



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

**GUJARAT MEDICAL JOURNAL**  
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-19

**JANUARY-2024**

Issue-01

**MEDLAWCON 2024**



**COLS (CPR) Training of Home Guards**



**IMA Volleyball Tournament**



**IMA Cricket Tournament**



**DR. BHARAT M. KAKADIA**

President (Rajkot)

**DR. MEHUL J. SHAH**

Hon. State Secretary (Ahmedabad)

Imm. Past President **DR. MAHAVIRSINH JADEJA** (Bhavnagar)

Estd. On 2-3-1945

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## STATE PRESIDENT'S MESSAGE



Dear IMA Member,

Wishing you a very Happy, Healthy and Prosperous 2024.

As you are all aware that Govt. of Gujarat was planning to implement Clinical Establishment Act (CEA-23) since last year, IMA state office bearers have represented many times since 2021, before the concerned authorities, pointing out practical difficulties which will be faced if proposed Act-CEA-23 at gets implemented & have gone through the endive act line by live giving suggestions to improve the lacunae in the Act CEA-23..

I want to express gratitude for your prompt responses and valuable suggestions regarding the Clinical Establishment Act (CEA). We have already reached out to medical professionals from various specialities, Local Branch including but not limited to Obstetrics and Gynaecology, Orthopedics, Internal Medicine, Surgery, Radiology, Pathology, and more.

The wealth of insights and recommendations we have received from you and your fellow practitioners is truly commendable. We understand the importance of incorporating your experiences into the refinement of the CEA, and we appreciate your commitment to this collaborative effort.

IMA Gujarat is actively compiling the data received from doctors all across the state. Your feedback is being organized and analyzed to create a comprehensive overview of the collective concerns and suggestions within the medical community.

My dear colleagues, rest assured IMA state office bearers have already started representation before the concerned Govt. authorities discussing our difficulties abiding the CEA-23 Act.

I am quite sure that state Govt. will bring out positive outcome.

However I must remind you that now is the time to stand united & show our solidarity & brotherhood.

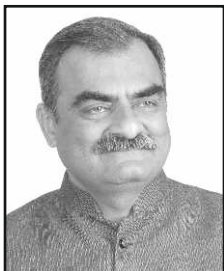
Please be patient we are working hard for positive solution. We will update you as & when required.

JAI IMA, JAI JAI GARVI GUJARAT, JAI HIND.



IMA દિલ્લી ગુજરાત ગુરુ

**Dr. Bharat M. Kakadia**  
President, G.S.B., I.M.A.

**HON. STATE SECRETARY'S MESSAGE**

**Revolutionizing field of Doctors : IMA Gujarat's focus for Young Docs! Your Future Starts Here!**

Respected Doctors of Gujarat,

In the spirit of progress and unity, I bring you a message, **echoing the vision set by the IMA National President for this year.**

**This year marks a dedicated effort to enhance and support our young doctors, ensuring an series of activities specifically focusing to their needs**

United doctors can make a significant impact in various situations. Whether facing challenges in patient care, advocating for healthcare policies, or navigating complex medical scenarios, a united front enables us to share expertise, offer support, and collectively find solutions. **"Alone we can do so little; together we can do so much."** Let us celebrate our unity as doctors and work collectively to shape the future of our noble field.

For resident doctors & UGs pursuing medical education - training, IMA activities serve as invaluable resources. Engaging in these activities provides opportunities for networking, exposure to diverse medical Trends, and access to mentorship, enhancing their educational journey and preparing them for a successful career ahead.

If you know any UG or PG students or practicing doctor enroll them in IMA today. It's time to celebrate their journey! Joining the Indian Medical Association (IMA) isn't just a membership; it's golden ticket to a world of perks! Picture this: a dynamic network of fellow doctor wizards, sharing their wisdom and tricks of the success. But wait, there's more! Dive into exclusive educational escapades, ensuring you're always a step ahead in the medical marathon. **Don't just be a doctor; be an IMA member, where every benefit feels like a high-five to your medical journey!**





As the saying goes, "**The youth is the hope of our future.**" Let's come together, strengthen our community, and make this year a memorable for our young doctors.

Dreaming of establishing your own hospital? The Indian Medical Association (IMA) is your strategic ally in turning that dream into a reality. By tapping into IMA's vast network, you gain access to seasoned professionals and industry insights crucial for the development of your dream hospital. The association offers a plethora of resources, including mentorship programs and educational opportunities, ensuring you stay well-equipped for the challenges ahead. Moreover, IMA's advocacy efforts can be instrumental in navigating regulatory landscapes and policy frameworks, smoothing the path to your hospital's success. Join IMA today, and let your dream hospital journey begin on a solid foundation of expertise and collaboration.

Young doctors, ready to conquer the world of healthcare, can unlock a world of benefits through the vibrant IMA Gujarat network. Imagine a backstage pass to the secrets of running a successful multi-speciality hospital. With the IMA network as your guide, you're not just a doctor; you're part of a mentorship galaxy, learning the ropes from seasoned pros who've been there, done that. This network is your ticket to partnerships, collaborations, and a playground of opportunities with specialists from every corner of the medical universe.

**So, dear young doctors, join the IMA Gujarat network – where learning meets fun, and success is a collective journey!**

**Dr. Mehul J. Shah**

Hon. State Secy., G.S.B., I.M.A.



## NATCON-2023, KERALA

The 98th National Annual Conference of Indian Medical Association (84th Annual Meeting of Central Council of IMA 26th 27th and 28th December, 2023 at Thiruvananthapuram, Kerala.

Following members from our state attended the conference /Meeting.

1.	Dr. Ketanbhai Desai	Ahmedabad
2.	Dr. Anil J. Nayak	Mehsana
3.	Dr. Jitubhai B. Patel	Ahmedabad
4.	Dr. Mahendrabhai B. Desai	Ahmedabad
5.	Dr. Mehul J. Shah	Ahmedabad
6.	Dr. Bipinbhai M. Patel	Ahmedabad
7.	Dr. Yogendra S. Modi	Ahmedabad
8.	Dr. Kamlesh B. Saini	Ahmedabad
9.	Dr. Parimal M. Desai	Ahmedabad
10.	Dr. Mahesh B. Patel	Ahmedabad
11.	Dr. Jitendra H. Shah	Ahmedabad
12.	Dr. Rashmikant V. Dave	Ahmedabad
13.	Dr. Atul J. Gandhi	Ahmedabad
14.	Dr. Monaben P. Desai	Ahmedabad
15.	Dr. Gargi M. Patel	Ahmedabad
16.	Dr. Vandana K. Saini	Ahmedabad
17.	Dr. Alpa A. Gandhi	Ahmedabad
18.	Dr. Rajiv D. Vyas	Bardoli
19.	Dr. V. T. Parmar	Bhavnagar
20.	Dr. Pravin P. Vagh	Bhavnagar
21.	Dr. Praful Solanki	Bhavnagar
22.	Dr. Sanjay Thakur	Bhavnagar
23.	Dr. Bhupendra M. Shah	Himatnagar
24.	Dr. Jethalal M. Patel	Idar
25.	Dr. Shailesh G. Vaja	Junagadh
26.	Dr. Manilal P. Patel	Khedbrhama
27.	Dr. Prakash K. Gandhi	Modasa
28.	Dr. Dhiren C. Patel	Surat
29.	Dr. Parul Vadgama	Surat
30.	Dr. Pragnesh C. Joshi	Surat
31.	Dr. Navin D. Patel	Surat
32.	Dr. Atul D. Pandya	Rajkot
33.	Dr. Darshna A. Pandya	Rajkot
34.	Dr. Aditi Pandya	Rajkot
35.	Dr. Hiren S. Kothari	Rajkot
36.	Dr. Rashmikant Upadhyay	Rajkot
37.	Dr. Ketan Bharti	Rajkot
38.	Dr. Chetan N. Patel	Vadodara
39.	Dr. Smita C. Patel	Vadodara
40.	Dr. Paresh M. Majmudar	Vadodara
41.	Dr. R. S. Patidar	Vadodara
42.	Dr. Nutanben S. Shah	Vadodara

**CONGRATULATIONS****I.M.A. (HQ) Award Winners : 2022-2023**

Following Branches, Scheme & Members of GSB IMA has been Awarded at 98th All India Medical Conference on 26th and 27th & 28th December, 2023 at Thiruvananthapuram, Kerala.

