing will be extended to such patients by public health staff. Though patient may opt to seek care from providers outside national TB control programme

**22. Is a medical practitioner starting treatment of a TB patient expected to notify the case even if already notified by a Laboratory?**

Yes. As the public health measures are additive.





**Monthly Report**

**Reporting Format**

**Period of reporting. From ...../...../..... / To ...../...../..... /**

Name of the health facility / practitioner / Laboratory: .....

Registration Number ..... Telephone (with STD)..... Mobile number.....

Complete Address. .....

| Sr. No. | Name of TB Patient ID of patient | Age (yrs) | Sex (M/F/O) | GoI issued identification number (Aadhaar, etc.) if available | Complete residential address | Patient Phone Number | Date of TB Diagnosis | Date of TB treatment initation |
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Signature ..... Date .....

**2 Pin Code, father name, Centre referred, date of sample collection, DST results**

## Press Conference by National President DR. JITENDRA B. PATEL at Delhi on the issues and problems of CPA & medical students (7-½ years course)

### PRESS RELEASE

**New Delhi, February 11, 2014**

**IMA appeal for Review petition on decision of apex Court disproportionate compensation imposed for medical negligence**

*Supports Review Petition filed by the AMRI Hospitals, Kolkata*

***Key highlights :***

- Honorable Supreme Court imposed high amount of compensation for medical negligence
- Highest compensation ever ordered for medical negligence
- Compensation should be punishment not threat to shutdown
- Parameters should be followed to decide compensation
- Recompense should be capped
- Association to approach law commission and parliament if review petition rejected

Indian Medical Association (IMA) today shared its views on the disproportionate compensation imposed for medical negligence. The association is also supporting the review petition in the Honorable Supreme Court.

The association is of the view that compensation imposed for medical negligence should be punishment and not burden.

Addressing the briefing, ***Dr. Jitendra B. Patel, National President, Indian Medical Association said,*** *"IMA is not against the punishment to guilty but is of the view that the quantum of punishment is such that it might become restraint for others to join this profession. We will appreciate if the apex court accepts the review petition and reconsiders the decision."*

As per the association there is a thin line of demarcation between medical accident and negligence as medical treatment does not have fixed modus operandi. The treatment of the patient is entirely based on the patient's condition, response to treatment which may vary from person to person besides knowledge and experience of the treating doctor. If something goes wrong in the treatment then it appears as medical negligence. If a high compensation as this becomes a milestone then medical practitioners will be





petrified in treating complex cases. As a result the benefits of medical facility will be affected across various sections of the society.

*"The judgement given by the apex court has come as a blow to the medical professionals who are very new to the profession. It is important to note that currently India needs more than 6 lakhs Doctors. But such kind of decisions will frighten students from joining the profession acting as an obstacle in the progress of healthcare in the country" as already we are seeing drop in students joining medical course, said* ***Dr. Narendra Saini, Hony. Secretary General, Indian Medical Association.***

Indian Medical Association feels that the compensation should be based on few parameters like earning of the hospital/ doctor and expenses incurred by the patient during treatment, earning of the doctor on whom compensation is levied, severity of patient's disease and the chance of the patients survival without treatment. The association is of the opinion that the decision on the Kolkata hospital case was given based on the earning capacity of the patient / her kin.

The association also mentioned that if the review petition filed by the Kolkata hospital is rejected by the apex court then as a future course of action they will approach the law commission and file a petition at the parliament for amendment of law.

**About Indian Medical Association :**

Indian Medical Association is the only representative, national voluntary organization of Doctors of Modern Scientific System of Medicine, which looks after the interest of doctors as well as the well being of the community at large and help Central Govt. in providing services to community.

Indian Medical Association in the year 1946 helped in organization of the World body, namely, World Medical Association, and thus became its founder member. As an organization it has been, and continues to play an important role in its deliberations..

Today, I.M.A. is a well established organization with its Headquarters at Delhi and State / Terr. Branches in 29 States and Union Territories. It has over 2, 40,000 doctors as its members through more than 1700 active local branches spread all over the country.

**Dr Jitendra B. Patel**
National President

**Dr. Narendra Saini**
Hony. Secretary General

## Press Conference by National President DR. JITENDRA B. PATEL at Delhi on the issues and problems of CPA & medical students (7-½ years course)

The Telegraph - Kolkata

12th February, 2014

# Guess why docs want a cap

OUR SPECIAL CORRESPONDENT

**New Delhi, Feb. 11:** The Indian Medical Association (IMA) has joined Calcutta's AMRI Hospitals in seeking a review of the record compensation awarded by the Supreme Court to NRI physician Kunal Saha for his wife's death from medical negligence.

The IMA, a body of 240,000 doctors, has also called for a cap on the amount of compensation that can be awarded in cases of medical negligence.

One of the reasons the association has cited is that such rulings may scare students off the medical profession.

Last October, the Supreme Court had awarded Saha Rs 6.08 crore as compensation for Anuradha Saha's death in 1998 from medical negligence by doctors at AMRI Hospitals and imposed an additional Rs 5.47 crore as interest.

