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STATE PRESIDENT'S MESSAGE

Dear IMA GSB Friends,

Seasons' Greetings.

Wishing you Happy Gurupurnima & Mohrram Mubarak in advance.

"Aao Gaon Chale...", our beloved **Dr. Ketan Desai's** this dream project was relaunched very well, in the right spirit. We all felt proud that this activity took off at not only in Gujarat State, but equally well all over India. Depending on membership strength of each branch, they adopted one or more villages, taking up onus and health responsibility of that village for the whole year.

It is worrisome that, recently, more and more young & healthy doctors are succumbing to sudden deaths. Over stress, competitive and hyper-lifestyle, unhealthy and excessive food intake, dyslipidemia and obesity and sedentary life style with lack of physical exercises seem to be reasons for this. We all, especially those who are between age 35-60 should seriously consider improving life & food style.

Sudden cardiac deaths amongst young doctors – where are we heading?

The news of loss of our young doctor colleagues due to acute myocardial infarction in the recent past is very unfortunate and shocking. These incidents are becoming more frequent and are certainly cause for concern for all of us. Even seemingly fit young individuals also succumb to heart attacks these days. There are number of examples with celebrities, film stars and even athletes, becoming the victims of acute myocardial infarction or sudden cardiac deaths. Many of them were very successful professionals and are at the peak of their career.

Sudden Cardiac Death (SCD) in young adults remains a tragic and sudden event that greatly affects families and communities. Not long ago, heart attacks were primarily a problem faced by older adults. It was rare for anyone younger than 40 to have a heart attack. Now 1 in 5 heart attack patients are younger than 40 years of age.

The exact cause of such sudden deaths amongst young doctors remains unknown; but many risk factors are known to play some role in precipitating such events.

Elevated blood pressure is a well-established cardiovascular disease risk factor. If your blood pressure is too high for too long, it can damage your arteries. The researchers have found that young adults with raised blood pressure levels were at higher risk for late-life coronary heart disease. In other words, managing blood pressure when you are younger really matters.

People with type 2 diabetes are more likely to have a heart attack. In fact, if you have diabetes, you are twice as likelyto have heart disease than someone who doesn't have diabetes. Unfortunately both diabetes and hypertension can be present silently and without any symptoms !

Obesity, smoking, poor lifestyle, sedentary living, erratic diet and lack of sleep and exercise high cholesterol levels are also known risk factors. High cholesterol levels make young adults a prime target for heart attacks. So preventive health checks to detect your cholesterol levels would have definite value in identifying and managing this risk factor.

COVID 19 pandemic has also been blamed for increased incidence of cardiac conditions. A 2022 study of 150,000 people with COVID-19 showed that even a full year after initial infection, the risk for developing a heart condition, such as arrhythmias, heart failure, inflammation, or heart attack, was "substantial."

Family history plays an important role and you cannot change your genes!Heart disease risk rises if you have a parent or sibling with a history of heart disease before the age of 55 for men or 65 for women.Over the last 10 years, there has been a sharp rise in the number of young people suffering heart attacks. And such episodes happen earlier among Indians than the rest of the world population. Currently Indians suffer four times more heart attacks than Americans and 20 times more than the Japanese

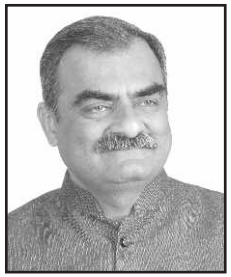
Mental health issues such as depression, anxiety and stress are the outcome of our modern life style and fiercely competitive work environment. Stress levels amongst doctors continue to remain high. Endogenous cortisol level is directly proportional to the level of stress. On an average, 15 to 20 mg cortisol gets secreted in normal stress of human beings. This gets increased up to 150 mg under maximum stress. A study has shown that our surgeons and anaesthesiologists in India exceed this 150 mg level frequently in a day. These levels are more than what is found in the military colonel in active duty in the battlefield! We should actively consider frequent breaks from our stressful busy schedules. Being workaholic is not a virtue any more!

It is high time for all doctors and medical students to take care of themselves,to eat healthy diet, take timely meals, get adequate sleep, undertake regular physical exercises, undergo preventive health checks and distress themselves frequently from their busy work schedule.

Jay IMA, Jay Garvi Gujarat, Jay Hind.

Dr. Mahavirsinh M. Jadeja
President, G.S.B., I.M.A.

HON. STATE SECRETARY'S MESSAGE



Dear Fellow Doctors,

I am honored to address you as we will be celebrating **Doctor's day 2023** this month. This day holds immense significance for all of us, as it provides a moment to reflect upon the profound impact of our selfless community service—a service that transcends boundaries, touches lives, and brings hope to those in need.

As doctors, we dedicate our lives to serving others, placing their well-being above our own, and tirelessly working towards healing, alleviating suffering, and improving the lives of our patients.

The noble profession of medicine is built on the foundation of compassion, empathy, and an unwavering commitment to humanity. It is a profession that demands not only a sound knowledge of medical science but also the ability to connect with patients on a deep and personal level. Each day, we are entrusted with the responsibility of caring for the physical, emotional, and psychological well-being of those who place their trust in our hands.

In the noble pursuit of serving mankind, doctors exemplify selfless dedication, working tirelessly to improve patient health and uplift health standards. Whether in the vibrant streets of **Ahmedabad,** where medical excellence thrives amidst historical wonders, or in the serene alleys of **Nadiad,** where compassionate care reaches even the remotest corners, doctors make a significant impact. In the city of **Vadodara**, where the rhythmic beats of Garba resonate with joy, doctors dance to the tune of healing, spreading happiness and well-being. **Mehsana,** the hub of seeds and spices, witnesses doctors planting the seeds of health, infusing every patient's life with flavors of well-being.

Surat, known as the diamond city, witnesses doctors shining bright like precious gems, their expertise and care illuminating the lives of their patients. In the mesmerizing landscapes of **Kutch**, where the white desert captivates the soul, doctors emerge as pillars of strength, bringing light amidst the vast expanse. **Anand,** the "Milk Capital," witnesses doctors nurturing health with the same tenderness as farmers nurture their cattle. In the administrative hub of **Gandhinagar,** they orchestrate a symphony of healthcare initiatives, weaving together the threads of progress. **Bhavnagar,** embraced by the coastal charm, finds solace in the healing hands of doctors, as they mend and mend the health of its residents. **Surendranagar** and **Mandavi** become fortresses of well-being, protected by the guardianship of dedicated doctors.

Rajkot, known as the land of compassionate leaders, witnesses doctors embodying the spirit of service, following in the footsteps of great souls who have dedicated their lives to the well-being of others. Across these diverse landscapes, doctors are united by their unwavering commitment to uplift the overall health standards of our beloved state, leaving an indelible mark on Gujarat's journey towards a healthier tomorrow.

Our role as doctors extends far beyond the confines of hospitals and clinics. We are the healers who bring comfort to the afflicted, the mentors who guide the next generation of medical professionals, and the advocates who fight for the health and rights of our patients. We are woven into the fabric of our communities, standing as pillars of support during times of crisis, and beacons of hope in moments of despair.

The selfless service of doctors is a testament to the profound impact we can have on society. Each life we touch, each disease we cure, and each smile we bring forth is a testament to the power of our profession. It is a privilege to witness the transformative journey of our patients, from illness to recovery, and to play a vital role in shaping their futures.

As we celebrate our accomplishments, let us also acknowledge the **challenges** that lie ahead. The field of medicine is constantly evolving, with new diseases emerging, technological advancements reshaping healthcare, and societal changes influencing the way we deliver care. The young generation of doctors will face unique obstacles on their journey, but they are armed with knowledge, passion, and the unwavering spirit to make a difference.

In this ever-changing landscape, we must continue to embrace the values that define our profession—compassion, integrity, and dedication. We must approach each day with unwavering resolve, knowing that our actions can bring about transformative change in the lives of those we serve. No matter the circumstances, let us always act with calmness, composure, and courage, for it is in these moments that our true character shines through.

As we gather to **celebrate Doctor's' Day 2023,** let us take a moment to recognize the profound impact of our selfless community service. Together, we have the power to inspire, heal, and uplift. May this day serve as a reminder of the incredible privilege and responsibility we hold as doctors, and may it ignite a sense of pride in our hearts for the noble profession we have chosen.

With deep admiration and gratitude,

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.

INDIAN MEDICAL ASSOCIATION
GUJARAT STATE BRANCH

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: 98244 82080	: 98250 51162	: 98250 82672	: 98240 65895

Ref No. Date: 12-6-2023

To,
Shree Harsh Sanghvi
Home Minister
Sachivalay, Gandhinagar - 382010

Sub : Appreciation and Proposed Amendments for the Protection of Doctors and Paramedical Staff. Health Act ....

Respected Shree Harsh Sanghvi

We hope this letter finds you in good health and high spirits. On behalf of the esteemed members of the Indian Medical Association Gujarat State Branch, we would like to extend our heartfelt appreciation to you and the Government of Gujarat for taking impactful and decisive action against the prevention of violence targeting doctors and paramedical staff. We commend your commitment to ensuring the safety and well-being of healthcare professionals across the state.

The recent shocking incident of violence against Dr. Vandana in Kerala served as a wake-up call for the medical community and society as a whole. It brought to light the urgent need for amendments to the existing protection act. Such incidents not only jeopardize the physical and mental well-being of healthcare professionals but also hinder their ability to deliver quality care to the people who rely on their expertise and dedication.

The doctors and paramedical staff in Gujarat have been tirelessly working day and night, selflessly devoting their time and expertise to improve and upgrade the health standards of our state. Their dedication and commitment should not be marred by the fear of violence or any form of assault. It is crucial that we create a safe and secure environment for our healthcare heroes, allowing them to perform their duties without fear and with utmost focus.

In light of the aforementioned concerns, we humbly request your kind consideration of the proposed amendments to the existing protection act attached herewith.

Once again, we express our gratitude to you and the Government of Gujarat for your proactive stance in addressing the issue of violence against doctors and paramedical staff. Your commitment to their safety and welfare serves as an inspiration to all healthcare professionals.

We are confident that, with your leadership and support, Gujarat will continue to be a shining example of a state that values and protects its healthcare workforce. We look forward to witnessing the positive impact these amendments will have on the lives of doctors and paramedical staff across the state.

Thank you for your attention to this matter. We remain at your disposal for any further assistance or collaboration required to implement these proposed amendments.

With warm regards,

Thanks & Regards

Dr. Mahavirsinh M. Jadeja	Dr. Tushar B. Patel	Dr. Mehul J. Shah
President, G.S.B., I.M.A.	Hon. Treasurer, G.S.B.,I.M.A.	Hon. State Secy., G.S.B.,I.M.A.

Encl: Amendments

PROPOSED AMENDMENTS

Suggested amendments to The Kerala healthcare service persons and healthcare service institutions (prevention of violence and damage to property) act, 2012 clause wise.