- ❖ **Dr. Mahendrabhai B. Desai** **Ahmedabad**  
Being awarded Honorary Professorship of IMA College of General Practitioners
- ❖ **Dr. Kirtibhai M. Patel** **Ahmedabad**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Shailendra Vora** **Ahmedabad**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Kirit C. Gadhavi** **Ahmedabad**  
Being awarded Honorary Professorship IMA-College of General Practitioners Award
- ❖ **Dr. Pranay K. Shah** **Ahmedabad**  
Being awarded IMA National Veteran Academic Excellence Award
- ❖ **Dr. Vidyut J. Desai** **Ahmedabad**  
Being awarded Honorary Professorship IMA Academy of Medical Specialities Award
- ❖ **Dr. Dilip Gadhavi** **Ahmedabad**  
Being awarded IMA National President's Appreciation Award for Best adjudged President
- ❖ **Dr. Atul Gandhi** **Ahmedabad**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Bhaksar Mahajan** **Ankleshwar**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Kishor S Maheshwari** **Jamnagar**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Rajendra H Jain** **Mehsana**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Niralee Trivedi** **Mehsana**  
Being awarded IMA National President's Appreciation Award for Best Cultural Activity



- ❖ **Dr. Praful Desai** **Navsari**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Darshna Pandya** **Rajkot**  
Being awarded IMA National President's Appreciation Award for Women for Best Social Activity
- ❖ **Dr. Harsh D. Patel** **Surat**  
Being awarded IMA MSN Award for Young Doctors
- ❖ **Dr. Navin D. Patel** **Surat**  
Being awarded IMA National President Appreciation Award
- ❖ **Dr. Babulal J. Patel** **Unjha**  
Being awarded IMA National President Appreciation Award
- ❖ **IMA GUJARAT STATE**  
Being awarded IMA Special Award for Organizing Central Working Committee Meeting
- ❖ **IMA GUJARAT STATE**  
Being awarded for IMA Publication Awards for IMA News Bulletin to State
- ❖ **IMA GSB PROFESSIONAL PROTECTION SCHEME**  
Being awarded IMA National President's Appreciation Award for Best Scheme of IMA
- ❖ **IMA Bhavnagar Branch**  
Being awarded IMA National President Appreciation Award
- ❖ **IMA Himatnagar Branch**  
Being awarded IMA National President Appreciation Award For "AAO GAON CHALEN" project
- ❖ **IMA Rajkot Branch**  
Being awarded IMA Special Award for Organizing Central Working Committee Meeting
- ❖ **IMA Surat Branch**  
Being awarded IMA National President's Appreciation Award for Maximum Units of Blood collection Trophy of a Local Branch
- ❖ **IMA Vadodara Branch**  
Being awarded IMA Special Award for Organizing Central Working Committee Meeting



## PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

"P. P. S. House", Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009. **Tele No. : 079-2658 8929**

**E-mail : ppsgsbima1@yahoo.in Website : www.ppsgsbima.com**

**Attention Please !! - ALL THE MEMBERS OF P.P.S.**

### RENEWAL NOTICE : 2024-2025

**For the FY 2024-25 Annual Membership Contribution will be as below:**

**MBBS : ₹. 100/-**

**Specialists : ₹. 500/-**

**Office Time for Payment : 2-00 p.m. to 6-00 p.m.**

**LAST DATE OF PAYMENT 31-03-2024**

Dear Member,

“For the FY 2024-25 annual membership contribution will be as below :  
MBBS- ₹. 100/- Specialists- ₹. 500/-.

**For the subsequent years fee structure will be as per the committee's decision.**

Thanking You - **Professional Protection Scheme, GSB, IMA**

Professional Protection Scheme has already sent a notice along with a Renewal Application form for renewing the membership before **31<sup>st</sup> March, 2024** for the year 2024-2025 **"By Registered Post January 2024** to all the members.

We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

**Clause 10/B :-** A member who does not pay the annual membership fee in advance – before 31<sup>st</sup> March (before the expiry of the indemnity cover) shall be discontinued without any notice.

**Clause 10/C :-** However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership.”

**Clause 10/D :-** After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees.”

**For Online : Renewal**  
**Please visit our**  
**Website : www.ppsgsbima.com**

*Dr. Bipin M. Patel*  
**Dr. Bipin M. Patel**  
Chairman



## NEWS CLIP

# Shah: Docs will get legal shield in cases of med negligence

## ‘Won’t Face Criminal Prosecution’

TIMES NEWS NETWORK

**New Delhi:** Union home minister Amit Shah told Parliament on Wednesday that the criminal law bill has been amended to give relief to medical professionals in cases of death caused due to alleged medical negligence.

“Currently, if there is a death due to negligence of a doctor, it is also treated as criminal negligence, almost akin to murder. Hence, I will bring an official amendment now to free doctors from this criminal negligence on the request made in this regard by the Indian Medical Association,” Shah said, while replying to the debate on the three bills to replace the IPC, CrPC and Indian Evidence Act in the Lok Sabha.

Currently, cases of medical negligence leading to death often lead to criminal action under section 304 A of IPC. It deals with causing death by negligence. “Whoever causes death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both,” IPC section 304A says.

The new law seeks to insulate doctors from criminal prosecution in such cases.

Bharatiya Nyaya Sanhita



Home minister Amit Shah made the announcement while replying to the debate in the Lok Sabha on the three bills to replace the IPC, CrPC and Indian Evidence Act

(second), 2023 contains the concept of ‘good faith’. Section 26 A gives the example of a surgeon performing operation on a patient ‘in good faith’ and not intending to cause her or his death. He conducts the operation for the patient’s benefit and hence has not committed any offence.

The Indian Medical Association, which had written to the Prime Minister requesting for exempting medical professionals from criminal prosecution over death caused due to medical negligence, welcomed the move.

Dr Harsh Mahajan, chairman, health services committee of FICCI, said decriminalisation of medical negligence would help doctors in taking correct and bold treatment decisions in critically ill patients and lead to saving of many lives, where doctors may otherwise be fearful of being blamed for negligence and being hesitant in trying their best. “Fear of police and other authorities, and threats of prosecution by relatives, would also lessen,” he added.



અમદાવાદ 09-01-2024

## મેડિકલ લો, પોલિસી અને એથિક્સ પર કોન્ફરન્સ યોજાઈ

cal Law, Policy and Ethics 2



ગાંધીનગર: GNLUમાં મેડિકલ લો, પોલિસી અને એથિક્સ પર 2 દિવસીય નેશનલ કોન્ફરન્સ યોજાઈ. જેમાં તબીબી સારવારમાં બેદરકારી, મેડિકલ એથિક્સ, ઓર્ગન ડોનેશન અને ટ્રાન્સપ્લાન્ટ, ઇ-હેલ્થ, ટેલિમેડિસિન અને હેલ્થકેરમાં ડેટા પ્રાઇવેસી, હેલ્થકેરમાં AIની ભૂમિકા, પબ્લિક હેલ્થ ઈમર્જન્સી, ભારતમાં બાયોમેડિકલ રેસ્ટ ગવર્નન્સ, ક્લિનિકલ ટ્રાયલ્સ વગેરે જેવા મેડિકલ સેક્ટરના સમકાલીન કાનુની અને નૈતિક મુદ્દાઓ પર ચર્ચા કરાઈ હતી. કોન્ફરન્સમાં ઈન્ડિયન મેડિકલ એસોસિએશનના નેશનલ પ્રેસિડેન્ટ ઈલેક્ટ ડો.આર વી અશોકન, ગુજરાત મેડિકલ કાઉન્સિલના પ્રમુખ ડો.નીતિન વોરા પણ ઉપસ્થિત રહ્યા હતા.

SANDESH 21.12.2023

આરટીકે એલેક્ઝાન્ડર દ્વારા ક્રિકેટ ટૂર્નમેન્ટ યોજાઈ



આચ: એડમ્સ સ્થિત આરટીકે એલેક્ઝાન્ડર દ્વારા ક્રિકેટ ટૂર્નમેન્ટ યોજાઈ. આરટીકે એલેક્ઝાન્ડર દ્વારા ક્રિકેટ ટૂર્નમેન્ટ યોજાઈ હતી. જેમાં મોડેસ્ટા, હિમલગર, ઇડર, વિમાર, ભોલોડ, ખેડપણ વગેરે ગરેબોના તબીબી દ્વારા બે દિવસ સુધી સ્પર્ધા કરાઈ હતી. જેમાં ડો. ભુવેન્દ્ર શાહ, ડો. એમ. પી. પટેલ, ડો. ગોપાલભાઈ, ડો. સી.કે. પટેલ, ડો. હિતાઈ દવે, ડો. કે.કે.શેઠી, ડો. અમિત ગઢવી, ડો.કાલુર વગેરેના સહભાગી હતા. હિમલગર અને ઇડર વચ્ચે આયોજી કામલ મેચમાં હિમલગરની ટીમ વિરુદ્ધ બનાવે આરટીકે એલેક્ઝાન્ડર પ્રથમ આર ડી પટેલ દ્વારા સુવર્ણ કપ એનાયત કરાઈ હતી.