Senior IMA officials today announced the organisation had joined the review petition filed by AMRI questioning the quantum of compensation it has been ordered to pay.

"We believe this compensation of (Rs) 11 crore is unjustified and could financially hurt patients across the country," said Narendra Saini, the secretary-general of the IMA, a private body that claims a membership of more than a third of India's estimated 600,000 MBBS-qualified doctors.

The threat of large compensations may push doctors into ordering unnecessary diagnostic tests, delaying medical decisions even in emergency situations, said **IMA president Jitendra Patel**

Doctors, Saini said, may also pass on the costs of insurance premiums against the risk of negligence liability to patients, increasing the cost of health care.

Three in four hospitals across India are small nursing homes run by a single doctor or a small group of doctors, IMA officials said. "Such huge compensations will force them to shut down," Saini said.

An IMA release claimed that such judgments may even "frighten students" away from joining the medical profession.

But a paediatrician in New Delhi, who did not want to be named, said: "Have the huge compensations in the US deterred medical school admissions? No, they have not."

Abhay Shukla, a Pune-based physician, said: "The amount of compensation should depend on the type of hospital — a not-for-profit institution should not have to pay the same as a corporate hospital."

Saha, who has already received Rs 4 crore from AMRI Hospitals, said he was not surprised by the IMA's position. "They want caps on compensation amounts," he told **The Telegraph** over the phone from Columbus, Ohio. "Are there caps on the amounts doctors and hospitals charge their patients?"

Saha added: "Many families in India have been destroyed by the fees charged by hospitals."

The IMA has claimed that several US states have imposed caps lower than Rs 11 crore on compensation for medical negligence.

But Saha said this was a misleading assertion because, while some states in the US had imposed caps on non-economic damages (compensation for pain or suffering), no state had imposed caps on economic damages, or the compensation for direct loss of income. "Nearly 96 per cent of the compensation in Anuradha's case is for loss of income," Saha said.

Deccan Herald

12th February , 2014

# IMA backs plea against high compensation

## Says doctors will hesitate to take up critical cases

NEW DELHI, DHNS: The Indian Medical Association said it is against "disproportionate" compensation for victims of medical negligence.

Supporting a review petition filed by the AMRI Hospitals, Kolkata, with the apex court, the IMA said there is a thin line between medical accidents and negligence as medical treatment is based on the patient's condition and response to treatment, besides knowledge and experience of the treating doctor.

**The review petition has been filed by the hospital after a SC judgment awarded Rs 5.96 crore to an Indo-American doctor in compensation for the negligence that led to the death of his wife**

The review petition has been filed by the hospital after the Supreme Court, in an unprecedented October, 2013 judgment, awarded Rs 5.96 crore to an Indo-American doctor Kunal Saha in compensation for the negligence that led to the death of his wife.

"The quantum of punishment is such that it might become restraint for others to join this profession. We will appreciate if the apex court accepts the review petition and reconsiders the decision," **Dr. Jitendra B. Patel** national president said.

Shishir Chand who coordinates the Delhi chapter of a non-profit People for Better Treatment, started by Saha to provide medico-legal counseling to victims of medical negligence, condemned IMA's decision and said, "Not a single doctor has been convicted for medical negligence.

The Supreme Court judgment has given hope to the victims' families."

But Patel said if the compensation awarded to Saha becomes a milestone then medical practitioners will be petrified in treating complex cases. Dr Narendra Saini, General Secretary, said, "The judgment came as a blow to medical professionals who are new to the profession. We are seeing drop in number of students joining medical course."

The compensation should be based on earning of the hospital or doctor and expenses incurred by the patient during treatment, the association said, arguing that in Saha's case the compensation was based on the earning capacity of the patient and her kin.

The association also said in case the review petition filed by the Kolkata hospital is rejected by the apex court then they would approach the law commission and file a petition in the parliament for amendment of law.





The Statesman

12th February, 2014

# IMA BACKS AMRI REVIFW PI FA

***New Delhi, 11 February:*** The Indian Medical Association (IMA) today supported AMRI Hospital's decision to file a review petition in the Supreme Court against the recent apex court order that levied hefty compensation on its doctors for medical negligence. **Dr. Jitendra B. Patel,** national president of IMA, said, "IMA is not against the punishment to guilty but is of the view that the quantum of punishment is such that it might become restraint for others to join this profession. We will appreciate if the apex court accepts the review petition."

The Hindu Business Line 12th February, 2014

# IMA against imposing heavy fines on doctors

## Criticises a Supreme Court order which levied hefty compensation for medical negligence

PRESS TRUST OF INDIA

New Delhi, February 11

The Indian Medical Association (IMA) today strongly opposed the idea of imposing hefty fines on doctors in cases of medical negligence, saying such "disproportionate" compensations could petrify medical practitioners in treating complex cases.

The IMA was critical of a recent Supreme Court order which levied hefty compensation on doctors for medical negligence.

It found the compensation awarded to Kolkata-based AMRI Hospital and three doctors to pay a whopping ₹5.96 crore, along with interest for a medical negligence in October last year as "disproportionate" and was in support of the review petition in Supreme Court.

