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

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH
Estd. On 2-3-1945
Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.
Phone : (079) 2658 7370 E-mail : imagsb@gmail.com Website : www.imagsb.com

OFFICE BEARERS

PRESIDENT
Dr. Paresh M. Majmudar Vadodara
(M) 98240 65895

IMM. PAST PRESIDENT
Dr. Devendra R. Patel Ahmedabad
(M) 98258 11425

VICE PRESIDENTS
Dr. Mehul N. Shelat	Ahmedabad Zone
Dr. Anil D. Patel	Central Zone
Dr. Rajiv D. Vyas	South Zone
Dr. Bhupesh K. Chavda	Surat Zone
Dr. Kailasben M. Parikh	Vadodara Zone
Dr. Bhavin B. Gami	West Zone
Dr. Amit Agravat	Rajkot Zone

HON. TREASURER
Dr. Tushar B. Patel Ahmedabad

GUJARAT MEDICAL JOURNAL
Editor
Dr. Kamlesh B. Saini Ahmedabad

SOCIAL SECURITY SCHEME
Hon. Secretary
Dr. Jitendra B. Patel Ahmedabad

PROFESSIONAL PROTECTION SCHEME
Chairman
Dr. Bipin M. Patel Ahmedabad

HEALTH SCHEME
Chairman
Dr. Navneet K. Patel Ahmedabad

HON. STATE SECRETARY
Dr. Mehul J. Shah Ahmedabad
(M) 98250 51162

HON. JOINT SECRETARY
Dr. Shailendra N. Vora Ahmedabad

HON. ZONAL JT. SECRETARIES
Dr. Nirav Modi	Ahmedabad Zone
Dr. Rajnikant Patel	Central Zone
Dr. Bijal Kapdia	South Zone
Dr. Surendra Prajapati	Surat Zone
Dr. Mahesh Bhatt	Vadodara Zone
Dr. Naresh Joshi	West Zone
Dr. Rashmikant Upadhyay	Rajkot Zone

HON. ASST. SECRETARY
Dr. Bharat I. Patel Ahmedabad

SCIENTIFIC COMMITTEE
Hon. Secretary
Dr. Bhupendra M. Shah Himatnagar

COLLEGE OF G.P.
Director
Dr. Kirit C. Gadhavi Ahmedabad

ACADEMY OF MEDICAL SPECIALITY
Chairman
Dr. Vidyut J. Desai Ahmedabad

FAMILY WELFARE SCHEME
Hon. Secretary
Dr. Jitendra B. Patel Ahmedabad

HOSPITAL BOARD OF INDIA
Chairman
Dr. Parth N. Patel Ahmedabad

STATE PRESIDENT'S MESSAGE

"A TEAM IS NOT A GROUP OF PEOPLE ;
WHO WORK TOGETHER;
IT IS A GROUP OF PEOPLE ;
WHO TRUST EACH OTHER"

Eight boys were standing on a track for racing.

Ready ! Steady ! Go .... !

With sound of Pistol all boys started running.

Hardly had they covered ten to fifteen steps, one boy slipped & fell.

He started crying due to pain.

When other seven Boys heard him, all of them STOPPED running..

STOOD for a while, turned BACK & run towards him.

All the seven Boys LIFTED the Boy, pacified him, joined hands together, walked together & reached WINNING Post.

Officials were shocked.

Many Eyes were filled with tears.

Race was conducted by One Institute of Mental Health...

All participants were Mentally RETARDED.

What did they teach ?

Teamwork, Humanity, Sportsman spirit, Empathy, Sympathy, Love, Care, & Equality.....

We normal human being are not able to do such things , because...

We have Brains, We have Ego, We have Attitude , We have Complexes ..... with little or no place for the above virtues !

We all needs to develop all this virtues and treat our patients ; with ampathy; sympathy; care and with team work .This may avoid many legal issues also.

Friends ;

As we all know ; COVID 19 cases are rising and we all should observe precautions and restart wearing mask in crowded gatherings.

On 5th June IMA Bhavnagar branch had successfully organised first **Zonal PPS seminar** for this year. I had opportunity to inaugurate this event . Congratulations to Dr Vipul Sarvaiya - President ; Dr Mahaveersinh Jadeja ; Dr M R Kanani ; Dr Bharat Trivedi and whole Team of IMA Bhavnagar for grand success of this event .

We request all other zone OB to organise such Zonal PPS Seminar in respective Zones ; at earliest.

We request all branches OB to organise CME under banner of CGP and AMS also.

Our request to encourage all the members to be a member of our various schemes like PPS ; SSS ; NSSS ; Health Scheme etc and take advantage of such great beneficial schemes.

Request to observe **Doctors Day** on 1st July with theme of " Lessen the mortality of COVID 18" ; World nature conservation day and World Hepatitis day on 28th July .

Be ready for upcoming **GIMACON 2022** at Vadodara ; scheduled on 19-20 November 2022 and hosted by IMA Vadodara Branch .

We desire and request all of our IMA members to be part of GIMACON 2022 .

Conference is the place where we learn many things, where we meet old friends and make new ones, we increase our brotherhood, we have merry time, we interact and solve our petty misgivings, we make life time memories. Cultural city Vadodara is always famous for its hospitality and education .

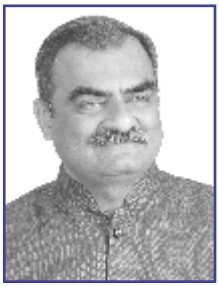
Let us be part of it and let us motivate our friends to be part of it- because IMA is our parent association which has always played pivotal role in life of each and every doctor.

Take Care - Stay Healthy.

Long live IMA !!

Dr. Paresh M. Majmudar
(President, G.S.B.,I.M.A.)

HON. STATE SECRETARY'S MESSAGE



Dear Members

"Deliberately put your attention on thoughts
and things that please you
With the sole intent of feeling good,
and everything else will fall into place.
It is as if by magic and yet it is not.
It is Universal Law at play and
it works every time without exception."

It is human nature to think. While some of us mull over trivialities, others indulge in deep thought on existence and the meaning of life. Lofty thoughts inspire us, igniting the thought process. Our thought process motivates us to expand our horizons and look at life with a new perspective. They enlighten us, fire our imagination and produce to build our future with a new vision. Our experiences and erudite knowledge may seem philosophical and even esoteric, but all of them are succinctly enlightening.

Life is full of glorious uncertainties. Every turn in the road called life throws up a new obstacle and it sometimes becomes a herculean task to overcome this hurdle and be successful. To ensure a safe journey and secure the health – mental and physical as well as professional short comings of its members, the medical association, has introduced a multitude of schemes like the SSS, PPS, FWS, Health Scheme etc.

When the world is full of ambiguity and skepticism, we wish that the members earnestly become a member of these schemes and save themselves from what life throws up at them,

The recent pandemic has thrown the spotlight on the medical profession in a vicarious way. At the helm of all healthcare

management inclusive of treatment, care and prevention, the medical doctor has been the nexus or the pivot around whom the whole world circumscribed for its wellness and subsistence. But with success and fame comes its equal dose of infamy.

Quacks and unauthorized persons practicing the art of medicine without any official education have always been the spoilsport leading to the loss of trust, respect and faith in the medical profession. A special appreciation to the members of IMA Patan, who were vigilant enough to spot such quackery and catch the wrongful persons red-handed.

Thanks to the ubiquitous doctor, the world has truly become a happier and healthier place to live. Hence it becomes imperative to celebrate our sacrifices, dedications and contribution and commemorate the birth and death anniversary of the legendary physician **Dr. B. C. Roy.** July 1st is the National Doctor's Day when we honour ourselves and the world salutes the beneficence and atonement of each and every medical doctor who in any which way, has contributed to the health and longevity of each individual on this earth.

"Believe in yourself and in your dreams,
though impossible things may seem;
Believe in yourself and in your plan.
Say not – I cannot but, I can.
The prizes of life we fail to win,
because we doubt the power within."

Dr. Mehul J. Shah
(Hon. State Secy., G.S.B.,I.M.A.)

Dr. Bidhan Chandra Roy

Born on : July 1, 1882
Born in : Bankipore, Patna, Bihar, India
Died on : July 1, 1962
Career : Physician, Politician

Dr Bidhan Chandra Roy, one of the very few people who are talented enough to acquire both the M.R.C.P. and F.R.C.S. degrees, was an eminent physician, one of the most important freedom fighters for India and also the second Chief Minister of West Bengal. Bidhan Chandra Roy led a very eventful life during which he excelled in each profession he had taken up. In addition, Dr Bidhan Chandra Roy also laid the foundation stone of cities Bidhannagar and Kalyani in West Bengal. After his flourishing terms as a part of the alumni of the Calcutta Medical College and as the Vice Chancellor of Calcutta University, Bidhan Chandra Roy entered into active politics and subsequently was elected the Chief Minister of West Bengal, a post that he held till his death. Dr Bidhan Chandra Roy is fondly remembered through the celebration of the National Doctor's Day on July 1 (his birth and death day) every year.

Childhood and Education

Bidhan Chandra Roy was born on July 1, 1882 in the Bankipore region of Patna, Bihar. He was the youngest of the five children of his parents. Bidhan Chandra Roy's mother died when he was 14 years of age and it was his father who took over the reins of the family. Since his father had to remain outdoors for his work as an excise inspector, the five siblings had to share responsibility of all household work.

After completing his graduation in Mathematics, Bidhan Chandra Roy applied for admission in both Bengal Engineering College and Calcutta Medical College. Being academically competent, he successfully qualified both but chose to pursue medical studies. Life at the Calcutta Medical College was very difficult for the future physician. Not only was there the pressure of studies, he also had to earn enough money to support himself in the city as his father was no longer in service. It was during his study years at

the Calcutta Medical College that the Partition of Bengal was announced. Though the freedom fighter in Bidhan Chandra Roy wanted to be a part of the state's struggle, he convinced himself that studies were more important than any other activity at that point of time in life.

Career

Dr Bidhan Chandra Roy joined the Provincial Health Service after his studies at Calcutta Medical College were over. While he was appointed as a doctor, B. C. Roy also lent a helping hand as a nurse whenever he had the time. Additionally, he even established a private practice to earn extra money. In February 1909, Bidhan Chandra Roy left for England to continue further medical studies at St Bartholomew's Hospital in London. But the Dean at the hospital did not want to accept the application of an Asian. Unwilling to return defeated, Bidhan Chandra Roy submitted the same application thirty times, before the authorities at St Bartholomew's Hospital finally relented and allowed him to take admission. By the year 1911, Bidhan Chandra Roy had completed both his M.R.C.P. and F.R.C.S. degrees in a span of only two years and three months, a rare achievement. He returned to India in the year 1911 to join as faculty of Calcutta Medical College, subsequently shifting to the Campbell Medical School and then the Carmichael Medical College.

Right from his childhood days, Bidhan Chandra Roy had learnt about social service from his father. Therefore as a doctor too, he worked for the common man by donating large sums of money towards the establishment of medical colleges which would provide both medical education and medical aid to people. Several medical institutions in Calcutta, like the Jadavpur T.B. Hospital, the R.G. Kar Medical College, the Chittaranjan Seva Sadan, the Chittaranjan Cancer Hospital, the Victoria Institution and the Kamala Nehru Hospital were set up by Bidhan Chandra Roy. Bidhan Chandra Roy entered politics in the year 1925. He contested elections from Barrackpore constituency of the Bengal legislative council and won against popular opponent Surendranath Banerjee.

In the year 1928, Bidhan Chandra Roy was elected to the All India Congress Committee. He became the leader of the Civil Disobedience Movement in Bengal in the year 1929 when he coaxed Pandit Motilal Nehru to nominate him a member of the CWC. Bidhan Chandra Roy's involvement with the CWC brought improvements in education, introduced free medical services and led to the establishment of grant in aid hospitals, charitable dispensaries, good roads and better water and electricity supply.

