## STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Respected colleagues..

Indian Medical Association Family is growing & expanding every month. To remain as a family is need of hour in today's world. June and July has got many important days which needs to be celebrated to impart a message of social activities.

5th June is World Environment Day, as we all know global warming is a major issue around the world. We should preserve our environment by using less electricity, saving water, avoiding plastic use maximum, using paper carry bags, communicating more through soft copies than hard copies. Let everyone of us plant single tree once in a life time with a tree guard of respective name and see that it is surviving and growing into a big tree- in your hospital, parks or may be street where your house is located. Preserve seeds of fruits and vegetables which are consumed by us in a bag rather than throwing them in dust bin; throw these seeds randomly on sides of highway before rains, we might get a tree.

14th June is World Blood Donor Day and 1st July is Doctor's Day- We urge and request let blood donation be part of our major activity. We should donate blood regularly at least twice a year. It is easiest tissue donation which we can be done three or four times a year. Let the blood donation be for needy patients of government hospitals so that patients who cannot afford single blood bag are not deprived of blood. On doctor's day We just wish





all doctors are remaining in brotherhood and we work more on improving doctor patient relationship and our approach to patient be more sympathetic. Let us take due care that doctor patient relationship is maintained in harmony.

21st June International Yoga Day- Yoga is a gift given by our country to world. We are living a stressful life; distressing is desired at every level- especially for doctors. Life expectancy of doctors is significantly lower than that of general public. So, Yoga should be part of our routine and we should celebrate International Yoga Day, We are sure at least 10 new doctor will be getting sensitized to yoga and making it regular daily habit. Life Style Diseases are grabbing our neck and Yoga is answer to most of the life style diseases.

We desire and request all of our IMA members to be part of GIMACON 2016 to be hosted at Rajkot on 15th & 16th October 2016. Conference is the place where we learn many things, where we meet old friends and make new ones, we increase our brotherhood, we have merry time, we interact and solve our petty misgivings, we make life time memories. Rajkot or Saurashtra or Kathiawad is always famous for its hospitality, food and entertainment. Let us be part of it and let us motivate our friends to be part of it- because IMA is our parent association which has always played pivotal role in life of each and every doctor.

Jay Hind, Jay IMA.

**Dr. Atul D. Pandya**
(President, G.S.B.,I.M.A.)

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

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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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

07-06-2016 Dr. Atul D. Pandya, President IMA GSB, visited the Morbi Branch.

11-06-2016 Dr. Atul D. Pandya, President IMA GSB, visited the Veraval Branch.

* * * * * *

## CONGRATULATIONS

❖ **Dr. Rohit V. Bhatt** **Vadodara.**

Selected for the prestigious Dr. B.C. Roy National Award for the year 2008 in the category of "To recognize the merit of an Eminent Medical Teacher".

❖ **Dr. Mukesh Bavishi** **Ahmedabad.**

Getting award Best Gynec Surgeon & Best Gynec Cancer Surgeon of India 2016 given by The Counsel general of South Korea at Mumbai.

* * * * * *

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|---|---|---|---|---|---|
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# NEW LIFE MEMBERS

## I.M.A. GUJARAT STATE BRANCH

**We welcome our new members**

| L_M_No. | NAME | BRANCH |
|---|---|---|
| LM/25310 | Dr. Ambaliya Jayesh Rambhai | Talaja |
| LM/25311 | Dr. Sutaria Manoj Rameshbhai | Vadodara |
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| LM/25313 | Dr. Parmar Parul Pratikbhai | Vapi |
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| LM/25317 | Dr. Chikhalia Kaushal Vasudev | Morbi |
| LM/25318 | Dr. Dave Mit Jaykarbhai | Bhavnagar |
| LM/25319 | Dr. Katrodiya Nilesh Kanjibhai | Surat |
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| | | |
|---|---|---|
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## BRANCH ACTIVITY

### AHMEDABAD

09-04-2016 & Ahmedabad Medical Association was organized annual conference

10-04-2016 AMACON-2016. Around 400 delegates had participated in the event. On 9th April was 2 pre-conference workshops and a pre-conference seminar and a full day conference on 10th April, 2016.

Ahmedabad Medical Association was organized a night cricket tournament from 04th May to 15th May, 2016. Total 16 teams of allopathic doctors had participated. Tournament was well attended by past president, office bearers and managing committee of Ahmedabad Medical Association and family members of the players.

01-05-2016 "Advances in fertility management for General Practitioner" by Dr. Mehul Damani

"Common Ano Rectal Problems and their management" by Dr. Rajesh Shukla.

"Power of Positive thinking" by Dr. Dhiren Ganjawala.

05-05-2016 Ladies club Programme, સુંગધીદાર ફુલોનું શરબત કાર્યક્રમ

07/05 to 15/5 Spirit Doctors Cricket League.

14-05-2016 AMA senior citizen club programme.

### BHAVNAGAR

06-03-2016 Mega Cancer awarness programme by Dr Shirin Sukla, Dr Parthiv Mehta, Dr Umang Desai, Dr Ketnal Zaveri, Dr Bharat Shah, Dr Kapil Shah, Dr Sngmitra.

08-03-2016 International Women's Day: Discussion on Different topics of adolescent health as a part of International Women's Day Celebration at Mahila College by IMA Bhavnagr by Dr Rajni Parikh, Dr Krisna Lakhani and Dr Kairavi Joshi





26-03-2016 Pre Conference Workshop on Basic Survival support and Financial Planning

27-03-2016 First Bhavnagar Medical Association Conference (BMACON) by different 14 Speakers by Dr Avinash Supe (Dean, KEM Hospital Mumbai), Dr Samir Shah and Dr Ravi Mohanka (Mumbai), Dr Hardik Kotehca, Dr Udya Kotecha,(Rajkot), Dr K S Patel and Dr Leena Kaushik,(Ahmedabad)Dr Jayanti Gurumikhani, Dr Venkat Iyer, Dr Nidhi Iyear, Dr Jayram Praja[ati, Dr Ujjwal Deliwala, Dr Deepak Saboo, Dr Parth Mehta, Dr Siddharth Mukharji(Bhavnagar).

