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

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-19 JUNE-2024 Issue-06

Dr. Bidhan Chandra Roy
1st July 1882 - 1st July 1962

1st July

"National Doctor's Day"

IIPHG, IMA Gujarat, and KD Hospital Launch Comprehensive Organ Donation : Transplant Coordinator Course

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PRESENTING THE FIRST EVER STUDY FROM INDIA ON CARCINOMA ENDOMETRIUM

SURGICOPATHOLOGICAL OUTCOMES AND SURVIVAL IN CARCINOMA BODY UTERUS: A RETROSPECTIVE ANALYSIS OF CASES MANAGED BY LAPAROSCOPIC STAGING SURGERY IN INDIAN WOMEN

Objectives: The context of this article is based on two main titles those being Gynecologic Oncology and Minimal invasive surgery. **The aim of this study was to report the laparoscopic management of a series of cases of endometrial carcinoma managed by laparoscopic surgical staging in Indian women.**

Materials and Methods: This study was conducted in a private hospital (referral minimally invasive gynecological center). This was a retrospective study (Canadian Task Force Classification II-3). Eighty-eight cases of clinically early-stage endometrial carcinoma staged by laparoscopic surgery and treated as per final surgicopathological staging. All patients underwent laparoscopic surgical staging of endometrial carcinoma, followed by adjuvant therapy when needed. Data were retrieved regarding surgical and pathological outcomes. Recurrence-free and overall survival durations were measured at follow-up. Survival analysis was calculated using Kaplan–Meier survival analysis.

Results: The median age of presentation was 56 years, whereas the median body mass index was 28.3 kg/m2. Endometroid variety was the most commonly diagnosed histopathology. There were no intraoperative complications reported. The median blood loss was 100 cc, and the median intraoperative time was 174 min. There were a total of 5 recurrences (5.6%). The outcome of this study was comparable to studies conducted in Caucasian population. **The predicted 5-year survival rate according to Kaplan–Meier survival analysis is 95.45%, which is comparable to Caucasian studies.**

Conclusion: Laparoscopic management of early-stage endometrial carcinoma is a standard practice worldwide. However, there is still a paucity of data from the Indian subcontinent regarding the outcomes of laparoscopic surgery in endometrial carcinoma. The Asian perspective has been highlighted by a number of studies from China and Japan. **To our knowledge, this study is the first from India to analyze the surgicopathological outcomes following laparoscopic surgery in endometrial carcinoma.** The outcome of this study was comparable to studies conducted in Caucasian population.

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QR Code for Entire Article

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- Rotator Cuff Tear
- Instability
- Osteoarthritis

Elbow

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- Stiff Elbow
- Elbow Osteoarthritis
- Ulnar Nerve Surgery

Hand and Wrist

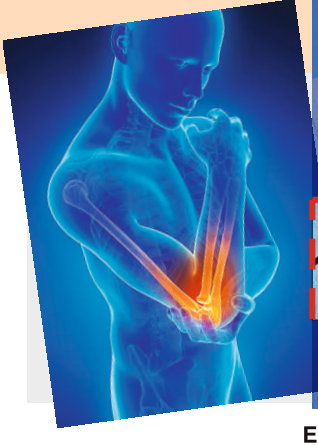
- Carpal Tunnel Syndrome
- Trigger Fingers
- Base of Thumb Arthritis
- Rheumatoid Hands
- Ganglions and Other Swellings
- De Quervain's Disease
- Fractures, Tendon Injuries, and Nerve Injuries

Dr. Parag K. Shah
Consultant Orthopaedics
Shoulder and Upper Limb Surgeon

www.kdhospital.co.in KD Hospital, Vaishnodevi Circle, S. G. Highway, Ahmedabad

TENNIS ELBOW

- Known since more than 100 years
- No definite cause can be ascertained except overuse injury
- Resistant cases are treated with local injections (steroids/ PRP, etc.) but results are unpredictable and recurrence common.



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Orthopaedic Surgeon

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Data from the Comprehensive National Nutrition Survey 2019 (CNNS) highlights that a substantial number of children, exhibit early indications of non-communicable disease (NCD) and its related risk factors like diabetes and hypertension. The presence of altered metabolic biomarkers in over half of the undernourished and normal-weight children and adolescents raises significant public health concerns.

Furthermore, the upsurge in the consumption of highly processed foods laden with sugars and fats, coupled with reduced physical activity and the limited access to diverse foods, exacerbate micronutrient deficiencies and the overweight/obesity problems. Research indicates that unhealthy, highly processed, high-fat, sugar and salt (HFSS) foods have become more affordable and accessible than the healthier alternatives. Aggressive advertising and marketing of these unhealthy foods through different media channels, including social media, are seen to influence dietary preferences among both children and adults, leading to detrimental long-term effects. A large chunk of family income is spent on buying such unhealthy foods. This faulty dietary pattern contributes to deficiencies in iron and folic acid, resulting in anemia and in the higher prevalence of overweight and obesity among population groups.

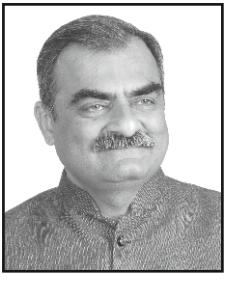
Addressing the issue of anemia necessitates the adoption of the practice of dietary diversification among people and undertaking of measures to counter non-nutritional Contributors. Placing emphasis on eating a variety of foods also aids in tackling the problem of overweight and obesity.

Be Healthy, Be Blessed.

IMA हिंसती मुख हृदय सुधी

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

HON. STATE SECRETARY'S MESSAGE



Celebrating Doctor's Day: A Call to Action for the Doctors of Gujarat

Doctor's Day is more than just a date on the calendar—it's a celebration of our dedication, a nod to our hard work, and a reminder of our crucial role in society. For us, the doctors of Gujarat, it's an opportunity to reflect on how we can go beyond our daily routines to make a lasting impact on our community and profession. Here are some meaningful ways to do just that.

Engage in Community Work

Imagine the smiles of children at a local school health camp or the relief of an elderly patient receiving a free check-up. Our expertise can be a beacon of hope in our communities. Organize health camps in rural areas, participate in public health education, or volunteer at local NGOs. By stepping out of our clinics and into the community, we not only provide essential care but also build stronger, healthier neighborhoods.

Prioritize Personal and Family Health

Amidst our busy schedules, we often neglect our own health and that of our loved ones. Let's make a pact to prioritize regular health check-ups for ourselves and our families. Whether it's an annual physical, routine screenings, or simply taking a day off to recharge, self-care is vital. Leading by example, we can inspire our patients to take their health seriously too.

Comply with Government Fire Safety Policies

Safety in our healthcare facilities is non-negotiable. Remember the tragic fire incidents that could have been prevented with proper safety measures? Adhering to government fire safety regulations is crucial. Conduct regular fire safety audits, ensure all fire safety equipment is functional, and keep evacuation routes clear. This isn't just about compliance—it's about ensuring a safe environment for our patients and staff.

Conduct Mock Drills and Maintain Equipments

Emergencies don't wait for a convenient time, so preparedness is key. Regular mock drills keep our staff sharp and ready to handle any crisis, from a fire to a sudden influx of patients. Maintaining our medical equipment through routine checks ensures everything is in top working condition. This minimizes downtime and ensures that we can provide the best care at all times.

Doctor's Day is a celebration of our profession's nobility and the responsibilities that come with it. By engaging in community service, prioritizing our health and that of our families, complying with safety regulations, and maintaining readiness through drills and equipment upkeep, we can continue to serve Gujarat with excellence and dedication. Let's renew our pledge to make a difference, every day, not just for ourselves but for the entire community we serve.

Be a member of our all Scheme

Health Scheme.....

On Single Membership, Both The Member as well as His/Her spouse can get benefit in the scheme.

Member can get benefits from Health Scheme as well as from Medical Insurance.

Professional Protection Scheme.....

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Family Welfare Scheme.....

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

Letter No: HFWD/0734/06/2024 Dt: 18-06-2024

ગુજરાત સરકાર,
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ,
સચિવાલય, ગાંધીનગર.
પરિપત્ર ક્રમાંક: ગકઅ/૧૦૨૦૨૧/૧૩૧૪/અ

વંચાણે લીધા :

(૧) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા.૨૬/૦૯/૨૦૨૨ના જાહેરનામા ક્રમાંક:GHY-32-2022-GCA-102021-1314-A

(૨) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા.૧૩/૦૩/૨૦૨૪ના જાહેરનામા ક્રમાંક:GHY-04-2024-GCA-102021-1314-A

(૩) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા.૦૬/૦૩/૨૦૨૩નો પરિપત્ર ક્રમાંક:ગકઅ/ ૧૦૨૦૨૧/૧૩૧૪/અ

(૪) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા.૦૭/૦૬/૨૦૨૩નો પરિપત્ર ક્રમાંક:ગકઅ/ ૧૦૨૦૨૧/૧૩૧૪/અ

પરિપત્ર :-

રાજ્ય સરકાર દ્વારા ધી ગુજરાત ક્લિનિકલ એસ્ટાબ્લીશમેન્ટસ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) એક્ટ,૨૦૨૧ની જોગવાઈઓ હેઠળ રાજ્યમાં વિવિધ પ્રકારની તબીબી સંસ્થાઓનું રજીસ્ટ્રેશન કરવા માટે ઉપર વંચાણે લીધેલ ક્રમાંક(૧)થી ધી ગુજરાત ક્લિનિકલ એસ્ટાબ્લીશમેન્ટસ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) રૂલ્સ, ૨૦૨૨ તથા વંચાણે લીધેલ ક્રમાંક (૨) ધી ગુજરાત ક્લિનિકલ એસ્ટાબ્લીશમેન્ટસ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) અમેંડમેન્ટ રૂલ્સ, ૨૦૨૪ દ્વારા નિયમો બહાર પાડવામાં આવેલ છે.વધુમાં, ઉપર વંચાણે લીધેલ ક્રમાંક(૩) અને (૪) ના પરિપત્રો દ્વારા રાજ્યમાં ૫૦થી વધારે પથારી ધરાવતી તબીબી સંસ્થાઓનું રજીસ્ટ્રેશન કરવા માટેની માર્ગદર્શક સૂચનાઓ આપવામાં આવેલ છે.