He was instrumental in starting the Indian Medical Association in 1928 and making it the largest professional organisation in the country. He served the association in various capacities including as national president for two terms. The Medical Council of India

was his creation and he was its first president in 1939, a position he held till 1945. He played a key role in establishing the Indian Institute of Mental Health, the Infectious Disease Hospital and the first-ever postgraduate medical college in Kolkata.

In the year 1942, Bidhan Chandra Roy was elected as the Vice Chancellor of the University of Calcutta. It was during his term that the Japanese bombings in Rangoon took place, leading to a revolution in Calcutta too. Bidhan Chandra Roy was of the belief that education should not suffer as the more educated the youth, the better they can serve their country. Keeping this principle in mind, B C Roy made special air-raid shelters for students and teachers for classes to be held even at a time of war. He also conducted relief activities for the suffering.

Chief Minister

Dr Bidhan Chandra Roy's name was proposed by the Congress for the post of the Chief Minister of West Bengal. However, Bidhan Chandra Roy himself never wanted to assume office as the Bengal CM as he wanted to remain dedicated to his profession as a physician, a position he thought would be jeopardized if he assumes such an important office in politics. It was on the insistence of Mahatma Gandhi that Bidhan Chandra Roy agreed to become the Chief Minister of West Bengal and was elected to the position on January 23, 1948. His 14 years as the second West Bengal CM was immensely successful. Bidhan Chandra Roy was instrumental in seeing the end to violence and food and job shortages in the state following the creation of East Pakistan. Though he entered into active politics, Bidhan Chandra Roy never forgot the value of education in one's life. According to him, only education could pave the way to a good and resourceful human being.

Death

Dr Bidhan Chandra Roy died on July 1, 1962 a little while after he had completed his daily activities of treating patients who visited him during early hours of the morning and also going over political matters of West Bengal.

Honors

In recognition of his immense services to the society, Dr Bidhan Chandra Roy was awarded the highest civilian award, the Bharat Ratna by the government of India on February 4, 1961. Dr Bidhan Chandra Roy's residence was converted into a nursing home named after his mother Aghorkamini Devi. The government of India set up the Dr B C Roy Memorial Library and Reading Room for Children in the Children's Book Trust in New Delhi in the year 1967. The B C Roy National Award was also started in the year 1976 to celebrate the contributions of individuals in the fields of medicine, politics, science, philosophy, arts and literature.

NEWS CLIP

Book launched on state's '50 Inspiring Women'

The coffee table book was launched by Union Minister Smriti Irani at KD Hospital on Sunday

Smriti Irani (centre), Dr Ketan Desai (second from right), Dr Adit Desai and Dr Anuja Desai were among those present

| Ahmedabad Mirror Bureau
feedback@ahmedabadmirror.com
TWEETS @ahmedabadmirror

Union Minister for Women and Child Development, Smriti Irani launched a coffee table book on 'Gujarat's 50 Inspiring Women' at KD Hospital on Sunday. The book profiles women of Gujarat or those of Gujarati origin who have charted their own identities in diverse fields.

An initiative of KD Hospital, the book was released in the presence of Dr Ketan Desai, Dr Adit Desai and Dr Anuja Desai among others. KD Hospital's new unit - KD Blossom- offers all women and child-related healthcare services under one roof. The book is the hospital's effort to throw the spotlight on empowered women.

The book has inspiring stories of 50 women from Gujarat who among other things share their journey and their success mantra.

KD Blossom, a clinical excellence programme of KD Hospital aims to provide the best obstetrics and gynaecology services, foetal medicine, breast clinic, genetic clinic, fertility centre, paediatrics, neonatology and child development centre under one roof in a premium, state-of-the-art ambience.

જૂનમાં ગાંધીધામમાં તબીબો માટે જ્ઞાનગોષ્ઠિ

રાજ્યના વિવિધ ઝોનના નામાંકિત ડોક્ટર્સ સેમિનારમા ભાગ લેશે

ગાંધીધામમાં IMA દ્વારા કચ્છના ડોક્ટરોની જ્ઞાનગોષ્ઠી યોજાશે

300થી વધુ તબીબો વચ્ચે અનુભવોનું થશે આદાન પ્રદાન

Fight Against Corruption Helping Peple And Social Service

શીપબ્લિક ઈન્ડિયા ટુડે

મહેસા રાજ્યોર મો- ૯૪૨૫૪ ૧૪૩૬૨ || REG NO. GJ13D0009326

આવનારા સમયમાં ૫ જૂન ના રોજ એક સાથે કચ્છના,તમામ ડોક્ટરનો સેમીનાર થશે

રજિસ્ટ્રેશનમાં નામનો મામલો જીએમસીમાં પહોંચ્યો

પાટણના તબીબની ડિગ્રી અંગે વિવાદ થતાં આઈએમએના ગ્રુપમાંથી રિમૂવ કરાયા

પાટણ આઈએમએના પ્રમુખ દ્વારા તબીબની ડિગ્રી નહીં હોવાનો દાવો કરાતા અનેક તર્કવિતર્ક સર્જાયા

ગાંધીધામ આઈએમએ દ્વારા કોન્ફરન્સનુ આયોજન

કચ્છઉદય-ગાંધીધામ : ગાંધીધામ આઈએમએ દ્વારા 'કચ્છ ઝોનલ ઈન્ડિયન મેડિકલ એસોસિએશન કોન્ફરન્સ ૨૦૨૨'નુ આયોજન કરવામાં આવ્યું હતું જેમા કચ્છના વિવિધ વિસ્તારોમાંથી તબીબો ઉપસ્થિત રહ્યા હતા.

રેડીશન હોટલ ખાતે યોજાયેલા આ કોન્ફરન્સનુ વિધાનસભાના અધ્યક્ષ ડો. નિમાબેન આચાર્ય, આરોગ્ય મંત્રી નિમીષાબેન સુથાર, ધારાસભ્ય માલતીબેન મહેશ્વરી તેમજ આઈએમએના હોદેદારોએ દિપ પ્રાગટ્ય કરી પ્રારંભ કર્યો હતો.

આ સેમિનારમાં ગુજરાતના પ્રસિદ્ધ તબીબો ઉપસ્થિત રહ્યા હતા અને વિવિધ બીમારી અંગે નવી પધ્ધતિ અને સારવાર અંગે માર્ગદર્શન આપ્યું હતું.

ગાંધીધામ આઈએમએના પ્રમુખ ડો. ભગવંત ગઢવી, સેક્રેટરી મોહનિશ ખત્રી તેમજ આઈએમએના હોદેદારો દ્વારા આ સેમિનારને સફળ બનાવવા જહેમત ઉઠાવી હતી.

ગાંધીધામમાં ખ્યાતનામ તબીબો વચ્ચે આરોગ્યલક્ષી વાર્તાલાપ

(સૌરાષ્ટ્ર ભૂમિ કાર્યાલય-ગાંધીધામ)

ગાંધીધામ, તા.૭

કચ્છના તમામ ડોક્ટરો તેમજ ગુજરાત અને વિદેશમાં નામાંકિત એવા તબીબોએ ભાગ લઈ એક દિવસની ટોક ગોષ્ઠીનું આયોજન કર્યું હતું. સવારે ૧૦ કલાક સુધી ચાલેલ આ કોન્ફરન્સની શરૂઆત સવારે મંગલ પ્રભાતે ... હસ્તે દીપ પ્રાગટ્ય કરી કરવામાં આવી હતી.

... ડોક્ટર અનિલ ... દ્વારા ... વિશેષ ચર્ચા કરવામાં આવી હતી. વિધાનસભા

વિધાનસભા અધ્યક્ષ અને આરોગ્ય મંત્રીની પણ વિશેષ ઉપસ્થિતિ

અધ્યક્ષ ડોક્ટર નીમાબેન આચાર્ય તેમજ આરોગ્ય મંત્રી નિમિષાબેન સુથાર તેમજ આપણા ધારાસભ્ય માલતીબેન મહેશ્વરી અને નગરપાલિકા પ્રમુખ ઈશીતાબેન ટીલવાણી તેમજ કચ્છભરના તમામ ડોક્ટરોએ ભાગ લીધો હતો.

તમામ મહાનુભાવોનું વિશેષ ...

આ પ્રસંગે તમામ દાતાઓ અને વિશેષ સેવાઓ આપનાર સૌને એવોર્ડ આપી સન્માનવામાં આવ્યા હતા.

આ કાર્યક્રમમાં કામ કરનાર ડૉ.રાજેશ શાહ,ડૉ.મોહનીશ ખત્રી, ડૉ.કિશન સુથાર, ડૉ. જયેશ રાઠોડ, ડૉ. હિરેન મહેતા, ડૉ.મુકેશ ..., ડૉ. દિપક મહેતા ઉપરાંત અનેક મહાનુભાવોને નવાજવામાં આવ્યા હતા. ૧૧ કલાક ... દ્વારા ૧૦ કલાક સતત ચાલેલા કાર્યક્રમમાં આરોગ્યલક્ષી અનેક પ્રશ્નોની ચર્ચા કરવામાં આવી હતી.

આઈ.એમ.એ. ભાવનગર દ્વારા મેડીકો લીગલ સેમીનાર યોજાયો

ભાવનગર : ઈન્ડિયન મેડીકલ એસો. ભાવનગર દ્વારા આઈ.એ.એ. હોલ ખાતે મેડીકો-લીગલ સેમીનારનું આયોજન કરેલ. તબીબોને જરૂરી કાયદાકીય માહિતી મળી રહે તે હેતુ સર આ સેમીનારમાં આઈ.એમ.એ. ગુજરાત બ્રાંચના પ્રમુખ ડો. પરેશ મજમુદાર હાજર રહેલ. મુંબઈથી મેડીકો-લીગલ એક્સપર્ટ ડો. હિતેશ ભટ્ટે તબીબો ને સ્પર્શતા કાયદાઓથી માહિતગાર કરેલ તેમજ કાયદા દ્વારા ડોક્ટર્સને આપવામાં આવેલ અધિકારો વિષે માહિતી પૂરી પડેલ. એ.એસ.પી. સફિન હસને તબીબો અને પોલીસ વચ્ચે ના સંબંધો વિષે છણાવટ કરેલ. વકીલ જયેશ ચુડાસમા અને ઉત્પલ દવે હાજર રહી તબીબોને મેડીકલ પ્રેક્ટીસ માટે જરૂરી કાયદાકીય માહિતી પૂરી પાડેલ.

IMA ભાવનગર દ્વારા પી.પી.એસ. મેડીકો-લીગલ ઝોનલ સેમીનાર

ભાવનગર :ઈન્ડિયન મેડીકલ એસોશિયેશન ભાવનગર દ્વારા ૫ જૂન રવિવારે આઈ.એ.એ. હોલ ખાતે મેડીકો-લીગલ સેમીનારનું આયોજન કરવામાં આવ્યું છે.આ સેમીનારમાં આઈ.એમ.એ. ગુજરાત બ્રાંચના પ્રમુખ ડો. પરેશ મજમુદાર, મુંબઈથી મેડીકો-લીગલ એક્સપર્ટ ડો. હિતેશ ભટ્ટ, તેમજ એ.એસ. પી. સફિન હસન સાહેબ, વકીલ જયેશ ચુડાસમા અને ઉત્પલ દવે હાજર રહી તબીબો ને મેડીકલ પ્રેક્ટીસ માટે જરૂરી કાયદાકીય માહિતી પૂરી પાડશે.

NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION
NEW DELHI
CONSUMER CASE NO. 74 OF 2009

Dated : 25 May 2022

ORDER

DR. S. M. KANTIKAR, MEMBER

The most common type of litigation involving ultrasound is missing a foetal anomaly. The other causes include the failure to communicate the results of ultrasonic investigation in a timely manner; consequently the main reason for litigation is failure to offer termination of pregnancy as a result of failure to diagnose the defects at early stage.

Facts of this case are of very tragic proportion.

1. On 07.10.2006, Mrs. Anita Shrouti the Complainant No.2 (hereinafter referred to as "the Patient"), during her second pregnancy, consulted Dr. Sarita Bhonsule, Gynecologist and Obstetrician for and was remained under her follow-up for Ante Natal Care (ANC) till delivery. On 08.11.2006 Dr. Sarita Bhonsule for Ultra Sonography (USG) of Pelvis referred the patient to M/s. Imaging Point- the Opposite Party No. 1, the scanning centre. The USG was performed by the Radiologist Dr. Dilip Ghike, (hereinafter referred to as the "Opposite Party No. 2") and reported it as normal. Thereafter, subsequently the Opposite Party No. 2 performed 2nd USG on 08.01.2007 (17th to 18th week of pregnancy), 3rd USG on 12.03.2007 and 4th USG on 12.05.2007. It was alleged that all the USG were reported as "no obvious congenital anomalies in the fetal head abdomen and spine". The patient's elective Caesarian Section was performed by Dr. Sarita Bhansule on 26.05.2007 at Vaishnavi Maternity Home, Nagpur. After delivery the mother (patient) and the attendants (parents and relatives of patient) were shocked to see the grossly malformed male newborn. The newborn had agenesis of fingers, right leg below knee and left foot below ankle joint. The Complainants alleged that it was due to the Opposite Party No. 2 who negligently performed the USG and issued wrong reports. It was further alleged that it was possible to detect the anomaly between 12 to 14 weeks of pregnancy, but the Opposite Party No. 2 failed to detect anomalies during 2nd, 3rd and 4th USG, most importantly at 17 to 18 weeks. The mother [Complainant No. 2] and Mst. Chidanand [Complainant No.3] were discharged on 30.05.2007.
2. It was further alleged that the baby was thoroughly examined by Child Specialist Ravindra Bhonsule and found few other anomalies like problem with left eye closure, poor blink reflexes & watering and micrognathia with microglossia. There was left sided facial palsy and poor jaw opening which was causing feeding difficulty. Subsequently after proper immunization, the child was taken to Dr. S. Suresh at MEDISCAN, Chennai. On 21.08.2007, Dr. S. Suresh performed abdomen and KUB scan, fontanelle scan, echocardiograph (ECHO) of Mst. Chidanand, which were reported normal. Thereafter, the parents consulted Dr. Sujatha Jagdeesh, Genetic Consultant &

Dysmorphologist at MEDISCAN who referred the child to Apollo First Med Hospitals for his abnormalities and limb hypo-genesis syndrome having oro-mandlbuiar disability. Dr. R. Venkataswami, a very senior Plastic Surgeon with specialisation in Hand Reconstructive & Microsurgery examined the child and confirmed that Mst. Chidanand had a facial palsy with lagopthalmos and micrognathia. He asked the parents to search for a company for prostheses of lower limb and called for review after 6-7 months for treatment of hands. He further advised to take an opinion of Ophthalmologist, accordingly on 22.08.2007 at ShankarNetralaya Dr. Ravindra Mohan E, the Director of Oculoplasty and Orbit Service examined the eyes of Mst. Chidanand and noted normal closure of right eye but watery fluid from his left eye. He advised eye drops and further regular follow up with local Paediatric Ophthalmologist. Thereafter, the child was under follow-up of Dr. Amol Tamhne, a Paediatric Ophthalmologist at Nagpur. They took opinion form ENT surgeon Dr. Madan Kapre for Oro-mandibular Hypo genesis Syndrome and hearing problems of the child. The hearing in left ear was normal and moderate sensori-neural hearing loss in right ear. The doctors advised parental counselling and follow-up.

3. Again in the month of February, 2008 for 2nd follow up, Mst. Chidanand was taken to Chennai to Dr. R. Venkatswami and Dr. V. Purushothaman, who examined the child and advised leg prostheses for walking and suggested various activities for grasping and holding small objects. The thumb web was released later on. Dr. R. Mohan E asked the parents to wait till baby becomes 1 year old for his further intervention. In the month of June 2008, when Chidanand was 1 ye old, he was taken for his leg prostheses to Otto Bock at Mumbai. He had been examined by Otto Bock expert team and decided to fit bilateral trastibial prostheses and accordingly, the order w placed. In July 2008, Mst. Chidanand was taken to Mumbai for measurements of both his legs and after a gap of three days, prostheses were given for his mobility. The parents were advised by Otto Block to consult Dr. S. Thote, who deals in manufacturing of artificial limbs in Nagpur. The child was also shown to Dr. Mukund Thatte, Mumbai, the Plastic Surgeon, Hand and Reconstructive Micro Surgery, who advised the treatment for webbing of hands, to make them more functional. It was further submitted that depending on the age and growth of the child, different types of prostheses are required, which incur heavy expenditure in lakhs. The parents were also required to visit hospital and to hospital incur expenditure on travel, stay and consultation of expert doctors.

4. It was alleged that Mst. Chidanand will have to undergo at least seven surgeries, two for webbing thumbs, two for Squint in eyes, one for jaw correction, for facial Palsy and one for removal of tongue tie. Child also needs speech therapy. The Complainants Nos. 1 and 2, being parents, always have a challenge and stress so much that they may need Psychiatric Counselling/Treatment by which their child never lead life.

5. Being aggrieved by the negligence, the couple, Mr. Udayan and Mrs. Anita, along with their son Chidanand, filed the instant Complaint of alleged medical negligence before this commission with the prayer for total compensation of Total Rs.10,08,80,637.62/- under different heads. In the support of their claim about future expenses they have filed estimate of different Otto Block prosthesis.

6. Initially, the Complaint was filed against M/s Imaging Point, Nagpur and two Radiologists - Dr. Raju Khandelwal and Dr. Dilip Ghike. However, vide our Order dated 07.11.2019, the name of Dr. Raju Khandelwal, the Radiologist was deleted from the array of the Parties.

Defense:

7. Dr. Dilip Ghike (Opposite Party No. 2) filed his reply and submitted that the Imaging Point (Opposite Party No. 1) was established in the year 1990 at Nagpur. It possesses sophisticated X-ray and Ultrasonography (USG) machines having adequate experienced staff. All types of USGscans are performed at the Centre. Initially the 'Imaging Point' was a partnership firm between him and Dr. Raju Khandelwal. The partnership was dissolved on 30.04.2006 in terms of the Dissolution Deed. Therefore, there is no prima facie case or cause of action against Dr. Raju Khandelwal, that he neither examined nor performed any Ultrasound of the patient.

8. The Opposite Party No. 2 denied any negligence to perform and report the USGs of the patient. He raised preliminary objection on maintainability of the Complaint on the ground of highly exaggerated claim and many complicated questions of facts and law are involved which needs voluminous evidence, cross-examination of the parties or witnesses etc. which could not be disposed of in the summary proceedings. Therefore, the Civil Court will be proper for adjudication. He admitted that he performed routine Level– 1 scans for the patient on 08.11.2006, 08.01.2007, 12.03.2007 and 12.05.2007. The Opposite Party No. 1 charged the patient accordingly as Rs. 300/- to Rs. 400/- for the basic sonography on each occasion. He further submitted that for an anomaly scan (Level-II), USG which is known as target scan, would be charged as Rs. 1200/- . At no point of time, neither Gynecologist nor the patient (mother) asked the Opposite Party No. 2 to conduct the target scan. The patient was not charged for target scan. In the instant case, the USG was performed to assess the maturity of the fetus. The Complainant was deliberately resorting to the falsehood (suggestive falsy) to get favorable order. He further submitted that because of genetic mutation, there are chances of major or minor congenital anomalies. In the instant case, the child (Complainant No. 3) had multiple congenital anomalies because of some genetic mutations.

Arguments:

9. We have heard the arguments from the learned counsel for both the sides and perused t material on record.

Arguments of the Complainants:

The Complainant No. 2 argued the matter in person.

10. The Complainant No. 2 – Mrs. Anita, the mother of Child vehemently argued the matter. She reiterated the facts and prayed for deterrent penalty and compensation for the gross negligence of the Opposite Party No. 2 while conducting USG studies. She further submitted that the principle of res-ipsa-loqiutor is also squarely applicable in this case. She further argued her husband and herself kept faith in qualification and skills of Opposite Party No.2 and throughout pregnancy got her periodic

ultrasounds done from him at his Imaging Point. They have expected due diligence from him, but he failed which resulted the irreparable damage. Her child Mst. Chidanand (Complainant No.3) will have to face its consequences all through his life, for no fault of him. The Complainants, in their support, filed medical literature and text from the standard text books on Obstetrics & Gynaecology [1] and Radiology [2] [3] .

The Complainants relied upon following Judgments:

I. Nizam's Institute of Medical Sci v Prasanth S. Dhananka & Ors. 2009 (6) SCC 1

ii. Dr. Balram Prasad v Dr. Kunal Saha, (2014) 1 SCC 384

v. Spring Meadows Hospital Vs. Harjot Ahluwalia, case (1998) 4 SCC 39.

vi. V.Kishan Rao Vs. Nikhil Super Spl. Hospital & Anr., 2010 CTJ 868(SC)(CP)

vii. Anil Dutt & Anr. vs Vishesh Hospital & Ors., 2016 SCC OnLine NCDRC 239

11. The learned Counsel for the Opposite Parties vehemently argued and brought our attention to the different medical text books on the subject. According to him, there are various types of Obstetric Scan (Routine, Target & Anomaly Scan) . In medical parlance, they are referred to as LEVELS and there is a vast difference between Level-I (Routine) scan and Level-II (Target / Anomaly) scan. Level-I sonographies are often referred to as a routine examination or a basic examination, and in contradistinction a Level-II scan is referred to as a Target scan or an Anomaly scan and is a specialized study which is undertaken to detect birth defects in the foetus.

    Commonly all over the world, as a standard protocol during Level-I scan, the Radiologist will check for

    a) Foetal presentation b) Amniotic fluid volume c) Foetal cardiac activity
    d) Placental position e) Foetal biometry f) Maternal Cervix
    g) Maternal adnexae

12. The reporting format of Level-I & Level-II scans are totally different. The Counsel bro our attention to the reporting format of Level-I & Level-II USG report scans from AIIMS and different doctors. The charges are different i.e. for routine USG Rs.400 whereas for Target (anomaly) scan. The instant patient was charged only Rs. 400/- only each time. The treating obstetrician was also aware the limitations of the standard and targeted sonography.

13. The learned Counsel for the Opposite Parties Nos. 1 & 2 relied upon the article – "Value of a Complete Sonographic Survey in Detecting Foetal Abnormalities" from American Institute of Ultrasound in Medicine [4] , in which, it is stated that the basic examination consists of a survey of intracranial, spinal, and abdominal anatomy, evaluation of the 4 chambered heart, andassessment of the umbilical cord insertion site. The Counsel further relied on text book extracts from 'Callen's Ultrasonography in Obstetrics and Gynaecology'; 'American Institute of Ultrasound in Medicine (A.I.U.M.)'; and 'the Guidelines of American College of Radiologist'.

14. The learned Counsel further argued that unless and until there is a request from the refer doctor / patient for a Level-II (Target / Anomaly scan) the Radiologist will perform a Level-I scan regardless of the indication as a routine. He further submitted that on

the basis of history, bio chemical abnormalities whenever foetal anomaly is suspected; level-II scan will be performed. [5]

During level-II scan detailed anatomical examination is performed when an anomaly is suspected on the basis of history, maternal serum screening tests.