07-04-2016 World Health Day: Diabetes Mellitus Screening At Urban Health Training Centre and IAPSM-WHD-QUIZ-2016 Back

08-04-2016 8th and 9th Batch of Project Yes I Can

17-04-2016 World Hemophilia Day : Screenign and Sensitization of Hemophila patients of Bhavnagar District by Dr Sunil Panjwani, Dr Mehul Gosai and Dr M P Singh

19-04-2016 World Cycle Day: Cycle relly by Students and Faculty of Government Medical College, Bhavnagar and No Petrol day Awareness Campaign by IMA

07-05-2016 Panel discussion by the experts of CIMS Hospital

08-05-2016 Searchable Digital Health Map of All Heath Care Facility campaign

17/18-05-16 Summer camp with Chinmay Mission

31-05-2016 World Tobacco Day: Tobacco Cessasion Campaign and Participation in No Tobacco Rally

26/5 to 5/6 Sports Cultural Week

05-06-2016 World Environment Day: Tree Plantation

Carrier Guidance Seminar for Members of IMA and Drawing Competition

**DEESA**

| | |
|---|---|
| 27-05-2016 | "Myths & Facts :- about Angiography & Angioplasty" by Dr. Gaurav Gandhi |
| | "Why Knee Replacement Fails" by Dr. Maharshi Bhatt, Dr. Amit Agrawal |

**JETPUR**

| | |
|---|---|
| 13-04-2016 | "Trigeminal neuralgia" by Dr. Gaurang Vaghani. |
| | "Acute Pancreatitis" by Dr. Avval Sadikot. |
| 22/5 to 23/5 | Mind development seminar for school going kids. Total 28 kids were participated. |
| 01-06-2016 | "Tropical Disease" by Dr. Jayesh Dobariya. |

**MEHSANA**

| | |
|---|---|
| 31-05-2016 | "Diagnosis & Management of non alcoholic fatty liver diseases" and Liver Disorder during pregnancy" by Dr. Nilesh Pandav. |
| 08-06-2016 | "Breast Cancer: Basics & Beyond" by Dr.Priyanka Chiripal |
| | "Recent Advances in Radiation Oncology" by Dr. Samir Batham |
| | "Thoracoscopy in Oesophageal & Lung Malignancies" by Dr.Mahesh Patel |
| | "Hematological Malignancies in Children & Adolescents" by Dr. Anupa Joshipura |

**MORBI**

| | |
|---|---|
| 05-05-2016 | Free diagnostic and therapeutic camp at Dhulkot village, Total 217 patient were got benefit of that camp. |
| 08-05-2016 | Sarve Rog Nidan Camp at Dhulkot village. |
| 15/5 to 17/5 | Aadarsh Mata Kasoti, a three day competition for ideal mother was organized by IMA and Common Man Foundation at Morbi, Total 1168 mothers from Morbi District had taken part in the competition. |





| | |
|---|---|
| 20-05-2016 | "Thrombolysis in Acute Ischemic Stroke" by Dr. Mehul Patel |
| | "Recent trend sin Management of irritable Bowel Syndrome" by Dr. Paras Shah |
| 22 to 29-5-16 | Training of Upcoming Medical and Paramedical Pediatric Staff training program, Total 81 staff were trained in the programme. |
| 29-05-2016 | Nursing Training Seminar |
| 31-05-2016 | "A Surgeon's Perspective" by Dr. Nikunj Patel |
| | "Any Body Can Save Life" by Dr. Kapil Virpariya |

**NADIAD**

| | |
|---|---|
| 03-04-2016 | Fitness cycling and walking events and Sundarkand path at Santram temple, Nadiad. |
| 05-04-2016 | "Role of C. T. Scan in Clinical practice" by Dr. Dipak Patel |
| | "Teleradiology" by Dr. Tushar Desai. |
| 22-05-2016 | Cancer-How to diagnose? and How to manage? |
| | PET Scan - When and When Not, Modern Radiation Techniques, Redefining Cancer Surgery, Precision Cancer Therapy, Case-Based panel discussion on Multi Disciplinary cancer management by Dr. Rajiv Bhatt, Dr. Sachin Wani, Dr. Shishir Shah, Dr. Ashik Kumar, Dr. Rahul Mishra, Dr. Urvinder Kaur & Dr. Hemant Sant (Head Medical Services) from HCG Cancer Center, Vadodara. |

**NAVSARI**

| | |
|---|---|
| 21-05-2016 | "Cardilology" by Dr. Navin Agrawal. Total 52 doctors have attended the CME. |
| 05-06-2016 | "Neurology" by Dr. Anirudhdha Apte, Dr. Manoj Satyawani & Dr. Atri Satyawani. Total 70 doctors have attended the CME . |

**PALANPUR**

31-03-2016 Bio Medical Waste by Dr. I. B. Chaudhari, Gujarat Pollution Control Board.

07-04-2016 "Beat Diabetes in evolvement of Private practionar in Diabetes" by Dr. Mayank M. Shah.

"Brief about PNDT ACT" by Dr. Arun Acharya

13-04-2016 "Multidiciplinary approach to Acute pancreatitis" by Dr. Harshad Soni

"Variovs Penile Deformities" by Dr. Ashwin Gami

05-05-2016 "Invasive Management of STEMI" by Dr. Mehul Patel

Management of STEMI Patients in Hospital on follow up by Dr. Kinai Shah

12-05-2016 "Oncologists Over investigating & Port Catheter Smart chemo therapy" by Dr. Shrish Alurkar

"Role of PSMAPET Scan in Prostate Cancer" by Dr. Ashish Guleal

"A new forntier & Radiological Evaluation of lung shadow" by Dr. Ankur Shah.

19-05-2016 "Approach to Anemia" by Dr. Rahul Jayswal.

"Uro-Oncology Surgery" by Dr. Rupesh Shah.

26-05-2016 "Legacy effect in diabetics" by Dr. Anant Yada.

"Managing Acute Cardiac Chastain" by Dr. Trun Dave.

"Risk Factures and prevention of Coronary heart disease" by Dr. Parag Sheth.

**RAJKOT**

15-05-2016 "Multi Specialty" by Dr. Paras Shah, Dr. Nilesh Detroja and Dr. Mehul Patel

29-05-2016 "Liver Transplant" by Dr. Arora Shrimal and Dr. Praful Kamani.





31-05-2016 Celebration of "World No Tobacco Day" disadvantages of use of tobacco in all news papers, talk on big FM, Akashwani and Radio Mirchi by representative doctors of IMA Rajkot Branch.