# ગુજરાત સમાચાર

## ડોક્ટરોને રાહત આપવા કિમિનલ બિલમાં મોટો સુધારો કરાશે સારવાર દરમિયાન મોતના કિસ્સામાં ડોક્ટરની બેદરકારીને ગુનો નહીં ગણાય : અમિત શાહ

કેન્દ્ર સરકાર દ્વારા દેશના કિમિનલ કાયદાઓમાં કરવામાં આવી રહેલા મોટા સુધારાનો વધુ એક મોટો નિર્ણય સામે આવ્યો છે. કેન્દ્રીય ગૃહમંત્રી અમિત શાહ દ્વારા બુધવારે લોકસભામાં જણાવવામાં આવ્યું હતું કે, ભારતીય ન્યાય સંહિતા હેઠળ જે

નવીદિલ્હી, તા. ૨૦

કાયદાકીય સુધાર કરવામાં આવી રહ્યા છે તેમાં આ એક માઈલસ્ટોન બની રહેશે. નવા કાયદા મુજબ દાકતરી સારવાર દરમિયાન દર્દીનું મોત થવાના કિસ્સામાં મેડિકલ નિબિજન્સ ગણીને ડોક્ટરને દોષી ગણવામાં નહીં આવે. આ અંગે કાયદામાં સુધારો લાવવામાં આવશે અને ટૂંક જ સમયમાં તેના ઉપર કામ કરવામાં આવશે.

દરેક કિસ્સામાં ડોક્ટરને દોષિત ગણી લેતી પદ્ધતિ બદલવાની મેડિકલ એસોસિયેશનની માગ કેન્દ્ર સરકારે સ્વીકારી

ઉલ્લેખનીય છે કે, દેશભરમાં ઘણા કિસ્સા સામે આવતા હોય છે જેમાં દર્દીઓના મોત બાદ ડોક્ટરની બેદરકારી ગણીને ડોક્ટર સામે કાયદાકીય પગલાં લેવામાં આવે છે અથવા તો તેમની સાથે હિંસા કરવામાં આવે છે.

આવા કિસ્સા રોકવા માટે અને ડોક્ટરોને ગુનેગાર ઠેરવતી સ્થિતિમાંથી બહાર લાવવા માટે આ સુધારો કરવામાં આવશે. મહત્વની વાત એ છે કે, આવા કિસ્સામાં અત્યાર સુધી આઈપીસીની કલમ ૩૦૪-એ હેઠળ કેસ ચલાવવામાં આવતો હતો. તેમાં ઘણી વખત ડોક્ટરને બે વર્ષની કેદ અથવા મોટી રકમનો દંડ કરવામાં આવતો હતો.

ઘણા કિસ્સામાં જેલ અને દંડ કરવામાં આવતા હોવાથી ડોક્ટરો ભયમાં રહેતા

હતા. હવે આ સ્થિતિ સુધારવા માટે જ સુધાર ખરડો લાવવામાં આવશે.

### ડોક્ટરને રાહત આપવાનો ઈરાદો : અમિત શાહ

અમિત શાહે લોકસભામાં કાયદા વિશે વાત કરવા દરમિયાન જણાવ્યું કે, ઈન્ડિયન મેડિકલ એસોસિયેશન દ્વારા ઘણા સમયથી આ અંગે સરકાર સામે રજૂઆત કરવામાં આવી હતી. એસોસિયેશનના અધિકારીઓ અને ડોક્ટરોનું કહેવું હતું કે, મોટાભાગે એવું બનતું હોય છે કે, દર્દીના મોતના કેસમાં પરિજનો દ્વારા ડોક્ટરની બેદરકારીનું કારણ આગળ ધરી દેવામાં આવે છે. ત્યારબાદ ડોક્ટર સામે કેસ કરીને તેને

પરેશાન કરવામાં આવે છે. આ અંગે નક્કર કારણ જાણ્યા વગર જ ડોક્ટરને ગુનેગારની હરોળમાં મુકી દેવામાં આવે છે. સરકારને પગલાં લેવા રજૂઆત કરાઈ હતી.

હવે સરકારે આ અંગે સુધારા ખરડો બનાવી દીધો છે જેને ટૂંક સમયમાં પારિત કરીને ડોક્ટરોને રાહત આપવામાં આવશે. બેદરકારીના કેસમાં ડોક્ટરને દોષિત ગણાવીને કાયદાકીય ચુંગાલમાં ફસાવા દેવામાં નહીં આવે.



કેરળના ઘરંગ ખાતે રાષ્ટ્રીય આઈએમએ ની બેઠક મળી હતી જેમાં રાષ્ટ્રીય પદાધિકારીઓ અને ગુજરાતની ટીમ હાજર રહી હતી.



હિંમતનગર, તા. ૨૦

ઈન્ડિયન મેડિકલ એસોસિયેશન દ્વારા સાપરંકાંડ, અરવલ્લી, મહેસાણા જિલ્લાના ડોક્ટરો માટેની ફિક્ટટુનિમન્ટનું આયોજન ખેડબાની આરંભક કોલેજના મેદાનમાં યોજવામાં આવી હતી જેમાં મોડાસા, હિંમતનગર, ઈંદર, વિજાપુર, ભિલોડા, ખેડબા શહેરના ડોક્ટરોની ટીમ દ્વારા રાઉન્ડ સુધી ફિક્ટટ સ્પર્ધાનું આયોજન કરાયું હતું. જેમાં હિંમતનગર અને ઈંદરની ટીમ વચ્ચે કાઉનલ જંગ હતો જેમાં હિંમતનગરની ટીમ વિજેતા બનતાં આરંભક ઈન્સ્ટીટ્યુટના સંચાલક આર.ડી.પટેલના હસ્તે સુવર્ણ કપ આપવામાં આવ્યો હતો. ડૉ. ભુપેન્દ્રભાઈ શાહ, ડૉ. એમ.પી. પટેલ સહિતના ડોક્ટરોએ કાર્યક્રમના આયોજનને બિરદાવ્યું હતું.



# વિદ્યાપીઠમાં બીએડ, એમએડ, પીએચડીના 450 વિદ્યાર્થીને સીપીઆરની તાલીમ અપાઈ અમદાવાદ મેડિકલ એસોસિયેશને ટ્રેનિંગ આપવાનું આયોજન કર્યું

હેલ્થ રિપોર્ટર | અમદાવાદ

અમદાવાદ સહિત રાજ્યમાં તાજેતરના સમયમાં હાર્ટ એટેકના કેસ વધ્યા છે ત્યારે હાર્ટએટેકના દર્દીને સીપીઆર (કાર્ડિયો-પલ્મોનરી રિહેબિલિટેશન) જેવી પ્રાથમિક સારવાર આપીને જીવ બચાવી શકાય તે માટે અમદાવાદ મેડિકલ એસોસિયેશન દ્વારા

4 જાન્યુઆરી સુધી સીપીઆર ટ્રેનિંગનું આયોજન કરાયું છે. ગુજરાત વિદ્યાપીઠમાં યોજાયેલા આ કાર્યક્રમમાં બીએડ, એમએડ અને પીએચડીના અંદાજે 300 તેમ જ ગુજરાત કુમાર વિનય મંદિરના અંદાજે 150 મળીને કુલ 450 વિદ્યાર્થીઓને સીપીઆર ટ્રેનિંગ અપાશે. આ પ્રસંગે ઓર્થોપેડિક સર્જન અને ભૂતપૂર્વ ધારાસભ્ય ડો.

જિતેન્દ્ર પટેલ, ઉપરાંત ડો. તુષાર પટેલ, ડો. બિપીન પટેલ અને એસો. પ્રોફેસર ડો. પાર્થ શાહ ઉપસ્થિત રહ્યા હતા. ગુજરાત વિદ્યાશાખાના અધ્યક્ષ અને ડીન પ્રો. દીપુબા દેવડાએ જણાવ્યું કે. સીપીઆર તાલીમ વર્તમાન સમયની તાતી જરૂરિયાત છે. એક શિક્ષકને જ્યારે આ તાલીમ અપાય છે ત્યારે સમગ્ર સમાજને તેનો લાભ મળે છે.

## ગુજરાત વિદ્યાપીઠમાં CPR તાલીમનું આયોજન



તાજેતરમાં ગુજરાત વિદ્યાપીઠમાં અમદાવાદ મેડિકલ એસો.ના સહયોગથી સીપીઆર તાલીમનું આયોજન કરાયું છે. આ કાર્યક્રમમાં અમદાવાદ મેડિકલ એસોસિયેશનના

પ્રમુખ ડૉ. તુષાર પટેલે વિદ્યાર્થીઓને ઓશિતો હાર્ટએટેક આવે ત્યારે કેવી રીતે સારવાર આપવી જોઈએ તેમજ તે વખતે કેવી કાળજી લેવી જોઈએ તેની પ્રત્યક્ષ તાલીમ આપી હતી. કાર્યક્રમના ઉદ્ઘાટન પ્રસંગે ડૉ. જિતેન્દ્ર પટેલ, ડૉ. બિપીન પટેલ, ડૉ. પાર્થ શાહ ઉપસ્થિત રહી પ્રાસંગિક ઉદ્બોધન કર્યું.