15. The learned Counsel further stressed that it goes without saying, a Level-II scan is performed whenever there is a specific request for the same by the referring doctor or the patient, therefore in the instant patient Anomaly scan was never done, as it was never asked. The treating doctor and the patient both had received four routine (Level-I) scan reports, but not raised any objections with the scan reports. Therefore, the treating doctor and the patient are now ESTOPPED from disputing the fact that a Level-II (Target / Anomaly) scan was not undertaken. Doctrine of Estoppel' is applicable in the instant case and the objections were never raised by the treating doctor. According to him, in the instant case;
    1. *The treating doctor and the patient both had no reasonable apprehension that the baby was suffering from any anatomical abnormality and therefore they did not request for a Level II scan more so when the Triple Marker Test showed no abnormalities in the baby.*
    2. *The treating doctor and the patient both had received four routine or Level I scan reports and not once did they raise any objections or express their dis-satisfaction with the scan report.*
    3. *Not once did the treating doctor refer back the patient to OP No. 1 / 3 with a request that he desired a Level II / Anomaly scan.*
    4. *Not once did the patient come back to OP No. 1 / 3 with a request that she wanted a Level II scan as she suspected anatomical anomalies in the foetus.*
    5. *Under the situation both the treating doctor and the patient are now ESTOPPED from disputing the fact that a Level II / Target / Anomaly scan was not undertaken*.
16. The treating Obstetrician was aware that the patient was elderly & had Gestational diabetes mellitus, she should have told the possibility of congenital malformations to baby (As incidence of congenital anomalies is 7-10 times more common in such patients). The Opposite Party No. 2 was not aware of the Gestational Diabetic status of the patient. Thus it was failure of treating Obstetrician not to advise genetic sonogram/ 3D/4D sonography, as the facilities were available in other centres in Nagpur.
17. The learned Counsel for the Opposite Parties submitted that the anomalies are missed during Level-II scan, even with best hands and centres.

- According to the Manual of Diagnostic Ultrasound (WHO publication) in collaboration with the World Federation for Ultrasound in Medicine and Biology, it is stated:

  Evaluation of feet and hands for anomalies is very difficult and that the lower part of each limb (tibia and fibula, radius and ulna) is the least easily visualized.

- In a study conducted at the Department of Orthopaedic Surgery, Southampton University Hospitals NHS Trust, Southampton, England, revealed that:

  Many case of congenital limb abnormalities referred for orthopaedic treatment are not diagnosed prenatally, despite ultrasound scanning.

- In another article "Evaluation of prenatal diagnosis of limb reduction defects" by Stoll C, et al revealed that:

  The percentage of prenatal detection of limb reduction defects was only 11.5%.

- Similarly in a study conducted by the Department of Radiology and Radiological Sciences, Vanderbilt University, Nashville, T.N., it was concluded that:

  Serious cardiac defect, microcephalus and many musculoskeletal deformities were missed by ultrasonography and that a negative prenatal ultrasonographic examination does not provide absolute assurance that a fetus is defect is free.

- The EUROSCAN Study Group to evaluate prenatal detection of limb reduction deficiencies (LRD) by routine ultrasonographic examination of the fetus, it was found that:

  The prenatal detection rate of isolated LIMB REDUCTION DEFECTS (LRD) was 24.6% (34 out of 138 cases) compared with 49.1% for associated malformations (55 out of 112). The prenatal detection of isolated terminal transverse LRD was 22,7% (22 out of 97).

- The March 2004 issue of Obstetrics and Gynaecology Clinics on the sensitivity and specificity of ultrasound to detect fetal –anomalies in their said study concluded that the detection rate for anencephaly malformation was the highest at 99.4% and that for foot deformity was the lowest at 17.2%.

- In other Scientific studies have established that anomalies of extremities and face are more likely to go undetected. He relied upon following various studies in his support,

  a) Spanish study by Mautinez et al the detection rate of LRD is very low

  b) American Journal of Obst Gynac 1995 Aug 173(2) 667-8 article by Gonclave rt al "The accuracy of prenatal USG in detecting congenital anomalies concludes that- USG is sensitive in detecting many lethal malformations however a negative prenatal ultrasound does not provide absolute assurance that fetus is defect free

  c) Article by Chovi R et al in ultrasound obst gynec 2001 Jan 17 (1) 22-29 also mentions main reason for lack of information were fetal position & fetal movements

  d) Article by Stroll C et al in prenat diag 2000 oct; 811-8,

  e) RCOG guidelines for routine USG screening in pregnancy 7/2/2006 also states about half of major abnormalities which cause serious difficulties will be seen on a scan & half will not be seen , this means that if your scan is normal there is a small chance that your baby will still have a problem

18. The learned Counsel for the Opposite Parties further argued that as a diagnostic tool USG has its own limitations. The Complainants were aware that the Opposite Party No. 1 had two dimensional (2D) Sonography. Even the advanced 3D or 4D imaging techniques are also not 100% sure to diagnose all anomalies. The detection of anomalies necessarily depends on several factors inter alia, a) The physical condition of the mother (particularly obesity which greatly reduces the chances of an anomaly detection); b) Movement and position of the fetus; c) Abdominal scars; d) Extent of fluid and e) Prevalence and type of defect. These factors are only illustrative and not exhaustive.

He submitted that, admittedly, the Complainant No. 2 was obese, which is one of the factors, which could have adversely affected the detection rate. The Counsel made a reference to an article "Effect of material obesity on the ultrasound detection of anomalous fetuses" authored by Dashe JS et al, which concludes-

"With increasing maternal BMI, we found decreased detection of anomalous fetuses with either standard or targeted ultrasonography, a difference of at least 20% when women of normal BMI were compared with obese women. Anomaly detection was even less in pregnancies complicated by pre-gestational diabetes. Counselling may need to be modified to reflect the limitations of ultrasonography in obese women."

19. A similar conclusion is recorded in a study on Maternal Obesity and Ultrasound Evalua of Fetal Anatomy conducted by Jodi S. Dashe MD and associates, who concluded –

"Increasing maternal BMI limits visualization of fetal anatomy during a standard ultrasound examination at 18 to 24 weeks. In obese women, the fetal anatomy survey could be completed during the initial examination in only 50% of cases. Counseling may need to be modified to reflect the / limitations of sonography in obese women."

20. The learned Counsel submitted that even if the report of the AIIMS medical board is assumed to be admissible, but prima facie the allegation of medical negligence is ruled out. The detection rate of LRD (Limb reduction defect) varies from 10% to 40%, it is achieved only when the ultrasonography is done with the conscious understanding that the patient is the high risk patient. The detection rate is attributable to several fortuitous circumstances like Gravid Uterus Foetal presentation, Amniotic fluid volume, Foetal cardiac activity, Placental position Foetal biometry, Maternal Cervix Maternal adnexae and not necessarily attributable to exceptional diagnostic skills.

21. Finally the learned Counsel for the Opposite Parties submitted that the USG reports given by the Opposite Party No. 1 were Level-I scans and reported correctly. He further asserts that even in a targeted scan, a limb reduction defect may not be detected, and therefore, the allegation of the Complainants about failure to detect the anomaly was not sustainable.

Findings :

22. Gynecologist and Obstetrician Dr. Sarita Bhonsule. As per her advice, 4 times patient's USG was performed around 9, 17, 26 & 34 weeks of pregnancy at M/s. Imaging Point (the Opposite Party No. 1). All the 4 times USG was performed by the Radiologist Dr. Dilip Ghike (Opposite Party No. 2") and reported as "Normal". In the reports, there were no comments on the limbs. It is pertinent to note that the patient was 37 years elderly . As per calculation her BMI was 28.7 kg/m 2 , she was overweight, but not obese. The role of Dr. Sarita Bhonsule was limited, she advised Triple Markers, which were reported as normal. However, admittedly she has sent the patient for USG without specifying routine or target scan. Thus, the defense of the Opposite Party No. 2 that he performed the Level-I scan every time is not as an accepted standard of practice.

23. We have perused all 4 USG reports performed by the Opposite Party No. 2, the reports as below:.....

Discussion:

24. We have perused the evidence affidavit jointly filed by the Opposite Parties Nos. 1 and 2. On factual matrix, the Opposite Party No. 2 submitted that the first USG was performed on 08.11.2006, which showed single gestational sac with normal size and shape. Fetal heart was normal. It corresponds with the maturity of nine weeks. The Opposite Party No. 2 collected fee of Rs. 400/-. On 08.01.2007, follow-up scan for maturity was performed, which revealed the grade-0 placenta. The fetal bi-parital diameter was 39mm, femoral length 23mm. The findings were corresponding with 17 to 18 weeks of gestation. There was no obvious anomaly seen in the fetal head, abdomen and the spine. Therefore, it was mentioned in the report, "not all anomalies can be detected on Sonography". The next scan was performed on 12.03.2007, the parameters were corresponding to 26 to 27 weeks of gestation and not revealed any anomalies in the head, abdomen or spine. On 12.05.2007, for maturity, follow-up USG was performed, which was reported as normal findings without any anomalies in the fetal head, abdomen and spine.

25. The Opposite Parties have filed two expert opinions in their support. One from Dr. Nitin Chaubal, having 22 years of experience, a practicing Ultrasonologists working at Jaslok Hospital at Mumbai and Thane Ultrasound Centre at Thane. The second opinion was from Dr. Pratibha Pendharkar, the Professor of Radiology and Dean, Indira Gandhi Medical College, Nagpur. In both opinions, they have commented upon the qualification of Dr. Dilip Ghike, the infrastructure of Image Point and various aspects of USG during pregnancy. According to both, there were no deficiencies in service or deviation from the established line of management of the Opposite Parties. Dr. Dilip Ghike performed the scans as and when prescribed by the referring doctor and correctly diagnosed that there were no congenital anomalies in the head, abdomen and spine of the fetus. They also noted that there was no request either from the patient or the treating doctor for anomaly scan.

26. This Commission, vide its Order dated 27.05.2009, called for an expert opinion from the Medical Board at AIIMS. The opinion dated 31.07.2009 revealed that Mst. Chidanand's anomalies would be classified as "Limb reduction deficiencies". The Board also expressed that, 'Limb anomalies should be searched for in all standard obstetric ultrasound examinations performed in second trimester (vide Annexure 1), in this case, on 08.01.2007 & 12.03.2007. The said report, however, does not comment on the limbs.' Finally, the Board was of the opinion that, 'limb reduction anomalies can be detected in standard obstetric ultrasound, but the detection rate is low as detailed above.'

27. It is an admitted fact that the Opposite Party No. 2 performed all 4 USG during the ANC period of Mrs. Anita (the patient). It is surprising to note that the Opposite Party No. 2 had performed only Level-I scan for all the times. His contention was the treating Gynecologist and even the patient did not ask for anomaly scan (Target scan level-II). We do not find any merit in such vague submission. It appears Opposite Party No. 2 is shifting the blame on the Gynaecologist. In our view, in absence of any referral from doctor, the ethical and legal dutycasted upon Radiologist is to take proper history, ascertain the gestational age and perform the relevant USG scan (Level). In the instant

case the Opposite Party No. 2 failed in his duty of care and surprisingly, he performed all Level-I scan.

28. As per the International society for Ultrasound in Obst and Gyn (ISUOG) the "Practice guidelines for performance of the routine mid-trimester fetal ultrasound scan" [6] that for Limbs and extremities systemic approach by the Radiologist necessary to know presence or absence of both arms/hands and both legs/feet and it should be documented. Counting fingers or toes is not required as part of the routine mid-trimester scan. The simple mistakes do not give rise to liability whereas negligence does. Thus it reflects the concept of "standard of care". In some cases essentially, the violation of a rule may automatically give rise to an assumption of "negligence per se."