**VALSAD**

23-01-2016 Awareness programme at Rait School, Nana Ponda. Total 1800 students and 800 parents were presented various issues regarding cleanliness, save water, save food , save electricity, traffic rules and regulation avoid junk food and cold drinks and mainly vyasan mukti.

Total 1000 girls took oath not to marry with boy who is having any type of addiction and 800 parents took oath not to marry their children with family doing addiction. Local MLA and many doctors were present.

24-01-2016 Medical Health Check up camp at Police Head Quarter. Total 33 doctors from various speciality given services. 304 policeman were examined.

* * * * * *

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

Respected Members,

Indian Medical Association, Gujarat State Branch runs 9 Urban Health Centers in the different wards of Ahmedabad City.

These Centres performed various activities during the month of May- 2016 in addition to their routine work. These are as under :

29-05-2016 to 31-05-2016 : Migratory Polio by the centers of Ahmedabad.

Khokhra : Mega Medical Camp, 9-5-16 Patients :44, 11-5-16 Patients :72,

Nanpura - Surat : Mothers - Calcium : 1000, Iron : 1500 tablets were distributed & Vitamin A solution given to 30 children.

Rander - Surat : Mothers - Iron : 2250 tablets & Calcium : 3000 tablets were distributed & Vitamin A solution given to 16 children.

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

**MAY-2016**

| No. | Name of Center | | New Case | Old Case | Total Case |
|---|---|---|---|---|---|
| (1) | Ambawadi | (Jamalpur Ward) | 735 | 462 | 1197 |
| (2) | Behrampura | (Sardarnagar Ward) | 1694 | 463 | 2157 |
| (3) | Bapunagar | (Potalia Ward) | 1572 | 459 | 2031 |
| (4) | Dariyapur | (Isanpur Ward) | 1038 | 174 | 1212 |
| (5) | Gomtipur | (Saijpur Ward) | 1725 | 537 | 2262 |
| (6) | Khokhra | (Amraiwadi Ward) | 2112 | 404 | 2516 |
| (7) | New Mental | (Kubernagar Ward) | 498 | 94 | 592 |
| (8) | Raikhad | (Stadium Ward) | 294 | 267 | 561 |
| (9) | Wadaj | (Junawadaj Ward) | 798 | 197 | 995 |
| (10) | Khambhat | | — | — | — |
| (11) | Junagadh | | ---- | ---- | ---- |
| (12) | Rander-Surat | | ---- | ---- | ---- |
| (13) | Nanpura-Surat | | ---- | ---- | ---- |
| (14) | Rajkot | | 718 | 480 | 1198 |



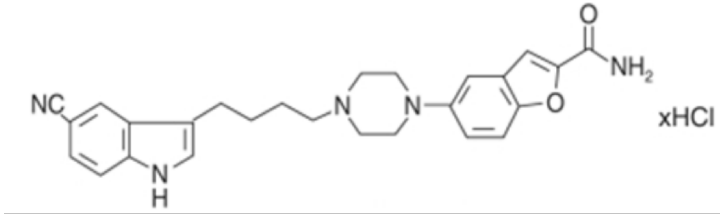


**MAY - 2016**

| No. | Name of Center | | Female Sterilisation | Male Sterilisation | Copper-T | Condoms (PCS) | Ocpills |
|---|---|---|---|---|---|---|---|
| (1) | Ambawadi | (Jamalpur Ward) | 24 | — | 38 | 9750 | 320 |
| (2) | Behrampura | (Sardarnagar Ward) | 27 | —- | 48 | 5080 | 1292 |
| (3) | Bapunagar | (Potalia Ward) | 25 | — | 42 | 13300 | 299 |
| (4) | Dariyapur | (Isanpur Ward) | 25 | — | 22 | 27500 | 1100 |
| (5) | Gomtipur | (Saijpur Ward) | 27 | — | 28 | 18300 | 1000 |
| (6) | Khokhra | (Amraiwadi Ward) | 27 | — | 40 | 14900 | 268 |
| (7) | New Mental | (Kubernagar Ward) | 13 | --- | 22 | 16890 | 535P |
| (8) | Raikhad | (Stadium Ward) | 41 | --- | 28 | 11010 | 1108P |
| (9) | Wadaj | (Junawadaj Ward) | 18 | 1 | 60 | 10000 | 1867 |
| (10) | Junagadh | | 15 | — | 68 | 3200 | 241P |
| (11) | Rander-Surat | | 21 | — | 33 | 1500 | 108P |
| (12) | Nanpura-Surat | | 40 | — | 65 | 1440 | 80P |
| (13) | Rajkot | | 24 | — | 56 | 350 | 281P |

## MOLECULE OF THE MONTH
## Vilazodone

Major depressive disorders (MDD) affect approximately 121 million people world wide. Successful pharmacological treatment of depression depends on drug efficacy but also tolerability and treatment resistance. About 50 % of patients are not adequately respondent to the initial treatment. Vilazodone is a selective serotonergic reputake inhibitor and serotonergic receptor partial agonist (5HT1A). Although the net effect of 5-HT1A partial agonism on serotonergic transmission is not yet known, some evidence suggests that activating 5-HT1A receptors may enhance antidepressant efficacy by improving time to onset of action and augmenting anxiolytic effects




**Mechanism of action:**

Vilazodone binds with high affinity to the serotonin reuptake site but not to the norepinephrine or dopamine reuptake site. As a result, vilazodone potently and selectively inhibits the reuptake of serotonin.Even though vilazodone is also a partial agonist at serotonergic 5-HT1A receptors, the net result of this activity on serotonergic transmission and its role in the antidepressant effect of vilazodone are not fully understood.

**Pharmacokinetics :**

The bioavailability of vilazodone is 72% (with food). It peak plasma time is 4-5 hr and half life 25 hrs. It is 96-99% protein bound and has a large volume of distribution. Extensively metabolized through CYP and non-CYP pathways (possibly by carboxylesterase); CYP3A4 is primarily





responsible for its metabolism among CYP pathways, with minor contributions from CYP2C19 and CYP2D6. Only 1% and 2% of the dose are recovered in urine and feces, respectively, as unchanged vilazodone. The presence of mild or moderate renal and hepatic impairment does not affect the clearance of vilazodone.