## જામનગરમાં IMA દ્વારા હોમગાર્ડઝનાં જવાનોને CPR તાલીમ



હોમગાર્ડઝ અને નાગરિક સંરક્ષણ 61 માં સ્થાપના દિન નિમિત્તે હોમગાર્ડઝ અને સિવિલ ડિફેન્સના સભ્યોને CPR (cardiopulmonary resuscitation) ની તાલીમ આપવા બાબતના કમાન્ડર જનરલ તેમજ ઇન્ડિયન મેડિકલ એસોસિયેશન (ગુજરાત રાજ્ય બ્રાન્ચ) સાથે MOU કરવામાં આવેલ જે અંતર્ગત ઇન્ડિયન મેડિકલ એસોસિયેશન, જામનગર બ્રાન્ચ દ્વારા આજે જામનગર જિલ્લાનાં અંદાજિત 350 હોમગાર્ડઝનાં સભ્યોને એમ. પી. શાહ સરકારી મેડિકલ કોલેજ ઓફિસોરિયમમાં ટ્રેનિંગ આપવામાં આવી હતી.



**INDIAN MEDICAL ASSOCIATION**

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002

Tel.: +91-11-2337009 (10 Lines), 23378819, 23378680, WhatsApp: +91-9999116376

Email: hfc@ima-india.org, hsg@ima-india.org

**MEMBERSHIP APPLICATION FORM**

Life/Direct Membership Application Form

(All details to be filled in Block Letters)

Photo

Membership Proposed by Dr. \_\_\_\_\_ IMA HQs. Membership No. \_\_\_\_\_

To,  
The Honorary Secretary General, IMA  
IMA House, I.P. Marg, New Delhi-110002

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as \_\_\_\_\_ member through

Local Branch \_\_\_\_\_ under the \_\_\_\_\_ State/Territorial Branch of IMA.

Member's Name (as per MCI/NMC/SMC Certificate; IN BLOCK LETTERS): \_\_\_\_\_

Father's/ Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth DD MM YYYY

Address (Permanent/Correspondence): \_\_\_\_\_

Clinic/Hospital Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Tel. (W) \_\_\_\_\_

Email ID \_\_\_\_\_ Aadhaar No. \_\_\_\_\_

QUALIFICATION	M.B.B.S.	Post Graduation	Super Speciality
COLLEGE			
UNIVERSITY			
YEAR OF PASSING			

Designation (Practice/Job): \_\_\_\_\_

Registration Details: (Photocopy of Registration Certificate to be enclosed with IMA HQs. Form)

Registration No. of NMC /State Medical Council \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION**

I declare that I am registered with SMC/NMC/MCI certify that all documents and documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and fee paid will not be refunded. I shall abide by the rules and regulations of IMA.

Date: \_\_\_\_\_

Name of the applicant: \_\_\_\_\_

Signature \_\_\_\_\_

**CERTIFICATE FROM LOCAL BRANCH**

Certified that I have verified the qualification, registration number and documents produced by Dr..... and found to be correct He/She is eligible as per rules and regulations of IMA for membership.

Date:

Name of local branch secretary

Signature

Seal

**CERTIFICATE FROM STATE BRANCH /UNION TERRITORY**

Certified that I have verified the application form of Dr..... sent through IMA .....local branch and found to be correct. He/She is eligible for membership of IMA.

Date:

Name of state branch secretary

Signature

Seal

Received at IMA HQs. alongwith HFC on \_\_\_\_\_  
 Membership confirmed on \_\_\_\_\_  
 Signature & Stamp of Honorary Secretary General \_\_\_\_\_

NB: The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee & HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA HQs. for proper record maintaining. The Journal office will be informed by the Honorary Secretary General by providing addressograph list to JIMA.

Membership will be commenced only after it is approved and confirmed by the Honorary Secretary General, IMA (HQs.)

***\*It is decided that now onwards if any Local Branches and State Branches after receiving membership form and membership fees (HFC+18% GST+ Any applicable tax by GOI time to time) from New Member and from Branches fail to submitted the same within a month to the IMA Headquarters office at New Delhi will be fine as per IMA HQ. Rules.***

For office use:

YES NO

1. GST Paid by Local Branch
2. GST Paid by State Branch
3. GST received by IMA HQs. on State Share
4. GST received by IMA HQs. on HQs. Share

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



# INDIAN MEDICAL ASSOCIATION

## GUJARAT STATE BRANCH



OFFICE : 2nd FLOOR, A.M.A. HOUSE, OPP. H. K. COLLEGE, ASHRAM ROAD, AHMEDABAD-380 009.

Phone : (079) 2658 73 70

E-mail : imagsb@gmail.com

Website : www.imagsb.com

Ref No. A-11/HFC/LM/2024-2025

Date: 5-1-2024

To,  
All State Working Committee Members,  
All Local Branch Presidents,  
All Local Branch Secretaries,

**Subject:- Circular of Membership Fee.**

**Respected Doctor,**

Greetings from IMA, Gujarat State Branch. We have received email from IMA HQs. on 2-1-2024 regarding the HFC share of membership fees for IMA Life Members will be reduced by **25% between 5<sup>th</sup> January, 2024 to 4<sup>th</sup> February, 2024 as a special drive to increase the membership of IMA.**

**We decided in the State Working Committee - Zoom Meeting held on 4<sup>th</sup> January, 2024 to reduce State Branch Fees by 25% also.**

We would like to inform you that the below are the important information, kindly go through the same and implement at the earliest:-

Particular	Membership fee with GST to be taken by Local Branches.	If the Local Branch does not have GST number, then sent the following amount to IMA GSB.	If the Local Branch has GST number, then sent the challan copy of GST paid and following amount to IMA GSB.
For Single Life Member	9216 + 1659 (GST 18%) = Total Rs. 10875-00	9216 – 623-00 (Local Branch Fees) = 8593-00 + 1659 (GST 18%) = Total Rs. 10252-00	Rs. 8593-00
For Couple Life Member	13621 + 2452 (GST 18%) = Total Rs. 16073-00	13621 – 953-00 (Local Branch Fees) = 12668 + 2452 (GST 18%) = Total Rs. 15120-00	Rs. 12668-00

The last date of receiving the form / application is **15<sup>th</sup> February, 2024** but the amount should be reached during above decreasing period **5<sup>th</sup> January, 2024 to 4<sup>th</sup> February, 2024).**

Please send Membership Fees by a Cheque / DD. drawn in favour of **"I.M.A. G.S.B."**.

Yours Sincerely,

Dr. Bharat M. Kakadia  
President

Dr. M.M. Jadeja  
Past President

Dr. Tushar B. Patel  
Hon. Treasurer

Dr. Mehul J. Shah  
Hon. State Secretary





## Report of North Gujarat Inter IMA Cricket Tournament-2023, Tharad.

મિત્રો માટે, મિત્રો સાથે, મિત્રતાના ભાવથી રમાતી ટુર્નામેન્ટ એટલે નોર્થ ગુજરાત ઈન્ટર આઈએમએ ક્રિકેટ ટુર્નામેન્ટ, આઈએમએ થરાદ દ્વારા નોર્થ ગુજરાત ઈન્ટર આઈએમએ ક્રિકેટ ટુર્નામેન્ટ-૨૦૨૩ (NGIMA) નું ભવ્ય આયોજન આઈએમએ ક્રિકેટ ગ્રાઉન્ડ થરાદ ખાતે તા. ૨૯,૩૦,૩૧ ડિસે. ૨૦૨૩ ના રોજ કરવામાં આવ્યું હતું.

છેલ્લા ૨૩ વર્ષથી નોર્થ ગુજરાત ઈન્ટર આઈએમએ ક્રિકેટ ટુર્નામેન્ટ (NGIMA) નું આયોજન ઉત્તર ગુજરાતમાં અલગ અલગ આઈએમએ દ્વારા કરવામાં આવતું હોય છે.

થરાદ ખાતે યોજાયેલ નોર્થ ગુજરાત ઈન્ટર આઈએમએ ક્રિકેટ ટુર્નામેન્ટ-૨૦૨૩ (NGIMA) માં કુલ ૨૧ ટીમોએ ભાગ લીધો હતો. જેમાં થરાદ આઈએમએ ની ત્રણ ટીમ, ડીસા આઈએમએ ની બે ટીમ, પાલનપુર આઈએમએ ની બે ટીમ, પાટણ આઈએમએ ની બે ટીમ, મહેસાણા આઈએમએ ની બે ટીમ, મોડાસા આઈએમએ ની બે ટીમ તથા ધાનેરા, સિદ્ધપુર, વિસનગર, વિજાપુર, હિંમતનગર, ભિલોડા, ઈડર તથા ખેડબ્રહ્મા ની એક-એક ટીમોએ ભાગ લીધો હતો. થરાદ આઈએમએ દ્વારા ત્રણ દિવસ ચાલનારી આ ટુર્નામેન્ટમાં એક જગ્યાએ સરસ મજાના ત્રણ સુંદર ગ્રાઉન્ડ તૈયાર કરી કુલ પાંચ પ્રકારના કપ સાથે ટોટલ ૩૭ મેચ રમાડવામાં આવી હતી. ત્રણ દિવસ માટે તમામ ટીમના ખેલાડીઓ માટે રહેવા, જમવાની તથા રમવાની એમ તમામ પ્રકારની વ્યવસ્થા એક જ જગ્યાએ કરવામાં આવી હતી. આ NGIMA-૨૦૨૩ ટુર્નામેન્ટના Closing Ceremony કાર્યક્રમમાં ગુજરાત-આઈએમએ ના સેક્રેટરી ડોક્ટર મેહુલ શાહ (Hony. State Secretary IMA GSB) મુખ્ય મહેમાન તરીકે ઉપસ્થિત રહ્યા હતા. થરાદ આઈએમએ દ્વારા ડોક્ટર મેહુલ શાહ સાહેબનું સન્માન કરવામાં આવ્યું હતું. ડોક્ટર મેહુલ શાહ સાહેબે ડોક્ટરના જીવનમાં ક્રિકેટનું શું મહત્વ છે તે સમજાવ્યું હતું.