રાજ્યમાં તબીબી સંસ્થાઓનું ઓનલાઈન રજીસ્ટ્રેશન થઇ શકે તે માટે પોર્ટલ કાર્યાન્વિત કરવાની કામગીરી હાલ આખરી તબક્કામાં છે. દરમિયાનમાં ધી ગુજરાત ક્લિનિકલ એસ્ટાબ્લીશમેન્ટસ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) એક્ટ,૨૦૨૧ની કલમ-૨(ગ)ની ચિકિત્સા સંસ્થાની વ્યાખ્યામાં આવતી ૫૦થી ઓછી પથારી ધરાવતી ચિકિત્સા સંસ્થાઓ સહિતની તમામ સંસ્થાઓનું રજીસ્ટ્રેશન ઓનલાઈન પોર્ટલ કાર્યાન્વિત થાય ત્યાં સુધી આ કામગીરી ઓફલાઈન માધ્યમથી કરવા આથી જણાવવામાં આવે છે.

આ વિભાગના તા.૦૬/૦૩/૨૦૨૩ તથા તા.૦૭/૦૬/૨૦૨૩ના પરિપત્ર ક્રમાંક:ગકઅ/૧૦૨૦૨૧/૧૩૧૪/અથી પ્રસિદ્ધ કરાયેલ અન્ય સૂચનાઓ યથાવત રહેશે.

ગુજરાત રાજ્યના રાજ્યપાલશ્રીના હુકમથી અને તેમના નામે,

(આર.એ.પ્રજાપતિ)
ઉપસચિવ,
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ

Gujarat Medical Council

No.GMC/ Notice-RMP/2521/24 of 2024

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E-mail: mail@gmcgujarat.org

1ST Floor, Old Nursing College Building, Nr. M. P. Shah Cancer Hospital, Civil Hospital Campus, Asarwa, AHMEDABAD-380016.

Date: 19-04-2024

નોટિસ (ફરજિયાત રજીસ્ટ્રેશન માટેની)

આ નોટિસ થકી તમામ એલોપેથિક મેડીકલ પ્રેકટીસનરોને જણાવવાનું કે,

(૧) ગુજરાત રાજ્યમાં એલોપેથિની પ્રેક્ટિસ કરવા ગુજરાત મેડીકલ કોઉંન્સિલનું લાયસન્સ/રજીસ્ટ્રેશન હોવું ફરજિયાત છે.

(૨) ગુજરાત રાજ્યમાં તબીબી પ્રેક્ટિસ કરતા હોવ અને MCI/NMC અથવા અન્ય કોઈ રાજ્યનું લાયસન્સ/રજીસ્ટ્રેશન હોય, તો પણ તેઓ ગુજરાત મેડીકલ કોઉંન્સિલના લાયસન્સ/રજીસ્ટ્રેશન વગર તબીબી પ્રેક્ટિસ કરી શકે નહીં.

(૩) ગુજરાત મેડીકલ કોઉંન્સિલનું MBBSનું રજીસ્ટ્રેશન હોય અને જો તેઓ MD/MS/DIPLOMA/DNB/M.Ch/DM વગેરે equivalent P.G. સ્પેશયાલીસ્ટ / Superspeciality કોઇપણ ડિગ્રી હોય અને તેનું રજીસ્ટ્રેશન ન કર્યું હોય તો સ્પેશયાલીટી / સુપર સ્પેશયાલીટીની પ્રેક્ટિસ કરી શકે નહીં.

આથી, સ્પેશયાલીટી / સુપર સ્પેશયાલીટીની પ્રેક્ટિસ કરતા તમામ તબીબોએ તેમની જે-તે P.G. ડિગ્રીનું લાયસન્સ/રજીસ્ટ્રેશન બાકી હોયતો ગુજરાત મેડીકલ કોઉંન્સિલમાંથી મેળવી લેવું.

(૪) દરેક તબીબ ગુજરાત મેડીકલ કોઉંન્સિલમાંથી જે ડિગ્રીનું લાયસન્સ/રજીસ્ટ્રેશન લીધેલ હોય તેનીજ પ્રેક્ટિસ કરી શકશે.

ઉપરોક્ત સુચનાનું કોઈ તબીબ ધ્વારા ઉલ્લંઘન કરવામાં આવશે તો રજીસ્ટ્રેશન રદ કરવા સુધી અને કાયદા મુજબ થતી અન્ય શિક્ષાત્મક કાર્યવાહીને પાત્ર થશે.

C. Patel.

HON. REGISTRAR,
GUJARAT MEDICAL COUNCIL

Gujarat Medical Council

No.GMC/ Notice-RMP/2520/24 of 2024

Tele. :079-22680534
Mo. : +91 9409018534
E-mail: mail@gmcgujarat.org

1ST Floor, Old Nursing College Building, Nr. M. P. Shah Cancer Hospital, Civil Hospital Campus, Asarwa, AHMEDABAD-380016.

Date: 19-04-2024

નોટિસ (ફોરેન મેડીકલ ગ્રેજ્યુએટસ)

આ નોટિસ થકી તમામ ફોરેન મેડીકલ ગ્રેજ્યુએટસને જણાવવાનું કે,

ગુજરાત મેડીકલ કોઉંન્સિલના ધ્યાન પર આવેલ છે કે કેટલાક FMGs (ફોરેન મેડીકલ ગ્રેજ્યુએટસ) કે જેઓએ વિદેશમાંથી MBBS / MBBS equivalent M.D. "Physician" / MBBS equivalent "Doctor of Medicine" એમ ફક્ત MBBSની જ લાયકાત / ડિગ્રી ધરાવતાં હોવા છતાં તેઓ જાહેર જનતાને ગેરમાર્ગે દોરીને M.D./ M.D. (Physician) / Doctor of Medicine કે વિગેરે જેવી સ્પેશયાલીસ્ટ તરીકે ડિગ્રી બતાવી પ્રેક્ટિસ કરતા હોય છે.

આથી, આવા ફોરેન મેડીકલ ગ્રેજ્યુએટસ ડોકટર્સ જેઓએ MBBS ને Equivalent ડિગ્રી મેળવેલ હોય તેઓએ ફક્ત MBBS તરીકેની જ પ્રેક્ટિસ કરવાની રહશે.

ઉપરોક્ત સુચનાનું કોઈ FMG (ફોરેન મેડીકલ ગ્રેજ્યુએટસ) તબીબ ધ્વારા ઉલ્લંઘન કરવામાં આવશે તો રજીસ્ટ્રેશન રદ કરવા સુધી અને કાયદા મુજબ થતી અન્ય શિક્ષાત્મક કાર્યવાહી કરવામાં આવશે.

HON. REGISTRAR,
GUJARAT MEDICAL COUNCIL

Gujarat Medical Council

No.GMC/ Notice-RMP/ 2308/24 of 2024

Tele. :079-22680534
Mo. : +91 9409018534
E-mail: mail@gmcgujarat.org

1ST Floor, Old Nursing College Building, Nr. M. P. Shah Cancer Hospital, Civil Hospital Campus, Asarwa, AHMEDABAD-380016.

Date: 08-04-2024

નોટીસ

આ નોટીસ થકી ગુજરાત રાજ્યમાં પ્રેક્ટીસ કરતા તમામ રજીસ્ટર્ડ એલોપેથિક મેડીકલ પ્રેકટીશનરોને સૂચિત કરવામાં આવે છે કે તેઓએ તેમનું પૂરું નામ, ડિગ્રી અને સ્પેશ્યાલીટી (ગુજરાત મેડિકલ કાઉન્સિલમાં રજીસ્ટર્ડ થયેલ હોય તેવી) અને ગુજરાત મેડિકલ કાઉન્સિલનો રજીસ્ટ્રેશન નંબર તમામ પ્રેસ્ક્રિપ્શન અને મેડીકલ સર્ટીફીકેટ પર લખવો અનિવાર્ય છે. આ સુચનાનું કોઈપણ રજીસ્ટર્ડ એલોપેથિક મેડીકલ પ્રેકટીશનર ધ્વારા ઉલ્લંઘન કરવામાં આવશે તો તેઓનું રજીસ્ટ્રેશન રદ કરવા સુધી અને કાયદા મુજબ થતી અન્ય શિક્ષાત્મક કાર્યવાહી કરવામાં આવશે.