"IMA is not against the punishment to guilty but is of the view that the quantum of punishment might restrain others in joining this profession. We will appreciate if the apex court accepts the review petition and reconsiders the decision," **Dr. Jitendra B. Patel,** National President of IMA, said at a press conference here.

"There is a thin line of demarcation between medical accident and negligence as medical treatment does not have fixed modus operandi.

He said the treatment of the patient was entirely based on the patient's condition, response to treatment which may vary from person to person, besides knowledge and experience of the treating doctor.

"If something goes wrong in the treatment then it appears as medical negligence. If a high compensation as this becomes a milestone then medical practitioners will be petrified in treating complex cases," Patel said.

Aaj Samaj 12th February, 2014

# आईएमए ने सुप्रीम कोर्ट में दायर की पुनर्विचार याचिका

■ चिकित्सकीय लापरवाही के मुआवजे का मामला

आज समाज नेटवर्क

नई दिल्ली। भारतीय चिकित्सा संघ (आईएमए) ने चिकित्सकीय लापरवाही के लिए कोलकाता के अस्पताल पर लगाए गए भारी मुआवजे की राशि (2 करोड़ रुपए) पर अपना विरोध प्रकट करते हुए सर्वोच्च न्यायालय में पुनर्विचार याचिका दायर किया है। एसोसिएशन का मानना है कि चिकित्सकीय लापरवाही के लिए लगाया गया मुआवजा दंडस्वरूप होना चाहिए न कि बोझस्वरूप। भारतीय चिकित्सा संघ (आईएमए) के राष्ट्रीय अध्यक्ष डॉ. जीतेन्द्र बी. पटेल कहा कि आईएमए दोषी को दंड दिए जाने के खिलाफ नहीं है,लेकिन दंड की मात्रा ऐसी है कि भविष्य में इस पेशे से जुड़ने वाले दूसरे लोगों के लिए बाधक हो सकती है।

## मुआवजे की राशि न बने मील का पत्थर

डॉ पटेल ने कहा कि यदि मुआवजे की इस तरह की भारी राशि मील का पत्थर बन जाए, तो जटिल बीमारियों का उपचार करने में मेडिकल प्रैक्टिशनरों के हाथ-पांव कुलने लगेंगे। इससे मेडिकल के विभिन्न शाखों के लिए चिकित्सा सुविधा का लाभ प्रभावित होगा। उन्होंने कहा कि चिकित्सकीय दुर्घटना और चिकित्सकीय लापरवाही के बीच बहुत ही झीनीसी अंतर है, क्योंकि चिकित्सा उपचार में निर्धारित कार्य-प्रणाली नहीं होती है। मरीज का उपचार पूरी तरह से उसकी हालत, चिकित्सा प्रतिक्रिया पर आधारित है। जो अलग-अलग व्यक्तियों के लिए अलग-अलग हो सकता है और संभव ही, चिकित्सकों के ज्ञान एवं अनुभव भी समान नहीं होते हैं। उपचार के दौरान किसी भी गड़बड़ी की स्थिति में, इसे चिकित्सकीय लापरवाही मान लिया जाता है।

## पेशे में आने से डरेंगे लोग

आईएमए के मानद महासचिव डॉ.नरेन्द्र सैनी ने कहा कि सर्वोच्च न्यायालय द्वारा दिया गया फैसला उन चिकित्सा पेशेवरों के लिए किसी आघात से कम नहीं है, जो इस पेशे में बहुत ही नए हैं। वर्तमान में भारत में 6 लाख से अधिक चिकित्सकों की आवश्यकता है। लेकिन इस तरह के निर्णयों से छात्र इस पेशे से जुड़ने से कतराने लगेंगे और यह देश के स्वास्थ्य सेवा की प्रगति के मार्ग में बाधक साबित होगा।

Rashtriya Sahara 12th February , 2014

# आईएमए ने 'असंगत' मुआवजे के विचार का विरोध किया

नई दिल्ली (एजेंसी)। इंडियन मेडिकल एसोसिएशन (आईएमए) ने मेडिकल लापरवाही के मामलों में चिकित्सकों पर भारी जुर्माना लगाए जाने के विचार का सख्त विरोध करते हुए कहा है कि इस तरह के 'असंगत' मुआवजे जटिल मामलों में चिकित्सकों को डरा सकते हैं। आईएमए उच्चतम न्यायालय के उस फैसले से संतुष्ट नहीं हैं, जिसके तहत शीर्ष न्यायालय ने चिकित्सीय लापरवाही को लेकर चिकित्सकों पर मुआवजे के रूप में भारी जुर्माना लगाया था। चिकित्सीय लापरवाही को लेकर कोलकाता स्थित एएमआरआई हॉस्पिटल और तीन चिकित्सकों को मुआवजे के रूप में ब्याज के साथ 5.96 करोड़ रुपए अदा करने का आदेश दिए जाने को आईएमए ने असंगत पाया है और वह उच्चतम न्यायालय में पुनरीक्षण याचिका दायर किए जाने का समर्थन कर रहा है।