29. Let us examine in the light of law laid down Hon'ble Supreme Court whether th breach of duty by Opposite Party No. 2 and he was guilty of medical negligence or not?

The Duty of care has been discussed in several judgments on medical negligence of Hon'ble Supreme Court and other courts worldwide. The Hon'ble Supreme Court in **Kusum Sharma and others v. Batra Hospital and Medical Research Centre & Others** . [7] discussed the breach of expected duty of care from the doctor, if not rendered appropriately, it would amount to negligence. It was held that, if a doctor does not adopt proper procedure in treating his patient and does not exhibit the reasonable skill, he can be held liable for medical negligence. The complainant is required to prove that the doctor did something or failed to do something which is the given facts and circumstances, no medical professional in his ordinary senses and prudence would have done or failed to do. Similar view was taken in the case **Jacob Mathew v. State of Punjab & Anr.** [8]

30. In two landmark judgments of Hon'ble Supreme Court in **Dr. Laxman Balakrishna Joshi vs. Dr. Trimbak Bapu Godbole & Anr** [9] . and **A.S. Mittal vs. State of U.P** [10] have laid down certain duties of the doctor. The Doctor owes to his patient certain duties which are (a) a duty of care in deciding whether to undertake the case; (b) a duty of care in deciding what treatment to give; and (c) a duty of care in the administration of that treatment. A breach of any of the above duties may give a cause of action for negligence and the patient may on that basis recover damages from his Doctor.

31. Considering the Bolam's principle [11], McNair, J. summed up the law as under:

"The test is the standard of the ordinary skilled man exercising and professing to have that special skill. A man need not possess the highest expert skill; it is well established law that it is sufficient if he exercises the ordinary skill of an ordinary competent man exercising that particular art. In the case of a medical man, negligence means failure to act inaccordance with the standards of reasonably competent medical men at the time. There may be one or more perfectly proper standards, and if he conforms with one of these proper standards, then he is not negligent."

In the instant case the Opposite Party No. 2 failed to exercise the required ordinary skills and standards, thus held negligent.

32. Thus, collectively considering the facts, evidence on record, opinion from AIIMS expert medical board and the precedents (supra) of Hon'ble Supreme court, we have no

hesitation to conclusively hold the Opposite Party No. 2 liable for the negligence, who failed to diagnose the structural anomalies of the foetus at 17-18 weeks . The early and correct detection could have helped the parents to take a decision to continue or terminate the pregnancy within 20 weeks as per MTP Act, 1983. The unfortunate birth of amelic baby could have been averted.It is we settled principle of justice that in a case where negligence is evident, the principle of res ipsa loquitur operates and the Complainant does not have to prove anything as the thing (res) proves itself. In such a case, it is for the opposite party to prove that he has taken care and done his duty to repel the charge of negligence. Thus to reduce such errors and patient grievances, there is need for overall national guidelines from academic bodies (ICMR) or the government (health).

Compensation:

33. **"Damages"** is the legal word for the loss or harm that result to a person from the wrongfulacts of another person. To remedy that damage, the law compensates the victim through a monetary award. Damages are then split into two major types: compensatory and punitive. Compensatory damages are designed to "compensate" the victim for specific types of injuries for which assigning a monetary value is fairly easy, such as medical bills, loss of wages, and loss of future earning capacity. Compensatory damages can also include non-economic damages like pain and suffering, loss of consortium, and loss of enjoyment of life. Punitive damages do not compensate the victim; rather, they are designed to punish wrongdoers for behaviour that is considered to be particularly wilful, wanton, or egregious.

    Economic and Non-Economic Damages

    Economic damages , also known as special damages, reimburse a victim for financial costs related to the negligence. They cover medical expenses related to the treatment or therapy for injuries. They also cover lost income if the victim's injuries caused them to miss time at work. A victim may be able to recover damages for future medical expenses, as long as the calculation is not overly speculative. Such damages may be supported by documentation, such as medical bills.

    Non-economic damages , also known as general damages, are less easy to quantify. They most commonly cover the pain and suffering that the victim endured, in addition to any reduction in their quality of life. If the negligence resulted in a permanent disability, avictim may be able to get compensation for their future loss of earning capacity. Non-economic damages often need to be supported by more than just documentation.

34. The use of ultrasonography has dramatically changed the practice of medicine, particularly in the field of obstetrics and gynaecology. With the help of high resolution prenatal ultrasonography, the average number of imaging studies per pregnancy has increased and consequently the prenatal USG diagnostic process has also resulted in obstetricians being exposed to a higher litigation risk which is gradually increasing because of advanced technology t images are getting easier to interpret and patients' higher expectations to diagnose subtle foetal anomalies. A major concern in relation to failure to detect congenital anomalies surrounds major structural abnormalities. The main reason for litigation in this area is failure to offer

termination of pregnancy as a result of failure to diagnose the defects at early stage.

35. Adverting to the Compensation in the medical negligence cases, as the quantum is highly subjective in nature as the human life is most precious. During arguments the mother of child (Complainant No.2) submitted that the compensation for negligence cannot completely cure the injury sustained by the parents and the child and their claim of Rs.10,08,80,637.62/- is justified. The Complainants are claiming actual medical expenses Incurred so far Rs. 1,32,711/-, for mental agony Rs. 3,00,00,000/- as it was loss to the parents to have a normal child and their lifel agony due to the sufferings of their child Chidanand who cannot lead normal life and will remain dependent. They further claimed Rs. 7,06,47,926.62/- for future expenses towards re-constructive surgeries, regular professional care & therapy and limb prostheses as per the growth of child. The Complainants claimed Rs. 1,00,000/- towards litigation expenses.

36. In the catena of judgments of Hon'ble Supreme Court, different methods to determin j**ust and adequate compensation'** were laid down. It was held that there is no restriction that courts can award compensation only up to what is demanded by the complainant. We would like to rely upon few judgment of Hon'ble Supreme Court viz **Sarla Verma & Ors. vs Delhi Transport Corp. & Anr [12] , Nizam's Institute of Medical Sciences Vs Prasanth S. Dhananka & Ors. [13] , Dr. Balaram Prasad vs. Dr. Kunal Saha & Ors. [14]**

37. The Hon'ble Supreme Court in the **Nationall Insurance Co. Ltd. v. Kusuma,** [15] has held that payment of compensation to parents for the death of a child, including a stillborn, in an accident must be just and not be a pittance. A Bench of Hon'ble Justices D.K. Jain and R.M. Lodha said:

"The determination of the just amount of compensation is beset with difficulties, more so when the deceased happens to be an infant/child because the future of a child is full of glorious uncertainties.

The Bench, however, cautioned the tribunals, saying the amount of compensation awarded was not expected to be a windfall or bonanza, nor should it be niggardly or a pittance. "Whether there exists a reasonable expectation of pecuniary benefit" was always a mixed question of fact and law, but a mere speculative possibility of benefit was not sufficient.

38. It should be borne in mind that the Divine possible complications will make any amount of good care with good intention of a Doctor commiserating with existing practices and will make him to face the fate of self-decimation. There are certain possible for a grey areas to exist in patient care, where a professional is called upon to make a decision, when he possibly has to throw a dice and take a refuge in statistical possibility of particular event happening.

39. Many times the voice was raised about need for Caps on damages in medical negligence cases. In our view, a cap will often apply only to non-economic damages, while allowing a victim to recover any amount of economic damages that they can prove. The caps existed on the idea that they would restrict a victim's ability to file medical negligence complaints. In our view, theoretically this would improve healthcare and reduce costs, but in reality this is a myth.

40. In this case, no doubt, the doctor (Opposite Party No. 2) could have helped the patient, had he been more careful in his reporting, though, how useful, it would have been considering MT (Abortion) laws. It is not the intention of the Court or Commission to let go the Doctor for his mistake, which definitely need a rap on the knuckle, but that rap should not break his skull. Apparently, in the instant case, congenital anomaly is play of nature, one of nature's wraths, which human kind is facing since time immoral. In alleviating this wrath of nature, this Doctor cannot be sacrificial lamb which would make whole profession to work under proverbial Damocles Sword.

41. We would like to rely upon the **Case National Insurance Co. Ltd**. [16] (supra), wherein the Bench further said:

"The word 'just' connotes something which is equitable, fair and reasonable, conforming to rectitude and justice, and not arbitrary. To exercise the discretion to determine the amount of compensation, is also coupled with a duty to see that this exercise is carried out rationally and judiciously by accepted legal standards, and not whimsically and arbitrarily, a concept unknown to public law."

42. The child is at present about 14 years old. We have to consider several points while awarding the compensation like the actual expenses already incurred on medical treatment, travelling and emotional sufferings of the parents. The Complainants (1 & 2) have filed the receipts of recurring expenses till date for child's medical care and for day today activities. It wasinformed that to take care of her child, the Complainant No.2 Anita left her job also. The parents often go through embarrassment, social stigma and severe stress/depression due to their disabled child. The Complainants' claim of Rs.3 crore for mental agonies appears to be highly inflated and is not justified. However, we con not ignore that the child needs artificial prostheses for his hands and legs throughout his life and to be changed periodically depending on age and growth. The letter dated 07.08.2008 of Otto Block about the maintenance and repeat expenses stated that the tailor-made artificial Modular Trans-Tibial Endoskeletal Prostheses costs about Rs. 6 to 8 lakh each time. Therefore, in our view, the disabled child deserves just and fair compensation.

43. Based on the discussion above, the medical negligence is attributed to the doctor and his Imaging Centre. The Opposite Parties Nos. 1 and 2 are directed to pay, jointly and severally, Rs. 1.25 Crore to the Complainants. Out of the said amount, Rs. 1 Crore shall be the compensation to the disabled Mst. Chidanand for his welfare, future expenses for treatment and purchase of limb prostheses. The amount shall be kept in the form of Fixed Deposit (FD) in any Nationalised Bank (preferably State Bank of India) in the name of Mst. Chidanand till he attains majority. The balance amount of Rs. 25 lakh shall be paid to the parents of Mst. Chidanand (Complainants Nos. 1 and 2) towards the mental agony and allied expenses. The parents can draw periodic interest on the FD for the regular health check-up, treatment and welfare of their child. The Opposite parties shall pay Rs. 1,00,000/- towards the legal expenses.

The Order, in entirety, shall be complied within 3 months from today, failing which the entire amount shall carry interest @7% per annum till its realisation.

The Complaint is partly allowed.

Report of "Zonal PPS Education Seminar" organized by IMA Bhavanagar Branch (West Zone)

Hope this letter will find you in best of your health and spirit. We, IMA Bhavnagar have conducted "ZONAL PPS EDUCATION SEMINAR" for West Zone n 5th June Sunday at IMA Hall, Bhavnagar.

Total 145 IMA members have participated in this seminar.

IMA GSB state President Dr. Paresh Majmaudar sir were present during the seminar.

West zone PPS Zonal Representative Dr Bharat Trivedi, Dr. Ketan Patel, & Dr.Jayesh Sheth were also present in seminar.

Medico-Legal Expert Dr. Hitesh Bhatt (Mumbai), Advocate Mr. Utpal Dave, APP Mr. Jayesh Chudasama & Bhavnagar ASP IPS Safin Hasan were present as a speaker during the seminar.

Thank you.....

Dr. Vipul Saravaiya
President - IMA Bhavnagar

World Hepatitis Day 2022

Raising awareness to reduce the global burden of Hepatitis

Every year, on 28th July, the world celebrates Hepatitis Day to raise awareness of the disease & reduce its global burden. With a unique theme this year, **"Hepatitis Cant Wait"** different health organizations around the globe are making significant efforts to bring about a positive change. The official World Hepatitis Day (WHD), is one of the World Health Organization's (WHO) seven officially-mandated global public health days.