In Section 2D the following clauses may be added

(viii) Security personnel designated by the institution.

(ix) Administrative and other staff of the healthcare service institution.

(x) Any other category notified by the government from time to time.

In Section 2 sub clause (k) the following clause may be substituted

e) "violence" means activities causing any harm, injury or endangering the life or intimidation, obstruction or hindrance, to any healthcare service person in discharge of duty in any healthcare service institutions.

With the following clauses

e) violence" includes any of the following acts committed by any person against a healthcare service personnel or health service institution which causes or may cause: -

(I) harassment impacting the living or working conditions of such healthcare service personnel and preventing him from discharging his duties;

(ii) maligning and harassing a healthcare service person or healthcare service institution either through electronic media or otherwise; and/or unauthorized recording or publishing activities of the healthcare service person or healthcare service institution.

(iii) harm, injury, hurt, intimidation or danger to the life of such healthcare service personnel, either within the premises of a clinical establishment or otherwise;

(iv) obstruction or hindrance to such healthcare service personnel in the discharge of his duties, either within the premises of a clinical establishment or otherwise; or

(v) loss or damage to any property or documents in the custody of, or in relation to, such healthcare service personnel;

In Section 4 clauses 1,2,3,4 may be deleted and substituted with the following clauses

4. Penalty and other consequence for violation of section 3.

Whoever, –

(I) commits or abets the commission of an act of violence against a healthcare service personnel; or

(ii) abets or causes damage or loss to any property,

shall be punished with imprisonment for a term which shall not be

less than six months, but which may extend to five years, and with fine, which shall not be less than fifty thousand rupees, but which may extend to two lakh rupees.

Whoever, while committing an act of violence against a healthcare service personnel, causes grievous hurt as defined in section 320 of the Indian Penal Code to such person, shall be punished with imprisonment for a term which shall not be less than six months, but which may extend to Ten years and with fine, which shall not be less than one lakh rupees, but which may extend to five lakh rupees.".

(iii) An offence punishable under section 4 shall be cognizable and non-bailable;

(iv) On receiving a complaint either from the institution or the affected health service person FIR should be registered within one hour of receiving the complaint. The institution should report any incidence of violence under Section 2 e to the nearest station house officer immediately.

(v) Any case registered under sub-section (i) (ii) section 4 shall be investigated by a police officer not below the rank of Inspector;

(vi) Investigation of a case under of section 4 shall be completed within a period of thirty days from the date of registration of the First Information Report; Any lapse in taking appropriate measures by a public servant in an offence under section 4 shall undergo penal measures as decided by the trial court.

(vii) All cases registered under this legislation must be tried in a designated special court. Provided further that a special court may take cognizance of any offence without the accused being committed to it for trial upon receiving a complaint of facts which constitute such offence or upon a police report of such facts.

(viii) in every inquiry or trial of a case under section 4, the proceedings shall be held as expeditiously as possible, and in particular, when the examination of witnesses has once begun, the same shall be continued from day to day until all the witnesses in attendance have been examined, unless the Court finds the adjournment of the same beyond the following day to be necessary for reasons to be recorded, and an endeavor shall be made to ensure that the inquiry or trial is concluded within a period of one year:

Provided that where the trial is not concluded within the said period, the Judge shall record the reasons for not having done so: Provided further that the said period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time.

Where a person is prosecuted for committing an offence punishable under sub-section (2) of section 3, such offence may, with the permission of the Court, be compounded by the person against whom such act of violence is committed.

Where a person is prosecuted for committing an offence punishable under section 4, the Court shall presume that such person has committed such offence, unless the contrary is proved.

(ix) In addition to the punishment provided for an offence under section 4,(I) (ii) the person so convicted shall also be liable to pay, by way of compensation, such amount, as may be determined by the Court for causing hurt or grievous hurt to any healthcare service personnel.

(x) In addition to the punishment specified in sub-section (1) 4 (i) (ii) (ix) the offender shall be liable to pay to the healthcare service institution a compensation of twice the amount of purchase price of medical equipment damaged and the loss caused to the property as may be determined by the Court trying the offence.

(xi) If the offender has not paid the compensation under sub-section (2) 4 (i) (ii) (ix) (x), the said sum shall be recovered under the provisions of the Kerala Revenue Recovery Act, 1968 (15 of 1968), as if it were an arrear of land revenue due from him.

A new clause to be added as section 5

5. To prevent violence and damage to property in clinical establishments, all clinical establishments and an area of 500m around must be declared as special protection zones. Precautionary and preventive measures as appended should be instituted.

Section 5,6,7,8 may be renumbered as 6,7,8,9

The following may be added as Appendix to clause 5

Apendix 1

Precautionary and Preventive measures. –

With a view to prevent violence on the medical professionals and institutions, the District Magistrate and/or Superintendent of Police shall: -

(I) identify the Medical Service Institutions and persons, in association with district & local health authority and medical associations, where it has reason to believe that violence may take place or there is an apprehension of reoccurrence of an offence under this act;

(ii) security audit of aforesaid identified medical institutions to be done by an officer not below the rank of Deputy superintendent of police. Based on audit report or otherwise, for security of medical institutions and health employees working there following actions shall be directed: -

Deputations of security personnel from security agencies licensed by the state Government.

Installation of CCTV cameras on the premises.

Arrangements of boundary wall, lighting etc.

Police outposts in government healthcare institutions and police patrol in other health care institutions.

Restriction of entry to unauthorized persons.

No demonstrations or agitations up to 500m from the special protection zone

Any other actions/direction which may be relevant in local context.

Organize workshops on healthcare service person-patient relationship at regular intervals, in association with the medical body, local administration and the eminent persons of the area.

Display hoardings containing the salient points of this act, at prominent places in the district.

The Officer-in-Charge of the concerned Police Station shall: -

(I) identify and ensure regular patrolling around the vulnerable set-ups, in consultation with the local medical authority and association.

(ii) act within a reasonable time, after receiving a reliable information through e-mail or a telephone call or from an aggrieved person or from a person who has reason to believe that an act of violence to Medical Service institution or Persons and damage and loss of property to institution is being or likely to be committed and in such an emergent situation, adequate police force to be deployed under direction from the concerned Superintendent of Police, to diffuse the situation for the safety of the person(s) and the institution(s) at risk.

5. Complain of Violence, under Section 3 and 4 of the Act. —

The Head of the medical service institutions where the offence has been committed or his authorized representative or any person or persons who suffered violence while delivering a medical service shall have the power to make a complaint under this Act to the police officer in charge of the police station having the jurisdiction under which the offence committed.

6. Collection of evidence for the loss and damage. —With the amendments brought in the Evidence Act, through Act 21 of 2000 permitting evidence collected through electronic devices as admissible in evidence. It is recommended that-

(i) If the officer–in-charge of Police station or other law enforcing agency is of opinion that any direct action, either declared or undeclared has the potential of causing destruction or damage to Medicare property, he shall avail himself of the services of video operators. For this purpose, each police station shall be empowered to maintain a panel of local video operators who could be made available at short notice.

CONCEPT NOTE ON
IMA AAO GAON CHALEN PROJECT

Aao Gaon Chalen has been an important initiative of IMA to reach the community with multiple healthcare and allied services, and launched by our leader Dr. Ketan Desai in 2004. Its purpose has been to increase our reach to the community, proper documentation of services that are being provided by us and their projection to the Govt. by quantifying the net total of our services for the last 19 years. Some States have performed very well over the years but other states did not do much activity in a proper way. IMA (HQs.) has taken up this project again in a big way and we are trying to reach atleast 1700 villages of the country through the State leadership so that each one of them can adopt one village and provide multiple healthcare activities on a regular basis.

How to adopt a village:-

- Select a village or cluster or urban slum near to the branch jurisdiction.
- Select anarea where health services, water, sanitation services, family welfare and immunization are inadequate.
- Discuss with Local Administration, Municipal Health department about existing gaps in the area where IMA can pitch in.
- You will realize many villages have been adopted by various Members of Parliament under the Prime Minister monitored schemes which can be adopted by us.

Purpose :-

- IMA would be providing only complimentary support to help the local authorities to achieve health and other health related indicators.
- A brief health survey of the area should be taken up to understand their requirements.
- Organize a meeting with community levels stakeholders to understand their needs.
- Meet local Govt. officials and health authorities and coordinate with them.
- Work out an execution plan whereby we are providing a sustainable activity and not just a one time or one month activity.
- Identify team of dedicated, willing IMA workers who would be ready to work on a continuous basis.
- Regular review meetings should be held to fill the gap wherever there are.
- Monthly activity report should be sent to IMA (HQs.).
- Wide Media coverage and reporting of Media coverage to IMA State/IMA HQs.

Suggested Activities :-

- Preventive Health
- Anemia control
- Immunization
- Pre Natal and Post Natal care
- Cancer awareness and screening
- Awareness about Hygiene, education and social welfare
- Capacity building of existing healthcare providers
- Health education and Awareness
- Need of safe water Supply and Sanitation
- Health Status- Medical examination and /or Diagnostic Camp.
- Alignment with different Govt. Medical benefit Scheme/Policies at District Hospital Level & develop a robust system for referral in all types of emergencies with the local health care institutions in and around the village

Depending upon the area and its requirements the above activities can be enlarged and many more initiatives can be taken.

Aao Gaon Chalen can be a game changer activity to change the perception of public, media and administration about Indian Medical Association and its members. It is our continued commitments that can bring change in the health care scenario of the country especially in rural area. Aao Gaon Chalen Project is a structural, planned & organized activity to compile all rural activities already performed by Members of IMA. It is an effort to prepare a measurable document of IMA to showcase the magnitude of rural activities done by IMA members.

Reporting :-

While sending a monthly report, the branch should identify the few indicators of services in the area provided by IMA and report before 7th of this month. Please inform the status of the followings:

1. Number of Activities done : _____
2. Number of beneficiaries (activity wise) : _____
3. Details of activities with Photos (with backdrop and date of the activity) and Newspaper cuttings.

LET'S GIVE HEALTH TO EVERY INDIAN- AAO GAON CHALEN

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anil Kumar Nayak
Hony. Secretary General, IMA

Dr. Bipin Patel
Chairman
IMA Standing Committee for AGC

Dr. V.K. Monga
Convenor
IMA Standing Committee for AGC

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH
A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009
PHONE : (079) 265 87 370 Email: imagsb@gmail.com

Revised rates of advertisement in JOURNAL & BULLETIN EFFECTIVE FROM 1ST APRIL, 2023. (INCLUSIVE OF G.S.T.)