Veer Arjun 12th February , 2014

# आईएमए ने,'असंगत' मुआवजे के विचार का विरोध किया

नई दिल्ली, (भाषा)। इंडियन मेडिकल एसोसिएशन (आईएमए) ने मेडिकल लापरवाही के मामलों में चिकित्सकों पर भारी जुर्माना लगाए जाने के विचार का सख्त विरोध करते हुए कहा है कि इस तरह के 'असंगत' मुआवजे जटिल मामलों में चिकित्सकों को डरा सकते हैं।

आईएमए उच्चतम न्यायालय के उस फैसले से संतुष्ट नहीं है, जिसके तहत शीर्ष न्यायालय ने चिकित्सीय लापरवाही को लेकर चिकित्सकों पर मुआवजे के रूप में भारी जुर्माना लगाया था। चिकित्सीय लापरवाही को लेकर कोलकाता स्थित एएमआरआई हॉस्पिटल और तीन चिकित्सकों को मुआवजे के रूप में ब्याज के साथ 5.96 करोड़ रूपया अदा करने का आदेश दिए जाने को आईएमए ने 'असंगत पाया है और वह उच्चतम न्यायालय में पुनरीक्षण याचिका दायर किए जाने का समर्थन कर रहा है।आईएमए के राष्ट्रीय अध्यक्ष डॉ.जीतेन्द्र बी. पटेल ने यहां संवाददाता सम्मेलन में कहा, ''आईएमए दोषियों को सजा दिए जाने के खिलाफ नहीं है लेकिन उसका मानना है कि सजा की मात्रा अन्य लोगों को इस पेशे में आने से रोक सकती है।

यदि उच्चतम न्यायालय पुनरीक्षण याचिका स्वीकार करता है और फैसले पर पुनर्विचार करता है तो हम हमें खुशी होगी।''उन्होंने कहा कि चिकित्सीय दुर्घटना और लापरवाही के बीच एक बहुत सूक्ष्म रेखा है क्योंकि मेडिकल उपचार में कोई निर्धारित कार्यप्रणाली नहीं होती। उन्होंने कहा कि रोगी का इलाज पूरी तरह से उसकी हालत पर निर्भर होता है। इलाज करने वाले चिकित्सक के ज्ञान और अनुभव के अलावा हर व्यक्ति के उपचार में अंतर होता है। पटेल ने कहा कि यदि इलाज में कुछ गड़बड़ी होती है तो यह चिकित्सीय लापरवाही प्रतीत होता है।

यदि इस तरह का अत्यधिक जुर्माना लगाया जाता है कि यह एक मिसाल बन जाएगा और फिर चिकित्सक जटिल मामलों के इलाज में डरेंगे।एसोसिएशन के महासचिव नरेन्द्र सैनी ने कहा, ''इस बात को ध्यान में रखना जरूरी है कि अभी भारत को 6 लाख और चिकित्सकों की जरूरत है।





To,

**Dr. Jitendra B. Patel**
National President
Indian Medical Association

**Dr. Narendra Saini**
Hony Secretary General
Indian Medical Association

**Subject : Thanking for all the support which we have received.**

Respected Sir,

We feel highly obliged to you for all the immense support which Indian Medical Association HQ (our parent body) extended us for past few days regarding the grievances against the resolution passed by the Medical Council of India. It was really tough time for the Medical Fraternity across the nation. Though For time being it has been waived off, but the battle still goes on.

We are really happy that we have such mentors who have guided us in each and every step and we will always look forward towards you.

With Regards,

Your Faithfully,

| **Manish C Prabhakar** | **Subhajit Dutta** | **Ankit Kumar Garg** |
|---|---|---|
| President | Media Spokesperson | Finance Secy. |
| IMSA | IMSA | IMSA |

Jansatta 12th February , 2014

# डाक्टरों पर जुर्माने के फैसले से सहमत नहीं आइएमए

जनसत्ता संवाददाता

नई दिल्ली, 11 फरवरी। कोलकाता के एक अस्पताल पर पांच करोड़ 96 लाख रुपए मुआवजा राशि देने के बारे में कोर्ट के आदेश को भारतीय चिकित्सा संघ (आइएमए) ने असंगत बताते हुए सुप्रीम कोर्ट में ही पुनर्विचार याचिका दाखिल की है।

आइएमए ने मेडिकल लापरवाही के मामलों में डाक्टरों पर भारी जुर्माना लगाए जाने के विचार का विरोध करते हुए कहा है कि यह मुआवजा जटिल मामलों में डाक्टरों को डरा सकते हैं। आइएमए सुप्रीम कोर्ट के उस फैसले से संतुष्ट नहीं है, जिसके तहत चिकित्सीय लापरवाही को लेकर डाक्टरों पर मुआवजे देने के रूप में भारी जुर्माना लगाया था। चिकित्सीय लापरवाही को लेकर कोलकाता स्थित एएमआरआइ अस्पताल और तीन डाक्टरों को मुआवजे के रूप में ब्याज के साथ 5.96 करोड़ रुपए अदा करने का आदेश दिए जाने को आइएमए ने असंगत पाया है और वह पुनरीक्षण याचिका दायर किए जाने का समर्थन कर रहा है।