આ ટુર્નામેન્ટમાં ટોટલ પાંચ પ્રકારના કપ રાખવામાં આવ્યા હતા. જેમકે પ્લેટિનમ કપ, ડાયમંડ કપ, ગોલ્ડ કપ, સિલ્વર કપ અને મહા કપ જેમાં મુખ્ય કપ એટલે કે પ્લેટિનમ કપ (Platinum Cup) વિજેતા ટીમ મહેસાણા એ (Mehsana A) બની હતી, જેમને મુખ્ય મહેમાનના હસ્તે ટ્રોફી એનાયત કરવામાં આવી હતી. ઉત્તર ગુજરાતની તમામ ટીમોએ આટલું સરસ અને સફળ આયોજન કરવા બદલ થરાદ આઈએમએ ને અભિનંદન આપીને આભાર વ્યક્ત કર્યો હતો.





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

- 31-12-2023 Dr. Mehul J. Shah, Hon. State Secretary, IMA GSB, attended North Gujarat Inter IMA Cricket Tournament 2023 at Tharad Branch.
- 07-01-2024 Dr. Bharat M. Kakadia, President IMA GSB, Dr. Mehul J. Shah, Hon. State Secretary, IMA GSB, attended MEDLAWCON 2024 at GNLU, Gandhinagar.
- 17-01-2024 Dr. Bharat M. Kakadia, President IMA GSB, Dr. Mehul J. Shah, Hon. State Secretary, IMA GSB, attended National Presidents Meet and had discussion on future activities of IMA with National President Dr. R. V. Asokan and Hony. Secretary General, Dr. Anil J. Nayak at IMA HQ, New Delhi.
- 17-01-2024 Dr. Kamlesh B. Saini, Editor, Gujarat Medical Journal, IMA GSB presentation of Elimination of Lymphatic Filariasis (presentation of Inter Sectoral Meeting) at Gandhinagar.

\* \* \* \* \*

### OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Hansaben S. Shah	07-06-2023	Surat
Dr. Subhashchandra R. Surve	27-09-2023	Surat
Dr. Shrikant O. Shah	06-10-2023	Surat
Dr. Kiritkumar K. Jasani	09-10-2023	Bharuch
Dr. Chittranjan K. Vyas	10-10-2023	Bardoli
Dr. Surendra S. Dave	21-10-2023	Nadiad
Dr. Pradip M. Nanavati	11-11-2023	Surat
Dr. Maltiben C. Laiwala	19-11-2023	Surat
Dr. Dilipkumar M. Naik	26-11-2023	Surat
Dr. Vinodchandra K. Shah	09-12-2023	Ahmedabad

We pray almighty God that their souls rest in eternal peace.



### NEW LIFE MEMBERS

#### I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/34781	Dr. Kangad Naitik Karshanbhai	Upleta
LM/34782	Dr. Bhoje Satish Malarbhai	Ahwa-Dang
LM/34783	Dr. Patel Gaurang Amratbhai	Ahwa-Dang
LM/34784	Dr. Rathod Ankit Jayantibhai	Ahwa-Dang
LM/34785	Dr. Rathod Vandana Kishorbhai	Ahwa-Dang
LM/34786	Dr. Bhoje Swapnil Jaysinhbhai	Ahwa-Dang
LM/34787	Dr. Chaudhari Dileep Kaunjayabhai	Ahwa-Dang
LM/34788	Dr. Gavli Mitesh Gajarakarbhai	Ahwa-Dang
LM/34789	Dr. Kunbi Mitesh Ukediyaibhai	Ahwa-Dang
LM/34790	Dr. Pandher Tejalben Jesingbhai	Ahwa-Dang
LM/34791	Dr. Chaudhary Divyang Sanmukhbhai	Ahwa-Dang
LM/34792	Dr. Chaudhari Srushti Dipakbhai	Ahwa-Dang
LM/34793	Dr. Patel Jignesh Satishbhai	Ahwa-Dang
LM/34794	Dr. Patel Dhara Bipinchandra	Ahwa-Dang
LM/34795	Dr. Sharma Rohit Rajkumar	Ahwa-Dang
LM/34796	Dr. Deshannavar Ashwini	Bharuch
LM/34797	Dr. Darediya Nazlin Vishal	Botad
LM/34798	Dr. Anghan Chirag Jinabhai	Botad
LM/34799	Dr. Godhani Hiralben Popatbhai	Botad
LM/34800	Dr. Padhiar Abhishek Chetanbhai	Ahmedabad
LM/34801	Dr. Somani Vasav Kamlesh	Ahmedabad
LM/34802	Dr. Patel Javnika Sanjivbhai	Ahmedabad
LM/34803	Dr. Nayak Janki Jitendrakumar	Ahmedabad
LM/34804	Dr. Rajgor Rutvik Kamleshbhai	Ahmedabad
LM/34805	Dr. Pathak Harsh Dilipkumar	Ahmedabad
LM/34806	Dr. Raval Navya Chedtankumar	Anand
LM/34807	Dr. Galolia Nikunj Pankajbhai	Anand
LM/34808	Dr. Oza Janvi Ashokkumar	Anand
LM/34809	Dr. Rathod Ayushi Balvantbhai	Anand
LM/34810	Dr. Surani Nidhi Pravinbhai	Anand
LM/34811	Dr. Chaudhary Kuldip Moghajibhai	Anand
LM/34812	Dr. Prashnani Ishan Kamleshkumar	Veraval
LM/34813	Dr. Patel Ronak Naginbhai	Kalol-Ng



LM/34814	Dr. Mehta Mahendi Paresh	Vadodara
LM/34815	Dr. Choudhary Rajesh Babulal	Vadodara
LM/34816	Dr. Shah Ankit Sanjaykumar	Vadodara
LM/34817	Dr. Vadera Kavita Satish	Vadodara
LM/34818	Dr. Vaidya Apurva Paragbhai	Vadodara
LM/34819	Dr. Trivedi Shraddha Ashish	Vadodara
LM/34820	Dr. Patel Priyansee Diliplumar	Patan
LM/34821	Dr. Patel Harsh Arvindbhai	Kapadwanj
LM/34822	Dr. Modi Maitree Nandkishor	Kapadwanj
LM/34823	Dr. Chheda Bhavana Kirit	Valsad
LM/34824	Dr. Nama Dharmesh Ghanshyambhai	Surat
LM/34825	Dr. Kania Hemish Hemant	Surat
LM/34826	Dr. Desai Helinaben Anilbhai	Surat
LM/34827	Dr. Vadaliya Akshat Keshubhai	Anand
LM/34828	Dr. Pancholi Vishwa Ajaybhai	Anand
LM/34829	Dr. Patel Mansi Sanjaybhai	Anand
LM/34830	Dr. Ganvit Jigarkumar Hasmukhbhai	Bilimora
LM/34831	Dr. Patel Pritesh Vastabhai	Kadi
LM/34832	Dr. Patel Jignesh Thakarshibhai	Kadi
LM/34833	Dr. Patel Jaimin Rameshbhai	Kadi
LM/34834	Dr. Patel Dhruvil Bharatbhai	Kadi
LM/34835	Dr. Shah Raj Jayeshbhai	Lunawada
LM/34836	Dr. Trivedi Yugma Vikrambhai	Himatnagar
LM/34837	Dr. Patel Punit Valjibhai	Deesa
LM/34838	Dr. Shah Riya Kaushal	Ahmedabad
LM/34839	Dr. Nanavati Ashvi Ashish	Ahmedabad
LM/34840	Dr. Rangwala Tanya Mustafa	Ahmedabad
LM/34841	Dr. Kotecha Hetal Girishkumar	Ahmedabad
LM/34842	Dr. Jogadia Vibhuti Bhupenbhai	Ahmedabad
LM/34843	Dr. Shaikh Mohammed Sannan M.	Ahmedabad
LM/34844	Dr. Vhora Hanna Maheboob	Ahmedabad
LM/34845	Dr. Sarraf Rahul Rajendrakumar	Ahmedabad
LM/34846	Dr. Shah Jay Harishbhai	Ahmedabad
LM/34847	Dr. Patel Srushti Sanjaybhai	Ahmedabad
LM/34848	Dr. Patel Ketan Manilal	Khedbrahma
LM/34849	Dr. Baleviya Sachin Jayantilal	Khedbrahma
LM/34850	Dr. Maheta Sweta Deepakbhai	Khedbrahma
LM/34851	Dr. Nayak Nakshi Chandrahas	Khedbrahma

**BRANCH ACTIVITY****BHAVNAGAR**

- 01-12-2023 World Aids Day for Awareness talk.
- 06-12-2023 CME on "Updates on National Tuberculosis Elimination Programme" by Dr. Jigna Dave.