POSITION OF ADVT.		JOURNAL		BULLETIN	
		For Members ₹.	For Non-Members ₹.	For Members ₹.	For Non-Members ₹.
A	Inside Full Page (Multi Colour)	19000-00 + 3420-00 ₹.22420-00	24000-00 + 4320-00 ₹.28320-00	13000-00 + 2340-00 ₹.15340-00	18000-00 + 3240-00 ₹.21240-00
B	Inside Full Page (B/W)	10000-00 + 1800-00 ₹.11800-00	14000-00 + 2520-00 ₹.16520-00	8000-00 + 1440-00 ₹.9440-00	12000-00 + 2160-00 ₹.14160-00
C	Half Page	5400-00 + 972-00 ₹.6372-00	7000-00 + 1260-00 ₹.8260-00	4000-00 + 720-00 ₹.4720-00	6000-00 + 1080-00 ₹.7080-00
D	Quarter Page	2700-00 + 486-00 ₹.3186-00	3500-00 + 630-00 ₹.4130-00	2000-00 + 360-00 ₹.2360-00	3000-00 + 540-00 ₹.3540-00

1. The size of Bulletin **Full Page 120 X 190 mm, Half Page 120 X 85 mm and Quarter Page 60 X 85 mm (Format : CDR, (Corel Draw) , JPG & PDF).**
2. The size of Journal **Full page 190 X 250 mm, Half Page 190 X 125 mm and Quarter Page 85 X 125 mm (Format : CDR, (CorelDraw) , JPG & PDF).**
3. **10% Discount on yearly contract.** Please draw your Cheque/D.D. in favour of ***"Gujarat Medical Journal"*** .
4. Limited company & private hospital run by more than one doctor will be charged as non member.
5. Please send your advertisement before date of 15th every month.

N.B. : The Gujarat Medical Journal & Bulletins are circulated amongst 33,700 members of I.M.A. Gujarat State Branch. The Journal is also posted to various teaching institutions of India and State Presidents / Secretaries of Medical Association. Non-member can subscribe on payment of Rs. 500/- for the year.

Solidarity for Dignity

GIMACON 2023

75th Annual Conference of IMA Gujarat State Branch
Hosted by IMA Bhavnagar Branch
28th & 29th October 2023

Amrit Mahotsav

REGISTRATION FORM

PARTICULARS

Full Name (in capital letters) : _____
Qualification : _____
Address : _____
_____
City : _____ State : _____ Pincode : _____
GMC/MCI Registration No. : _____
IMA Branch : _____ IMA Membership No. : _____
E-mail : _____ Mobile : _____

REGISTRATION FEES

PAYMENT DETAILS

Registration Status (Tick Appropriate)	Up to 31-7-2023	1-8-2023 to 31-9-2023	1-10-2023 to 26-10-2023	From 27-10-2023 (Spot Registration)
Patron	10,000/-	10,000/-	-	-
Reception Committee	5,000/-	5,000/-	-	-
Delegate (IMA Member)	3,000/-	3,500/-	4,000/-	4,500/-
Delegate (Non IMA)	3,500/-	4,000/-	4,500/-	5,000/-
Accompanying Person*	2,500/-	3,000/-	3,500/-	4,000/-
Medical Student**(UG & PG)	2,000/-	2,500/-	3,000/-	3,500/-

* 6 years & Above
** Letter from Head of the Department/Dean will be must.

Hotel Accommodation Required : ☐ Yes ☐ No

Scan this QR Code For Payment of Registration Fees

Mode of Payment : ☐ Cash ☐ DD / Cheque ☐ NEFT ☐ UPI / WALLET ☐ Online
Details of DD/Cheque/NEFT : _____
DD/Cheque at par payable at Bhavnagar in favour of IMA, BHAVNAGAR

OFFICE USE

Correspondence Address :
Dr. Devang Pawar
E.N.T. Care Hospital,
302, Carlton Square,
Nr. Madhavdeep, Kalanala,
Bhavnagar-364002. M. 9426704404

Bank Details :
STATE BANK OF INDIA
INDIAN MEDICAL ASSOCIATION
Kalanala Branch
A/c. No. 56008039116
IFSC Code : SBIN0060008

Receipt No.:

Date :

KD Hospital
કુસુમ દીરજલાલ હોસ્પિટલ

I.M.A G.S.B

TRANSFORMING HEALTHCARE OPERATIONS
A Journey towards Excellence

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Mr. Jaxay Shah
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GUEST OF HONOUR

Dr. Atul Kochhar
CEO, NABH

OUR EMINENT SPEAKERS

Mr. Joy Chakraborty
Chief Operating Officer,
Hinduja Hospital, Mumbai.

Ms. Viji Varghese
Hospital Director
Manipal Health Enterprises Pvt. Ltd, Delhi.

Dr. Rajesh Chandwani
Faculty in the HR Management,
Indian Institute of Management (IIMA),
Ahmedabad.

Dr. Sujoy Kar
Chief Medical Information Officer &
VP, Apollo Hospitals Hyderabad.

Prof. Suresh Malodia
Associate Professor
MICA.

Who Should Attend ?

- Healthcare professionals
- Hospital administrators
- Operational Heads
- Students
  (Pursuing Relevant Field)

JB Auditorium Hall,
Ahmedabad Management Association (AMA)
Opp. IIM-A Campus, Ahmedabad.

23RD JULY 2023
09:00 AM TO 05:00 PM

Unlocking Excellence :
Join the Healthcare Leadership Revolution!

REGISTRATION IS MANDATORY BEFORE 15TH JULY 2023

Organising Chairperson : Mr. Parimal Patel
Dr. Garima Savalia

Organising Secretary : Mr. Himesh Patel
Dr. Tanvi Mehta

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OUR PATRONS : Dr. Adit Desai, MD | Dr. Anuja Desai, ED | Dr. Parth Desai, COO

TIME SLOT	EVENT	TOPIC NAME	SPEAKERS
9:00 AM to 09:30 AM	Breakfast		
9:30 AM to 10:00 AM	Lecture - 1	Building Effective Communication Channels to Improve Patient Satisfaction and Experience	Prof. Suresh Malodia
10:00 AM to 10:30 AM	Lecture - 2	Unlocking Operational Excellence: Creating Benchmark to Drive Efficiency	Mr. Joy Chakraborty
10:30 AM to 11:00 AM	Lecture - 3	Utilizing AI and Data Analytics to Improve Operational Efficiency	Dr. Sujoy Kar
11:00 AM to 11:30 AM	Lecture - 4	Using PREMs and PROMs to Drive Patient-Centered Decision-Making in Healthcare	Ms. Viji Varghese
11:30 AM to 12:15 PM	**Inaugural Ceremony**		
12:15 PM to 12:45 PM	Lecture - 5	The Role of Leadership in Developing a Patient-Centric Culture within Healthcare Organisations	Dr. Rajesh Chandwani
12:45 PM to 2:00 PM	**Lunch Break**		
2:00 PM to 2:45 PM	Panel Discussion - 1	Healthcare Operations Excellence : Challenges, Opportunities and future trends	• Dr. Rakesh Joshi • Dr. Bharat Gadhvi • Dr. Simmardeep Gill • Dr. Geetika Patel • Mr. Neeraj Lal
2:45 PM to 3:30 PM	Panel Discussion - 2	Fostering a Positive Work Environment: Creating a Human-Centered Culture for Operational Excellence	• Mr. Babu Thomas • Mr. Gaurav Rekhi • Mr. Hemant Bhatnagar • Dr. Hiren Kaswala
3:30 PM to 4:30 PM	Paper Presentation	**Theme :** Innovations in Patient Delight : Going beyond satisfaction	
4:30 PM to 4:45 PM	**Awards and Validectory speech**		
4:45 PM to 5:00 PM	**High tea**		

Conference Secretariat : Kusum Dhirajlal (KD) Hospital, Ahmedabad
For Registration & Paper Presentation Inquiries +91 63596 03656

Diabetes Awareness Camp IMA Mehsana Branch

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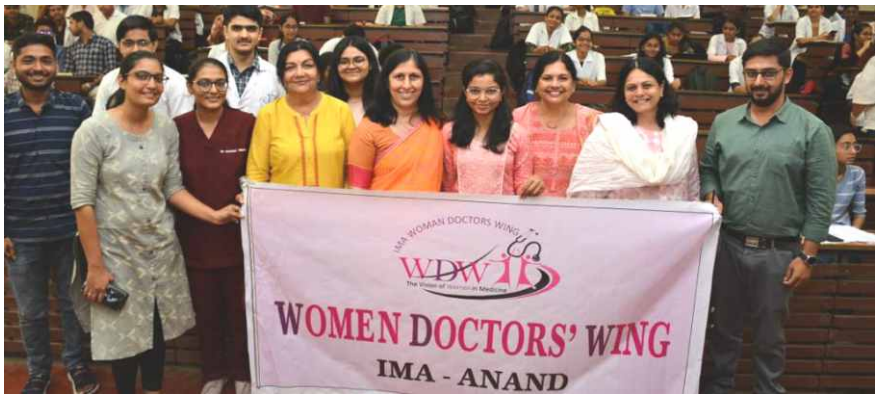
CME IMA Mehsana Branch

* * * * *

CME IMA Bhuj Branch

Mission Pink Health Program IMA WDW Anand Branch



Blood Donation Camp IMA Gandhidham Branch

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CME IMA Kapadwanj Branch

CME IMA Jetpur Branch


* * * * *

World No Tobacco Day IMA Deesa Branch

* * * * *

CME IMA Rajkot Branch




CPR Training IMA Gandhidham Branch


* * * * *

Health Check-up Camp IMA Khedbrahma Branch

* * * * *

Blood Donation Camp IMA Mahuva Branch




Medical Camp IMA Morbi Branch

* * * * *

CME IMA Morbi Branch

* * * * *

CME IMA Palitana Branch

CME IMA Vadodara Branch

* * * * *

YouthCon MSN IMA Vadodara Branch

* * * * *

CPR Training IMA Vadodara Branch

NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION
NEW DELHI
CONSUMER CASE NO. 352 OF 2013

BIG BRAKING NEWS FOR PPS
PPS File No. : 2213, 2214, 2215

National Consumer Dispute Redressal Commission New Delhi Consumer Case No.352 of 2013 is Dismissed on June 2, 2023. There Shall be no order as to cost.