आइएमए के राष्ट्रीय अध्यक्ष **डॉ. जीतेन्द्र बी. पटेल** ने डाक्टरों को सजा दिए जाने के खिलाफ नहीं है लेकिन उसका मानना है कि सजा की आकार अन्य लोगों को इस पेशे में आने से रोक सकता है। अगर सुप्रीम कोर्ट पुनरीक्षण याचिका स्वीकार करता है और फैसले पर पुनर्विचार करता है तो हम हमें खुशी होगी। उन्होंने कहा कि चिकित्सीय दुर्घटना और लापरवाही के बीच एक बहुत सूक्ष्म रेखा है क्योंकि मेडिकल उपचार में कोई निर्धारित कार्यप्रणाली नहीं होती। उन्होंने कहा कि रोगी का इलाज पूरी तरह से उसकी हालत पर निर्भर होता है। इलाज करने वाले चिकित्सक के ज्ञान और अनुभव के अलावा हर व्यक्ति के उपचार में अंतर होता है।

Dainik Bhaskar 12th February, 2014

# चिकित्सकीय लापरवाही में 11 करोड़ के मुआवजे पर पुनर्विचार की अपील

नई दिल्ली। अनुराधा सहल के इलाज में बरती गई लापरवाही मामले में सुप्रीम कोर्ट द्वारा दिए गए आदेश मामले में दाखिल पुनर्विचार याचिका में अब इंडियन मेडिकल एसोसिएशन (आईएमए) भी कूद पड़ा है। डॉक्टर और अस्पताल प्रशासन पर लगाए गए लगभग 11 करोड़ रुपए जुर्माने (5.96 करोड़ रुपए जुर्माना और लागभग 5 करोड़ रुपए ब्याज) पर आईएमए ने सुप्रीम कोर्ट में एक बार फिर से विचार करने की अपील की है। आईएमए का मानना है कि चिकित्सकीय लापरवाही मामले में पीड़ित को मुआवजा की राशि देना ठीक है। लेकिन दोषी डॉक्टर और अस्पताल प्रशासन के खिलाफ लापरवाही मामले में मुआवजा दंडस्वरूप हना चाहिए, न कि बोझ स्वरूप। आईएमए के राष्ट्रीय अध्यक्ष **डॉ. जीतेन्द्र पटेल** ने मंगलवार को एक प्रेस कांफ्रेंस के दौरान कहा कि आईएमए दोषी को दंड दिए जाने के खिलाफ नहीं है, लेकिन दंड की मात्रा ऐसी है कि भविष्य में इस पेशे से जुड़ने वाले दूसरे लोगों के लिए बाधक हो सकती है। इस मौके पर महासचिव डॉ नरेंद्र सैनी ने कहा कि इस तरह के निर्णयों से छात्र इस पेशे से जुड़ने से कतराने लगेंगे और यह देश के स्वास्थ्य सेवा की प्रगति के मार्ग में बाधक साबित होगा।

Navbharat Times 12th February, 2014

# डॉक्टरों पर भारी जुर्माने का IMA ने किया विरोध

■ वस, नई दिल्ली : इंडियन मेडिकल असोसिएशन (आईएमए) ने मेडिकल लापरवाही के मामलों में भारी जुर्माना लगाए जाने का विरोध किया है। उसका कहना है कि देश में डॉक्टरों की भारी कमी है। अगर बेतुका जुर्माना लगाया गया तो युवा इस पेशे में आने से बचेंगे। मंगलवार को आईएमए के राष्ट्रीय अध्यक्ष **डॉ. जीतेन्द्र बी. पटेल** कहा कि हम लापरवाही के केस में जुर्माना लगाए जाने के विरोध में नहीं है, लेकिन बेतुका जुर्माना इस पेशे से जुड़े लोगों में डर पैदा कर सकता है। हाल में ही सुप्रीम कोर्ट ने मेडिकल लापरवाही के एक केस में कोलकाता के एएमआरआई हॉस्पिटल और उसके तीन डॉक्टरों को मुआवजे के रूप में ब्याज समेत 51.96 करोड़ रुपये पीड़ित को अदा करने का आदेश दिया था। पटेल ने कहा कि आईएमए इस मामले में कोर्ट में रिविजन पिटिशन दायर करने का समर्थन करती है।

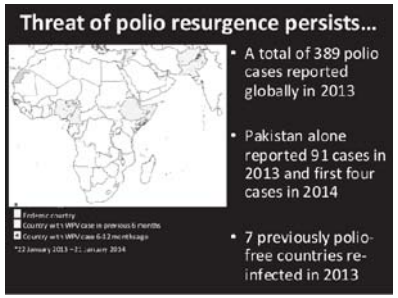
## SCIENTIFIC UPDATE

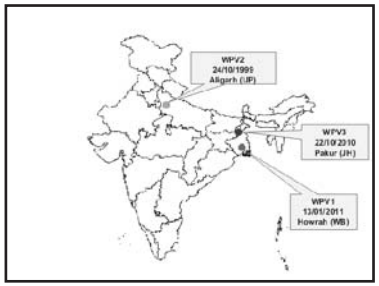
# Polio eradication

As you all know India was one of the four countries (along with Pakistan, Afganistan & Nigeria) in the world, where polio was still major concern till 2011. In the year 2012 India achieved a historic milestone in polio eradication efforts, by being removed from the list of polio endemic countries. Our country has achieved 3 years of polio free in Jan 2014 and is all set to be certified polio free in March 2014 by WHO.