**DEESA**

- 15-12-2023 CME on "Recent updates in Surgical Oncology" by Dr. Mukesh Chaudhary  
"Medical Oncology basis to advanced" by Dr. Gaurang Modi
- 24-12-2023 Installation Ceremony.
- 04-01-2024 COLS training. Total 350 Homeguard given this training.  
COLS training. Total 150 students of 9th to 12th class at Montessori School.
- 18-01-2024 "Keyhole Bypass Surgery A Modern Approach to Ischemic Heart Disease" by Dr. Rajendra Vasaiya.  
ECG: A poor man's angiogram" by Dr. Ajinkya Borhade.

**GANDHIDHAM**

- 01-11-2023 Lecture on National Stress day for public awareness by Dr. Chetan Vora .
- 24-12-2023 Blood Donation Camp. Total 138 blood units were collected.
- 7 to 31/12-2023 Blood Donation Camp. Total 532 Units were collected.

**GANDHINAGAR**

- 26-12-2023 "GPCB – Bio Medical Waste Implementation" by Regional Director.  
TB Free India by Dr. Y.K. Jani.

**JETPUR**

- 10-01-2024 CME on "Uncontrolled T2DM – Experience the unexplored" by Dr. Wadhwani.

**KALOL**

- 08-12-2023 CME on "UKR (Partial Knee Replecement ) heralding a new era in Arthroplasty" by Dr. Himanshu Mathur.



“Treatment approach for Women Cancers and Advances in Gynaec Cancer Surgeries” by Dr. Nitin Singhal.

### **KHEDBRAHMA**

16/17-12-2023 Organised Cricket Tournament.

### **MAHUVA**

27-12-2023 CME on “Overview of various nystagmus and saccadic instructions” by Dr. Ashwin Lathai.

“Hyponatremia – still wonder” by Dr. Nilav Shah

### **MEHSANA**

21-12-2023 CME on “Recent advances in GI Endoscopy” by Dr. Sanjay Rajput.

10-12-2023 Organised Cricket Tournament.

18-01-2023 “Health and Fitness for Medical Professionals” by Dr. Prashant Darveshi.

### **MORBI**

05-12-2023 Blood Donation Camp. Total 54 blood units were collected.

08-12-2023 Blood Donation Camp. Total 135 blood units were collected.

17-12-2023 Free diagnostic camp with blood donation camp. Around 130 patients got benefited and 33 blood units were collected

23-12-2023 Tobacco Free Abhiyan for general public social awareness.

28-12-2023 Free blood sugar checkup camp. Around 64 people benefited from the camp.

31-12-2023 Free blood sugar checkup camp. Around 50 people benefited from the camp. Blood donation camp. Total 66 blood units were collected.

### **VADODARA**

06-11-2023 Free Health Checkup camp by Indian Red Cross Society.

08-11-2023 World Diabetes Day “A Case Base Discussion on Peripheral Neuropathy”

29-11-2023 Mega CPR Training of All Over Gujarat.



**National Medical Commission**  
**Professional Conduct Review**  
(Lessons From Case Archives)  
by Ethics & Medical Registration Board

**CASE 3**

**Specialty Practice-Without Adequate Qualification/Training**

- **Keywords:** PCPNDT Act; Radiology; Training;
- **Category/Context:** Patient Care
- **Abstract:**

Dr. R was practicing as a Consultant sonologist without a Postgraduate qualification. He had obtained 6 month ultrasonology training certificate according to Preconception and Prenatal Diagnostic Technique Act, 1994 (PCPNDT Act, 1994). A petition was filed by IMA against him in the State Medical Council (SMC). SMC removed his name from the State Medical Register for 2 months. Dr. R appealed against this order in the Hon'ble High Court which redirected the matter to the Ethics & Medical Registration Board (EMRB), National Medical Commission(NMC). EMRB, NMC pronounced its verdict after hearing Dr. R.

- **Summary of the Case:**

Dr. R was in private practice as a Consultant sonologist since 2004 without the required qualification/ training. After obtaining an MBBS degree, he did 6 months of certificate training in ultrasound according to the PCPNDT Act. However, such training does not permit him to practice as a consultant radiologist/sonologist in areas beyond his certification. However, he was performing ultrasound for other illnesses beyond the scope of this specific certificate training under the PCPNDT Act. The IMA took cognizance of this malpractice and filed a complaint with the SMC. SMC after due deliberations removed his name from the State medical Register for 2 months and warned him to refrain from practicing as a Consultant Sonology/Radiologist. Despite an order of SMC, Dr. R continued to perform ultrasound for other indications beyond his training and use the title of consultant sonologist and appealed in the Hon'ble High Court





against this order. The Hon'ble High Court directed the case to EMRB, NMC. After hearing and due deliberations, EMRB, NMC directed Dr. R to submit an undertaking to not go beyond the PCPNDT Act and refrain from using the title 'Consultant sonologist' in the future.

- **Discussion:**

With the introduction of short-term certificate courses in ultrasonology for specific purposes, many Medical Practitioners misuse this certification to extend their expertise to areas beyond the scope of training. This can be intentionally misleading to the patient who is not in a position to verify and discern the qualification and can lead to wrong diagnosis and harm to the patient.

This unethical practice can jeopardize the reputation of the medical fraternity in the eyes of the public and undermine trust in the profession.

Medical Practitioners may acquire skills and training in various areas related to a particular field to benefit the patient. However, the use of the title 'consultant/specialist' should be restricted to those who are qualified in the particular specialty. Care should be taken not to mislead the public through sign boards, visiting cards, announcements, etc.

- **Take home messages:**

A physician shall not claim to be a specialist unless he/she has a special qualification in that branch, according to clause 7.20 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. In view of this clause, Registered Medical Practitioners should register their additional qualification with the respective medical councils.

According to clause 7.13 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, it is improper for a physician to use an unusually large sign board and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles, and name of his specialty, registration number including the name of the State Medical Council under which registered. The same should be the contents of his prescription papers. It is improper to affix a signboard on a chemist's shop or in places where he does not reside or work.



**CASE 5****Elective LSCS done by a General Surgeon  
Leading to Maternal Death**

- **Keywords:** Elective LSCS, Consent, Medical records, Maternal death.
- **Category/Context:** Patient Care
- **Abstract:**

Dr. A, a qualified gynaecologist was providing regular antenatal care to Ms. Y. On the scheduled day of elective LSCS due to unavailability of Dr. A, the LSCS was performed by general surgeon Dr. B assisted by Dr. C (MBBS). After the surgery, Ms. Y developed bleeding complications for which the patient was shifted to another hospital for further care where she expired. The matter was brought to the notice of the State Medical Council (SMC) and the names of Dr. B and Dr. C were removed from the State Medical Register for 30 days as they had operated beyond their qualifications and competency in an elective surgery.

- **Summary of the Case:**

A 31-year-old lady, Ms. Y was receiving antenatal care from a gynaecologist Dr. A at a private hospital. The couple requested an elective LSCS on a date of their choice. Dr. A informed the couple about her non-availability on that date but assured them that Dr. B and Dr. C would provide care in her absence.

Ms. Y was admitted on the date agreed upon and was operated on by Dr. B and Dr. C after obtaining written consent from the husband. In the post-operative period, the patient developed bleeding complications from the operation site for which another surgical procedure was performed by the same medical team. The patient did not improve and became critical due to further bleeding at which point she was shifted to another hospital for further management where she died.

According to the post-mortem report, the cause of death was "DIC consequent upon LSCS".

The husband filed a case with SMC.

- **Discussion:**

The primary allegation by the husband in the case was medical negligence leading to the death of his wife. During the trial, the doctors tried to defend their case by saying that it was an emergency LSCS and that



the gynaecologist was unavailable at that time. However, the review of the case records did not reveal any indication of emergency LSCS. Moreover, written informed consent indicated that it was for elective LSCS to be performed on the pre-decided date.

The likely cause of the patient's deterioration was post-operative blood loss which went undetected because of improper monitoring.

Based on the above facts, SMC held Dr. B and Dr. C responsible for venturing into the field beyond their competence and removed their names from the State Medical Register for 30 days as a penalty.

- **The Order of State Medical Council / Ethics & Medical Registration (EMRB), NMC**

SMC removed the name of the Surgeon and assisting lady doctor from the State Medical Register for 30 days for venturing into the field of medicine which is beyond their competence. Both the aggrieved doctors appealed to EMRB, NMC against the order of SMC.

After hearing the case, EMRB upheld the decision of SMC.

- **Take home points:**

- ▶ The readers are requested to go through the Hon'ble Supreme Court in landmark judgment given in Samira Kohli vs Dr. Prabha Manchanda to understand the importance and implications of obtaining real and valid consent.