HON. REGISTRAR,
GUJARAT MEDICAL COUNCIL

* * * * *

INDIAN MEDICAL ASSOCIATION

IMA AMR Pledge

I realize that antimicrobial resistance (AMR) is a public health priority at the global and national level, and for medical professionals. As a dedicated practitioner of modern medicine, I commit, to uphold the sanctity of my profession - by prescribing antimicrobials judiciously- with integrity and care- and with each prescription:

- I commit to assess thoroughly, ensuring antimicrobials are used - only when truly necessary.
- I commit to balance the benefits and risks, considering patient health - as well as public safety.
- I commit to choose antimicrobials wisely, guided by evidence, stewardship principles, and the specific needs of my patients.
- I commit to defend against antimicrobial resistance, preserving the power of antibiotics, for future generations.

Together, let our actions contribute - to the health and happiness of all, free from the shadow of AMR.

Long Live IMA!

Performa for Collecting details of IMA Blood Centers of India

- Name of the Blood Center and its location
- Inauguration date & year of blood center
- Inauguration date & year of component separation unit
- IMA branch / IMA State
- History and Legacy
- IMA Leaders behind the project
- Initial funding & recurring cost
- Address & contact number of the blood center
- 4 good photographs of your blood center
- Medical Officer in charge
- Mode of testing samples
  (Rapid card test/Eliza/Chemiluminence/NAT)
- Apheresis
- The blood products available
- NACO supported
- Storage capacity of blood & components.

Please forward the above details to dranithab@gmail.com

Please contact 9388442595 for queries.

Dr. Anitha balakrishnan

Vice Chairman

IMA Standing Committee for Blood Donation & Blood Bank

Revolutionising Organ Donation Awareness : IIPHG, IMA Gujarat and KD Hospital Forge Alliance to Launch Innovative Public Education Initiative

Ahmedabad, 12 June 2024

The Indian Institute of Public Health Gandhinagar, the Indian Medical Association Gujarat State Branch, and Kusum Dhirajlal (KD) Hospital came together to sign a memorandum of understanding (MoU) aimed at raising public awareness about organ donation. Under this agreement, these three organisations will collaboratively offer an educational and informative course in three phases to promote understanding and participation in organ donation and transplantation.

The initial phase will focus on providing citizens across India with a comprehensive understanding of organ donation and the process of pledging organs. The second phase will offer basic training to paramedical staff interested in engaging in organ transplantation and donation efforts. Finally, the third phase will have an advanced knowledge course on organ transplantation and organ donation. Importantly, all phases of the course will be offered in a hybrid format, combining both offline and online components.

The aim of this course is to increase the number of transplant coordinators who are very important for the promotion of organ transplantation and organ donation and to enhance the skills of current transplant coordinators. The goal of this initiative is to spread awareness about organ donation throughout India and to amplify the capabilities of individuals working within the field of organ transplantation.

Dr. Deepak Saxena, Director of IIPHG, emphasised the significance of this initiative, noting that IIPHG is the first public health university in India dedicated to public health education, training, and research. This

organisation offers a diverse range of courses focused on public health. Notably, our esteemed Prime Minister, Shri Narendra Modi, has consistently emphasised the importance of organ donation awareness through his Mann Ki Baat program. Originating during his tenure as the Chief Minister of Gujarat, this university was founded with a vision to address pressing societal issues. Inspired by the critical need to promote organ donation, the idea evolved into the inception of a specialised course dedicated to raising awareness about this vital cause.

Dr. Mehul Shah, Secretary of the Indian Medical Association Gujarat Branch, highlighted the momentum gained since receiving a letter from Dr. Anilkumar, Director of NOTTO (National Organ and Tissue Transplant Organisation), in December 2023, calling for increased organ donation pledges. With a vast network of over 33,000 doctor members and more than 113 local branches, IMA Gujarat will continue to make its contribution towards raising public awareness about organ donation and encourages all doctor friends to actively participate in this course.

Dr. Parth Desai, COO of Kusum Dhirajlal (KD) Hospital, emphasised that with our hospital's comprehensive transplant facilities covering kidney, liver, heart, lung, and cornea, we are very much aware of the challenges faced by patients on waiting lists. The State Organ and Tissue Transplant Organisation (SOTTO) has made remarkable progress in reducing these waiting times, earning national recognition from the National Organ and Tissue Transplant Organisation (NOTTO). Following SOTTO's directives to strengthen organ donation efforts, we regularly host awareness initiatives such as walkathons, marathons, drama competitions, CMEs, and public lectures. KD Hospital is deeply committed to this cause, extending our involvement to include structured training programs for Organ Transplantation Center staff, thereby enhancing both awareness and functional efficiency in organ donation and transplantation.

FAMILY MEDICINE CONCLAVE -2024

Family physician are backbone of society,. They are primary contact for any medical problem which mankind face. Family physician can triage emergency and non-emergencycondition and thereby lessen burden on secondary and tertiary hospitals, not only that they relieve stress of patient relatives and guide them for further treatment approach. Every year the world celebrates Family Physician Day on 19th May.

Our Dean IMA CGP Dr. Satyajit Borah and Hon. Secretary Dr. R. Anburajan during CGP meeting expressed desire to organize a scientific conclave to update knowledge of family physician and thereby help better patient treatment outcome, and do something to spread message about importance of family physician for the society.

So we at Gujarat took the responsibility to organize a medical conclave for the family physician. To organize a medical conference for the state is a herculean task and that in a short span of two months. But as you all know we have able leadership of GSB IMA President Dr. Bharat Kakadia sir and dynamic secretary Dr. Mehul Shah, who not only gave green signal but worked with us day in day out to make event a grand success.

Considering the vital role the family physician play to manage healthcare, We at College of GP, IMA-Gujarat under the guidance of Gujarat State Branch – IMA also planned to honour and felicitate senior family physician across Gujarat who are serving society for five to four decades

First of all zones of Gujarat state branch were contacted, and were briefed about conclave, and asked to take active participation. Ahmedabad zone and its branch Ahmedabad Medical Association was first to take active participation and co-host the conclave. Thanks to President, Dr. Tushar Patel, Secretary Dr. Urvesh Shah and entire committee and its staff to make event successful.

Here we would like to express our sincere gratitude to FFPAI and The Gujarat Insurance Medical Officers (cl-II) Association for their wholehearted support. Few name to remember, Dr. Pragnesh Vaccharajani, Dr. Mrs Hetal Shah and Dr. Piyush Sheth.

Family Medicine Conclave was a mega success because

1. It was held first time in Gujarat under banner of College Of GP IMA Gujarat.
2. It was graced by HSG IMA Dr. Anilbhai Nayak sir and IMA CGP Dean Dr. Satyajit Borah
3. More than 400 delegates attended the conclave
4. Simultaneous spouse program was arranged and attended by 100 spouse
5. More than 150 delegates were from different part of Gujarat
6. Eminent faculties of Gujarat delivered their expertise.

7 Total 16 senior Family Physician from Gujarat were felicitated.

1. Dr. Abhay S. Dikshit, Ahmedabad
2. Dr. Arvind C. Trivedi, Bhavnagar
3. Dr. Champaklal K. Shah, Godhra
4. Dr. Hasmukh Shah, Vadodara
5. Dr. Indravadan S. Shah, Surat
6. Dr. Jayesh M. Tamakuwala, Surat
7. Dr. Vinod C. Shah, Surat
8. Dr. Kirit R. Jani, Visnaghar
9. Dr. Kirti R. Sanghavi, Ahmedabad
10. Dr. Manohar K. Korvadia, Rajkot
11. Dr. Mukundray C. Patel, Anand
12. Dr. Pradeep M. Karkare, Rajkot
13. Dr. R.S. Patidar, Vadodara
14. Dr. Ramesh B. Shah, Surendranagar
15. Dr. Rameshchandra J. Rawal, Mehsana
16. Dr. V.R. Trambadia, Rajkot

We received so many compliments like flawless, grand, well managed, extraordinary food and arrangement, all this compliments goes to pillars of conclave Dr Brijen Choksi and Dr Naitik Patel, Dr Dhiren Mehta, Dr Ashish Bhojak and staff of GSB who meticulously managed entire event.

We are thankful to all our senior leaders of IMA who inspired us with their blessing and presence particularly Dr. Jitubhai B. Patel, Dr. Parimal Desai, Dr. Bipin Patel, Dr. Monaben Desai, Dr. Yogendra Modi, Dr. Kamlesh Saini, Dr. Mahesh Patel, Dr. Dilip Gadhavi, Dr. Vidhyut Desai, Dr. Navneet Patel.

Here We would like to mention few names who not only mentored us but actively supported Dr. Vinod Shah, though he was out of India, he inspired to achieve record attendance Dr. K. C. Gadhavi, Dr. A bhay Dixit, Dr. Kirti Sanghavi, Dr. A. K. Maheshwary & more.

Special thanks to team AV Dr. Arpit Prajapati, Dr. Sagar Thummar, Dr. Patnaik, Dr. Aniket Tripathi and all chairperson of event. Team Sabarmati under guidance of Dr Vijay Maurya and two stalwarts of Paldi Dr R.I. Patel and Dr J. C. Mehta has supported to achieve target, thank you all for your efforts.