**Adverse drug reactions (ADRs):**

Diarrhea, nausea, insomnia, vomiting,

Others include dizziness, dry mouth, abnormal dreams, decreased libido, arthralgia, palpitation.

**Pregnancy & lactation :**

There is no long term data available on use in pregnancy and lactation

**Precautions and contraindications:**

- Because of the risk of serious, sometimes fatal, interactions with serotonergic drugs, vilazodone is contraindicated in patients taking concomitant MAO inhibitors or in those who have taken them within 14 days preceding vilazodone therapy
- The safety and efficacy of vilazodone in pediatric patients have not been studied

**Drug Interaction:**

- Serious fatal reaction with vilazodone when co-administered with monoamine oxidase inhibitors.
- Strong CYP3A4 inhibitors, such as ketoconazole increases vilazodone plasma levels by approximately by 50%.While for mild inhibitors dose adjustment is not required.
- Serotonic uptake may increase the risk of upper gastrointestinal bleeding if concurrently administered with non steroidal anti-inflammatory drugs like aspirin.

- Patients receiving warfarin should be carefully monitored when vilazodone therapy is initiated or discontinued.
- In short-term studies, antidepressants increased the risk of suicidal thinking and behavior in children, adolescents, and young adults when compared with placebo.

**Indications:**

Vilazodone is effective for the treatment of MDD in adults, with symptom relief starting at 1 week, and is well tolerated at a dose of 40 mg/day. Its dual mechanism of action may shorten the onset of antidepressant activity, decrease side effects attributed to serotonin reuptake inhibition (eg, sexual dysfunction), and provide enhanced benefits for symptoms of anxiety.

**Dosage schedule :**

Vilazodone tablets are available in 20-mg, and 40-mg strengths.

The recommended dosage is 40 mg once daily. Vilazodone should be titrated, starting with an initial dosage of 10 mg once daily for 7 days, followed by 20 mg once daily for an additional 7 days, and then an increase to 40 mg once daily.

Vilazodone should be taken with food. If vilazodone is taken without food, inadequate drug concentrations may result and the drug's effectiveness may be diminished.

For geriatric use, no dose adjustment is recommended based on age. Although no dose adjustment is recommended in patients with mild, moderate, or severe renal impairment, or in patients with mild or moderate hepatic impairment, vilazodone has not been studied in patients with severe hepatic impairment.

**Approved by CDSCO** on 19/8/2015

**Dr Prakruti Patel** **Dr Anuradha Gandhi** **Dr Chetna Desai**
**Coordinators,** B. J. Medical College, Ahmedabad





## ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

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| LM/03481 | Dr. Bhavsar Mayank A. | Visnagar |

# 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.





## MEDI – QUIZ

1. Overuse of laxatives may cause ..... in the intestines.
2. Inflammation of Caecum is known as ..... .
3. Medical causes of Acute Abdomen are ..... , ..... , ..... , etc.
4. ..... oil may cause epidemic dropsy.
5. ..... may cause Antabuse like reactions after consumption of alcohol.
6. Collapsing pulse as in AS with AR is also known as ..... pulse.
7. Hypothyroid may cause ..... in women.
8. ..... a drug may cause thyroid dysfunction in patients.
9. ..... poisoning can cause Methanoglobinemia.
10. INH- antituberculous drug may cause .....
11. ..... disease occurs due to error of copper metabolism.
12. ..... is conjoint twin attached with each other at their chests.
13. Prolapse of rectum and uterus is known as ..... .
14. Sudden delivery of fetus is known as ..... labour.
15. ST elevation with concavity upwards is present in..... .
16. Tall T wave is present in ..... .

**From: Dr. Aamod Tatu, Ahmedabad.**

**ANSWERS:**

1. Melanosis Coli, 2. Typhlitis, 3. DKA, Sickle cell anaemia, porphyria
4. Argemone, 5. Metronidazole, 6. Water Hammer Pulse
7. Menorrhagia, 8. Lithium, 9. Nitrate, 10. Peripheral Neuritis
11. Wilson's, 12. Thoracopagus, 13. Procidentia, 14. Precipitate
15. Pericarditis, 16. Hyperkalemia

# Gimacon

(Hosted by Indian Medical Association, Rajkot Branch)

## 68th Annual Conference of IMA Gujarat State Branch

15th-16th October 2016 at Rajkot

**Dr. Atul Pandya**
President IMA GSB

**Dr. Jitendra Patel**
Hon. Secretary IMA GSB

Venue : Hotel Seasons (TGB), Avadh Road, Kalavad Road, RAJKOT.

## REGISTRATION FORM

Please fill in **CAPITAL LETTERS** ONLY

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Payment Details

| Particulars | Till 15th - 16th August 2016 | After 15th - 16th August 2016 |
|---|---|---|
| Reception Committee (Passes to be given to spouse for Banquet only) | 4,500/- | 5,000/- |
| Delegates Fees | 2,500/- | 3,000/- |
| Accompanying : Below 5 yrs no registration | 2,500/- | 3,000/- |
| Non IMA / Corporate Member | 6,000/- | 8,000/- |
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**Please find enclosed Cash / DD / Cheque for Rupees** _____

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(Org. Secretary)
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Rajkot-05. Tel : 0281-2585481,098251 99585
email : secretarygimacon2016@gmail.com

**Date** **Signature**

**: Host :**
**Indian Medical Association, Rajkot.**



I.M.A.G.S.B. NEWS BULLETIN
JUNE-2016 / MONTHLY NEWS

## Orientation Workshop on Quality in Healthcare Services

: Organised by :
Indian Medical Association, Gujarat State Branch &
Department of Health & Family Welfare (Govt. of Gujarat)

: Hosted by :
Sir T. Hospital, Govt. Medical College, Bhavnagar &
Indian Medical Association, Bhavnagar Branch