The Historical Origin of World Hepatitis Day

This day is marked on July 28 on the birthday of Nobel Prize-winning scientist Dr Baruch Blumberg (July 28, 1925–April 5, 2011) to honour him. He discovered the Hepatitis B virus (HBV). He also developed a diagnostic test and vaccine to treat the Hep-B virus.

He shared the Nobel Prize for Physiology or Medicine in 1976 with D. Carleton Gajdusek for their work on the origins and spread of infectious viral diseases.

Viral Hepatitis – a silent yet threatening disease

- Affecting predominantly the liver & causing inflammation, Viral Hepatitis is a systemic infection that can be either acute or Chronic.
- It is caused by infection with one of the five known hepatotropic viruses, which are named as hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and hepatitis E virus (HEV), respectively.
- With acute viral hepatitis, most people recover spontaneously within a few weeks, with no long-term consequences. Occasionally, however, the illness is complicated by acute liver failure (ALF), a severe form of the disease.
- Patients with acute liver failure have a high case-fatality rate, in the absence of liver transplantation, which is either inaccessible or non-affordable for a majority of the Indian population.

The Global Burden of Hepatitis

Worldwide, **354 million** people are living with hepatitis B or C, and for the majority, testing and treatment are not available. Some types of hepatitis are preventable through vaccination.

At the 2022 World Health Assembly, various countries recommitted to **eliminate viral hepatitis by 2030.**

In most WHO regions and globally, the Sustainable Development Goals 2020 target of reducing the prevalence of hepatitis B in children under 5 years to **under 1% has been met**.

In addition, the number of people receiving hepatitis C treatment has increased 10-fold to more than **10 million.**

A threat to Public Health on a Global Level

As per WHO's GLOBAL HEALTH SECTOR STRATEGY ON VIRAL HEPATITIS 2016–2021:

- The viral hepatitis pandemic takes a heavy toll on lives and health systems. It is responsible for an estimated **1.4 million deaths per year from acute infection and hepatitis-related liver cancer and cirrhosis** – a toll comparable to that of HIV and tuberculosis.
- Of those deaths, **approximately 47% are attributable to hepatitis B virus, 48% to hepatitis C virus and the remainder to hepatitis A virus and hepatitis E virus.** Viral hepatitis is also a growing cause of mortality among people living with HIV. **About 2.9 million people living with HIV are co-infected with hepatitis C virus and 2.6 million with hepatitis B virus**.
- Worldwide, approximately **240 million people have chronic hepatitis B virus infection and 130–150 million have chronic hepatitis C virus infection**.
- Viral hepatitis B and C are blood-borne infections, with significant transmission occurring in early life and through unsafe injections and medical procedures, and less commonly through sexual contact.
- Immunization is the most effective strategy for prevention of hepatitis B virus infection. Hepatitis C is found worldwide.

The impact of COVID-19 on hepatitis services and civil society organisations

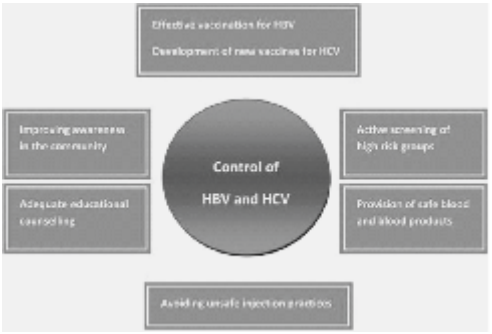
- The COVID-19 pandemic has affected hepatitis prevention, testing, treatment, and vaccination services globally. Even before COVID-19, very few countries were on track to reach the 2030 elimination goals set by WHO. The pandemic has put elimination efforts further behind.
- On World Hepatitis Day, the viral hepatitis community calls for urgent action to eradicate viral hepatitis. The "Hepatitis Can't Wait" campaign urges governments, international donors, and medical professionals to take swift action to eliminate viral hepatitis and prevent millions of avoidable infections and deaths.
- The COVID-19 pandemic and associated disruptions have strained health systems, with 23 million children missing out on vaccination in 2020, 3.7 million more than in 2019 and the highest number since 2009.

Viral Hepatitis – Scenario in India

It is a cause of major health care burden in India and is now equated as a threat comparable to the "big three" communicable diseases – HIV/AIDS, malaria and tuberculosis.

In India, the prevalence of Hepatitis B surface antigen is 3-4.2 % with over 40 million HBV carriers

Vaccination forms an imperative pillar in the preventive strategy framed for HBV infection



Transmission

- Hepatitis A virus - From person to person most commonly by the fecal-oral route.
    - Contaminated water and food, including shellfish collected from sewage-contaminated water are the chief sources of infection.
- Hepatitis B virus - Transmitted both via parenteral and sexual route.
    - Percutaneous exposures leading to the transmission of HBV include blood products transfusion, iv drug abusers, haemodialysis, and needle stick injuries in health care workers.
    - Vertical transmission of HBV is one of the major sources of transmission to neonates.
    - **The greatest risk of perinatal transmission occurs in infants of HBeAg-positive women. By age 6 months, these children have a 70-90% risk of infection, and of those who become infected, about 90% will go on to develop chronic infection with HBV.**

- Modes of transmission for HDV are similar to those for HBV. HDV can get transmitted by exposure to infected blood products. It can also get transmitted via percutaneous or sexual routes.
- Hepatitis C virus can be transmitted parentally, perinatally or sexually.
    - Transmission can occur by percutaneous exposure to infected blood products, transplantation of organs from infected donors, and sharing of contaminated needles among IV drug abusers.
- Hepatitis E virus - Transmitted mainly via fecal-oral route, with fecally contaminated water providing the most common route of transmission.
    - Vertical transmission of HEV has also been reported.

Hepatitis and Pregnancy

- All pregnant women should get a blood test for hepatitis B as part of their prenatal care. Hepatitis B can be easily passed from a pregnant woman with hepatitis B to her baby at birth. This can happen during a vaginal delivery or a c-section.
- When babies become infected with hepatitis B, they have about a 90% chance of developing a lifelong, chronic infection.
- Left untreated, about 1 in 4 children who have chronic hepatitis B will eventually die of health problems related to their infection, such as liver damage, liver disease, or liver cancer
- World Health Organization (WHO) recommends screening pregnant women infected with Hepatitis B virus for Hepatitis D virus.
- Hepatitis B immunoglobulin and Hepatitis B vaccine should be administered within 12 to 24 hours of birth to all babies of Hepatitis surface antigen positive (HBsAg) mothers or those with unknown/undocumented HBsAg status.

Prevention

For infectious diseases, preventive measures are aimed primarily at reduction or elimination of transmission of the agent. Preventive measures for an infectious disease depend on its modes of spread. Various hepatitis viruses differ in their modes of transmission.

Because of the shared modes of transmission of various hepatitis viruses, some preventive measures are effective against more than one hepatotropic viruses. These include:

- Water & Food Hygiene and Sanitation
- Safe injection practices
- Safe blood transfusion
- Safe sex practices
- Prevention of Mother-to-child transmission - Mother-to-child HBV transmission can be interrupted through administration of hepatitis B vaccine to newborn babies, beginning with the first dose within 24 hours of birth.
- Vaccines and immunoglobulins

Vaccination

- WHO recommends that all infants receive the hepatitis B vaccine as soon as possible after birth, preferably within 24 hours.
- Followed by 2 or 3 doses of hepatitis B vaccine at least 4 weeks apart to complete the vaccination series.
- Protection lasts at least 20 years and is probably lifelong.
- In addition to infant vaccination, WHO recommends the use of antiviral prophylaxis for the prevention of hepatitis B transmission from mother-to-child.

Treatment

- The ultimate goal of therapy is global eradication of HBV infection by different strategies of vaccination, treatment and prevention of transmission.
- Treatment is aimed at prevention of disease progression to end stage and transmission to others, along with improving survival and quality of life for the patients.
- The indications for treatment are generally based on the e antigen status, serum alanine aminotransferase (ALT) and DNA levels, and severity of liver disease (assessed clinically or by liver biopsy/non-invasive methods).
- For optimal therapy, other factors that need consideration are treatment duration, rapidity of drug action and its adverse effect profile, prevention of drug resistance along with management of viral breakthrough.

- **All guidelines recommend initial treatment with drugs that have high potency and high genetic barrier to resistance (entecavir (ETV), TDF or pegylated (peg) IFN) to minimise the DNA level as quickly as possible, thereby reducing the risk of resistance development.**

Hepatitis A & E Virus Infection - Because the disease is usually self-limited, the treatment is supportive. Patients rarely require hospitalization except for those who develop acute hepatic failure

Hepatitis B virus infection

1. Acute hepatitis B virus infection

Treatment for acute HBV is mainly supportive. In addition, appropriate measures should be taken to prevent infection in exposed contacts.

Patients who have coagulopathy, are deeply jaundiced, or are encephalopathic should generally be hospitalized. Hospitalization might also be considered in patients who are older, have significant comorbidities, or cannot tolerate oral intake.

Overall, antiviraltherapy is indicatedin certain subgroup of patients as follows:

A) Patients with acute liver failure due to acute hepatitis B

B) Severe acute HBV : Individuals who fulfill any 2 of the following criteria:

- Hepaticencephalopathy
- Serum bilirubin > 10.0 mg/dL and
- International normalized ratio(INR) >1.6, especially if it is increasing

C) A protracted course (such as persistent symptoms or marked jaundice (bilirubin >10 mg/dl} for more than four weeks after presentation).

2. Chronic hepatitis B virus infection

Antiviral therapy is the cornerstone of treatment of chronic hepatitis B virus infection. Other general measures in the management of patients with chronic HBV include

- psychological counseling
- symptom management
- dose adjustment of medications.

Although most patients with chronic HBV infection are asymptomatic at the time of diagnosis, they are faced with a significant threat to their health, which

can have important emotional and physical consequences. Counseling should be a major consideration, both at diagnosis and during subsequent follow-up.

The rationale for treatment in patientswith chronic HBV is to reduce the risk of progressive chronic liver disease, transmission to others,and other long-term complications from chronic HBV such as cirrhosis and hepatocellularcarcinoma.

Treatment can slow the progression of cirrhosis, reduce incidence of liver cancer and improve long term survival.

WHO recommends the use of oral treatments as the most potent drugs to suppress the hepatitis B virus. Most people who start hepatitis B treatment must continue it for life.

Most of the patients with chronic hepatitis B infections are carriers & don't require treatment. However, regular follow-up & few timely reports are required to decide when to start treatment.

Hepatitis C Virus Infection

- Treatment of hepatitis C is relatively different when compared with Hep B.
- Its safe to say that it has all together changed in the last decade.
- The treatment extends for a course duration of 3 to 6 months, unlike HEP B which is mostly life long
- Recent developments have shown remarkable improvements with Oral medications as compared to interferon therapy, as previously used.
- Thereby decreasing cost, increasing efficacy and minimal side effects

Conclusion

In the Indian subcontinent, viral hepatitis poses a major healthcare burden. Keeping sanitary and hygienic conditions can help reduce the spread of enterically transmitted pathogens such as HAV and HEV. Infection with HBV or HCV can cause chronic hepatitis, which may lead to complications including cirrhosis of the liver and liver cancer. With a multipronged approach that includes active screening, adequate treatment, universal vaccination against HBV and educational counselling, the burden of liver diseases associated with HBV and HCV infections in India can be reduced.