All Zonal committee members from Surat, Rajkot, Bhavnagar, Vadodara, South zone, West zone, and central zone who have worked tirelessly and spared their time to make conclave a grand one, thank you all from bottom of heart. Pardon us as list is long so not publishing each name.

Spouse program was excellent and it was possible only because of Dr. Kalpita Dave and whole team. To name few Dinaben, Alkaben, Jasnaben, Mayuriben the list is endless, thanks and congratulation to all for well-organized spouse program.

Dr. Jaswantsinh Darbar
Director
CGP, GSB-IMA

Dr. Vasant Patel
Hon. Secretary
CGP, GSB-IMA

Dr. Kiritbhai Gadhavi
IP Director
CGP, GSB-IMA

Dr. Kamlesh Naik
Hon. Jt. Secretary
CGP, GSB-IMA

Dr. Pragnesh Shah
Coordinator
CGP, GSB-IMA

Dr. Mehul Shelat
Coordinator
CGP, GSB-IMA

I.M.A. College of General Practitioners

Head Quarters

IMA TN State HQs Building, Doctors Colony, Via Bharathi Nagar 1st Main Road, Off: Mudichur Road, Tambaram (West), Chennai -600 045, Mob: 94426 12138 / 97890 14450

APPLICATION FORM FOR LIFE MEMBERSHIP

(The information will be treated as confidential)

PLEASE WRITE CLEARLY

Application Form Scan Here

1. Name (In Block Letters): Dr. .....
2. S/o, W/o :.....
3. Address (In Block Letters) for: Correspondence:

   Contact No.....Email ID.....

4. Date of Birth: Sex: MALE/FEMALE

5. Qualification(Degrees-**MBBS/MD/MS** & Diplomas)

1. University.....Year.....3. University.....year.....
2. University.....Year.....4. University.....Year.....

6. Registration with.....Medical Council Reg No.....
7. Member of IMA through.....Branch ..... State Branch
8. IMA Life membership No.....
9. Status: General Practice/Specialist Practice/Govt. Service/Teaching Service

I hereby give an undertaking that I shall abide by the rules and regulations of IMA CGP and uphold and promote the aims of the College to the best of my ability.

Signature of the Applicant

FOR OFFICE USE ONLY **SUB-FACULTY IMA CGP**

Forwarded to IMA CGP State Faculty Membership Approved YES/NO

Membership fee remitted

Date.....

HON.SECRETARY LOCAL BRANCH/
HON. SECRETARY SUB-FACULTY, IMA CGP

FOR OFFICE USE ONLY **STATE-FACULTY IMA CGP**

Forwarded to IMA CGP HQs ,Chenna i Membership Approved YES/NO

Membership fee remitted

Date.....

HON. STATE SECRETARY/
HONY. FACULTY SECRETARY, IMA CGP

FOR OFFICE USE ONLY **HEADQUARTERS IMA CGP**

Received on.....Form and Fee Rs..... By Cash/ Cheque / DD / Neft / IMPS/ UPI / No.....Date..... Bank.....

Allotted Membership No.....

Life Membership Certificate dispatched on..... **Life Membership Fee for GP's and Other Specialists**

Rs: 1180 /-)

(DD/Cheque in the Name of "**IMA CGP HQRS**" payable **Chennai**)

HON. SECRETARY
IMA CGP HEADQUARTERS

Redevelopment of IMA HQs. Building
Indraprastha Marg, New Delhi

Dr Ketan Desai
Chief Patron

Dr Anilkumar J. Nayak
HSG, IMA HQs (New Delhi)

Dr. Bharat M. Kakadia
President,
IMA-GSB

Dr. Mehul J. Shah
Hon. State Secretary,
IMA-GSB

Dr. Tushar B. Patel
Treasurer,
IMA-GSBB

APPEAL

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Dr. S. S. Vaishya
Daman
Rs. 1,00,000/-

Dr. Pradipkumar K. Desai
Surat
Rs. 1,00,000/-

Dr. Hemant Bhatt
Anand
Rs. 1,00,000/-

* * * * *

CME IMA Jamnagar Branch

* * * * *

CME IMA Rajkot Branch

Family Medicine Conclave "World Family Physician Day-2024"

Family Medicine Conclave "World Family Physician Day-2024"

Family Medicine Conclave "World Family Physician Day-2024"

HEALTH SCHEME; G.S.B. I.M.A.

UNIQUE SCHEME

Be a Member

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SINGLE MEMBERSHIP DUAL BENEFIT

- ON SINGLE MEMBERSHIP, BOTH THE MEMBER AS WELL AS HIS/HER SPOUSE CAN GET BENEFIT IN THE SCHEME.
- MEMBER CAN GET BENEFITS FROM HEALTH SCHEME AS WELL AS FROM MEDICAL INSURANCE.

DISEASES COVERED

- HEART DISEASE *BYPASS, ANGIOPLASTY, VALVULAR HEART, PACE MAKER IMPLANT.)
- KIDNEY DISEASE (HEMODIALYSIS, RENAL TRANSPLANT, RENAL ANGIOPLASTY)
- CANCER-SURGICAL, RADIOTHERAPY, CHEMOTHERAPY
- JOIN T REPLACEMENT (TOTAL KNEE AND HIP JOINTS)
- BRAIN TUMOR

- CEREBRAL/BRAIN HEMORRHAGE
- ORGAN TRANSPLANT
  (LIVER, LUNG, KIDNEY & HEART TRANSPLANT ONLY)

PHONE NO. 9313570725

healthschemeimagsb@gmail.com | +079 26585430
(02:00 PM - 06:30 PM)

DISCOUNTED FEES SCHEDULE

AGE GROUP	ADMISSION FEES (Rs.)	ANNUAL SUBCRIPTION FEES (Rs.)	ANNUAL MEMBERSHIP FEES (Rs.)	TOTAL	GST 18%	ADVANCE F.A.C. (Rs.)	TOTAL (Rs.)
Below age of 35 Yrs	0	50	50	100	18	7500	7618
Between 35-45 Yrs	750	50	50	850	153	7500	8503
Between 46-55 Yrs	1250	50	50	1350	243	7500	9093

SOCIAL SECURITY SCHEME; G.S.B. I.M.A.

UNIQUE SCHEME

Be a Member

Application Form Scan Here

Approved Amendments From 24/02/2024,

- The benefit of the above scheme can be availed only after three year of membership who became member of the scheme during 50 to 60 years of age.
- **A member above the age of 50 years and below the age of 60 years having a continuous membership of Gujarat State Branch of IMA atleast of 3 years on the day of joining the scheme.**
- **Every live and retired Members of this scheme shall have to pay Rs. 1500/- (Rupees : One Thousand Five Hundred Only) as Brotherhood Fraternity Contribution (BFC) yearly .**
- A member above the age of sixty years is not eligible to become a member.

FEE SCHEDULE :

	Admission Fee	18% GST	Advanced Fraternity Contribution	Annual Subscription	Total
UP To 30 Years	Rs. 1000/-	180/-	Rs. 3000/-	Rs. 1/-	Rs. 4181/-
31 To 40 Years	Rs. 2000/-	360/-	Rs. 3000/-	Rs. 1/-	Rs. 5361/-
41 To 50 Years	Rs. 3000/-	540/-	Rs. 3000/-	Rs. 1/-	Rs. 6541/-
51 To 55 Years	Rs. 10000/-	1800/-	Rs. 3000/-	Rs. 1/-	Rs. 14801/-
56 To 60 Years	Rs. 20000/-	3600/-	Rs. 3000/-	Rs. 1/-	Rs. 26601/-

Office : 3rd Floor, "A.M.A. House", Opp. H. K. College,
Ashram Road, Ahmedabad - 380 009.
Phone : 079-26580690 E-mail : sssgsbima@gmail.com

FAMILY WELFARE SCHEME; G.S.B. I.M.A.

UNIQUE SCHEME

Application Form Scan Here

Be a Member

- **Approved Amendments From 24/02/2024,**
- Any life member of Gujarat State Branch of I.M.A is eligible to become the member this Family Welfare Scheme GSB IMA (FWS GSB IMA). **There is no prerequisite to be a member of SSS GSB IMA Scheme**.
- Any member aged between **50 to 60 years having three (03) years of continuous life membership of Gujarat State Branch of IMA** is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA).
- Benefit of Fraternity Contribution of the scheme for **Members Upto age of 50 years**, is eligible only after Completion of **one year of membership** of **FWS GSB IMA.**
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41 To 45 Years	Rs. 5000/-	Rs. 6000/- +	1080/-	Rs. 12080/-
46 To 50 Years	Rs. 5000/-	Rs. 7000/- +	1260/-	Rs. 13260/-
51 To 55 Years	Rs. 5000/-	Rs. 10000/- +	1800/-	Rs. 16800/-
56 To 60 Years	Rs. 5000/-	Rs. 20000/- +	3600/-	Rs. 28600/-

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NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION

NEW DELHI

FIRST APPEAL NO. 1785 OF 2019

(Against the Order dated 27/02/2019 in Complaint No. 18/2016 of the State Commission Punjab)

1. MAX SUPER SPECIALITY HOSPITAL & 2 ORS.
THROUGH ITS DIRECTOR AND HEAD. PHASE-VI.
MOHALI. PUNJAB-160055.....

.....Appellant(s)

Versus

1. SHAM SINGH & ANR.
S/O. SHRI. DALIP SINGH. R/O. 3322, SEC TOR-71.
S.A.S. NAGAR. PUNJAB
2. DR. ANURAG SHARMA, SENIOR CONSULTANT
CARDIOLOGIST, DEPARTMENT OF CARDIOLOGY.
MAX SUPER SPECIALITY HOSPITAL,.....