1. SATISH CHANDRA VERMA,
   701, New Samarpan Tower, Samarpan Flats, Gulbai Tekra,
   AHMEDABAD - 380006. ..... Complainant(s)

Pronounced on: 02nd June 2023

ORDER

1. **The present Complaint has been filed under Section 21 of the Consumer Protection Act, 1986 (in short, the 'Act, 1986') by the Complainant - Satish Chandra Verma against the OPs - Sterling Hospital and its four doctors for the alleged medical negligence seeking Rs. 5 Crore compensation.**
2. The facts which led to the filing of this complaint are that on 13.07.2012, the complainant herein who is an IPS officer, suffered a fall which resulted in suffering a Basicervical fracture of Left Femur Neck. On the next day he got himself admitted to Sterling Hospital. On the same day he was operated for Fixation of Basicervical fracture wherein surgical implants of- Dynamic Hip Screw (DHS) and Plate + CC screw were fixed in his left hip. Two days after the surgery on 16.07.2012 , a post-operative X-ray was taken wherein the status of the surgical condition of the complainant was noted as "Upper shaft of femur appears normal". Complainant was thereafter discharged on 18.07.2012 with follow- up instructions.
3. On 23-8-2012, the complainant visited Sterling Hospital for a follow-up and the X-ray was done. Dr. ###### (OP-4) who was a consultant Radiologist reported that "Visualized upper shaft of femur appears normal".
4. On 12.10.2012 after three months the complainant visited Sterling Hospital for 2nd follow-up. He was examined by Dr. ######(OP-1), the X-ray revealed that the fracture was uniting well and that there was no shortening. The complainant was also advised full weight bearing and exercises to improve strength of hip muscles.
5. After more than six months, on 23.01.2013 the complainant visited Dr. ######(OP-4) with a complaint of having lurch while walking as well as occasional pain. The OP-4 advised him to have a shoe raise as there was one

centimeter shortening of the left leg (limb). The complainant thereafter visited Dr. ###### on 05.02.2013 wherein the shortening of his left leg was documented as ¾ inch i.e. 1.9 cms. Thereafter, on 28.02.2013 he consulted Dr. ###### Hegde wherein the shortening has increased to 2.2 cms. Dr. ###### and Dr. ###### advised the complainant to undergo a corrective surgical procedure of 'Valgus Osteotomy'. The complainant is said to have undergone such surgery on 04.10.2013 and at this juncture i.e. on 03.10.2013 the complainant's left leg was shown to have shortened by 1½" i.e. 3.81 centimeters. In the interregnum period the complainant issued legal notices to the OPs. Being aggrieved the complainant filed the present complaint.

6. This Commission, noticing the technical nature of the instant complaint, thought it fit to be referred to AIIMS, a board of medical experts for its independent opinion. The medical board came to be constituted consisting of 7 members who have reviewed the entire case papers and medical reference and have submitted their opinion on 03.10.2016. The relevant part of the opinion reads as below:

   "The board members observed that mode of fixation used is a standard one and is the most common instrumentation system used in India. The common reasons to delay healing and/or affect collapse in these fractures include but are not limited to osteoporosis, comminution, unstable reduction and early weight-bearing, in addition to systemic factors such as smoking, steroid intake etc. Despite taking all known preventable measures, such collapse is not entirely preventable. Once healed, further increase in shortening is unlikely.

   The board members also opined that it is difficult to comment on the disability status of patient on the basis of these documents alone. In view of the 2nd surgery already done, it is difficult to attribute the amount of disability to index surgery, if any."

7. In view of the above, what falls for consideration of this commission is whether the complainant establishes that there has been any negligence on part of the OPs in performing the surgery of fixation of basicervical femoral neck fracture and whether OPs have followed the established reasonably standard procedure and techniques.
8. Heard the arguments at length from all the parties. The Complainant was present, he argued himself. The Commission took assistance of Amicus Curie, Dr. ###### the Sr. Orthopedic Surgeon, Dr. ###### Municipal General Hospital and Medical College Mumbai who was present during arguments. The videos on relevant medical references including the Image Intensified Television (IITV) images were displayed during arguments. The IITV demonstrates the step by step procedure followed during the surgery. I have perused expert reports filed by both – the complainant as well as the OPs.

9. The Complainant argued that the surgery was negligently performed by the OPs. They did not fix the implant in question being DHS screw and Plate +CC screw at a proper angle. According to the complainant, the OPs selected 1300 DHS to match the complainant's Neck Shaft Angle (NSA) of left hip and, therefore, fixed its hip screw with an upward angle of approximately 120 in comparison to the central Axis of the femur neck. Therefore, the NSA got fixed at an angle of 1180 approximately. Thus it was contrary to the recommended protocol for positioning the hip screw along the central axis of the femur neck in Basi Cervical Fracture. As a result of the incorrect fixation of the femur plate of the implant became flush with the proximal femur shaft, the complainant's left hip neck shaft angle got fixed at 1180 which resulted in a deformity called Coxa Vara. He further argued that the operating surgeons did not apply proper traction to reduce the complainant's left hip to correct alignment. The greater trochanter tip was left higher than the center of the femoral neck and therefore the overriding position of the trochanter would compromise the ability of the abductors to engage in left leg stance eventually resulting in Trendelenburg gait. Therefore, his leg was shortened, and union of his fracture was delayed. He further argued that he was misled during the post-operative follow-up and the OPs failed to do or take any steps to mitigate the situation even though they were aware of the defect in the surgical procedure.

10. The learned counsel for OPs argued that the instant case is of a surgical procedure to fix a trochanteric hip fracture. The surgery in question was performed on 14.07.2012 using dynamic hip screw (DHS) plate +CC screw. The complainant was discharged on 18-7-12 in stable hemodynamic condition. During the first and second follow-up, the situation of the complainant appears normal and no shortening was noticed until by during an examination by Dr. ###### on 23.01.2013 which was after six months of the surgery. The learned counsel submitted that shortening of limb is on normal phenomena and consequence of surgery. The fracture in question heals by collapsing which may lead to shortening of the limb. The case of the OPs that after a lapse of six months, the complainant alleges to have progressive collapse as per the medical reports of Dr. ###### and Dr. ######. The Complainant's limb shortening has progressed from 1 cm to 1.9 cms and further to 2.2 cms. When the second surgical procedure was said to have taken place on 03.10.2013, the shortening of leg stood at 3.81 cms. He further argued that there are internal contradictions in the reports of the consulting surgeons of the complainant, being Dr. ###### & Dr. ######. According to Dr. ###### there was partial union of the fracture. However, Dr. ###### within a span of 15 days after the report of Dr. ###### finds on 20.02.2013 that the fracture has united. The Counsel submitted that there was no merit in the theory of the complainant and no liability be attributed

to the OPs for the shortening of the left leg of the complainant. Thus the opinions of experts on behalf of Complainant are based only on post-operative x-rays and not on the IITV Images of operative procedure. It is submitted by OP that the complainant has deliberately withheld IITV Images of operative procedure from the expert to get a favorable opinion.

11. It is further contended by the opposite parties that the implant that is used for performing the surgery was fixed at an appropriate angle and the complainant is incorrectly measuring the angle in which the implants are fixed. It is contended that if the fracture would have been fixed as per the complainant following anomaly would have ensued like firstly, there would have been outer stretch (more valgus) at fracture site, which would not have allowed closure of medial (inside) gap, i.e. medial buttress. That means desirable maximum contact of surfaces of fractured ends of bones would not have been achieved. This would have led to originally unstable fracture to become more unstable. Secondly, there would not have been enough space in femur neck and rotation at the fracture site. This would have left this fracture rotationally unstable. Fixation of CC screw is must in this type of fracture in the interest of patient. Thirdly, usage and fixation of DHS barrel plate according the complainant would have led to catastrophic results like-Superior cut-out of lag screw, implant failure and non-union of fracture. In simple understanding, Lag screw that is the anchor of corrective hardware, will cut through the upper surface of the head of the femur (a major complication), destroy it and also the surface of cup of the hip joint (acetabulum) leading to need of total replacement of hip joint- which was against the interest of patient. In support of the arguments, the OPs have produced medical article on "Measurements and Classifications in Musculoskeletal Radiology" by Simone Waldt and Klaus Woertler. The relevant portion is reproduced herewith for ready reference.

M.E. Muller uses the following method for an accurate reconstruction of NSA:

1. The centre of the femoral head is located with a circle template or a computer assisted technique. Reference points for the circular arc are the lateral portion (outermost point) of the epiphysis and the medial corner of the femoral neck.
2. The point of deepest concavity on the lateral border of the femoral neck is marked.
3. Another arc through that point using the center of the femoral head as the center is drawn.
4. The points where the circle intersects the femoral neck are connected.
5. A line is drawn perpendicular to that line through the center of the femoral head. That line represents the femoral neck axis.
6. The femoral shaft axis is drawn midway between the lateral and medial

borders of the femoral shaft

The OPs have adopted the accepted method for fixation of fracture according to the text book procedure as is detailed in chapter on **intertrochanteric fractures** by Thomas A. Russell.

12. I have perused the pleadings, evidence and entire medical record. Also gone through few articles filed by the parties. During arguments the IITV images were displayed on the screen. The procedural details and Biomechanics were explained by the Amicus on the basis of IITV images. The Amicus opined on similar lines as that of AIIMS expert committee's report. It is pertinent to note that the OP-2 reviewed this case from various doctors of international repute namely Dr. ###### and Dr. ###### and Dr. ###### OP-2 filed their affidavits who unanimously opined that there is no element of negligence in the treatment of the Complainant by the OPs.

13. The AIIMS medical board's report clearly mentioned as "Mode of fixation used was standard one and most common instrumentation system in India". It also impels to the method of fixation, reduction of fracture and use of number of screws etc. The patient was a chronic smoker as mentioned in clinical history, which leads to osteoporosis, which are the causes for collapse as mentioned in AIIMS report. It is known that "despite taking all known preventive measure, such collapse is not entirely preventable." Thus, the treating doctors had taken all precautions. The AIIMS report indicates that proper reduction of fracture and standard implant was fixed and also used extra cannulated screw, derotation screw proximally to prevent rotation and collapse (varus), however post-operatively collapse has occurred.

14. Upon careful consideration of the medical reference material along with the report of medical board of experts at AIIMS, Delhi, it is apparent that the surgery in question was performed using standard procedure and what is obvious from the IITV images is that the fracture was anatomically reduced at the end of the surgery. From the perusal of the hospital case-papers that have been submitted along with the complaint, it is clear that the complainant had a history of smoking and was also diagnosed with osteoporosis. Clear advice has also been given to the complainant to stop smoking. The habits of the complainant/patient would be relevant components which would also determine the healing cycle of the patient. Smoking and osteoporosis is a known condition (as reported in AIIMS report) which would alter the way and manner in which the a fracture heals.

15. It was surprising that the Complainant in his submissions made vague and baseless references to various fracture configurations and geometry of fixation. It was very obvious to the bench that none of the submissions were backed with any substantial or credible evidences, no doubt because he is not a medical practitioner. At a certain point the he submitted that the history given by him to the doctors was given by his wife while none of this was taken as a defense in the long history of this litigation. Further he claims that despite him being a smoker

he has not suffered from lung cancer yet and tried to trivialize the osteoporosis caused from his smoking which would no doubt interfere with bone healing as is well known. Needless to add such bizarre submissions coming from a highly educated officer was considered unworthy of serious consideration by this bench.