(<https://indiankanoon.org/doc/438423/>)

- ▶ All elective procedures should be performed by a doctor qualified in that particular specialty. In this case, elective LSCS was performed by a General surgeon who was not qualified to undertake such a procedure. No efforts were made to refer to another gynaecologist for the planned LSCS. Even if the consent is taken for the procedure to be performed by an unqualified Medical Practitioner, such consent would be invalid.
- ▶ Valid real informed consent is to be taken in all cases. The patients must sign the consent in all elective cases unless the patient is minor, unconscious, or incompetent. In this case, the consent form did not have a signature or thumb impression of the patient despite her being fit to give the consent. Instead, the consent was signed by the husband only.





## Representation to Health Secretary Government of Gujarat Regarding Clinical Establishment Act.



\* \* \* \* \*

## Felicitation of IMA National President Dr. R. V. Ashokan Ahmedabad







## NATCON -2023 at Thiruvananthapuram, Kerala





## NATCON -2023 at Thiruvananthapuram, Kerala







## MEDILAWCON - 2024

## Conference on Medical Law, Policy and Ethics 2024



MEDILAWCON 2024





## Volleyball Tournament IMA Ahmedabad Branch



\* \* \* \* \*

## CPR Training IMA Ahmedabad Branch





**North Gujarat Inter IMA Cricket Tournament 2023, IMA Tharad Branch**



## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### Sterling Hospital, Ahmedabad



### Jivraj Mehta Hospital, Ahmedabad



### Marengo CIMS Hospital, Ahmedabad







## COLS (CPR ) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### KD Hospital, Ahmedabad



### Shalby Hospital, Ahmedabad



### GCS Medical College and Research Center, Ahmedabad





## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### IMA Anand - CVM Nursing College



### IMA Anand - Zydus Hospital



### IMA Bharuch Branch







## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### IMA Bhavnagar Branch



### IMA Deesa Branch



### IMA Dahod Branch







## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### IMA Godhara Branch



### IMA Jamnagar Branch



### IMA Khedbrahma Branch





## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

IMA Khedbrahma Branch (Vijaynagar & Poshina)



IMA Mahua Branch



IMA Palanpur Branch







## COLS (CPR) Training of Home Guards IMA Gujarat State Branch and Home Guards, Gujarat State

### IMA Vadodara Branch



### IMA Palitana Branch



### IMA Surat Branch



**CASE 4****Clinical Drug Trial and Role of Registered Medical Practitioners**

- **Key Words:** Clinical Drug Trial, Pharmaceuticals, Registered Medical Practitioner
- **Context:** Medical Research
- **Abstract:**

Dr. X, a well-known clinician, academician, and researcher was working in a Government Medical College, as a faculty for the past two decades. He was actively involved in clinical work and teaching students at the medical college. He was also involved in conducting clinical trials at the Institute for the past two decades. A complaint was raised by an advocate against Dr. X, for unethical conduct and receiving kickbacks for conducting illegal clinical trials including frequent foreign tours/travels. We are discussing this case to highlight best practices in Medical research to be followed by a Registered Medical Practitioner.

- **Summary:**

Mr. M, a practicing advocate filed a complaint in August 2014 against Dr. X, before various agencies including the erstwhile Medical Council of India (MCI) with allegations that Dr. X,

- (a) had conducted over a dozen illegal clinical trials without proper permission, sponsored by both International and Indian pharmaceutical companies
- (b) conducted these clinical drug trials during working hours and with wrongful usage of the Government Medical College premises for research.
- (c) has received funds for conducting such trials directly into the personal bank account, without any permission from the government or institution.
- (d) received huge kickbacks for conducting these illegal clinical trials including frequent foreign tours/travels.

Mr. M urged the Government and State Medical Council (SMC) to take action against Dr. X for violating CCS (Conduct) Rules and clause 6.8.1 (d)



of Indian Medical Council (Professional Conduct, Etiquettes and Ethics) Regulations, 2002.

Dr. X responded to the complaint filed against him in the SMC that he did not conduct any trials in an individual capacity but as part of his duty as faculty of a Government Medical College. He also reported that he had followed the prevalent practice for conducting clinical trials during that period, had conducted the annual audit for all the clinical trials, and not misused any funds of the clinical trial. He also submitted a copy of the documents such as permission to conduct the clinical trial in compliance with the Drugs & Cosmetics Act 1940, Drugs & Cosmetic Rules 1945, as per the 'standard operating procedures' prescribed under Schedule Y, the Indian Council of Medical Research (ICMR) Guidelines on "Ethical Guidelines for Biomedical Research on Human Subjects", and the ICH-GCP Guidelines. Dr. X, clearly stated that the funds were transferred into the principal investigators' bank account because there was no mechanism in place or account to deposit the funds for clinical trial funds. He also highlighted that many of the drug trials conducted at the Government Medical College followed the above regulations and norms. He submitted all the permission letters from the required authorities during the inquiry.

- **State Medical Council Decision**

During the hearing of the case, Mr. M withdrew the case and filed an affidavit mentioning that the filing of the case was politically motivated. However, the SMC continued the case against Dr. X, despite the case being withdrawn.

The SMC, after conducting the inquiry, held that Dr. X violated protocol for having received funds from the Pharmaceutical Companies in his personal bank account. Further, the SMC ordered the removal of the registration of Dr. X from the State Medical Register for one year.

Dr. X appealed to the Ethics Medical Registration Board (EMRB) of the National Medical Commission (NMC) against the decision of the State Medical Council and the penalty.

- **The decision of the Ethics and Medical Registration Board of NMC:**

EMRB observed that research is an integral part of medical college's function apart from education and clinical care. To allege that bonafide



research should not continue as it affects patient care holds no ground. The Board is of the view that if due procedure with regards to institute ethics committee permission and Clinical Trial Registry are followed then the above allegation does not hold ground. Further, the complainant had withdrawn the complaint on affidavit, the SMC continued to pursue the case considering the merit of the case.

The penalty clause in clause 6.8.1 (d) of the Regulations came into effect in 2016, much after Dr. X had stopped conducting clinical trials in 2015. Dr. X had not conducted any clinical trials or received any funds in that connection since 2015. However, the penalty provision was enacted by the amendment dated 01.02.2016. A retrospective application would violate the 'ex-post facto law' contained in Article 20(1) of the Constitution and is thus an unsustainable proposition in law.

EMRB urged that authorities investigating such allegations first-hand must ensure that the allegations have substance and are bonafide. Otherwise, the research environment of the institute suffers which is not desirable. Researchers have to constantly update their knowledge not only about the technical aspect of research but also about the process and procedure specified by regulatory bodies about all aspects of research. Dr. X had taken institute permission, Ethics committee approval, and DCGI approval. He had complied with all the rules, regulations, and ethical guidelines prevalent at that time, hence he was exonerated from all charges.

- **Discussion and Analysis of the case:**

The complaint was filed by Mr. M against Dr. X. in August 2014. Since then, there has been the evolution of guidelines, rules, and regulations regarding clinical trials. The important question to be answered was if Dr. X violated any rules or regulations existent at the time of the complaint and misused the funds allocated for a clinical drug trial.

Dr. X had conducted the clinical trial in compliance with the Drugs & Cosmetics Act 1940, Drugs & Cosmetic Rules 1945, as per the 'standard operating procedures prescribed under Schedule Y, the ICMR Guidelines on "Ethical Guidelines for Biomedical Research on Human Subjects", and the ICH-GCP Guidelines. He submitted all permission letters to the investigating agencies. There were no research conduct guidelines by the



Government Medical College. Moreover, the Government Medical College did not have any guidelines, rules, or regulations regarding the financial aspects of the clinical trial during that time. However, the College issued a circular regarding the guidelines for Research Project/ Clinical Drug Trials in 2016. Moreover, the college's dedicated bank account for clinical trials was opened only in 2018. Dr. X stopped conducting clinical trials after September 2015 and also deposited unspent research funds into the bank account of the Government Medical College. Further, during the hearing of the case at the State Medical Council, the complainant withdrew the case and filed an affidavit mentioning that the filing of the case was politically motivated against the Registered Medical Practitioner (RMP).

**Under Laws:** RMPs involved as research investigators in any clinical trials must make sure that they comply with the country's regulatory requirements. In the past decade, several changes have occurred in the regulatory landscape of clinical drug trials in the country. RMP should obtain necessary permission from the Central Drugs Standard Control Organization (CDSCO), the National Regulatory Authority in India, wherever applicable. The Drugs Controller General of India (DCGI) is an official of the CDSCO which is the final regulatory authority for the approval of clinical trials in the country.

**Ethics Regulations:** Clause 6.8 of the Indian Medical Council (Professional, Conduct, Etiquette, and Ethics) Regulations, 2002 was amended in 2009, where after Clause 6.8.1(d) read as: "Cash or Monetary grants: A Medical Practitioner shall not receive any cash or monetary grants from any Pharmaceutical and allied health care industry for individual purpose in individual capacity under any pretext. Funding for medical research, study, etc. can only be received through approved institutions by modalities laid down by Laws/Rules/guidelines adopted by such approved institutions, transparently. It shall always be fully disclosed." There was one more amendment on 01.02.2016 to the said provision. The amendment added punishment for violating the provision.