BEFORE:

HON'BLE MR. SUBHASH CHANDRA,PRESIDING MEMBER

HON'BLE DR. SADHNA SHANKER,MEMBER

FOR THE APPELLANT	:	FOR THE APPELLANTS : MR. RAVIKESH K. SINHA, ADVOCATE IN FA/1785/2019 AND RESPONDENTS NO. 2, 3 & 4 IN FA/2121/2019
FOR THE RESPONDENT	:	FOR DR. ANURAG GUPTA : MR. ABHISHEK GROVER, ADVOCATE WITH MR. PARVEEN KUMAR AGGARWAL, ADVOCATE FOR SHAM SINGH : MR. D. S. GANDHI, ADVOCATE

Dated : 31 May 2024

ORDER

DR. SADHNA SHANKER, MEMBER

1. These two appeals have been filed under Section 19 of the Consumer Protection Act, 1986 (hereinafter referred to as "the Act") in challenge to the Order dated 27.02.2019 passed by the State Consumer Disputes Redressal Commission, Punjab (hereinafter to be referred to as 'State Commission') in complaint No. 18 of 2016 whereby the complaint was allowed. First appeal no. 1785 of 2019 has been filed by Max Super Speciality Hospital, Dr. Manuj Wadhwa & Dr.

Sudheer Saxena (hereinafter referred to as the 'hospital' and 'doctors') for setting aside the Order dated 27.02.2019 of the State Commission. Also, first appeal no. 2121 of 2019 has been filed by Dr. Anurag Sharma (hereinafter referred to as the 'senior cardiologist') for setting aside of the Order dated 27.02.2019 of the State Commission.

2. The relevant brief facts of the case are that on 11.08.2014, the complainant's wife, Smt. Salwinder Kaur, (hereinafter referred to as the 'patient') feeling pain in her knees from 06 months, visited the hospital and the doctor after check-up told the complainant that the atient had advanced osteoarthritis of both the knees and suggested surgery for replacement of both the knees and placing a rod in the right leg of the patient. It is informed by the doctor that as both knees of the patient were in advanced stage of Osteoarthrities, it as mandatory for them to get Bilateral Total Knee Replacement. Following the advice given by the doctor, the complainant got the patient admitted in the hospital. The pre-operative tests were conducted on the patient. It is alleged that on 19.08.2014, Dr. Amit Gupta conducted Echo Test upon the patient and as per the report, left ventricular Ejection Fraction (LVEF) was recorded to be 35% and as per the medical jurisprudence, the doctors are not supposed to conduct Knee Replacement Surgery of a patient with 35% LVEF otherwise the surgery could be fatal for the patient. Despite this fact, the doctors got conducted 2D Color & Doppler Echoardiography test on the same day, which shows LVEF = 60%, which is medically impossible and is wrong being manipulated / doctored by the doctors in order to conduct the surgery against the health condition of the patient. It is alleged that on 20.08.2014, the Bilateral Total Knee Replacement of the patient was conducted. It is further alleged that the X-ray knees and X-ray Chest PA/AP was conducted on 19.08.2014 and the report was given by Dr. Monica Chhabra and Dr. Ambreen Jyot Sidhu on 21.08.2014 and 22.08.2014, respectively whereas the surgery was conducted one day before i.e. on 20.08.2014 even without perusing the X-ray reports of the knees and chest of the patient by the doctors. It is alleged that X-ray of chest AP view report of the patient shows Cardiomegaly, a state where Cardiac of the deceased was shown as enlarged. It is alleged that on 23.08.2014 when the condition of the patient was deteriorating, she was shifted to ICU and then on 25.08.2014 to SICU and the patient was kept on ventilator in SICU till 08.09.2014. On 09.09.2014, the doctor referred the patient to Cardio Dr. Sudheer Saxena in CCU and Angiography was done and the report came out to be normal but patient's condition was worsening day by day. On 10.09.2014, Dr. Saxena conducted angiography test and the report came out to be normal, therefore, the patient was discharged despite her critical condition. It is alleged that on 11.09.2014 the condition of the patient became very critical at home and the family of the

10/06/2024, 18:35 about:blank about:blank 2/7 complainant called Max Hospital Ambulance and took the patient to the doctor in an emergency but the doctor refused to admit the patient back and then the patient was taken to Fortis Hospital, which also refused to admit the patient. Thereafter, the complainant took the patient to SGHS Hospital, Sohana where the patient was admitted in ICU and remained there till 23.09.2014 and on 24.09.2014 she was put on ventilator and unfortunately, on 01.10.2014, the patient died.

It is alleged that as the patient was not taken care of as per medical protocol before and after the surgery, she got infection/sepsis and remained on invasive mechanical ventilator for approximately one week. It is also alleged that the death summary report also shows that the patient had swelling in both the knees. Hence, alleging medical negligence on the part of the hospital and the doctors and the senior cardiologist, the complainant filed a complaint before the State Commission.

3. The hospital and doctors contested the complaint by raising preliminary objections that the complainant had no cause of action to file the complaint. And that the Max Super Speciality Hospital, Mohali is a tertiary Care Hospital, engaged in providing state of art service in a very transparent and compassionate manner. It is also stated that all the preoperative tests were conducted and after fully confirming that the patient is fit to undergo surgery, clearance for conducting surgery was given by the concerned doctor of the hospital. It is also stated that the contention of the complainant that LVEF was only 35% is totally incorrect as 2D Colour and Doppler Echo done on 19.08.2014 clearly shows that the LVEF of the patient was more than 60% which was within the normal parameters. It was further stated that the patient was not having any complaints of breathlessness or chests pain and there is no medical negligence on the part of the hospital and the doctor and the senior cardiologist and the complaint is liable to be dismissed.
4. The State Commission, vide its Order dated 27.02.2019, allowed the complaint and directed the hospital and the doctors to pay Rs. 25,00,000/- as compensation to the complainant, along with interest at the rate of 8% per annum from the date of filing of the complaint till realization and litigation expenses of Rs. 33,000/-.
5. Being aggrieved by the impugned order dated 02.08.2018, the hospital and the doctors and the senior cardiologist have filed the instant appeals before this Commission.
6. Learned counsel for the hospital and the doctors has argued that the 2D Color and Doppler Echo Cardiography Test report shows that the Left Ventricular Ejection Fraction (LVEF) was 60% and only after satisfying that the ECHO Report was normal, the clearance was given for surgery. Pre-Anesthesia Check

(PAC) was also conducted on the patient and the clearance was given for surgery, which has been overlooked by the State Commission. He further argued that the ECHO test was conducted on the patient on 26.08.2014 but inadvertently the date in the report was mentioned as 19.08.2014, which stood corrected on 26.08.2014. He further argued that another ECHO test and DL Scopy were done and the patient was extubated on 08.09.2018 and the patient was shifted to Cardiology Department due to ECG Atrial Fibrillation and Bigemini Changes and on 09.09.2014, an angiography was conducted on the patient and the report was found to be normal and the patient was discharged on 10.09.2014 when the patient was fully conscious, oriented, thermodynamically stable afebrile, TLC (WBC) Count within normal unit. He further argued that on 11.09.2014, 10/06/2024, 18:35 about:blank about:blank 3/7 the patient was brought to the hospital in an emergency but her condition was found to be normal, therefore, the patient was not admitted. He further argued that no expert witness was produced to prove medical negligence on the part of the hospital and doctors. He further submits that X-ray Knee and X-Ray Chest reports had been prepared subsequently but the same were shared with the treating surgeon on 19.08.2014. Therefore, there is no negligence on the part of the hospital and doctors and the complaint is liable to be dismissed.

7. Learned counsel for the complainant has argued that ECHO test of the patient conducted by Dr. Amit Gupta on 19.08.2024 shows LVEF as 35% and as per medical protocol, no surgery could be done and if done, it could be fatal to the life of the patient. He further argued that the report of 2D Colour & Doppler Echocardiography is forged one and no 2D Colour & Doppler Echocardiography was conducted. He further argued that the doctors conducted the surgery on 20.08.2014 without waiting for the report of the X-ray knee and x-ray chest, which amounted to medical negligence on the part of the hospital and doctors. He further argued that at the time of discharge, the patient was not well but the doctors forcibly discharged her. He further argued that when the patient came in emergency on the next day, the hospital and doctors refused to admit and treat her, which amounted to deficiency in service on the part of the hospital and doctors.
8. Heard learned counsel for the appellants – hospital and the doctors, the learned counsel for senior cardiologist and the learned counsel for the complainant – Mr. Sham Singh and perused the record including the State Commission's impugned Order dated 27.02.2019 and the memoranda of appeals.
9. The question for our consideration is as to whether there was medical negligence on the part of the hospital and the doctors.
10. In so far as the contention that the wrong date has been mentioned in the ECHO test report, from a perusal of ECHO report, it seen that the report was prepared

by Dr. Amit Gupta on 19.08.2014. The perusal of log at page 499 makes it clear that on 19.08.2014 the hospital issued two requisitions bearing No. 254126 and 254127 and the requisition no. 254126 relates to ECHO while requisition no. 254127 relates to PFT/Spirometry test. The dates mentioned in the requisition and the ECHO test report are same i.e. 19.08.2014. Therefore, it cannot be said that a wrong date has been mentioned in the ECHO report.