16. Based on the discussion above, in my view, the OPs performed the surgical procedure with due diligence. They took necessary care to ensure that the fracture was anatomically reduced during the surgery. The operating surgeons have adopted appropriate and accepted procedures for treating and fixing the fracture in question. It is pertinent to note that the complainant's case is limited to the extent of his limb shortening for which he blames incorrect fixation of implant. The X-ray report from Mahajan Imaging – New Delhi clearly shows that the fracture was united. The NSA was 1240 and not 1300 as alleged. On careful perusal of operative IITV images the Varus collapse and telescoping was post- operative and not during or at the end of operation. Thus, it is clear that the fracture was anatomically reduced with proper traction. The complainant failed to prove the proximate cause of his injury.

17. To bring successful claim (complaint) in medical negligence case the victim or victim's family bringing the action must prove the four D's against the erring doctor/hospital. The 4 D's of medical negligence stand for 'Duty', 'Deviation', 'Direct Cause' and 'Damages'. In the instant case, the Complainant establishes the 'Duty', however, he failed to establish the 'Deviation' (Breach in the duty of care) that the OPs deviated from the expected standard of care and it was the 'Direct Cause' of his alleged injury. The Complainant failed to prove by a preponderance of the evidence that the treating doctor's deviation caused damages to him. The medical record, IITV images failed to prove that the OPs adopted improper procedure during basicervical fracture of femur.

18. It is known that when a patient dies or suffers some mishap, there is a tendency to blame the doctor for such happening. In **Jacob Mathew's case**[1], it was held by Hon'ble Supreme Court as under:

> "When a patient dies or suffers some mishap, there is a tendency to blame the doctor for this. Things have gone wrong and, therefore, somebody must be punished for it. However, it is well known that even the best professionals, what to say of the average professional, sometimes have failures. A lawyer cannot win every case in his professional career but surely he cannot be penalized for losing a case provided he appeared in it and made his submissions."

19. In my view, the Complainant's allegations are not supported by cogent evidence to prove his case. The observations of Hon'ble Supreme Court in the case of **C.P. Sreekumar (Dr.), MS (Ortho) v. S. Ramanujam**[2], it was held that the Commission ought not to presume that the allegations in the complaint are

inviolable truth even though they remained unsupported by any evidence. It was held as under:

"37. We find from a reading of the order of the Commission that it proceeded on the basis that whatever had been alleged in the complaint by the respondent was in fact the inviolable truth even though it remained unsupported by any evidence. As already observed in Jacob Mathew case [(2005) 6 SCC 1 : 2005 SCC (Cri) 1369] the onus to prove medical negligence lies largely on the claimant and that this onus can be discharged by leading cogent evidence. A mere averment in a complaint which is denied by the other side can, by no stretch of imagination, be said to be evidence by which the case of the complainant can be said to be proved. It is the obligation of the complainant to provide the facta probanda as well as the facta probantia."

20. The Hon'ble Supreme Court laid down certain duties of the doctor. In the cases, **Dr. ########## vs. Dr. ########## & Anr.**[3] and **########## vs. State of U.P**,[4] it was observed that 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.

21. In the instant case, admittedly, the operating surgeons had requisite qualifications. Healing of fracture depends upon several factors such as osteoporosis, comminution, unstable reduction and early weight-bearing as well as systemic factors such as smoking, steroid intake etc. Despite taking all known preventable measures, such collapse is not entirely preventable. Once healed, further increase in shortening is unlikely. What is apparent is that there has been a continuous progressive collapse resulting in the increase in the shortening of the leg of the complainant. The opinion of medical board constituted at AIIMS is clear in this regard.

22. Based on the entirety, there is neither infirmity in the surgical procedure performed by the opposite parties, nor is there any fault in the advice given by OP-1 to the complainant after the surgery. In light thereof, the present Complaint is liable to be dismissed and is hereby dismissed.

    There shall be no order as to costs.

    I appreciate and expresse gratitude to the Amicus Curiae for his prompt assistance to the Bench.

[1] 2005) SSC (Crl) 1369

[2] 2009) 7 SCC 130

[3] (1996) 1 SCR 206

[4] (1989) 3 SCC 223)

DR. S.M. KANTIKAR
PRESIDING MEMBER

EMAIL FROM IMA - DRAFT REPORT ON THE

"REGISTRATION OF MEDICAL PRACTITIONERS AND LICENSE TO PRACTICE MEDICINE REGULATIONS, 2023

To
Dr Sandhaya Bhullar
Secretary
National Medical Commission

The President,
Ethics and Medical Registration Board
National Medical Commission

Dear Sir,

The NMC has notified Registration of Medical Practitioners and License to practice Medicine Regulations, 2023". IMA is constrained to make the following critical observations. IMA demands appropriate actions from your end.

1. It is pertinent to note that the NMC had placed the Draft Regulation on License to Practice Medicine 2022 and Registration of additional medical qualifications and temporary Registration of the Foreign Practitioner to Practice Medicine in India -2022 in the public domain and had sought comments thereon.
2. IMA had sent its observations to the NMC and other competent authorities enclosing to the covering letter dt. 25th April, 2022 bringing out the gross consistencies, inadequacies, contradictions and also the grounds pertaining to its unsustainability in the eyes of law and also its testing on the legal and constitutional grounds.
3. It is a matter of concern that inspite of the detailed observations having been known by the IMA to the National Medical Council the final regulations that has been put into operations continues to be plagued by inconsistencies, inadequacies and contradictions including wanting whereby it turns out to be questionable in the eyes of law in a gross and substantial manner.
4. The Regulation is now titled as "Registration of Medical Practitioners and License to Practice Medicine Regulations, 2023" which is a deviation from the original nomenclature that was put into public domain in the form of draft regulations. In the preamble it is categorically brought out that the operational regulation is notified in exercise of powers conferred by Clause (Z j), (Z k) and (Zl) of Sub-Section 2 of Section 57 of the NMC Act 2019.

However, in operation in brings within its fold the grant of limited license to practice medicine provided for under Sub-Section 1 of Section 32 of the NMC Act 2019 which is squarely provided for coverage for issuance of aregulation under Section (Zn) of Sub Section 2 of Section of 57 of NMC Act 2019 which is not mentioned in the preamble, which by itself is a palpable fallacy.

5. Further, the ambit in terms of issuance of regulation in regard to the manner of regulating professional conduct and promoting medical ethics under clause b of Sub Section 1 of Section 27 of the NMC Act as provided for under Sub section (Zd) of Subsection 2 of Section 57 of NMC Act and the question of prescribing the manner of taking disciplinary action by the State Medical Council for professional or ethical misconduct of registered medical practitioners of professional or procedure for receiving complaints and grievances by Ethics and Medical Registration Board under Sub Section 2 of Section 30 of the NMC Act 2019 for which regulation is to be notified in terms of (Zh) of Sub Section 2 of Section 57 of the NMC Act is not covered in the ambit of present notified regulation meaning thereby that it would be regulated through issuance of a separate regulation to give an operational effect to the same.
6. Under Section 2 Definitions are brought out and vide a proviso it is brought out that "words and expressions used in these regulations and not defined herein but defined in the NMC Act shall have the same meaning assigned to them in the Act". However, the word 'Registered Medical Practitioner' for whom the entire regulations is brought out is not defined under Section 2 of the Regulation and is also not defined under Section 2 of the NMC Act 2019 as well whereby the vary purpose for which the regulation is brought out is missing in terms of as defined definition which can be said to be nothing more or less than an apology in terms of the grossest possible omission in the Regulation.
7. The IMA in its communication dt. 25th April, 2022 enclosing thereto its Observations has brought out that the inconsistencies, infirmities and the inadequacies in the Draft Regulation were not only in consist with the provisions of the parent NMC Act 2019 but also violative of the Constitutional provisions and also prejudicial the principles incorporated therein specially with reference to Federalism and the doctrine of centre-state relationship. (Annexure A).

   The same is not reproduced so as to avoid repetition but is annexed for reiteration.

8. In section 4 (I) read with Sub Section (iii), it is brought out in the Regulation that the NMC will be the primary registering authority for the persons who qualify NEXT and would be included in the NMC Register. However, this by itself is violative of the governing principle on the basis of which the State Medical Councils are created through State Legislative Enactments with original authority for registration of the Registered Medical Practitioners in the given States is not open for any trespass, prejudice, marginalization of any type by a regulation which in its very nature is a subordinate legislation. As such, the dichotomy renders the regulation questionable on this very count itself. Section 4(iii) of the Regulation stipulates that a Registered Medical Practitioner primarily registered with NMC finding a place in National Medical Register can practice anywhere in India and therefore in terms of the same, the need for their registration in State Medical Council turns out to be redundant. In the teeth of this very clause, the entire operational mechanism incorporated in the regulation for transfer of registration turns out to be inconsistent by its nature and intended operation. Section 4 (iv) stipulates that a processing fee of generation of UID shall be payable in favour of Secretary, NMC and Sub-Section (iii) entitling him/her to practice anywhere in India, then not only in the authority and jurisdiction of State Medical Council stands mauled but also the lone source of revenue receipt is pocketed by the NMC making them lifelong redundant and bankrupt as well.
9. In terms of Section 6 (a) of the Regulation, an application is to be made through a web portal of the Ethic and Registration Board, however no such web portal is notified as of now. In terms of Section 6 (b) of the Regulation, it is provided that eligible persons may opt any State/States to practice medicine implying that an applicant can seek registration in more than 1 State through one application without the Regulation providing for any mechanism of any type for the purposes of providing the same. Nonetheless, in case Registration is awardable in more than 1 State through a common application, the modality of transfer of registration of such an applicant existingly registered in more than 1 State originally is not provided for.

   In terms of Section 6 ©, the State Medical Councils are to consider the application for registration within 30 days with due verification as warranted is much lesser a time limit for all the desired dispensation specially with reference to checking the authentication of all the documents including certificates, specially internship completion certificates and confirmations in regard to the vetting of the documents from the respective

Embassies in case of Foreign Medical Graduates including confirmation of the documents submitted by them from the Foreign Universities.

10. In terms of provisions included in Section 7 (iv) of the Regulation, the Registered Medical Practitioner with additional qualification is entitled to practice anywhere in India and not limited to the State where he or she is primarily registered with the State Medical Council which is hugely paradoxical and is plagued by an absolute contradiction.
11. In terms of provision included in Section 8 of the Regulation, under the title "Renewal of License to Practice Medicine" provisions are made for renewal of registration in every 5 years without any prescription for the mandatory requirement stipulated credit hours. In absence of the same, it would amount to a blind renewal of registration which would be inconsistent with the provisions on this count in the international parlance and thereby is not only a retrograde step but also would make India a laughing stock in the comity of the nations. As such, renewal of registration in terms of its inseparable linkage with prescribed credit hours is a must to be provided even in terms of legal pronouncements as well made by the judicial forums where the same is upheld in unequivocal terms.