Dr. Kartik Desai
Dr. Sushil Narang
Gastroenterologist

Be a Member of HEALTH SCHEME

IMPORTANT INFORMATION FOR HEALTH SCHEME

Disease Group Covered Under The Scheme

(1) Coronary Heart Disease Group:-

Angioplasty, Bypass surgery & valvular heart diseases surgery & Permanent pace-maker implant.

(2) **Kidney Disease Group:-** Haemodialysis, Renal Transplant, Renal Angioplasty.

(3) Brain Tumors Group : Surgical, Radiotherapy and Chemotherapy required for the treatment of Brain Tumors.

(4) **Cancer Disease Group :-** Surgical, Radiotherapy and Chemotherapy required for the treatment of all the cancers (Except carcinoma in SITU). Locally active basal cell carcinoma.

(5) **Joint Replacement Group:** Surgery for Total knee and Total hip joints only.

N. B. : Member above the age of 40 years at the time of joining the scheme will get the benefit of Surgery for Total knee and Total hip joints replacement after completion of 7 years of joining the scheme.

(6) **Brain Hemorrhage** – confirmed by C T Brain or MRI, Carotid & Cerebral Angioplasty.

MEMBER / SPOUSE WILL GET BENEFIT ONLY AFTER COMPLETION OF ONE YEAR OF JOINING THE SCHEME.

MEMBERS WILL GET THE BENEFIT FROM HEALTH SCHEME AS WELL AS THEIR OWN MEDICLAIM.

FOR FURTHER DETAILS – KINDLY CONTACT TO

HEALTH SCHEME IMA GSB - 079- 2658 5430

Download membership form from our website : www.imagsb.com

PRAJAPITA
BRAHMA KUMARIS
ISHWARIYA VISHWA VIDYALAYA

Phone: 25324160, 25324460, 25324660
Fax: +91 79 - 25325150
Email : sukhshanti.amd@bkivv.org
sukhshanti.bk@gmail.com
Website: www.brahmakumaris.org

Affiliated to the United Nations as a N.G.O.D.P.I., with Consultation Status on Economic and Social Council

Gujarat Zonal Head Quarter
'Sukh-shanti Bhawan',
Opp. Gamdiwala Dairy, Kankaria,
Ahmedabad-380 022. (Guj) INDIA

તારીખ : ૧૭-૬-૨૦૨૨

શુભેચ્છા સંદેશ

દૈવી ભ્રાતા,

ઓમશાંતિ. સમાજને સુસ્વાસ્થ્યની દિશા આપવા અને સ્વાસ્થ્ય અંગે જાગૃતિ ફેલાવવા ડૉકટર્સની બહુજ મોટી ભૂમિકા છે. અસાધારણ પરિસ્થિતિઓમાં પણ દર્દીઓના રોગ-દર્દ-પીડાને સમજી તેને સંપૂર્ણ રોગમુકત કરવા માટે જે વૃંદે કમર કસી છે, તે છે માત્ર ને માત્ર - ડૉકટર્સ.

સામાન્ય રોગથી લઈ મહામારીને પહોંચી વળવા માટે, દિવસ-રાત એક કરી પોતાના વ્યક્તિગત જીવન પણ બાજુમાં રાખી ત્યાગ, તપસ્યા, સેવા અને અર્પણમયતાના ભાવ સાથે દર્દીઓને પડખે ઉભા રહેનાર સેવાભાવી ડૉકટર્સની સેવાઓ હંમેશા સરાહનીય રહી છે. માટે જ તેમને Next to God કહ્યાં છે. સમગ્ર વિશ્વને સંકજામાં લેનાર કોવીડ-૧૯ના સમયે તો જાન જોખમમાં નાંખી વોરીયર્સની અદ્‌ભૂત અને બેમિસાલ ભૂમિકા ભજવનાર ડૉકટર ખરેખર વંદનીય છે. દેશના આવા મહામૂલ્ય રત્નોને આજે યાદ કરીએ, તેમની અખંડ સેવાઓની યાદગાર દ્વારા **૧લી જુલાઈ રાષ્ટ્રીય ડૉકટર્સ દિવસ** તરીકે ઉજવીએ છીએ. જે આપણા સૌ માટે ઘણી હર્ષ અને અતિ આનંદની વાત છે. આપ સૌને મારા હૃદયથી ધન્યવાદ.

એકવીસમી સદીમાં દરેક ક્ષેત્રે સર્વાંગી વિકાસ થયો છે, પણ મૂલ્યોનું અધઃપતન થતું જોવા મળે છે. આ સાંપ્રત સમયે ડૉકટર્સની ભૂમિકા અતિમહત્વપૂર્ણ બની રહે છે. આજીવન સ્વાસ્થ્ય સેવાની સાથે સાથે મૂલ્યોના જતન સાથે માનવતાનાં સિધ્ધાંતોને ધ્યાનમાં રાખી આ સેવાકાર્યોને આગળ ધપાવતાં રહેશો, એવી શુભભાવના.

આપ સૌ ડૉકટર્સને પરમપિતા પરમાત્મા શિવની આધ્યાત્મિક શક્તિઓ પ્રદાન કરતા રહે. આપની સંસ્થા તથા આપ ડૉકટર્સ ઉત્તરોત્તર પ્રગતિના પથ પર વિકાસશીલ રહો એવી અભ્યર્થના. આપને સદા સફળતા મળતી રહે, તે માટે સમગ્ર પ્રજાપિતા બ્રહ્માકુમારી ઈશ્વરીય વિશ્વ વિદ્યાલય વતી મારા અંતરમનની શુભકામનાઓ પાઠવું છું.

ઈશ્વરીય સેવામાં,

B K Bharti

(બી. કે. ભારતીદીદી)

ગુજરાત ઝોન ઈન્ચાર્જ, બ્રહ્માકુમારીઝ

Bochasanwasi Shri Aksharpurushottam Swaminarayan Sanstha

SHREE SWAMINARAYAN MANDIR

Shastri Yagnapurushdas Marg, Atladara, Vadodara - 390012. Mob.: 99989 91000

Subject : Letter of Appreciation to All the Doctors on the occasion of World Doctor's Day

On this Doctors' Appreciation Day, I take this opportunity to express profound gratitude for the heroic efforts and sacrifices of doctors during what has been unprecedented circumstances for our health system, our greater nation and world.

It goes without saying that this past times were tough. That is an understatement. The COVID-19 pandemic brought us heartache and uncertainty about life in ways we never could have imagined. In fact, that uncertainty undermined what we call life.

As Doctors, you were asked to take the lead in helping society, eradicate this devastating virus and restore the health of individuals and communities — all while grappling with your own uncertainties and fears. There was little time to process our shifting world. But as the patients kept coming, you cared for them in the face of that fear. You kept showing up to save lives long before the path to vaccination was clear. You answered the call and, in the process, coped with extraordinary demands.

In spite of the cruel moments of this pandemic, you thrived. You set new records and raised the bar. You excelled during one of the most challenging times our world has ever come to bear.

Your heroism, without a doubt, came with personal sacrifice. Your deep devotion and care toward others often meant abandoning your own wellbeing. To continue to deliver the best possible care, we must take care of ourselves. Looking after ourselves and our colleagues has never been more important.

We are grateful for your heroism, selflessness, deep devotion and care toward others. The world is better because of it. We extend our admiration and deepest gratitude for you on Doctors' Appreciation Day and every day

We Pray at the Feet of Bhagwan Swaminarayan, Our Guru HDH Pramukh Swami Maharaj And Present Guru HDH Mahant Swami Maharaj for the wellbeing of all you healthcare Warriors and your families.

May all of us succeed in making this world a Better place to live and prosper.

Thank You.

With Heartiest Regards & Prayers,

Sadhu Gnanvatsaldas
BAPS

June 18, 2022

To,
The Indian Medical Association,
Gujarat State Branch,
Ashram Road,Ahmedabad – 380009.

Jai Satchitanand,

On the occasion of the National Doctors Day on July 1, 2022, on behalf of entire Dada Bhagwan Parivar, I would like to convey our best wishes and heartfelt gratitude to all the member doctors of the Indian Medical Association-Gujarat State Branch (IMA GSB).

The medical profession is one of the oldest and noblest of all professions. The entire world, especially our country has witnessed as to how the medical fraternity has served mankind from times immemorial in the most daunting times and challenging circumstances. The medical fraternity's response of serving selfl essly by risking their own lives during the recent Covid 19 epidemic has also been very commendable and exemplary! The role of the association and its member doctors have been a great help to the society in times of natural calamities and epidemics by saving thousands of lives. May you all continue the virtuous cause of serving the community with the same zeal, care & compassion.

Param Pujya Dada Bhagwan has conversed that one who uses his mind, speech and body for the happiness of others will never be short of happiness in his or her worldly life!

My best wishes and prayers to Param Pujya Dada Bhagwan & Pujya Niruma to bless you all with their choicest blessings to enable you to serve humanity with utmost humility, sincerity & purity and realize divinity within you along the way !!!

Atmagnani Pujyashri Deepakbhai,
Dada Bhagwan Foundation, Adalaj

World No Tobacco Day Ahmedabad Medical Association

Rambaug General Hospital Gandhidham Branch

* * * * *

GSB Office Bearers Visited Anjar Branch

Kutch ZIMACON - 2022 Gandhidham Branch

PPS Zonal Educative Seminar Bhavnagar Branch

Khel Mahakumbh Tennis Doctor Winners

* * * * *

Medical Camp Morbi - Kalol Branch

* * * * *

CME Morbi Branch

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

05-06-2022 Dr. Mehul J. Shah, Hon. State Secretary, IMA GSB, Dr. Bipin M. Patel, Managing Director, PPS IMA GSB., Dr. Devendra R. Patel, Imm. Past President, Dr. Kamlesh B. Saini, Editor, GMJ, Dr. Navnit K. Patel, Chairman, Health Scheme and Dr. Kirit C. Gadhavi, Director, CGP-GSB attended Kutch ZIMACON-22 Conference at Gandhidham.

05-06-2022 Dr. Paresh M. Majmudar, President, IMA GSB attended Zonal PPS Educational Seminar at Bhavnagar.

* * * * *

CONGRATULATIONS

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

Full Name	:	**SHAH KESAR DEVAL**
Grade	:	A1
Total Marks in Percentile	:	99.99%
School	:	Shree Vividhlaxmi Vidhyamandir, Palanpur
Father's Name	:	Dr. Deval Shah, Gyncologist , Deesa
Mother's Name	:	Dr. Nilpaben Shah, Gynecologist, Deesa
Mobile Number	:	98240 65370

* * * * *

❖ Our three doctors in each winning team, **Dr. Jayesh Gohel**, Gandhinagar, Gold, **Dr. Mehul Patel,** Patan Silver and **Dr. Parag Mandvi,** Bhuj, Bronze... It's a Annual open Gujarat State Championship Khel Mahakumbh Tennis at Ahmedabad.