Date : 21st August 2016 @ Bhavnagar

| Time | Topic | Speaker |
|---|---|---|
| 09.30 - 10.30 | Registration & Breakfast | - |
| 10.30 - 11.00 | Inauguration | |
| 11-00 - 12.00 | Quality in Health Care : Guj. Prospective | Dr. J. L. Meena<br>State Q.I.P. Officer (Gandhinagar) |
| 12.00 - 01.30 | NABH - Pre Assessment & Progressive Accreditation | Dr. K. K. Kalra &<br>CEO, NABH (Delhi)<br>Dr. B. K. Rana<br>Director, NABH (Delhi) |
| 01.30 - 02.30 | LUNCH | |
| 02.30 - 03.00 | IMA - Kayakalp Guideline | Dr. Chinmay Shah |
| 03.00 - 04.30 | National Quality Assurance Standard | Dr. J. N. Shrivastav<br>Advisor - QI, NHSRC (Delhi) |
| 04.30 - 05.00 | High Tea & Vote of Thanks | |

***All IMA Members & Nursing Staff of Healthcare Facilities are invited to attend this Mega Event for Improving Quality of Healthcare Facilities in Gujarat.***

**Registration is Complementary... But Compulsory...**

**For Registration, Submit your Name & Mobile No. by SMS on 9408123663 or on Link :** http://goo.gl/forms/KvLLTcRUshvBnbS63

Dr. Atul Pandya, President (IMA, GSB) | Dr. Jitendra Patel, Secretary (IMA, GSB) | Dr. J. L. Meena, State Q.I.P. Officer | Dr. G. L. Patel, Vice Pres. (IMA, GSB)

Dr. Vikas Sinha, Dean, GMC, BVN. | Dr. M. P. Singh, Suptd. Sir T. Hos. BVN. | Dr. Chinmay Shah, President, IMA, BVN.

* * * * *

## Attention Advertisers

* You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
* Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
* In case of hand written matter, publisher will not be responsible for any kind of printing error.





# ડોક્ટર ઉવાચ ...

**ઈન્ડીયન મેડીકલ એસોસીએશન, ગુજરાત સ્ટેટ બ્રાંચ દ્વારા**
**ઈન્ડીયન મેડીકલ એસોસીએશન, ભાવનગર અને**
**શ્રી બળવંત પારેખ વિજ્ઞાનનગરી, ભાવનગરનાં સહયોગથી તૈયાર થશે**
**ડોક્ટરોની વણકહી દાસ્તાન...**

શ્રી એમ. વી. કામથ (ભુતપૂર્વ તંત્રી ટાઈમ્સ ઓફ ઈન્ડીયા) તથા ડૉ. રેખા કરમારકર દ્વારા ૧૯૯૭ માં Upload Stories - Doctors & Patients (ડૉક્ટર-દર્દીઓની વણકહી વાતો) પ્રગટ થઈ હતી.

દરેક ડોક્ટરની જીંદગીમાં અનેક અવિસ્મરણીય ઘટનાઓ બની હોય છે. ડોક્ટરી વ્યવસાય એ ભગવાન જેવું કામ કરીને દર્દીને મોતના મુખમાંથી પાછો લાવી શકે છે. અને આવા ઉમદા, હૃદયસ્પર્શી તથા દર્દી માટે આશિર્વાદરૂપ બનેલો એક પ્રસંગ આપના પાસેથી આવકારવામાં આવશે. (ગદ્ય તેમજ પદ્ય)

જે પ્રસંગો મળશે તેનું સંપાદન કરીને પુસ્તકરૂપે GIMACON-2016 દરમ્યાન પ્રકાશીત કરવામાં આવશે અને તક મળે દૈનિકમાં કટારરૂપે રજુ કરવા યત્ન કરવામાં આવશે. આપના ડાકતરી વ્યવસાય દરમ્યાન બનેલા પ્રસંગને, આપ નીચેના મુદ્દાઓને ધ્યાનમાં રાખીને, **imagsb@gmail.com** ઉપર સોફ્ટ કોપી (યુનિફોન્ટ) રૂપે અથવા ટાઈપ કરીને શ્રી બળવંત પારેખ વિજ્ઞાનનગરી, આંબાવાડી, ભાવનગર ખાતે બંધ કવરમાં તા. ૧ ઓગસ્ટ-૨૦૧૬ સુધીમાં મોકલવું.

**આપનો પ્રસંગ મોકલવા માટે આ બાબતો ધ્યાનમાં લેશો.** ૧) ભાષા : ગુજરાતી (ગુજરાતી મિશ્ર અંગ્રેજી પણ મોકલી શકાશે). ૨) શબ્દ મર્યાદા : ૫૦૦ થી ૧૦૦૦ શબ્દો ૩) પ્રસંગમાં બની ગયેલ સત્યઘટનાનો, અંદાજીત ઘટના સમય (વર્ષ) દર્દીનાં સંજોગો, આપ ત્યારે ક્યાં કામ કરતા તે સ્થળ, રોગ-ઓપરેશન વિગત અને દર્દીની આર્થિક-સામાજીક સ્થિતીને આવરી લઈને મુળ કે કાલ્પનિક દર્દીનાં નામે મોકલવાનું રહેશે. ૪) આપ ઘટનાનું શિર્ષક પણ આપી શકો છો. ૫) મળેલી સત્ય ઘટનાનું યોગ્ય સંપાદન કરીને, ચુંટીને, પુસ્તકરૂપે ગુજરાતીમાં પ્રગટ કરાશે ત્યારે ડોક્ટરનું નામ, સરનામું, ફોન નંબર પણ તેમાં અંતે મુકાશે અને તેની એક પ્રત ડોક્ટરને મોકલાશે.

| ડૉ. અતુલ પંડ્યા | ડૉ. જીતેન્દ્ર એન. પટેલ | ડૉ. ચિન્મય શાહ | ડૉ. મૌલિક પરીખ |
|---|---|---|---|
| પ્રમુખ | માનદ્ મંત્રી | પ્રમુખ | માનદ્ મંત્રી |
| (IMA-GSB) | (IMA-GSB) | (Bhavnagar Branch) | (Bhavnagar Branch) |

dghs

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No.A.12034/1/2014-CHS-V
Government of India
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi
Dated: the 31st May, 2016

ORDER

The President is pleased to enhance the age of superannuation of the specialists of Non-Teaching and Public Health sub-cadres of Central Health Service (CHS) and General Duty Medical Officers of CHS to 65 years with immediate effect.