    In Section 8(iii), there is no provision provided for reinvestment of "Inactive Registration" in the Regulation which would mean that Registration declared inactive due to minor inadvertence would end up in permanent removal of the name from the register. As such, a procedure for reinstatement for Inactive Registration needs to be provided for to avoid the consequent malady of ending up in invocation of an irreparable inter-alia lifelong damage.
12. As provided for in Section 9 (ii), there is a mechanism for transfer of License to Practice in another State which is at the cost of losing the Right to Practice by the practitioner by the transferring State. This is inconsistent with the provision included in Section 6(b) of the Regulation, where the Registration is provided for the Registered Medical Practitioners in State/States. Upon harmonious reading of the 2 provisions in the Regulation, a mechanism for automatic registration between the transferring and transferee State/States needs to be worked out with right vested in the Registered Medical Practitioners to practice in such State/States.

    In Section 9 (iv), the UID in case of a transfer of the Registration No. shall remain the same and the "Prefixed" code of the concerned State shall be substituted with the "Suffixed" code of the new State which is contradictory because in terms of Section 6 (d), the State Code is to be "Suffixed" whereas

in terms of Section 9 (iv) the word used is "Prefixed" State Code which anomaly is beyond the scope of correction. As such, the contradiction mandates prompt correction.

13. Section 10 of the Regulation provides for the removal and Restoration of Registration. However, it does not provide for any mode and manner for Restoration of Registration which makes the clause not only half baked but also half cooked.

14. Section 11 of the Registration, under the title of transitory provisions, the period provided for is 3 months from the publishing and notification of the said Regulation. However, in the absence of non-existent web portal, the said proviso is meaningless. Further, there are State Medical Councils in the country which have their State Medical Councils in a digital format. The entire information of such State Medical Registers in one go can be transferred to the National Medical Register without compelling the individual Registered Medical Practitioners included in such electronic format to prefer individual applications for inclusion of their names in the National Medical Register.

    It is stipulated therein under Section 11 of the Regulation that the Registration upon the inclusion in the name of National Medical Register shall be valid for 5 years for the date of such inclusion which also would be perilous for the State Medical Councils, specially from the point of view of their receipt revenue for the purposes of Renewal of Registration which would be causing a heavy prejudice to the financial receipts of the State Medical Councils.

    The aforesaid contradictions, inadequacies, inconsistencies and infirmities have rendered the entire Regulations in an utterly confusing and disfigured form which does not augur well for a subordination legislation in the official legislation of the Gazette of India by the National Medical Council as a Parliamentary Enacted Body, specially in the context of its resultant legal invalidity.

    IMA would like to discuss the above matter with your goodself and put forward suggestions. Hope you will be open for remedial measures.

    Thanking you,

    Yours sincerely,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J Nayak
Honorary Secretary General, IMA

WORLD MEDICAL ASSOCIATION

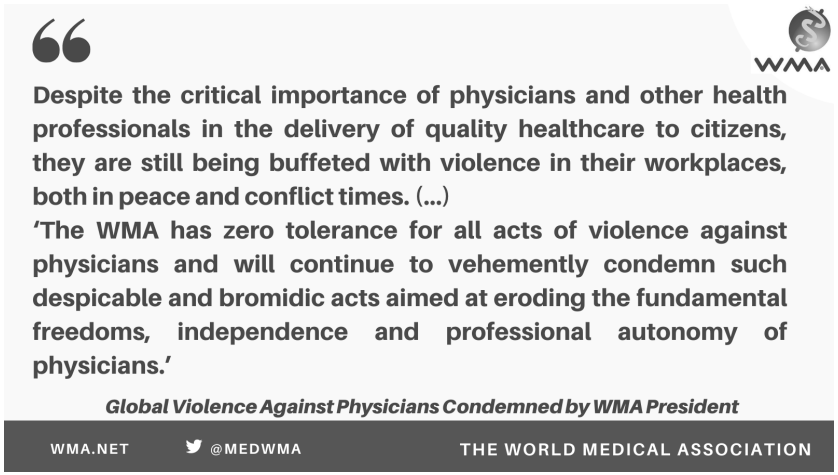
GLOBAL VIOLENCE AGAINST PHYSICIANS CONDEMNED BY WMA PRESIDENT

The global trend of violence against physicians has been condemned by the President of the World Medical Association, Dr. Osahon Enabulele.

Speaking today (Tuesday) at the annual Assembly of the German Medical Association in Essen, Dr. Enabulele said: 'Despite the critical importance of physicians and other health professionals in the delivery of quality healthcare to citizens, they are still being buffeted with violence in their workplaces, both in peace and conflict times.

'Most disturbing is the involvement of repressive regimes in some countries that have undertaken an unholy mission of undermining the professional freedom, independence and autonomy of physicians. The unfortunate repression of our colleagues in Turkey and Iran are very clear examples.

'The WMA has zero tolerance for all acts of violence against physicians and will continue to vehemently condemn such despicable and bromidic acts aimed at eroding the fundamental freedoms, independence and professional autonomy of physicians.'



INDIAN MEDICAL ASSOCIATION

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PARAMEDICAL COURSES

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI

Duration : Two years for Diploma courses. Six months and one year for Certificate courses.

Eligibility Criteria : (i) 10+2 with 40% with science stream **(Physics, Chemistry, Biology, Mathematics, Agriculture, etc.)** for Diploma courses.
(ii) 10+2 from any other stream with minimum 50% of aggregate marks with an undertaking / Affidavit from the students.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P.) and Indian Medical Association HQs. , New Delhi.

For details, please contact or write to :

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Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

NEWS CLIP

ડોક્ટર પર હુમલો કરનારા સામે તાકીદે પગલાં લેવામાં આવે : મેડિકલ એસો.

અમદાવાદ, શનિવાર

સુરેન્દ્રનગર ખાતે ઓન ડ્યુટી મેડિકલ ઓફિસર ઉપર માથાભારે તત્વો દ્વારા હિચકારો હુમલો થયો હતો. આ મામલે તબીબી જગતમાં ઘેરા પ્રત્યાઘાત પડ્યા છે. ગુજરાત મેડિકલ એસોસિયેશને એક યાદીમાં જણાવ્યું છે કે, 'આવા અસામાજિક તત્વોને જેલભેગા કરીને તબીબો-હેલ્થવર્કરને ભયમુક્ત કરવા માટે તાત્કાલિક પગલા લેવા અમારી અપીલ છે. યોગ્ય કાર્યવાહી નહીં કરવામાં આવે તો નાછૂટકે અમારે વિરોધ પ્રદર્શન-હડતાળ જેવા પગલાં લેવાની ફરજ પડશે.'

રિવરફ્રન્ટમાં સાઈકલોથોન દ્વારા લોકોને ટોબેકોથી થતાં રોગોથી જાગ્રત કરાયા

અમદાવાદ | શહેરના મણિનગર મેડિકલ એસોસિએશન અને અમદાવાદ મેડિકલ એસોસિએશનના સંયુક્ત ઉપક્રમે વર્લ્ડ નો ટોબેકો ડે નિમિત્તે રિવરફ્રન્ટ ખાતે સાઈકલોથોન કાર્યક્રમ રાખવામાં આવ્યો હતો. જેમાં લોકોને ટોબેકોથી થતાં રોગો સહિતની માહિતી આપીને જાગૃત કરાયા હતા. ઉપરાંત લોકોને ટોબેકો ન ખાવાની પ્રતિજ્ઞા પણ લેવડાવી હતી.

બોટાદ જિલ્લા પોલીસ માટે CPR ક્લાસનું આયોજન કરવામાં આવ્યું

બોટાદ ભાસ્કર | IMA બોટાદ ના પ્રેસિડેન્ટ ડો. તુષાર રોજેસરા ના માર્ગદર્શન હેઠળ બીજેપી ડો.સેલ ના પ્રમુખ ડો. દેવાંગ પટેલ સાથે બોટાદ પાલિકાના ટાઉન હોલમાં આયોજન કરાયુ હતું. જેમાં બોટાદ એસ.પી, IMA બોટાદ ના પ્રેસિડેન્ટ ડો. તુષાર રોજેસરા, ડો. દેવાંગ પટેલ, ડો.અજય રાઠોડ, ડો. જતીન જીવાણી, ચંદુભાઈ સાવલિયા, જીગ્નેશભાઈ બોલિયા, ડી. વાય.એસ.પી. મહર્ષિ રાવલ ઉપસ્થિત રહ્યાં હતા. જેમાં બોટાદ જિલ્લા ના 750 કર્મચારી ને CPR ની ટ્રેનિંગ અપાઈ હતી. કાર્યક્રમને સફળ બનાવવા બોટાદ એસ.પી. એ IMA બોટાદ ના પ્રેસિડેન્ટ ડો. તુષાર રોજેસરાનો આભાર માન્યો હતો.

અસરગ્રસ્ત વિસ્તારોમાં IMAની ટીમ તબીબી સેવાઓ આપશે

અમદાવાદ : ગુજરાતમાં બિપરજોય વાવાઝોડું ત્રાટકતાં નુકસાની થઈ છે, આ સ્થિતિમાં ઈન્ડિયન મેડિકલ એસોસિયેશને આરોગ્ય સેવાઓ પૂરી પાડવા માટે તત્પરતા દર્શાવી છે. કટોકટીના આ સમયમાં ઈન્ડિયન મેડિકલ એસોસિયેશનની ગુજરાત બાંચ આરોગ્ય સેવાઓ પૂરી પાડશે. ગુજરાત બાંચના તબીબોની ટીમ દ્વારા અસરગ્રસ્તોને તબીબી સેવાઓ પૂરી પાડવાનો નિર્ણય લેવાયો છે.

ખેડબ્રહ્મા IMAએ બહેડિયા ગામ દત્તક લીધું

ખેડબ્રહ્મા | આવો ગાવ ચલે મિશન અંતર્ગત ઈન્ડિયન મેડિકલ એસોસિએશન ખેડબ્રહ્મા બ્રાન્ચ દ્વારા તાલુકાના બહેડિયા ગામને દત્તક લેવામાં આવ્યું હતું જેમાં આઈએમએ ખેડબ્રહ્માના ડોક્ટરોએ વિના મૂલ્યે આરોગ્ય વિષયક સેવાઓ પૂરી પાડવામાં આવશે. જેના ભાગ રૂપે બહેડિયા શાળા નંબર 1માં સર્વ રોગ નિદાન કેમ્પનું આયોજન કરવામાં આવ્યું હતું. આ કેમ્પમાં આદિવાસી વિસ્તારના લોકોએ મોટી સંખ્યામાં લાભ લીધો હતો. પ્રમુખ ગણેશભાઈ પટેલ, સેક્રેટરી કનુભાઈ તરાલ સહિત શાળા પરિવાર, સરપંચ, ગ્રામજનો ઉપસ્થિત રહ્યા હતા.