* * * * *

DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	Branch	NAME
	Anand	
LM/33173		Dr. Patel Ujjaval Vijay
LM/33174		Dr. Patel Shradha Harshadbhai
	Dahod	
LM/33175		Dr. Shah Jaynish Rajeshkumar
	Amreli	
LM/33176		Dr. Movaliya Gunjan Manilal
	Rajkot	
LM/33177		Dr. Popat Bansi Mahendrabhai
LM/33178		Dr. Arun Pragadish Ram R.M.
LM/33179		Dr. J. Hemanth Kumar
LM/33180		Dr. Kotecha Dhruv Upen
LM/33181		Dr. Kachhadiya Kartik Jayantibhai
LM/33182		Dr. Easwar Akshadha
LM/33183		Dr. Gajera Chirag Navinchandra
LM/33184		Dr. Patel Nishit Pravinchandra
LM/33185		Dr. Bodrya Krishna Vallabhbhai
LM/33186		Dr. Mohammed Afsal P.
LM/33187		Dr. Shabna T.K.
LM/33188		Dr. Thakkar Nisarg Jagdishbhai
LM/33189		Dr. Thakkar Nidhiben H.
LM/33190		Dr. Raiyani Deepraj Manjibhai
LM/33191		Dr. Nariya Dhara Mansukhbhai
	Dadra-Nagar	
LM/33192		Dr. Patel Utkarsh Ashvinkumar
LM/33193		Dr. Patel Aashkakumari H.
	Dahod	
LM/33194		Dr. Parmar Rahul Babubhai
LM/33195		Dr. Baria Jignesh Lalitbhai
LM/33196		Dr. Vaghela Jayesh Vinaybhai
	Valsad	
LM/33197		Dr. Patel Ankur Babubhai
LM/33198		Dr. Gohil Binita Hemantkumar
LM/33199		Dr. Chavda Nilesh Balvantbhai
LM/33200		Dr. Solanky Priti Pratapbhai
	Himatnagar	
LM/33201		Dr. Chauhan Harshvardhansinh J.
LM/33202		Dr. Chaudhari Mitul Manubhai
	Mehsana	
LM/33203		Dr. Patel Akash Girishbhai
	Deesa	
LM/33204		Dr. Khatri Anand Devchandbhai
	Dahod	
LM/33205		Dr. Bamaniyawala Zohara H.
	Anand	
LM/33206		Dr. Dave Shridhar Pareshkumar
	Ahmedabad	
LM/33207		Dr. Gohel Abhishek Bharatbhai
LM/33208		Dr. Agarwal Shruti M.
LM/33209		Dr. Diwan Farheenbau J.
LM/33210		Dr. Panchal Malav Arvindbhai
LM/33211		Dr. Thakor Mohak Ashokkumar
LM/33212		Dr. Patel Dhimant Vijaybhai
LM/33213		Dr. Patel Sumit Ashokkumar
LM/33214		Dr. Patel Rashi Sumit
LM/33215		Dr. Patel Hamikchandra J.
LM/33216		Dr. Shah Rut Sanjaybhai
LM/33217		Dr. Patel Priyank Pradipbhai
LM/33218		Dr. Patel Jay Mahendrabhai
	Modasa	
LM/33219		Dr. Patel Dinesh Manilal
	Amreli	
LM/33220		Dr. Patel Rutu Mukesh
	Surat	
LM/33221		Dr. Amin Sunil Sanjaybhai
LM/33222		Dr. Maloo Farha Manzoor
LM/33223		Dr. Solanki Richa Rohit
	Junagadh	
LM/33224		Dr. Vaja Disha Jayprakash
	Bhujkutch	
LM/33225		Dr. Datraniya Mohini H.

OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Vaghela Krishnakant V.	05-11-2021	Bhuj
Dr. Rajguru Kokila K.	19-04-2022	Rajkot
Dr. Gajjar Smitaben D.	25-04-2022	Surat
Dr. Savsani Laxmanbhai P.	28-04-2022	Rajkot
Dr. Shah Devendra A.	05-05-2022	Ahmedabad
Dr. Parikh Narendra S.	07-05-2022	Vadodara

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

Ahmedabad-380007

Contact no.: 079-266

* * * * *

BRANCH ACTIVITY

AMRELI

15-05-2022 CME on "Chronic coronary syndrome – A New Compass for Navigation" by Dr. Utsav Unadkat.

11-06-2022 "Clinical approach to acute stroke" by Dr. Prakash Bhatt.

"Overview of therapeutic endoscopy in GI diseases" by Dr. Bhavesh Bhut.

GANDHIDHAM

01-05-2022 08-05-2022, 15-05-2022, 22-05-2022

Blood Donation Camp at various places. Total 104 units were collected.

24-05-2022 Thalassemia detection camp was organised & total 96 sample were collected & tested.

KALOL

20-05-2022 CME on "Update in Management of Stroke" by Dr. Keyur Patel.

"Management of STEMI" by Dr. Sunil Gurmukhani.

MAHUVA

01-02-2022	CME on "Update in Covid-19" by Dr. Jainam Navadia.
03-03-2022	"Intial Management in Traumatic Brain" by Dr. Vallabh Nagocha.

MEHSANA

31-05-2022	CME on "World No Tobacco Day" at Rotary Bhavan.
	"Stabilising Cancer Services in North Gujarat" and "Self Screening & Cancer Awareness for Community" by Dr. Nirav P. Trivedi.

MORBI

01-05-2022	Free diagnostic camp at Mayan Hospital.
06-05-2022	CME on "Transfusion of plasma products (Platelets, FFP CRYO) in clinical practice – Case base discussion" by Dr. Alpesh Kikani.
07-05-2022	Talk about the secretes of turning your dreams in reality by Dr. Jayesh Sanariya at New Vision School, Tankara.
19-05-2022	"Simplified approach of protienuria in children" and "UTI ; A symptoms of reflux neuropathy?" by Dr. Mahipal Khandelval.
27-05-2022	Talk on face book about IVF and Test Tube Baby by Dr. Swatiben Patel.
29-05-2022	Free diagnostic camp by Dev Salt and IMA Morbi.

PALANPUR

07-01-2022	CME on "MICS" by Dr. Sudhir Adalati.
	"Management of High PSA patients and Trans Perineal biopsy" by Dr. Rohit Bhattar.
24-03-2022	"Perspective on the obesity pandemic 2022 : A Concept Beyond Calories in and Calories out" by Dr. Anand Patel.
14-04-2022	Video laparoscopic partial NEPHRECTOMY
	Video Nap radical Nephrectomy.
	Talk current trend for management of CA Prostate peripheral Practice and uro dynamic study by Dr. Ashvin Gami.

28-04-2022	"Approach to Thrombocytopenia" by Dr. Sanket Shah.
	"My patient has a Palpable Speen What Should do" by Dr. Kalpesh Prajapati.
05-05-2022	"Pearls and Pitfalls in Epilepsy Diagnosis" by Dr. Chaturbhuj Rathore.
	"Management of Epilepsy Surgical Procedures and Outcomes of Epilepsy Surgery" by Dr. Bhagwati Salgotra.

PALITANA

01-06-2022	CME on "Management of Heart Failure with Reduced Ejection Fraction" by Dr. Piyush Prajapati.
	"Management of Chronic Constipation" by Dr. Bhavesh Bhut.

RAJKOT

03-04-2022	Installation Ceremony for the year 2022-2023 by Installation officer Dr. Jay Dhirwani, Dr. Sanjay Bhatt President & Dr. Tushar Patel, Hon. Secretary.
27-04-2022	CME on "Allergy to Anaphylaxis and its management" by Dr. Yash Pandya, Dr. Niraj Mehta & Dr. Ashok Mehta.
1-05-2022	Financial Management Symposium organized for Financial Health for members.

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

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 May - 2022 in addition to their routine work. These are as under :

01-05-2022 to 31-05-2022 : Intra domestic house to house survey by the centers of Ahmedabad

Rander - Surat : 2000 Calcium Tablet were distributed

Nanpur - Surat : 490 Calcium Tablet were distributed

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

MAY 2022

No.	Name of Center	New Case	Old Case	Total Case
(1) Ambawadi	(Jamalpur Ward)	764	127	891
(2) Behrampura	(Sardarnagar Ward)	1251	386	1637
(3) Bapunagar	(Potalia Ward)	1129	814	1943
(4) Dariyapur	(Isanpur Ward)	1235	98	1333
(5) Gomtipur	(Saijpur Ward)	2114	312	2426
(6) Khokhra	(Amraiwadi Ward)	1241	141	1382
(7) New Mental	(Kubernagar Ward)	996	275	1271
(8) Raikhad	(Stadium Ward)	412	168	580
(9) Wadaj	(Junawadaj Ward)	804	67	901
(10) Junagadh		—	—	—
(11) Rander-Surat		----	----	----
(12) Nanpura-Surat		----	----	----
(13) Rajkot		485	583	1068

MAY - 2022

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	10	—	33	10080	270
(2)	Behrampura (Sardarnagar Ward)	07	—	11	1286	483
(3)	Bapunagar (Potalia Ward)	22	—	34	13363	281
(4)	Dariyapur (Isanpur Ward)	32	—	33	6750	339P
(5)	Gomtipur (Saijpur Ward)	10	—	27	12675	512
(6)	Khokhra (Amraiwadi Ward)	30	—	38	2810	295P
(7)	New Mental (Kubernagar Ward)	05	—	29	11325	547
(8)	Raikhad (Stadium Ward)	31	—	47	4570	535
(9)	Wadaj (Junawadaj Ward)	03	—	31	12000	2900
(10)	Junagadh	10	—	31	8000	230
(11)	Rander-Surat	01	—	12	450	23P
(12)	Nanpura-Surat	16	—	25	1920	100P
(13)	Rajkot	02	—	11	2380	281

PATAN MEDICAL ASSOCIATION

(Branch Of Indian Medical Association) A
I.M.A. PATAN BRANCH RESEARCH FOUNDATION
DR. DAHYALAL R. CHHATBAR I.M.A. COMPLEX
B-2, First Floor, Sardar Complex, Siddhpur char Rasta Patan (N.G.) 384265

:: President ::
Dr. Hinesh L. Modi
Modi Women's Hospital
Madhav Tajani College Road,
Patan 384265
Mo. 99242 82733

:: Hon Secretary ::
Dr. Nilesh R. Patel
Shlok Hospital
Opp. Navejivan Hotel
Patan-384265
Mo. 9228857567

YEAR 2021-22

Imm. Past President
Dr. Nikhil Khamar
Mo. 9898504918

Vice President
Dr. Sharad Patel
Mo. 9662232910

Joint Secretary
Dr. Jitendra P Patel
Mo. 9427044975

Advisory Committee
Cum Legal Cell
Dr. Manish C. Shah
Mo. 9825808157
Dr. J J Thakkar
Mo. 9426512055
Dr. Uday Patel
Mo. 9426014000
Dr. Vipul Shah
Mo. 9426512131
Dr. Pragneshbhai Patel
Mo. 9426005001
Dr. Nirmal Patel
Mo. 9428750815
Dr. Dhaval M Shah
Mo. 9374805760
Dr. J.K. Patel
Mo. 9426070700
Dr. Dipak G. Patel
Mo. 9898560628
Dr. P. H. Patel
Mo. 9979889258
Dr. Arvindbhai K. Patel
Mo. 9825018803
Dr. Praful zalai
Mo. 9825062803

DATE: 09/06/2022

Respected collector sir /D.H.O,PATAN

Sub: complain regarding malpractice by dr Yogesh B Patel

Sir,

As patan ima came to know that DR YOGESH B PATEL, PRASTH HOSPITAL AND ICU CARE AT BHAGVATI NAGAR , OLD BUS STAND ROAD PATAN since last 1 to 1.5 years.. He is practising as a physician and handling icu. he had also worked as a physician at radhanpur for 3 to 4 years, at zydus hospital ahmedabad and other hospitals in ahmedabad and other hospitals in ahmedabad. As we came to know from his certificate that he is not having MD (medicine) and (M.B.B.S.) degree and he has done some manipulation with degree certificate and doing as MD medicine practice. He is playing with the health of people who need really a emergency treatment. Kindly look in to this matter and do needful as early as possible

Thanking of you.

Dr. Hinesh L. Modi
President

Dr. Nilesh R. Patel
Secretary

Cc.
IMA GSB, AHMEDABAD
GMC AHMEDABAD
SP, PATAN
HOME MINISTER GUJARAT
HEALTH MINISTER, GUJARAT
CHIEF MINISTER, GUJARAT