Further, the bill issued by the hospital at page 501 shows that the hospital has charged Rs. 1100/- for conducting Echo test, which was conducted on 20.08.2014. The hospital has further charged Rs. 1100/- for another Echo-Bedside, which was conducted on 23.08.2014. The hospital and the doctor had not produced any credible evidence to show that the Echo test was conducted on 26.08.2014 as mentioned by them. Therefore, the contention of the opposite party that wrong date has been mentioned is rejected and it is clear that the ECHO report of 19.08.2014 shows LVEF as 35% is the correct one.

11. In so far as the question that the report of 2D Colour & Doppler Echocardiography is fabricated or forged, the hospital and the doctors have failed to produce any requisition or any bill to show that the said test was conducted. Therefore, the report of 2D Colour & Doppler Echocardiography cannot be accepted. 10/06/2024, 18:35 about:blank about:blank 4/7
12. It is apposite at this stage to read the relevant part of ECHO test report dated 19.08.2014, which reads as under:-

    "Interpretation Comments
    Global LV hypokinesia, more in LAD territory, LVEF = 35%
    Moderate to severe MR
    Mild TR and an estimated PA Systolic pressure 30 mm Hg
    IVC normal sized, complete inspiratory collapse"
13. It is seen that the LVEF was 35% on 19.08.2014 i.e. one day before surgery.
    As mentioned by the complainant, as per the medical jurisprudence, Bilateral Total Knee Replacement (BTKR) is not advisable and the doctors are not supposed to conduct Knee Replacement Surgery of the patient when LVEF is 35%. The appellants have filed three documents on LVEF. The first explains LVEF in detail and as per that LVEF between 30 to 40% is categorized as moderately abnormal. The second is three successful case study of three geriatric patients with low LVEF who underwent total knee replacement under combined spinal epidural anaesthesia. The third is an article on the America Society of Anaesthesiologists physical status classification.

    In this case, the appellant has not controverted the assertion that conducting a surgery with LVEF of 35% is not advisable. Further, it has not been clarified if the operation was done under general anesthesia or spinal anesthesia to be

covered by the case studies submitted.

14. From a perusal of the X-ray of knee and chest reports, it is seen that the reports were prepared on 21.08.2014 and 22.08.2014 whereas the surgery had happened on 20.08.2014. Therefore, it is apparent that the surgery was conducted without seeing the reports and no evidence has been brought on record to substantiate the claim that the reports were shared with surgeon prior to the operation.

    In addition to this, the expert opinion dated 17.03.2016 of the medical board constituted by Medical Superintendent, PGIMER, Chandigarh is reproduced as under:-

    "• As per available records patient was a high risk case for any major surgery / detailed preoperative evaluation and risk stratification was required.

    • Patient was discharged in stable and satisfactory condition as per available records.

    However when patient reported next day she should have been admitted, evaluated and managed as per their hospital protocol."

15. It is seen that the expert opinion states that the patient was a high risk case for any major surgery and detailed preoperative evaluation and risk stratification was required. It is clear that the same was not done, as no evidence of the same is on record. It is also to be noted that when the patient had come to the hospital in an emergency, she should be 10/06/2024, 18:35 about:blank about:blank 5/7 admitted, evaluation and managed as per their hospital protocol. The version of the hospital that the patient was found to be normal when she came to the hospital in an emergency cannot be accepted because immediately thereafter the patient was admitted in ICU in Sohana and ultimately died.

    Dr. Anurag Sharma in his appeal has argued that he is a Cardiologist and had nothing do with the pre-operative assessment or of the surgery done on the patient, and he should not be held liable.

    It is seen that the patient had LVEF of 35% and it was a cardiac risk. Further, when after surgery the patient's condition deteriorated she was shifted to the cardiology department on 09.09.2014 and she was discharged from there on 10.09.2014. In view of the same, as the patient was under the direct care of the cardiology department post operation for 09 days, Dr. Sharma cannot claim that he has no liability.

16. The law relating to what constitutes medical negligence has been laid down in detail by the Hon'ble Supreme Court in its judgment in **Jacob Mathew vs. State of Punjab & Anr.,** (2005) SCC (Crl.) 1369. It is based on the **Bolam Test** (1957) 2 All ER 118. The test for medical negligence is based on the deviation from normal medical practice and it has been held that establishment of negligence would involve consideration of issues regarding

1. state of knowledge by which standard of care is to be determined.
2. standard of care in case of a charge of failure to (a) use some particular equipment, or
   (b) to take some precaution,
3. enquiry to be made when alleged negligence is (a) due to an accident, or (b) due to an error of judgment in choice of a procedure or its execution. For negligence to be actionable it has been held that the professional either (1) professed to have requisite skill which he did not possess, or (2) did not exercise, with reasonable competence, the skill which he did possess, the standard of this being the skill of an ordinary competent person exercising ordinary skill in the profession.

   It was further held that simply because a patient did not respond favourably to a treatment or a surgery failed, the doctor cannot be held liable per se under the principle of res ipsa loquitur. In a claim of medical negligence, it was laid down that it was essential to establish that the standard of care and skill was not that of the ordinary competent medical practitioner exercising an ordinary degree of professional skill. For negligence to be actionable it has to be attributable and three essential components of "duty", "breach" and "resulting damage" need to be met, i.e.: (i) the existence of a duty to take care, which is owed by the defendant to the complainant; (ii) the failure to attain that standard of care, prescribed by the law, thereby committing a breach of such duty; and (iii) damage, which is both causally connected with such breach and recognized by the law, has been suffered by the complainant. While distinguishing between civil and criminal negligence in cases of medical negligence, the Hon'ble Supreme Court has clearly laid down the criteria of a failure to provide the standard of care expected of a prudent doctor of reasonable skill resulting in damage.

17. In this case, we are of the view that the standard of care in a high risk patient at the pre-operative stage was not provided, as also noted by the medical board. Further, when she 10/06/2024, 18:35 about:blank about:blank 6/7 was brought back in a critical condition, the hospital should have admitted her and acted as per medical protocol. The lack of standard of care provided at both the occasions in one operation constitutes medical negligence on the part of the hospital and the doctors and the senior cardiologist.
18. In view of the above discussion, we are of the opinion that the State Commission has passed a well-reasoned order, which does not require any interference by this Commission. Therefore, the both the appeals are dismissed. All pending I.A., if any, shall stand disposed of.\

From The Desk of Medico Legal.....

Informed Consent In Clinical Practice

INTRODUCTION

Consent is a well established ethical and legal requirement for medical & surgical treatment. Informed consent also forms the ethical foundation for the modern practices of shared decision making and patient-centered care. Informed consent is not only an ethical doctrine but also a legal mandate in medical practice and clinical research. The concept of consent has changed over the last few decades from doctor-prudent to patient-prudent. This provides adequate knowledge to the patient about disease and treatment options so that the patient and doctor can make shared decisions. The relationship between doctor and patient should be one of the trust and communication. An honest and ethically obtained consent can significantly reduce risk litigations and medico-legal repercussions.

HISTORY

The doctrine of consent has evolved over the last few years. Till some time back, doctors were given the role of "Parens Patriae" (father of the country) and were privileged to take decisions that they considered were in the best interest of their patients.

ETHICAL CONSIDERATION

The medical profession is based on four principles of ethics, namely Autonomy, Beneficence, Nonmaleficence and Justice. ***Autonomy*** is the main principle in medical ethics and consent should be an autonomous decision rather than a ritual of signing a pre-printed form. A particular treatment may be of choice for one patient and might not be for another patient who has different views about life or has a different lifestyle. Autonomy means one can refuse treatment, but it does not mean a patient can demand treatment.

The principle of ***beneficence*** is the commitment of medical professionals to act for the benefit of the patients and forms part of the Hippocrates Oath. However, this duty of beneficence incorporates an obligation to avoid or prevent infringement of the patient's autonomy.

LEGAL CONSIDERATION

In a doctor–patient relationship, the law presumes that the doctor is in a dominant position and puts the onus on the medical professional to prove that consent has been taken from the patient after providing adequate information to enable him/her to take decisions. There are dedicated specific statutes for certain conditions that describe the process of consent such as the Transplantation of

Human Organs and Tissue Act, Medical Termination of Pregnancy (MTP) Act, ICMR guidelines for Clinical Research and Surrogacy (regulation) Act. PCPNDT Act

TYPES OF CONSENT

The consent can be either **implied** or **explicit**. When a patient enters a doctor's clinic, it is implied that he has given consent to the doctor for taking the history and physical examination. When a patient rolls up his/her shirt's sleeve for blood pressure measurement or injection or blood aspiration for investigation, it means he/she has given implicit consent for the procedure and the same can be retrieved by the circumstances of the situation in case of litigation.

Explicit consent can be either **verbal** or **written**. In the case of the examination of private parts or genital organs, the practitioner must obtain verbal consent from the patient before starting the examination. It is a good practice to have a female attendant in the examination room when a female patient has to be examined. **Written explicit** consent is mandatory in treatment involving complex or invasive procedures which have the potential for adverse effects. Written consent forms come in handy in the courts in cases of litigation.