વાવાઝોડા સામે IMA સજ્જ: રાજકોટની તમામ હોસ્પિટલમાં ઈમરજન્સી વૉર્ડ ૨૪ કલાક ચાલું રખાશે

૫૦થી વધુ ડૉક્ટરો રહેશે તૈનાત: કાલે વાવાઝોડાનો ખતરો ટળી ન જાય ત્યાં સુધી દરેક હોસ્પિટલમાં સારવારને લઈને તમામ પ્રકારની વ્યવસ્થા કરી લેવાઈ: જનરેટર, વેન્ટીલેટર, ઑક્સિજનનો સ્ટોક કરી લેવાયો: પૂરતી સંખ્યામાં સ્ટાફ ઉપલબ્ધ રાખવા તાકિદ

જામનગર-દ્વારકામાં વાવાઝોડાની અસર વધુ વર્તાવાની હોવાને કારણે ત્યાંથી દર્દીઓને રાજકોટ લાવવામાં આવે તો અફડાતફડી ન સર્જાય તે માટે તમામ ડૉક્ટરો સાવચેત: મલ્ટીસ્પેશ્યાલિટી હોસ્પિટલોમાં ટ્રોમા કેર ઉપલબ્ધ રખાશે

રાજકોટ, તા.૧૪

'બીપરજોય' નામની વાવાઝોડારૂપી કુદરતી આફત ગુજરાત ઉપર ઝળુંબી રહી છે ત્યારે આ આફતનો સૌથી વધુ ખતરો સૌરાષ્ટ્ર ઉપર છે જેને ધ્યાનમાં રાખી તંત્ર દ્વારા તૈયારીઓનો પમપમાટ ચાલી રહ્યો છે. બીજી બાજુ વાવાઝોડાને કારણે સૌથી વધુ વરસ્થિયાત તબીબોની ઉપસ્થિત ધનાર હોવાનું જણાતાં જ ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) રાજકોટ સજ્જ બની ગયું છે અને આજે તેમજ આવતીકાલે શહેરની તમામ ખાનગી હોસ્પિટલના ઈમરજન્સી વૉર્ડ ચાલું રાખવા તેમજ પૂરતી સંખ્યામાં ડૉક્ટરો અને સ્ટાફની તૈનાતગી રાખવાની તૈયારી કરી લેવામાં આવી છે.

આ અંગે આઈએમએ પ્રમુખ ડો.પારસ શાહે 'સાંજ સમાચાર' સાથેની વાતચીતમાં જણાવ્યું કે સૌરાષ્ટ્ર માટે ત્રણ દિવસ અત્યંત કપરા હોવાની આગાહી કરવામાં આવી છે જેના પગલે આઈએમએ દ્વારા ૧૩, ૧૪ અને ૧૫ એમ ત્રણ દિવસ માટે શહેરની તમામ મલ્ટીસ્પેશ્યાલિટી હોસ્પિટલનું ટ્રોમાકેર તેમજ ઈમરજન્સી વિભાગ ૨૪ કલાક ચાલું રાખવાનો નિર્ણય કરવામાં આવ્યો છે. આમ તો દરેક હોસ્પિટલમાં ઈમરજન્સી વિભાગ ૨૪ કલાક યથાવત રહેતો હોય છે.

પરંતુ ઘણીવાર જે તે કન્સલ્ટન્ટ તબીબ સહિતના રજા ઉપર જતા હોય છે પરંતુ આવતીકાલ સુધી એક પણ સ્પેશ્યલ કન્સલ્ટન્ટ રજા પર ન રહે તેનું ધ્યાન રાખવા દરેક હોસ્પિટલોને તાકિદ કરવામાં આવી છે. એકંદરે દરેક હોસ્પિટલમાં વાવાઝોડાની સ્થિતિને ધ્યાનમાં રાખી તમામ પ્રકારની વ્યવસ્થા પૂર્ણ કરી લેવામાં આવી છે. આ માટે આઈએમએ સાથે જોડાયેલા ૫૦થી વધુ ડોક્ટરો ખડેપગે રહેશે.

વધુમાં ડો.પારસ શાહે જણાવ્યું કે ખાસ કરીને જામનગર અને દ્વારકા જિલ્લા ઉપર વાવાઝોડાની વધુ અસર રહેવાની શક્યતા હોવાથી ત્યાંની હોસ્પિટલોમાં વીજ પુરવઠો ખોરવાઈ જાય તો ત્યાં દાખલ દર્દીઓને રાજકોટ ખસેડવા પડે તેવી સ્થિતિ હોવાને કારણે અહીં કોઈ પણ પ્રકારની અવ્યવસ્થા ન સર્જાય તે માટે તૈયારી કરવામાં આવી છે. ઉપરોક્ત બન્ને જિલ્લાની હોસ્પિટલોના ક્રિટિકલ કેર વિભાગમાં દાખલ દર્દીઓને રાજકોટ લાવવામાં આવે તો ઑક્સિજન ઉપરાંત જનરેટર, વેન્ટીલેટર પણ એલર્ટ મોડ પણ રાખવામાં આવ્યા છે. વાવાઝોડાને ધ્યાનમાં રાખી આઈએમની એક તાકિદની બેઠક બોલાવવામાં આવી હતી જે માં તૈયારીઓની સમીક્ષા કરવામાં આવી હતી. બીજી બાજુ બપ્પરે રાજકોટના ખાનગી હોસ્પિટલોના તબીબો અન્ય જિલ્લામાં પણ પહોંચી જશે.

અત્રે ઉલ્લેખનીય છે કે વાવાઝોડાને કારણે સિવિલ હોસ્પિટલમાં ૩૦થી વધુ બેડનો એક આખો વૉર્ડ જ તૈયાર રાખવામા આવ્યો છે તો તમામ તબીબો તેમજ સ્ટાફની રજા રદ્દ કરવામાં આવી છે. આ ઉપરાંત સિવિલમાં પણ જનરેટર તેમજ દવા સહિતનો સ્ટોક કરી લેવામાં આવ્યો છે ત્યારે હવે આઈએમએ પણ સજ્જ બની ગયું હોવાથી રાજકોટમાં વાવાઝોડાને કારણે સારવારને લઈને દર્દીઓને આમતેમ ભટકવાની નૌબત નહીં આવે તેમ કહી શકાય.

દેશ-પરદેશની **આજકાલ** aajkaaldaily.com www.aajkaaldaily.com Dt.15-06-2023

વાવાઝોડાનો સામનો કરવા આઈ.એમ.એ.ના ૫૫ ડોકટરોની ટીમ તૈયાર: જરૂર પડે તો રેસ્ક્યુમાં પણ જોડાશે

શહેરની તમામ હોસ્પિટલોમાં ઈમરજન્સી વોર્ડ ૨૪ કલાક ચાલુ રાખશે આ ઉપરાંત ટ્રોમા સેન્ટર,ઓક્સિજન, ક્રિટીકલ કેર ચાલુ રહેશે અને દવાનો પૂરતો જથ્થો ઉપલબ્ધ કરાયો

આજકાલ પ્રતિનિધિ

રાજકોટ

બીપરજોય વાવાઝોડા ની આફત નો સામનો કરવા રાજકોટ ના ૫૫ તબીબોની ટીમ મેદાનમાં ઉતરશે. વાવાઝોડા સામે ઈન્ડિયન મેડિકલ એસોસિએશન તૈયારીઓથી સજ્જ થઈ ગયું છે. શહેરની તમામ હોસ્પિટલોમાં ૨૪ કલાક માટે ઈમર્જન્સી વોર્ડ ચાલુ રાખવા માટે સૂચના આપવામાં આવી છે આ ઉપરાંત તબીબો તેમજ નર્સિંગ સ્ટાફ ની ટીમ ખડે પગે અસરગ્રસ્તોની સેવામાં હાજર રહેશે.

ઈન્ડિયન મેડિકલ એસોસિએશનના પ્રમુખ ડોક્ટર પારસ શાહે જણાવ્યું હતું કે, ૧૩ તારીખથી જ ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા ઈમરજન્સી વિભાગ ૨૪ કલાક ચાલુ રાખવાનો નિર્ણય લેવામાં આવ્યો હતો. રાજકોટ શહેર કે આજુબાજુના વિસ્તારોમાં વાવાઝોડાની વધારે અસર દેખાશે અને દર્દીઓને હોસ્પિટલ સુધી પહોંચાડવા માટે અસક્ષમ હશે તો આ તબીબો ની ટીમ જે તે જગ્યા પર જઈ દર્દીની સારવાર કરશે.

ડોક્ટર પારસ શાહ એ જણાવ્યું હતું કે આજુબાજુના જિલ્લા કે તાલુકા કક્ષાએ વાવાઝોડા અને વરસાદના લીધે વીજ પુરવઠો ખોરવાઈ જાય તો ત્યાં દાખલ થયેલા દર્દીઓને રાજકોટ ખસેડવા પડે તેવી પરિસ્થિતિ ઉભી થાય તો પણ અહીં ક્રિટિકલ કેર વિભાગ દ્વારા તમામ તૈયારીઓ કરવામાં આવી છે.

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

26-05-2023 Dr. Bipin M. Patel, Chairman, PPS IMA GSB attended the meeting of State Task Force for Immunization (STFI) Committee at Gandhinagar.

30-05-2023 Dr. Kamlesh B. Saini, Editor, G.M.J. I.M.A. G.S.B. attended meeting of Inter-sectoral Convergence for Implementation of Intensified Diarrhoea Control Fortnight 2023, at Gandhinagar.