Thanks to our dedicated efforts, our Country has been able to prevent polio cases. The effective polio vaccination coverage through routine immunization and pulse polio rounds has helped in moving towards polio eradication.

The achievement in India is unprecedented but the risk of importation of polio virus remains-








Strategies of Polio Eradication

§ 1985 – Routine immunization
Individual immunity
§ 1995 – NID's ( PPI / IPPI )
To replace wild with vaccine virus
§ 1997 - AFP surveillance
To identify reservoir of transmission
§ 2000 – Mopping up immunization
To eliminate last foci of transmission

National Polio Surveillance Project: GoI & WHO

At this crucial juncture of polio eradication, Acute Flaccid Paralysis is of paramount importance to detect any importation at the earliest. In other words we need to have highly sensitive AFP surveillance.

**AFP Surveillance**

- Objective of AFP surveillance: Reliably detect areas where polio transmission is occurring or likely to occur

**Principle of AFP Surveillance in identifying polio cases**

Identify children with the SYNDROME of Acute Flaccid Paralysis

- Acute- Sudden onset, Rapid progression
- Flaccid- Floppy or Soft and yielding to passive stretching at anytime during the illness.
- Paralysis is loss of strength of muscles,

  Severe loss of motor strength is called paralysis or plegia

  Paresis- less severe loss of motor strength

**Definition of AFP for surveillance purposes**

Sudden onset weakness and floppiness in any part of the body in a child < 15 years of age or paralysis in a person of any age in which polio is suspected.

**Logic of AFP investigation & stool sample collection**

- Sensitivity increases when all AFP cases are investigated

- Testing of stools of all AFP - most valid test for identification of Polio
- ALL cases with 'Acute Flaccid Paralysis' should be reported and their stools must be tested!!
- Even if other 'tests' (CT scan, MRI, etc.) or additional clinical information point to other diagnoses, their stools must be tested to rule out Polio

**Reporting**

- All cases of acute flaccid paralysis should be reported immediately
- ALL AFP cases reported within 6 months of onset of paralysis should be investigated
- All reporting units, informers and other contacts should continue to report AFP cases as per existing case definition

Report all AFP cases to the concerned District RCH Officers or Municipal Corporation Immunization Officers. I would like to thank all Medical practioners for their support in eradicating polio.

Polio free status is a monumental achievement for our country. We Medical fraternity salute the thousands of frontline workers for this magnificent achievement.

Hence, to conclude I request all of you to report all AFP case, and keep supporting polio eradication efforts for achieving global eradication of polio.

**Dr Anish Sinha,**
State Surveillance Medical Officer,
World Health Organization,
Ahmedabad, Gujarat.
Contact: (M) 9377470505.
(O) 079-27570804.

## PRESS CONFERENCE AT DELHI

**National President Dr. JITENDRA B. PATEL on the issues and problems of CPA Medical Students (7½ years course)**


* * * * *

## CONGRATULATION !

**DR. ASHOK D. KANODIA**

**Hon. Joint Secretary (IMA HQs.)**

**(Ahmedabad)**

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


* * * * *

## "Volunteer for a Better India" United we March - Gujarat State Youth Summit






## AFPA CONFERENCE Ahmedabad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## Felicitation of Dr. Bipin M. Patel Visnagar

# SCIENTIFIC UPDATE

## Autologus fat injection : A rejuvenating mystical tool!

Fat grafting is not the new modality of treatment but currently it has become more refined and effective. It is becoming an important tool in aesthetic as well reconstructive plastic surgery.

Fat is actually a by product for aesthetic plastic surgeon performing liposuction. Fatty tissue not only contains adipocytes, but also pre-adipocytes, endothelial cells, fibroblasts and adipose-derived adult mesenchymal stem cells that are capable of differentiating into many lineages, thus indicating that fat can provide a basis for soft tissue regeneration. So it can be an valuable regenerative media rather than just filling material.

### Uses of fat graft

Body fat is cheap and reliable yet a very effective solution which is used for hemifacial atrophy, post cancer breast reconstruction, acne scar, burns and post trauma, non healing wounds along with complete facial rejuvenation.

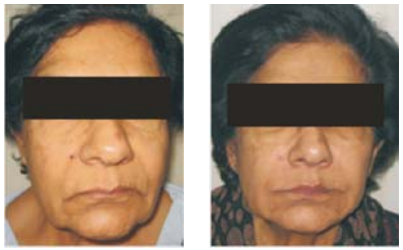
### Fat grafting for facial rejuvenation

A youthful face is defined by its shape and fullness. A young face has a very smooth ample distribution of fat. Each area blends into the neighboring area seamlessly. The aging face is like a series of “hills and valleys”. The hills are the areas where there is too much fat accumulated (jowl region, the sides of the laugh lines and under the chin). The valleys in contrast occur universally around the eyes, malar region and around the mouth from where the fat has disappeared with aging. The goal is to re-balance these fat compartments and restore harmony to the face. This is easily done by micro-liposuction of the fatty “hills” and fat transfer to the sunken “valleys”.