(B. Bandyopadhyay)
Deputy Secretary to the Government of India
Telefax: 2306-1527

To

All Participating Units of CHS

Copy for information and necessary action to:

1. Cabinet Secretariat, Rashtrapati Bhavan, New Delhi.
2. Prime Minister's Office, South Block, New Delhi.
3. Department of Personnel and Training (Estt. A Section), North Block, New Delhi with the request to make necessary amendments in FR-56 and other Central Service Rules incorporating the decisions, at the earliest possible.
4. Department of Pensions and Pensioners' Welfare, Lok Nayak Bhawan, New Delhi.
5. Department of Expenditure, Ministry of Finance, North Block, New Delhi.
6. Ministry of Home Affairs, North Block, New Delhi.
7. Department of Higher Education, Ministry of Human Resources and Development, Shastri Bhavan, New Delhi.

South Block, New Delhi.





વિદ્યુત શુલ્ક સમાહર્તાની કચેરી

15722

- 7 MAY 2016

વિષય : હોસ્પીટલને વીજદર દરમાં રાહત બાબત

શ્રીમાન,

ઉપરોક્ત વિષય અન્વયે જણાવવાનું કે તા.૩૦-૦૩-૨૦૧૬ના જાહેરનામા ક્રમાંકઃ GHU/2016 /(33)/ELD /12-2016/375/E પ્રમાણે ૧૦ પથારી કે તેથી વધુ પથારીની સગવડ ધરાવતી હોસ્પિટલના કિસ્સામાં લાગુ પડતો વીજદરનો દર ૨૫% થી ઘટાડી ને ૧૫% વીજદર વસુલવાની જોગવાઇ કરેલ છે જેની નકલ અત્રેના તા.૦૫-૦૪-૨૦૧૬ ના પત્રથી આપવામાં આવેલ

* * * * *

. આ પત્ર બાદ જુદા જુદા પુરવઠેદાર તરફથી વીજદર દર રાહતનો લાભ સંબંધિત વીજ ગ્રાહકને વી ચકાસણી કરી આપવો તે અંગે પૃચ્છા કરવામાં આવતી હતી.

આથી રાજ્યના વીજદર દર રાહતના આવા તમામ કિસ્સામાં એક સૂચના જણાવવા અને તથા વીજ ગ્રાહકને વીજદર દર રાહતનો લાભ ત્વરિત તેઓના વીજબીલમાં મળતો થાય તથા સરકારશ્રીની વીજદરની આવકને જરા ન પહોંચે તથા ભવિષ્યમાં આવા કારણોને લીધે રીકવરીના પ્રશ્નના કારણે ગ્રાહક સાથે કાયદાકીય ગુંચમાં ન ઉતરવું પડે તે હેતુથી જણાવવાનું કે ઉપર્યુક્ત જાહેરનામાની જોગવાઇ અનુસાર આવી તમામ હોસ્પિટલના વીજ ગ્રાહક પાસેથી મુખ્ય નર્સીંગ હોમ નોંધણી અધિનિયમ, ૧૯૪૯ હેઠળનું નોંધણી પ્રમાણપત્ર અને/અથવા ગુજરાત પોલ્યુશન કંટ્રોલ બોર્ડ દ્વારા બાયો મેડીકલ વેસ્ટ અંગે આપેલ પરવાનાની અદ્યતન નકલ મેળવી તે આધારે ઘટાડેલ દરે વીજદર વસુલવાનો રહે છે.

વધુમાં ઉપરોક્ત જાહેરનામાની જોગવાઇ મુજબ આ રાહત માટે વીજ ગ્રાહકે અત્રેની કચેરીએથી અલગ પ્રમાણપત્ર મેળવવાનું રહેતું નથી. આ અંગેની જાણ આપના તાબા હેઠળના તમામ બીલીંગ સેન્ટરોને જરૂરી સૂચનાં આપતી પરિપત્ર અત્રેની કચેરીને જાણ હેઠળ કરવા તેમજ આપની વેબસાઇટ ઉપર પણ આ માહિતી ઉપલબ્ધ કરવા જણાવવામાં આવે છે. સાથોસાથ વીજદરના પ્રવર્તમાન દર માટે અત્રેની વેબસાઇટ http://ceiced.gujarat.gov.in/electrical-charge-rate પણ આપની વેબસાઇટ પર યોગ્ય જગ્યાએ મૂકવા જણાવવામાં આવે છે જેથી તેઓને વીજબીલમાં વસુલવામાં આવતા વીજદર દરની સાચી માહિતી મળી શકે.

વિદ્યુત શુલ્ક સમાહ

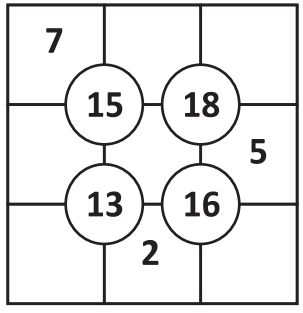
બિડાણઃ- ઉપર મુજબ.

નકલ રવાનાઃ
અધિક સચિવશ્રી, ઉર્જા અને પેટ્રોકેમીકલ્સ વિભાગ, સચિવાલય, ગાંધીનગરને જાણ સારુ.

# Games Corner

Dr. Chandresh Jardosh
Surat

## Chhota Sudoku




"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

## 7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different words with 'MM'

| Key | Words |
|---|---|
| 5 Letters | 1 |
| 6 Letters | 1 |
| 7 Letters | 5 |

| | | | | |
|---|---|---|---|---|
| DR | GL | MM | MMA | GR |
| CO | MER | GI | LE | MER |
| MM | DI | AM | ER | IM |
| MMA | HA | UM | ICK | MAR |

## Sudoku

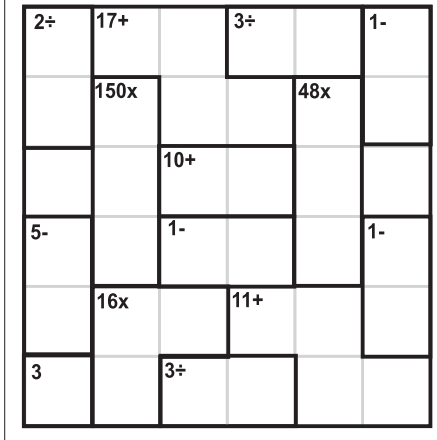
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 6 | | | | 2 | 4 | | 3 |
| 5 | | 2 | | | 7 | | | |
| | | 8 | 3 | | 6 | 1 | | |
| | | 9 | | | | | 3 | |
| | | | 7 | | 4 | | | |
| | 5 | | | | | 6 | | |
| | | 7 | 4 | | 3 | 9 | | |
| | | | 9 | | | 2 | | 4 |
| 8 | | 4 | 2 | | | | 5 | |