CONSEQUENCE OF TREATMENT WITHOUT CONSENT

The Latin doctrine "volenti non-fit injuria" which means 'one who consents suffers no harm' is an essential part of the common law system. If a patient has given consent for treatment, he/she cannot blame a medical professional for initiating treatment but can complain regarding negligent treatment. In case of medical treatment without proper consent, the doctor can be litigated in civil or criminal court. In general, litigations are in the law of tort for negligence. Battery focuses on the patient's consent for the said treatment and has strong overtones of a criminal offence whereas negligence focuses on the fact whether a medical professional acted in accordance with the accepted body of medical opinion.

VALID CONSENT

Consent is defined as the voluntary agreement by a person with sufficient capacity to make an intelligent decision about allowing an action proposed or advised by another person. For consent to be legally valid or real, the person must be competent, have the capacity and should make the decision voluntarily based on adequate information provided. A **Competent** person has the mental and cognitive capabilities required to execute a legally recognised act rationally. According to Indian Contract Law, any adult above the age of majority (18 years) is said to be competent to enter the contract. **Capacity** is the ability of a person to not only understand the information but to analyse it to make a decision. That means the patient can understand the information provided about the disease one is suffering and the treatment options available and has the wisdom to make a

decision congruent to one's values and preferences. The decision-making abilities that constitute capacity are understanding, expressing a choice, appreciation and reasoning. **Voluntariness** means that a patient has the right to freely express his/her decision without being subjected to any external pressure such as coercion, manipulation or undue influence.

CONTENT OF CONSENT

Different approaches regarding how much information should be disclosed to a patient to be able to make the decision. In America, the approach is patient prudent i.e., the patient is provided with all the necessary information regarding the treatment to enable him/her to make the decision. Regardless of the patient's understanding or inquisitiveness, the patient is given all the relevant information. In general, a trained person is dedicated to this job and mediates between the patient and the medical professional while seeking consent. In contrast, in England, doctor prudentapproach is followed. As the name suggests, it means that the medical professional is enriched with knowledge and experience, and has the right to decide what information shall be shared to the patient to allow him to make informed consent.

Components of Medical Consent

I. Description of clinical problem.
II. Proposed treatment and alternatives, including no treatment.
III. Risk and benefits of treatment proposed and also alternatives.
IV. Probability of modification or extension of proposed treatment.
V. Assess whether the patient understood the information provided.
VI. Answer the queries of the patient, if any.
VII. If the patient asks for time to take decision, must be allowed with explanation regarding time frame.
VIII. Solicitation of patient's preference.
IX. Estimate of the period of hospital stay and expenses.

REFERENCE : A landmark judgement in 2008 in Samira Kohli v Dr. Prabha Manchanda case led to the birth of 'prior informed consent.

EMERGENCY TREATMENT CONSENT

All medical professionals are ethically and legally obliged to extend their services to protect the life of an injured person brought to them for treatment in an emergency. The consent in such cases is implicit and the doctor is supposed to take a **paternalistic approach.** If a surgeon fails to perform an emergency surgery, he must prove that the patient refused to undergo surgery even after informing the risks and consequences of not undergoing the operation. The refusal of treatment or surgery must be documented in the case sheet with the date and time. In emergencies, the medical professional may initiate treatment without full disclosure, if it is in the best interest of the patient and this is called **therapeutic privilege.**

ADULT REFUSING TREATMENT

If a competent adult refuses a treatment that is not life-saving, his decision and autonomy must be given due respect. In such cases, the refusal to consent to the proposed treatment must be documented in the case sheet or refusal forms must be signed by the patient.

CONCLUSION

Informed consent represents the legal and ethical expression of an individual's basic right to autonomy and self-determination. It is a process and not just a form and should incorporate interactive sessions between medical professionals and patients. The process involves empowering the patient with knowledge, discussions regarding material risks and alternative treatments and shared decision-making. Informed consent helps mitigate medico-legal litigations and improves patient outcomes.

Honourable Supreme Court of India has laid down few guidelines for the same.

(I) A doctor has to seek and secure the consent of the patient before commencing a treatment (the term treatment includes surgery also). The consent so obtained should be real and valid, which means that: the patient should have the capacity and competence to consent; his consent should be voluntary; and his consent should be on the basis of adequate information concerning the nature of the treatment procedure, so that he knows what he is consenting to.

(ii) The adequate information to be furnished by the doctor (or a member of his team) who treats the patient, should enable the patient to make a balanced judgment as to whether he should submit to the particular treatment or not.

(iii) Consent given only for a diagnostic procedure, cannot be considered as consent for therapeutic treatment. Consent given for a specific treatment procedure will not be valid for conducting some other treatment procedure. The fact that the unauthorised additional surgery is beneficial to the patient, or that it would save considerable time and expense to the patient, or would relieve the patient from pain and suffering in future, are not grounds of defence in an action in tort for negligence or assault and battery.

(iv) There can be a common consent for diagnostic and operative procedures where they are contemplated. There can also be a common consent for a particular surgical procedure and an additional or further procedure that may become necessary during the course of surgery.

(v) The nature and extent of information to be furnished by the doctor to the patient to secure the consent need not be of the stringent and high degree, but should be of the extent which is accepted as normal and proper by a body of medical men skilled and experienced in the particular field.

Dr. Gopal Shah, MS, Mch.
Diploma in Medico Legal, Policy & Ethics
KD Hospital, Ahmedabad.

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

08-06-2024 Dr. Bharat M. Kakadi, President IMA GSB, Dr. Atul D. Pandya, Past President IMA GSB, Dr. Paras Shah, President IMA Rajkot Branch, Dr. Chetan Lalseta and Dr. Tejas Karmata visited Jamnagar, regarding special guests in CME.

* * * * *

OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Suresh V. Bhagwat	28-02-2024	Surat
Dr. Mahesh J. Patel	23-03-2024	Ahmedabad
Dr. Piyush A. Jain	05-04-2024	Ahmedabad
Dr. Anilbhai V. Shah	11-04-2024	Ahmedabad
Dr. Arunbhai S. Divetia	16-04-2024	Ahmedabad
Dr. Manojkumar V. Soni	16-04-2024	Bilimora
Dr. Gunvantaben B. Vakil	18-04-2024	Ahmedabad
Dr. Bhagvanji C. Kaneria	06-05-2024	Rajkot
Dr. Babubhai M. Patel	16-05-2024	Ahmedabad

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

* * * * *

BRANCH ACTIVITY

AMRELI

22-05-2024 CME on "Beyond Vision – Eye and Systemic Disease" by Dr. Ashish Khodifad.

"Diabetic Ketoacidosis" by Dr. Mehul Pateliya.

JAMNAGAR

08-06-2024 CME on "Recent advance in Gastrointestinal cancers" by Dr. Harsh Shah and

"Recent advance in Uro & Gynecologic Cancers" Dr. Swati Shah. More than 125 doctors were present.

JETPUR

18-05-2024	CME on "Game changing drugs in gastroenterology by Dr. Praful Kamani. "Clinical Cases in Cardiology" by Dr. Jaydip Desai.
22-05-2024	"Dyslipidemia Management from prevention to plaque treatment" by Dr. Mitul Kotecha.
28-05-2024	"Do's and Dont's in GI Practice" by dr. Chintan Mori.
05-06-2024	"What's new in neurosurgery" by Dr. Priyank Vasavada. "Interesting case presentation" by Dr. Vishal Sadatiya.

KALOL

09-05-2024	CME on "Sudden Cardiac Death" Cuase and Prevention" by Dr. Gaurav Panchal. "Brief about Knee Arthroscopy: Joint Preservation" by Dr. Harsh N. Raval.
28-05-2024	"Fears & Facts in Spine Surgeries" by Dr. Hitesh Modi. "Would Healing" by Dr. Girish Amlani.

PALITANA

12-06-2024	CME on "Nausea and vomiting... How to approach the case" by Dr. Bhavesh Bhut.

RAJKOT

19-04-2024	CME on "Organ Transplantation" in Association with Shalby Hospital, Ahmedabad. CME was well-attended by more than 85 delegates.

VADODARA

01-04-2024	Down Syndrome week Celebration.
11-04-2024	Hand Hygiene poster Competition and Awareness Programme at Savita Superspeciality Hospital.
23-04-2024	CME on "My health My Right" Path to recovery by Dr. Hemang Joshi and Mitesh Shah. The CME has focused on the role of Micronutrients, vitamins in adult and paediatric patients during recovery from acute and chronic illness.

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

Ref No. A-11/HFC/LM/2024-2025 **Date: 18-3-2024**

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of our circular **A-11/HFC/LM/2024-2025,** further tabulated information is given below for the revision of fees effective from **1/4/2024.** Local branch share to be collected extra as per individual branch decision/resolution.

If the Local Branch does not have GST number, then sent the following amount to IMA GSB.

Category	Total Fees	Branch Share	GST. Amt. (18%)	To be Sent to GSB IMA including Admission Fee
Single Life	12330-00	840-00	2219-00	13709-00
Couple Life	18201-00	1280-00	3276-00	20197-00

If the Local Branch has GST number, then sent the following amount to IMA GSB. Kindly send challan copy of GST paid to IMA GSB.