During consultation the facial aging is analyzed in a 3-dimensional fashion. A person's 10-15 year old picture is analyzed for forming the blue print which helps to rejuvenate his whole face. Usually fat is transferred to peri orbital region, brows, zygomatico malar region, cheeks, naso labial folds and chin.







### Fat Grafting for post cancer breast reconstruction

Women who undergo mastectomy and radiation therapy are recommended flap reconstruction rather than implants. However, fat grafting can convert the damaged skin into more pliable and healthy tissue that is amenable to tissue expansion and implant-based reconstruction.

Some potential advantages of autologus fat grafting include :

- Avoiding a major surgery such as microsurgical flap reconstruction.
- There are no visible incisions on the donor site(s).
- There is a minimal recovery period for each procedure.
- Skin damaged from radiation can potentially become more soft and supple.

### Fat grafting for scars

Fat grafting shows promising results for abnormal, painful, hard post surgical or burns scars. It makes scars smooth, supple and more flexible, even the colour of scar and pigmentation improves. Even the painful scar becomes normal and painless. One can see the improvement as early as two weeks.

The new experience suggests that fat grafting may provide an effective new "regenerative medicine" technique for patients with difficult-to-treat scars. It's not yet clear exactly how fat grafting exerts its benefits in scarred tissues. One factor may be the fact that fat tissue includes stem cells, which can develop into many different

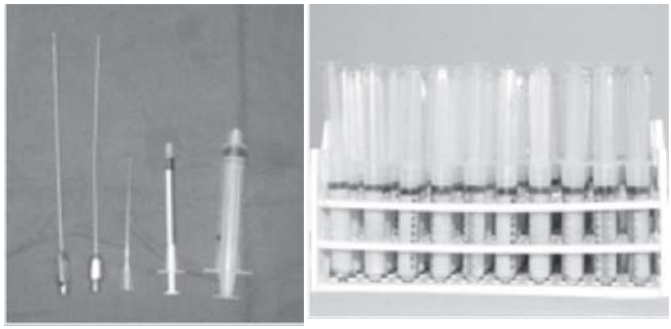
types of cells, active in the wound healing and tissue repair process.

***Fat grafting technique :***

Usually it is done under local anesthesia and as an outdoor patient procedure. Fat is procured by atraumatic way. It is refined and injected very precisely.

**Donor site**

The most common donor site in clinical practice is the abdomen, but the fat could be harvested from any location that presents adequate non-fibrous fat such as flank, thigh, and medial knee. There is no compelling evidence regarding harvest site and efficacy of fat grafting.



**Fat harvest**

Fat is always harvested manually by syringe and blunt cannula (diameter can be 1.65 mm, 2.5 mm or 3 mm). Fat cell viability decreases with increasing negative suction pressure. Low pressure vacuum, created by a 2 ml withdrawing plunger of a 10 ml Luer Lock® syringe gives the best result. The ideal cannula combines efficient collection of fat parcels with minimal neurovascular damage.

**Fat purification**

Harvested fat is centrifuged 3 minutes at 3000 rpm. This method separates blood, infiltration fluid, and cell debris from healthy fat cells with





minimal trauma and concentrates adipocytes and stem cells per millilitre of fat transplanted.

**Injection technique**

To optimize fat graft viability, mechanical damage of the tissue to be injected is minimized. Graft injection is performed using a 1.65 or 2 mm blunt tipped infusion cannula and injection occurs in multiple passes in the area of augmentation, resulting in small fat deposited with each pass. Minimal amount of fat cells are placed in multiple tunnels, in order to maximise contact with the surrounding tissues and increase the survival rate.

**Risks and complications**

Fat grafting is relatively very safe and virtually risk free procedure. Results from these procedures are typically reported as excellent or good.

Overall, graft volume loss, via re-absorption or necrosis, is the primary cause of poor results. Initial overcorrection, performed can often compensate for this outcome. *Anesthesia-related complications, Infection or bleeding is very rare.*

**Conclusion**

Most of the time fat grafting is simple, reliable, effective, cheap surgery which can be done under local anesthesia as office surgery. It can be repeated easily. Success of fat graft depends upon gentle harvesting, transport and implantation.

**Dr. Ashit Shah**
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www.armieda.com

# LIFE IS LARGER THAN MEDICINE

**(avoid work-life imbalance and enjoy life & practice together)**

When we got admission in medical field, we felt as if we were at the top of this world. This euphoria continued during MBBS and MD/MS. It got enhanced in initial years of our private practice. But soon we realized that everything is not hunky-dory in medicine. Some of us feel that it would have been better if they were not doctors! Why so ? why a proud profession became painful for the doctors? Let us see it and its possible solutions in this article.