The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:
Each horizontal row contains each digit exactly once
Each vertical column contains each digit exactly once
Each 3 by 3 square contains each digit exactly once



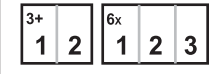


## KEN KEN PUZZLE




1 Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and maths operation (+, –, x, ÷).
3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's maths operation—to form that cage's target number.
4 The number written in the cage of one square, will be the answer for the cage.
5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

FOR EXAMPLE




Answer : Page No. 100

## Hospital can not force one to buy medicines from their pharmacy ?

NCDRC: Fortis Health Management (North) Ltd. VS Meenu Jain & Anr. passed on 22/07/2014 with case number RP No. 2448 of 2013. PER DR. S.M. KANTIKAR, MEMBER

On 25.05.2009 Meenu Jain was admitted to Fortis Escort Hospital, Jaipur, Rajasthan OP for treatment of Guillain Barre Syndrome.

The Complainant signed a general consent for admission.

On 25.06.2009, the patient was on ventilator and administered lifesaving drug injection IVIGLOBEX, five doses daily, for five days. The cost of each injection-M.R.P. was Rs.18,990/-. Those injections were provided by hospital pharmacy and the Complainant was successfully treated and discharged on 13.06.2009. The total sum of Rs.6,82,965/- as hospitalisation charges were paid by the Complainant without any protest.

The Complainant alleges that, he was told that the cost per injection was Rs.9,000/-.The Complainant-2 requested the hospital authorities that the injection IVIGLOBEX was available at Rs.30% - 40% discount in the other medical shops in the market and he may be permitted to purchase the injections from outside, but his request was not considered and he was forced to purchase the injections from the hospital itself.

We find that, the complainant singed the consent and the counselling form, but it is also important to understand the state of mind of the complainant-2 as his wife Meenu Jain was in a critical condition in OP hospital. The OP was in a dominating position over the Complainants.

Thus, the hospital authorities indirectly imposed unjustified and unreasonable conditions on the Complainant to purchase the





injections from the hospital, for the treatment of the patient. The counsel for OP argued that, to ensure quality and genuineness of the drugs, the OP did not permit the patients to buy the drugs from outside which is not at all convincing and reasonable. The OP sold the injections at the maximum retail price (MRP), and not charged any excess amount.

"The corporate hospitals should not be a commercial/ business centres for profiteering from the exploitation of such critical patients, who have to pay sky rocketing hospital bills".

"Regarding contention of OP about spurious drugs, the OP was at liberty to explain the pros and cons of drugs brought from outside market, and after due consent from the complainants, they could have administered the injections."

"Therefore, considering the facts and circumstances, we are of the opinion that the hospital authorities exercised undue influence and compelled the Complainants to pay excess price. This amounts to unfair trade practice. The right of the Complainant/patient cannot be curtailed by preventing the Complainants to exercise their option to purchase the medicines or injections from the market. Also the complainants approach was opportunistic. Thus, in context of maintaining good Doctor-Patient relationship, we feel that the OP should have allowed discount on the purchase of 25 doses of expensive injections IVIGLOBEX by the Complainant."

"The complainant calculated the excess amount of Rs.1,56,167/-. Also, we cannot totally ignore the services which OP had rendered to the patient in critical condition. The OP has every right to earn profits from its pharmacy, but it should be reasonable or acceptable one. Therefore, we feel it is just and proper to allow refund of 50% of the calculated excess amount. …"

## Running a clinic is not commercial activity: HC

MUMBAI: A private doctor's clinic is not a commercial establishment, the high court has held, taking medical practitioners out of the purview of the Bombay Shops and Establishments Act.

A division bench of Justices V M Kanade and P D Kode has struck down a 1977 amendment that included the medical practitioners' establishments. The constitutional validity of the section, 2 (7), was challenged by an Andheri-based gynaecologist, Dr Shubhada Motwani, prosecuted for not registering her clinic. The punishment comprised a fine, calculated for each day of non-registration. She moved court.

Her lawyer, S C Naidu, argued that a medical practitioner's clinic cannot fall within the definition of commercial establishment as a doctor provides service to patients, an activity that cannot be termed commercial. He argued that the amendment had included in its ambit legal practitioners and CAs as well. Lawyers moved court, and the HC held, in 1984, that the amendment was ultra vires (beyond the powers), striking down their inclusion in the definition of commercial establishment. In 2006, CAs were given relief.

In the Motwani case, the judges upheld Naidu's submission that an SC judgment of May 2, 1968 (in Dr Devendra Surti vs State of Gujarat), where it was held that the private dispensary of a doctor is not a commercial establishment, will apply.

“Therefore, the amendment incorporating medical practitioners within the definition of commercial establishment will have to be held ultra vires and is accordingly struck down," the HC judges said, directing that criminal prosecution initiated against Motwani is quashed.

The Indian Medical Association's Dr Jayant Lele said the move is significant and welcome. "Clinics shouldn't be treated like shops. How can a general practitioner afford to pay commercial rates for power and water?" he asked. He said the IMA would now take up a legal battle to ensure that doctors' clinics don't have to pay commercial rates for power and water. "The act's provisions are supposed to guard the interests of employees. But renewing registration every year was a chore for doctors. Moreover, doctors were harassed if there was delay in getting the paperwork done."

Dr Lalit Kapoor of the Association of Medical Consultants said the HC's move would ensure doctors require one licence less than before to set up their practice. "We have been requesting the BMC to work out single-window clearance for doctors' clinics and nursing homes."





## Doctors to pay for deaths during strike, says HC

Lucknow: The high court on Friday said doctors at Lucknow's King George's Medical University would pay for deaths caused by their recent four-day strike. The court said a panel would find out, within two months, the number of deaths caused because of the strike, and the doctors would pay Rs 25 lakh to each affected family. The government would pay the money, and deduct it from the doctors' salaries, the court said.

Hearing a PIL against the strike between May 30 and June 2, the court said that doctors in public institutions had no legal right to strike work, and directed the state government to frame a strict policy to ensure patients did not get affected.