For Single Life Member -	**Rs. 11490-00**
For Couple Life Member -	**Rs. 16921-00**

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

The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

Dr. Mehul J. Shah
Hon. State Secretary

MATRIMONIAL

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2. JAIN GIRL 25YRS MD PEADIATRICS CONT
3. JAIN GIRL 30 YRS MD DERMATOLOGY
4. SONI GIRL 27 YRS MD ANEASTHESIA CONT
5. VAISHNAV GIRL 25 YRS MS SURGERY CONT
6. PATEL BOY 36 YRS, MD PEADIATRICS REMARRIAGE
7. VAISHNAV BOY 26 YRS MD RADIOLOGY CONT
8. PRAJAPATI BOY 27 YRS, MD DERMAT CONT
9. BRAHMIN BOY 31 YRS MS ORTHO MRCS

CONTACT:
99 78 87 00 00

MATRIMONIAL

Jain family
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MD (PGI, Chandigadh)
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from AIIMS New Delhi
seeking Jain Doctor.

CONTACT:
98252 23886
94292 79797

MATRIMONIAL

Mahuva based Sadhu (Vairagi Bava) Family Invites Alliance for their daughter (MPT-Master in Physiotherapist Orthopaedics & Sports) working at Ramaiah Memorial Hospital Banglore Karnataka as a clinical physiotherapist September 1994 born 5'0" looking for Doctor boy-Sadhu (Vairagi Bava) or Brahmin boy of well educated Gujarati Family

CONTACT:
99044 90456

REQUIRED

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Salary - As per experience

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palak.soni@sterlingaccuris.com
M. 6352012198
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94273 70400

WANTED

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HOW I DO - Transfusion of Blood Products PART – 1

Dr. Chirag A. Shah
M.D. Oncology/Hematology (USA)
Diplomate of American Board of Oncology and Hematology,
CBCC/Apollo Hospital, Ahmedabad.
98243 12144; 98988 68503

Question: In last part, we completed Prevention of Cancer series – in total 20 parts. Very enriching and enlightening. Especially what components of lifestyle can we change to reduce risk for ourselves and our patients, family, friends, society as a whole. Cancer is a largely preventable disease. Modern research was highlighted very well and how it tells us that **Lifestyle of our Grandparents** was the best protection against most common NCDs (non communicable diseases) that we see today, not just cancer but also Heart disease, Stroke, Hypertension, Diabetes, Depression, Infertility, Obesity, Bone disorders, Autoimmune diseases, Allergies and more. And that Mental health and Physical health are so well connected; **"Being social" has even more impact** on health than doing exercise and being strict with diet. Also, the fact that One Size does not fit all – every individual is different and Aahar, Vihar, Vichar depends on person, age, phase of life, climate etc.

Now our readers want to listen to your thoughts about many common issues they face in the field of Hematology. We still struggle with many questions in this regard. And we don't have time to go through evidence and discuss controversies. We just want to know what should we do?

Answer: Certainly. I think this is a great topic. And I will try to keep answers as simple as possible. They may not be applicable to each and every type of practice, patient, situation. But I will mainly mention **HOW I DO.**Medicine is an art and one has to apply that while treating an individual patient. Even I don't do the same thing for each and every patient, situation.

Que: Thank you for that candid answer. In a short time, we will have rains, followed by **dengue** and malaria season. Leading to many thrombocytopenia cases. What should we do in terms of platelet transfusion? Is SDP better? When to transfuse? Who to transfuse? What investigation related to transfusion?

Ans: Excellent choice of topic. Very timely also. And very close to the heart of a hematologist. Many unnecessary platelet transfusions happen during this period, leading to shortage of platelets for truly deserving patients. And dengue patients face unnecessary cost, risks, hospitalizations, and families running around trying to arrange blood products. I will highlight only the key points.

1. Dengue patients rarely need platelet transfusion. **Only if platelet count is very low i.e. below about 10,000**. Or if there is bleeding. When we say bleeding, skin manifestations are not included. Means you don't transfuse for petechiae, or few bruises.
2. Truly haemorrhagic dengue fever patients **are rare**. They present with major bleeding, mostly gastrointestinal, within first two days of fever. They mainly have severe ulcerations in GI tract, and they bleed heavily. They need very aggressive treatment, and platelet transfusions alone are rarely enough.
3. **Most common patients** drop their platelet count few days after first day of fever, generally when fever has resolved. But now platelets drop, due to antibody formation against dengue. They have dropping platelets till about 5-7 days from day one of fever. Then they start recovering platelet by about day 7-10. Almost always by day 10. If late, make sure diagnosis is correct. These patients rarely need platelet transfusion. We transfuse them only if platelet below 10,000 or obvious bleeding. These patients need only supportive care.
4. For those who are in ICU with multiorgan dysfunction, platelet may be kept above 20,000. This is a third group of patients.
5. Means you have Four groups of patients – with different behaviours. Those who are outpatients; inpatients but in wards; inpatients but require ICU for MODS; and hemorrhagic ones in ICU.
6. Once again, be sure with diagnosis. Occasional patients don't have dengue but leukemia, other infections or other illnesses. Especially during a dengue season, every year we get few patients with wrong label of dengue.
7. When you do need transfusion, **SDP and RDP are equal**in terms of response. All the guidelines, and most clinical trials (including latest trials from year 2022)advise there is no difference in efficacy. RDP is readily available in most blood banks. Whereas SDP requires special effort by family to find a donor, and also by blood bank.Most patients can be given 4-6 units of RDP in dengue cases, only if indicated.
8. Additionally, currently available machines are very accurate for measuring platelet count. **Manual platelet count is NOT required**. Hence do not ask your pathologist to do that additional work. Manual platelet count has very very few indications in overall hematology field. Dengue is certainly NOT one of them. All your decisions must be based on machine platelet count.
9. **Daily once CBC is sufficient** for large majority of patients in hospital. Most certainly for those in ward. Don't check CBC multiple times a day to decide recovery, or platelet transfusion need, or assess response. Most patients will have antibodies that destroy transfused platelets.
10. I see a number of patients in ICU just for low platelet count. We don't do that. Only if there is MODS.

June2, 2024 **Dr. Chirag A. Shah**; M.D. Oncology/Hematology (USA), 9998084001. Diplomate American Board of Oncology and Hematology. Ahmedabad. drchiragashah@gmail.comwww.shyamhemoncclinic.com

Dr. Hemant Menghani

Bone Marrow Transplant Physician
Pediatric Hematologist and Oncologist (USA)
American Board Certified.
6 years training in USA in blood disorders, cancers and bone marrow transplantation.
Consultant at Marengo CIMS Hospital Ahmedabad.
Contact - 7433811521, 9511597889
Email: menghanihemant@gmail.com

19th June - World Sickle Cell Anemia Day

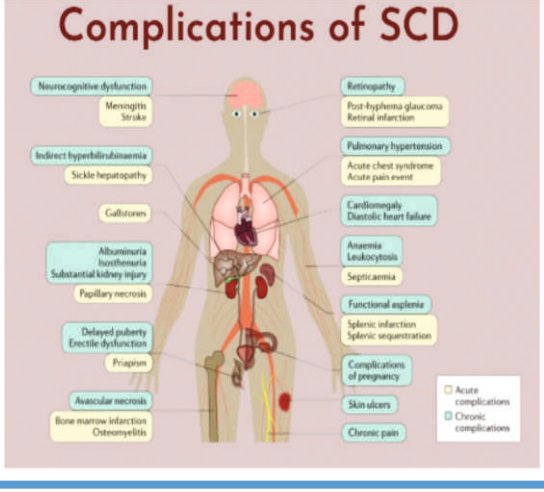
- Sickle cell disease (SCD) prevalence is very common in certain tribal areas in India.
- In people with SCD, red blood cells become rigid and deform into a crescent or sickle shape.
- Estimated life expectancy of those with SCD is more than 20 years shorter than the average expected.

Medical Management

- Awareness of Hydration, Sickle cell related complications, pain crisis, routine surveillance investigations, triggers of pain crisis, and antimicrobial prophylaxis is critical.
- Hydroxyurea treatment at the maximum tolerated dose is standard of care
- SCD pain - pharmacological therapies, such as NSAIDs and opioids
- Nonpharmacological interventions have the potential to ease pain and reduce the need for opioids – massage, yoga, acupuncture, biofeedback, mindfulness, spirituality, meditation
- Annual TCD screening should be performed. For children who have abnormal TCD velocities: blood transfusion therapy every 3-4 weeks with the goal of maximum HbS levels below 30%
- Worsening anemia with chronic kidney disease, erythropoiesis-stimulating agents (EPO)
- SCD and albuminuria - angiotensin-converting enzyme inhibitors (ACEi) or angiotensin II receptor blockers (ARB)

Bone Marrow (Stem Cell Transplant - HSCT)

- HSCT is a potential 1-time curative therapy for SCD.
- Who have experienced an overt stroke or abnormal transcranial Doppler ultrasound (TCD)
- For patients with frequent pain or recurrent episodes of acute chest syndrome
- Patient with a severe phenotype of SCD



DR. BHUPESH D. SHAH

SENIOR CARDIOTHORACIC & VASCULAR SURGEON

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