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Shah Bharatkumar S.	23-04-2023	Ahmedabad
Dr. Kelkar Lalita V.	24-04-2023	Surat

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/34041	Dr. Patel Vyoma Nitinkumar	Patan
LM/34042	Dr. Patel Umang Dayabhai	Botad
LM/34043	Dr. Kalathia Jaisukh Arjanbhai	Botad
LM/34044	Dr. Talreja Bharti T.	Botad
LM/34045	Dr. Padvi Swati Babubhai	Navsari
LM/34046	Dr. Thacker Meet Mulraj	Bhujkutch
LM/34047	Dr. Vasava Nehalkumari A.	Bhujkutch
LM/34048	Dr. Memon Hannan Y.	Mehsana
LM/34049	Dr. Patel Adarsh Vishnubhai	Mehsana
LM/34050	Dr. Patel Jaykumar Vinodkumar	Mehsana
LM/34051	Dr. Shah Vidhi Ashitbhai	Nadiad
LM/34052	Dr. Goswami Parth Rajendragiri	Rajkot
LM/34053	Dr. Vasani Viralkumar Manjibhai	Rajkot
LM/34054	Dr. Makadia Yash Nitinbhai	Rajkot
LM/34055	Dr. Dhamsaniya Zeal Ajaybhai	Rajkot
LM/34056	Dr. Patel Vishal Sureshbhai	Rajkot
LM/34057	Dr. Kansagra Awani Rajnikant	Rajkot
LM/34058	Dr. Desai Ashesh Yogeshkumar	Ahmedabad
LM/34059	Dr. Patel Dharmesh Jayantilal	Ahmedabad
LM/34060	Dr. Patel Devarsh Harshadkumar	Ahmedabad
LM/34061	Dr. Shah Kahaan Bhavinbhai	Ahmedabad
LM/34062	Dr. Patel Kinisha Rajendrakumar	Ahmedabad
LM/34063	Dr. Mer Krunal Jagdishbhai	Ahmedabad
LM/34064	Dr. Patel Keyur Prakashchandra	Ahmedabad
LM/34065	Dr. Sutaria Lajja Kantilal	Ahmedabad
LM/34066	Dr. Shah Rushabh Kalpeshkumar	Ahmedabad

LM/34067	Dr. Prajapat Harshita M.	Ahmedabad
LM/34068	Dr. Gujjar Pranay Hasmukhlal	Ahmedabad
LM/34069	Dr. Shah Harshal Bhupeshbhai	Ahmedabad
LM/34070	Dr. Shah Nirali Chetanbhai	Ahmedabad
LM/34071	Dr. Shivhare Shubhanshu	Ahmedabad
LM/34072	Dr. Jain Sanket Chandubhai	Ahmedabad
LM/34073	Dr. Chaudhari Prakash Jesungbhai	Ahmedabad
LM/34074	Dr. Shah Niket Devangbhai	Ahmedabad
LM/34075	Dr. Prajapati Nikhil Jayantilal	Ahmedabad
LM/34076	Dr. Ajmera Vishesh Hasmukhbhai	Ahmedabad
LM/34077	Dr. Patel Richa Bharatbhai	Ahmedabad
LM/34078	Dr. Valdoriya Dwarkesh H.	Ahmedabad
LM/34079	Dr. Donga Namrata G.	Ahmedabad
LM/34080	Dr. Shah Chintan Prafulchandra	Ahmedabad
LM/34081	Dr. Patel Mital Kunjalkumar	Ahmedabad
LM/34082	Dr. Prajapati Nirav Dineshbhai	Ahmedabad
LM/34083	Dr. Patel Kanak Mittal	Ahmedabad
LM/34084	Dr. Shah Sarav Chetanbhai	Ahmedabad
LM/34085	Dr. Talati Sham Ashokkumar	Ahmedabad
LM/34086	Dr. Modi Kashyap Prakashchandra	Gandhinagar
LM/34087	Dr. Shah Swair Kamleshkumar	Gandhinagar
LM/34088	Dr. Kagathara Manali R.	Gandhinagar
LM/34089	Dr. Gupta Sahil Dipakkumar	Gandhinagar
LM/34090	Dr. Patel Jaiminkumar Navinchandra	Gandhinagar
LM/34091	Dr. Patel Devanshi Alkeshbhai	Gandhinagar
LM/34092	Dr. Patel Brijesh Amrutbhai	Harij
LM/34093	Dr. Chavada Mihir Varsangbhai	Harij
LM/34094	Dr. Patel Aayush Ganeshbhai	Khedbrahma
LM/34095	Dr. Shah Dhrumil Anilbhai	Bayad
LM/34096	Dr. Bhavsar Neel Atulkumar	Unjha
LM/34097	Dr. Banker Chirag Ramanlal	Idar

LM/34098	Dr.M Borsaniya Hardik Rameshchandra	Morbi
LM/34099	Dr. Tank Parvezalam M.	Ahmedabad
LM/34100	Dr. Desai Sudeep Nimish	Ahmedabad
LM/34101	Dr. Shah Kinjal Narendra	Ahmedabad
LM/34102	Dr. Gujrathi Arati Vijay	Ahmedabad
LM/34103	Dr. Shah Naisargi Sanjaybhai	Ahmedabad
LM/34104	Dr. Shah Vishesh Jignesh	Ahmedabad
LM/34105	Dr. Nizama Ketan Rameshbhai	Vadodara
LM/34106	Dr. Shah Ketul Anantkumar	Vadodara
LM/34107	Dr. Prajapati Bansari Jignesh	Vadodara
LM/34108	Dr. Patel Dirgha Upendrabhai	Vadodara
LM/34109	Dr. Narang Saransh Rakesh	Vadodara
LM/34110	Dr. Khatri Meet Atulkumar	Vadodara
LM/34111	Dr. Patel Ruchit Mukeshbhai	Vadodara
LM/34112	Dr. Dani Manan Ketankumar	Vadodara
LM/34113	Dr. Dave Lucky Bhagvatikumar	Vadodara
LM/34114	Dr. Shah Shalin Nimeshbhai	Vadodara
LM/34115	Dr. Bulsara Nidhi Shalin	Vadodara
LM/34116	Dr. Begadiya Kanubhai Bakulbhai	Khedbrahma
LM/34117	Dr. Thakur Prabhakant A.	Khedbrahma
LM/34118	Dr. Trivedi Astha Dhimantkumar	Khedbrahma
LM/34119	Dr. Patel Rashmin Shaileshbhai	Mehsana
LM/34120	Dr. Patel Shreya Bhaveshbhai	Mehsana

* * * * *

DISCLAIMER

BRANCH ACTIVITY

BHUJ

27-05-2023 CME on "Approach to Arthritis" by Dr. Pooja Belani.

"Stroke Medical Management" by Dr. Ashish Susvirkar.

03-06-2023 "Liver Transplant Scenario in Gujarat Present and Future" by Dr. Anand Khakhar.

"Unusual case of Jaundice, all Jaundice are not same" by Dr. Ajay Choksey.

BOTAD

11-06-2023 CPR training programme for Police staff. Total 750 persons were trained.

DEESA

11-05-2023 CPR Training at St bus depot with drive, depot staff and passengers present there were the beneficiaries.

17-05-2023 "World Hypertension Day. Portable BP instrument with USB charging cable gifted to them with personal donation also made there by IMA Doctors.

31-05-2023 World No Tobacco Day at "Rasana" Village.

GANDHIDHAM

11-06-2023 CPR Training programme conducted for Police Personnel. This CPR training provided to 1000 Policemen.

28-05-2023 to 07-05-2023 Blood Donation Camp. Total 513 Units were collected.

JETPUR

24-05-2023 CME on "Introduction to the equity market and system that make your money work for you" By Dr. Abhishek Bhuva.

09-06-2023 Health and Happiness Programm by Rotary Club.

KAPADWANJ

24-05-2023 CME on "Gastroenterology-Evolving paradigms in Endoscopy" by Dr. Hardik Kotecha.

"Neurosurgery Endovascular management of ischemic stroke." By Dr. Yahnesh Saija.

KHEDBRAHMA

04-06-2023 Health Check up camp at Primary School.

MEHSANA

21-05-2023 Diabetes Awareness camp & Free Sugar checkup camp. Total 200 persons were attended and got benefited themselves.

27-05-2023 CME on "Overview of Liver Transplant" by Dr. Punit Singla and Dr. Vikas Patel.

"Bone Marrow Transplant" by Dr. Hemant Menghani.

31-05-2023 "Recent updates in Pulmonology" by Dr. Jaykumar Mehta.

"Gastro Gupshup" by Dr. Kaushal Vyas.

MORBI

04-05-2023 CME on "DO'S and DON'T DO"S of CPR training" by Dr. Dipak Aghara.

"Practical aspects of CPR" by Dr. Jayesh Aghara. Total 49 doctors were attended.

05-05-2023 "Basic Pediatrics oncology" by Dr. Nishant Dharsandiya. Total 30 doctors were attended.

07-05-2023 Camp of All Specialities with free consultation and free medicines at Shivam Hospital. Total 120 patients were benefitted.

14-05-2023 Free sugar amd HB Check up camp at Narasang Tekti Temple. Total 160 patients were benefitted.

21-05-2023 Free of all specialities with free medicines at Swaminarayan Temple. Total 132 patients were benefitted.

31-05-2023 "World No Tobacco day" by Dr. Vijay Gadhia.

PALITANA

30-05-2023 CME on "Rhinitis myths and facts" by Dr. Jilan Mehta.

RAJKOT

31-05-2023 World No Tobacco Day awareness programme.

VADODARA

06-05-2023 CPR training programme.

15-05-2023 Doctors Cricket league T20 Cricket Tournament.

29-05-2023 Workshop on Advanced Cardiac Care with these memorable moments by Dr. Shreyas Patel and Mrugesh Suthar.

30-05-2023 Interactive Clinical Workshop by Dr. Lalitha Arumugaswamy, filled with solving diverse cases and worksheets.

3D Radiodiagnosis and prosthetic designing Workshop with combining technology and medicine.

Kindly update your Digital Data for Effective & Fast Communication

INDIAN MEDICAL ASSOCIATION
GUJARAT STATE BRANCH

Estd. On 2-3-1945
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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-2023 in addition to their routine work. These are as under :

01-05-2023 to 31-05-2023 : Intra domestic house to house survey by the centers of Ahmedabad

28-05-2023 to 30-05-2023 : SNID Polio Migratory Vaccination

Nanpur - Surat : Mothers : 5200 Iron Tablet
Children 40 Vitamin A solution were distributed

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

MAY 2023

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	808	320	1128
(2)	Behrampura	(Sardarnagar Ward)	1629	482	2111
(3)	Bapunagar	(Potalia Ward)	1275	189	1464
(4)	Dariyapur	(Isanpur Ward)	1265	267	1532
(5)	Gomtipur	(Saijpur Ward)	2012	380	2392
(6)	Khokhra	(Amraiwadi Ward)	1768	354	2122
(7)	New Mental	(Kubernagar Ward)	1162	132	1294
(8)	Raikhad	(Stadium Ward)	878	136	1014
(9)	Wadaj	(Junawadaj Ward)	1088	127	1215
(10)	Junagadh		-	-	-
(11)	Rander-Surat		-	-	-
(12)	Nanpura-Surat		-	-	-
(13)	Rajkot		-	-	-

MAY 2023

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	22	—	38	4328	265
(2)	Behrampura (Sardarnagar Ward)	03	—	14	2000	650
(3)	Bapunagar (Potalia Ward)	10	—	26	11380	255
(4)	Dariyapur (Isanpur Ward)	25	—	25	17000 Nos.	746 Pkt.
(5)	Gomtipur (Saijpur Ward)	07	—	32	6640 Nos.	192 Pkt.
(6)	Khokhra (Amraiwadi Ward)	37	—	46	4070 Nos.	292
(7)	New Mental (Kubernagar Ward)	07	—	30	23970	794
(8)	Raikhad (Stadium Ward)	27	—	40	4000 Nos.	20 Pkt.
(9)	Wadaj (Junawadaj Ward)	03	—	30	1000	12 Pkt.
(10)	Junagadh	17	—	43	5000	233
(11)	Rander-Surat	05	—	02	390 Nos.	41 Pkt.
(12)	Nanpura-Surat	22	—	23	2880	52 Pkt.
(13)	Rajkot	—	—	—	—	—