RMP should follow good clinical practice, obtain written informed consent from participants, and report serious adverse events that occur during a clinical trial, and under any circumstances, patients should not be exploited under the name of clinical drug trials or research.





- **Take home messages:**

**Registered Medical Practitioners need to follow:**

- (a) The ethical guidelines in research and regulations of the National Medical Commission regarding the professional conduct of RMPs, as and when they are notified.
- (b) The ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants-2017 (1) and seek approval from the institutional ethics committee before proceeding with clinical trials
- (c) The Clinical Trials Registry-India (CTRI), which is formed to encourage all clinical trials conducted in India to be prospectively registered with full disclosure of the researchers, trial data set, and other details. The Registration of trials will ensure transparency, accountability, and accessibility of clinical trials. The registration has been made mandatory by the Drugs Controller General of India (DCGI) from 15 June 2009 (2)
- (d) The New Drugs and Clinical Trials Rules, 2019 (NDCT Rules) under the Drugs and Cosmetics Act, 1940 (D & C Act) (3). They also need to follow COSCO GCP guidelines.
- (e) The funding from the pharmaceutical industry could be by way of the provision of drug supplies, monetary support, or both. RMPs should maintain proper accounts, maintain audits, and file utilization certificates regularly. Transparency is the key in any Clinical Drug Trial.
- (f) The question of medical ethics is not simply a technical question of making laws, setting up regulatory bodies, and following those regulatory mechanisms. Medical ethics goes beyond that. RMPs need to recognize the power relationships that operate between physician investigators and patient participants in clinical trials. Hence, RMPs conducting clinical trials should understand their ethical responsibilities in research.
- (g) In the above case, Dr. X followed all the prevailing rules & regulations.



However, taking any money into a personal bank account in the name of a clinical drug trial was unprofessional and the same should have been in the account of the college administration. Although Dr. X was exonerated in the absence of any such account made available for clinical drug trial, it is expected that it is the responsibility of Dr. X to advocate a change in protocol in order to avoid ethical conflicts.

- (h) In professional practice it is not a remote possibility that motivated complaints may be made even though unwarranted. Doctors should uphold the high standards of ethical practice in clinical and research settings in order to protect their interests. In relation to a motivated wrongful complaint, the SMC has the power to take appropriate action as deemed fit and promote public awareness.

• **References:**

1.	National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (2017)	<b>Available online at</b> <a href="https://main.icmr.nic.in/sites/default/files/guidelines/ICMR_Ethical_Guidelines_2017.pdf">https://main.icmr.nic.in/sites/default/files/guidelines/ICMR_Ethical_Guidelines_2017.pdf</a>
2.	Handbook for Applicants and Reviewers of Clinical Trials of New Drugs in India (2017). Published by ICMR, CDSCO & Department of Health Research & Director General Indian Council of Medical Research, New Delhi.	<b>Available online at</b> <a href="https://main.icmr.nic.in/sites/default/files/reports/Handbook%20for%20Applicants%20and%20Reviewers%20of%20Clinical%20Trials.pdf">https://main.icmr.nic.in/sites/default/files/reports/Handbook%20for%20Applicants%20and%20Reviewers%20of%20Clinical%20Trials.pdf</a>
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**CASE 6****General Surgeon doing Hysterotomy**

- **Keywords:** Emergency, MTP, Consent, maternal death, medical records.
- **Context:** Patient care
- **Abstract:**

A pregnant woman at 19+ weeks with bleeding in her vagina due to Placenta Previa was treated by a surgeon in a private hospital and medical termination of pregnancy was done through hysterotomy. The bleeding did not stop due to adherent placenta and the patient was shifted to a Government hospital where she was operated on again, but passed away after 5 days. The police filed a case against the doctors of the private hospital. The patient's husband, who arrived later, also charged the same doctors with medical negligence. The State Medical Council (SMC) passed an order that was upheld by the Ethics & Medical Registration Board (EMRB), NMC.

- **Summary of the case:**

A 32-year-old woman arrived at a private hospital at night with abdominal pain and bleeding from the vagina. An ultrasound done elsewhere revealed placenta previa grade IV and the duty doctor immediately called for a gynaecologist to attend to the patient. As no gynaecologists were available at the Hospital, a General Surgeon working at the hospital was called to treat the patient. After examination, he recommended an emergency hysterotomy and termination of the pregnancy to save the life of the mother.

Consent was taken from the patient's attendant and Form 1 for Medical Termination of Pregnancy was signed by Surgeon and duty doctor. The dead fetus was extracted from the uterus, but the placenta could not be removed completely as it was adherent. The uterus continued to bleed and the patient's condition worsened despite resuscitation and blood transfusion.



The patient was finally transferred to the Government Hospital for expert care. The Government Hospital recorded that the patient's condition was critical and in hypovolemic shock on arrival. The patient was put on a ventilator in the ICU.

The duty team decided to operate in order to stop the internal bleeding. A Laparotomy, Hysterectomy, and Bilateral Iliac Artery Ligation were done after obtaining high-risk consent from the bystander. After surgery, the patient was in the ICU but did not recover and expired after 5 days. The post-mortem report stated multi-organ failure due to Disseminated Intravascular Coagulation (DIC) and hypovolemic shock.

The husband arrived from abroad and filed a case against the doctors of the private hospital. Based on the information provided by the government hospital doctors a case of medical negligence was registered by the police against the doctors of the private hospital. The police referred the case to the SMC for expert opinion.

After hearing the case, the decision passed by the SMC was that the Surgeon's name should be removed from the State Medical Register for 6 months, and he should not undertake any gynecological procedure in the future. The Anaesthetist and the junior doctor were issued a warning. A copy of the order was sent to the State Directorate of Health and Family Welfare requesting them to take appropriate action against the private hospital.

The Surgeon, Anaesthetist, and junior doctor appealed to the EMRB of the NMC, against the Order of the SMC. After hearing, and reviewing the evidence and opinion of experts, the EMRB upheld the decision of the SMC.

- **Discussion:**

In relation to the case presented the following medico-legal issues emerged. At the private hospital, the patient should have been seen by a gynaecologist as she was almost 20 weeks pregnant, with abdominal pain and bleeding. She was seen by a junior duty doctor who called the general surgeon working at the hospital. The reason for referral to the general



surgeon was that the two gynecologists working at the hospital were not available. Although the surgeon was experienced, and did the best he could under those circumstances, the patient should have been referred to another hospital, as specialist expertise was required in this case. There were other hospitals in the vicinity that could have provided appropriate specialist care. Another reason for referral was the nature of the case requiring medical termination of pregnancy under the Medical Termination of Pregnancy (MTP) Act, 1971 which requires an opinion of two gynecologists at that stage of pregnancy.

The decision for medical termination of pregnancy was made by the duty doctor and the General surgeon, and Form I (MTP Act) was signed by them. The treating team had time to take informed consent for the MTP rather than referring to the nearest available specialist care. Since the pregnancy was in the 19th week, it should have been terminated in these circumstances, by a practitioner qualified in obstetrics and gynecology according to the MTP Act. In the appeal, the surgeon changed his statement and said that the hysterectomy was done to save the life of the patient, and not to terminate the pregnancy.

There was a question about informed consent in this case. It was signed by a person who accompanied the patient and posed as a husband but later denied the same. There was no separate consent for anesthesia.

The case records, admission notes, and surgical notes were brief and incomplete. Anesthesia chart and notes were unavailable. The explanation by the surgeon and anesthetist was that it was an emergency situation. All the above issues were noted by the Medical Council before coming to their decisions.

- **Lesson from the Case:**

In this case the Medical Termination of Pregnancy Act 1971 applies and was amended in 2021. There should be compliance with the law even in emergency situations. Hospitals are required to be registered under the MTP Act, procedures to be done by a qualified specialist and requisite



consent forms should be signed. Specific informed consent must be taken from the patient for termination of pregnancy, or from husband or next of kin in case the woman is unable to give consent.

In a surgery like Hysterotomy, there should be a separate general anesthesia consent form that ensures the patient understands the risks and type of anesthesia planned and should carry the name and signature of the anesthetist, in addition to the name and signature of the patient.

The patient chart and admission notes are important evidence that will be called for and used in medicolegal cases. Even in emergency situations, notes can be prepared after the patient is stabilized. Admission notes are vital for the subsequent proper management of the patient. The Government hospital alleged that there were inadequate information and referral notes at the time of handover of the case. The patient was just left in the emergency room along with the attendant without any adequate communication from the private hospital to the duty team.

When transferring/referring the patient during the emergency, the doctor must ensure that the referral hospital is informed, the patient and attendants are informed, and appropriate medical notes need to accompany the patient. The referring doctor should also ensure that the patient is received at the referral hospital with documentation and communication maintained between doctors of both hospitals so that continuity of care is established and the patient does not suffer.

• **References:**

- ▶ Medical Termination of Pregnancy (MTP) Act and Amendment Rules, 2021
- ▶ Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002





# INDIAN MEDICAL ASSOCIATION

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