The problem starts with the model of private practice we have adopted in India. The model of private practice in our country is patient friendly and not doctor friendly. We have to run O.P.D. twice a day, even on festival days. We are solo practitioners. So we are always on call. The competition in cities is very tight. The charges of a common doctor are very less. The corporate hosp acceptance is poor in the community. So we have no option but to run our own nursing homes. All these factors lead to compromised personal life. We need to make some adjustments in our attitude and temperament to live happily.

We are proud of being in the most noble and respected profession. Respect never comes alone. It always brings responsibilities with it. Being sincere human beings, we allow the stress of professional life to dominate the happiness of our personal life. So what happens…….

જે પોષતું તે મારતું,
દીસે કમએ કુદરતી.
- કલાપી

The same dream profession, for which we have worked hard for years together, gradually kills us.

**Then why do we allow work life imbalance to continue?**

- Our definition of success is comparative. We are in an invisible race of success.





- Ego : Each one of us was a top class student and now we want to be the top class doctor. To be at the top has been our habit.
- Sense of insecurity
- Tremendous financial liabilities
- guilty feeling that we can't say no to even a nonemergency patient.
- false reassurance that we will live our life later

**How medicine dominates personal life :**

All of us have to carry out our professional and social duties. We have to take care of the needs of our family and friends. We have only 10-12 workable hours a day for all these things. We are running short of time due to poor time management. So our own physical, emotional and spiritual needs are not satisfied and ultimately " self " suffers. It leads to work – life imbalance. Our condition is like an overburdened horse…….

Friends, can we get out of this muddle? Yes, we can. But, for that, we must reset priorities, control greed, jealousy and frustration and develop courage.

**Priorities in life:**

Our profession is an important part of our life. But it is not everything we need. We must accept that life is larger than medicine. It's prudent to be a successful professional. But success should not come at the cost of us and our near and dear ones. Protect the meaning and interest of life.

**Control greed :**

Money is very important, but not everything. We must have some satisfaction. Always remember that we are not born and brought up to accumulate as much wealth as possible. Don't allow the greed to steal happiness of life. Don't forget to enjoy what we have earned till now.

how much a person needs in life?

સાંઈ ઈતના દીજીયે,
જામેં કુટુંબ સમાયે,
મૈં ભી ભૂખા ના રહું,
સાધુ ન ભૂખા જાય !

According to Kabir all of us are prosperous.

**control jealousy :**

Remember that my mission is not to beat/defeat the neighboring physician. But I want to improve myself. Don't get disturbed by the number of OPD and indoor patients of your competitors.

**control frustration :**

Recent economic boom has made doctors relatively poor. There is growing feeling amongst us that others are earning too much and we are earning too little. But friends, what we can't change, we must endure it happily.

**Develop courage :**

If one wants to enjoy life, he should have a delicate balance between his earnings and free time. One needs to have adequate free time to enjoy his life. Similarly one must earn adequate enough to bear the expenditure of such a life. This balance is very difficult to maintain in medical field. Some of us have so busy practices that they have no time for self, family and friends. On the other hand, some of us don't get desirable amount of earnings due to over competition and ridiculously low charges. Many of us have some space to raise consulting charges in order to have more free time and earnings. But they think that how can I raise my charges when others are not doing so? They fear that their practices will be ruined by doing so. Remember “the other is hell”. Take little adventurous steps, reevaluate and go ahead. Remember Dew cold drink advertisement….

જૂઠ બોલતે હૈ વો, જો કહતે હૈ હમેં ડર નહીં લગતા,
ડર સબકો લગતા હૈ, ગલા સબકા સુખતા હૈ,
ડર સે મત ડરો, ડર સે આગે બઢો,
ડર કે આગે જીત હૈ ।





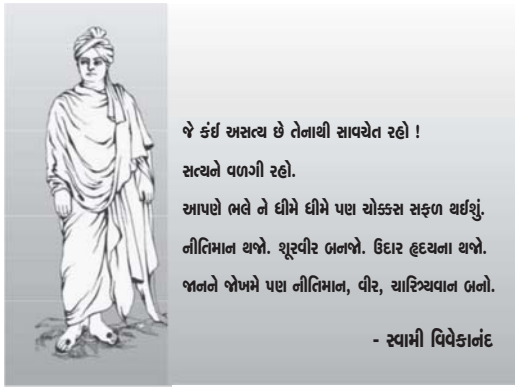
**How to put all these things into practice…….**

Action plan :

- take meals in time
- Sleep adequately and peacefully
- Work smart not hard, don't overwork for longer times
- Plan your work with appointments
- Go for group practice
- Have weekly offs, midweekly half day offs
- Have minivacations / vacations
- Learn to say 'no'
- Manage phone calls, use call diverts
- Take care of your own health
- Give quality free time to yourself and your family

**Spirituality in life :**

What is spirituality? It is nothing but our ability to inspire ourselves. Modern life is very stressful. People are using unethical ways to achieve their goals. Corrupt people seem to be thriving well. It is not easy to stick to our morals and ethics in this Kaliyug. We need to read and think a lot to be spiritually competent. It helps us to understand that happiness is nothing but the balance between expectation and reality. If we are spiritually competent, we can handle our stress better and endure adversities comfortably. Always remember….

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