“The government must frame a policy with strict provisions to avoid such incidents in future. If anybody still dares to strike work, stringent actions must be taken so that others do not follow such conduct," said the court, while asking the government to submit a compliance report by September 10. About 350 KGMU junior doctors went on strike to protest fresh admissions in post-graduate courses in state medical colleges. Admissions were done in April on the basis of Uttar Pradesh Medical Entrance Examination (UPPGMEE) 2016 but were cancelled on May 26 following Supreme Court order which directed state government to conduct admissions afresh after allotting up to 30% additional marks to candidates of Provincial Medical Health Services (PMHS) who have served in rural areas.

The strike was called off on June 2 after court pulled up authorities after hearing the PIL filed by a local lawyer Moti Lal Yadav against the strike. Friday's order was on the same PIL. The court said a doctor's duty was to treat patients, and not doing this was a serious professional misconduct.

The pinch of doctors' absence in government hospitals was not felt by political, administrative and judicial class because they preferred private facilities, the court said. Principals of state medical college and the vice chancellor of KGMU have been directed to identify those who had been on strike and deny them allowances, salary and honorarium as also extend their training period by the duration of striking period. In order to curb such strikes in future, the court directed government to prepare a permanent record of doctors' conduct and make it public on the internet. The permanent appraisal record of all striking doctors will be put up on a website and will be communicated to Medical Council of India (MCI) for consideration of license cancellation or suspension of services. Guidelines and conduct rules for all state doctors will also be put on the website within three months.

## IMA White paper on Clearance for Organ Transplant

**What is a competent authority?**

It means the Head of the institution or hospital carrying out transplantation or committee constituted by the head of the institution or hospital for the purpose.

**What is its role?**

To give clearance to all near relative based transplants. The competent authority may seek the assistance of the Authorisation Committee in its decision making, if required.

**What is authorisation committee?**

For giving clearances in case of transplant is between other than near relatives and all cases where the donor or recipient is foreign national (irrespective of them being near relative or otherwise), the approval will be granted by the Authorisation Committee of the hospital or if hospital based Authorisation Committee is not constituted, then by the District or State level Authorisation Committee.

**What is the composition of Authorisation Committees?**

1. There shall be one State level Authorisation Committee.
2. Additional Authorisation Committees in the districts or Institutions or hospitals may be set up as per norms given which may be revised from time to time by the concerned State Government or Union territory Administration by notification.
3. No member from transplant team of the institution should be a member of the respective Authorisation Committee.
4. Authorisation Committee should be hospital based if the number of transplants is twenty five or more in a year at the respective transplantation centres, and if the number of organ transplants in an institution or hospital are less than twenty-five in a year, then the State or District level Authorisation Committee would grant approval(s).

**What constitutes hospital based Authorisation Committee?**

The hospital based Authorisation Committee shall, as notified by the State Government in case of State and by the Union territory Administration in case of Union territory, consist of





(a) The Medical Director or Medical Superintendent or Head of the institution or hospital or a senior medical person officiating as Head - Chairperson;

(b) Two senior medical practitioners from the same hospital who are not part of the transplant team – Member;

(c) two persons (preferably one woman) of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants, doctors of Indian Medical Association, reputed non-Government organisation or renowned social worker - Member;

(d) Secretary (Health) or nominee and Director Health Services or nominee from State Government or Union territory Administration - Member.

**What constitutes State or District Level Authorisation Committees?**

The State or District Level Authorisation Committee shall, as notified by the State Government in case of State and by the Union territory Administration in case of Union territory, consist of,—

(a) A Medical Practitioner officiating as Chief Medical Officer or any other equivalent post in the main or major Government hospital of the District – Chairperson;

(b) Two senior registered medical practitioners to be chosen from the pool of such medical practitioners who are residing in the concerned District and who are not part of any transplant team– Member;

(c) Two persons (preferably one woman) of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants, doctors of Indian Medical Association, reputed non-Government organisation or renowned social worker - Member;

(d) Secretary (Health) or nominee and Director Health Services or nominee from State Government or Union territory Administration–Member: Provided that effort shall be made by the State Government concerned to

have most of the members' ex-officio so that the need to change the composition of Committee is less frequent.

**What is the Quorum of Authorisation Committee?**

The quorum of the Authorisation Committee should be minimum four and the quorum shall not be complete without the participation of the Chairman, the presence of Secretary (Health) or nominee and Director of Health Services or nominee.

**Can the committee be manipulated?**

It's unlikely. The quorum makes its mandatory to have minimum two government representatives.

**Can the medical officer of case incharge be a member of any committee?**

**The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a member of the Authorisation Committee constituted under the provisions of clauses** (a) and (b) of sub-section(4) of section 9 of the Act or of the competent authority.

**What about if the donor and recipients are both foreign nationals?**

When the proposed donor or recipient or both are not Indian nationals or citizens whether near relatives or otherwise, the Authorisation Committee shall consider all such requests and the transplantation shall not be permitted if the recipient is a foreign national and donor is an Indian national unless they are near relatives.

**What is to be seen by the authorisation committee if the donors and recipients are not related?**

The **Authorisation Committee shall evaluate nine points-**

- Evaluate that there is no commercial transaction between the recipient and the donor and that no payment has been made to the donor or promised to be made to the donor or any other person
- Prepare an explanation of the link between them and the circumstances which led to the offer being made
- Examine the reasons why the donor wishes to donate
- Examine the documentary evidence of the link, e.g. proof that they have lived together, etc.





- Examine old photographs showing the donor and the recipient together
- Evaluate that there is no middleman or tout involved
- Evaluate that financial status of the donor and the recipient by asking them to give appropriate evidence of their vocation and income for the previous three financial years and any gross disparity between the status of the two must be evaluated in the backdrop of the objective of preventing commercial dealing
- Ensure that the donor is not a drug addict
- Ensure that the near relative or if near relative is not available, any adult person related to donor by blood or marriage of the proposed unrelated donor is interviewed regarding awareness about his or her intention to donate an organ or tissue, the authenticity of the link between the donor and the recipient, and the reasons for donation, and any strong views or disagreement or objection of such kin shall also be recorded and taken note of.

**Who will approve the SWAP cases?**

Cases of swap donation shall be approved by Authorisation Committee of hospital or district or State in which transplantation is proposed to be done and the donation of organs shall be permissible only from near relatives of the swap recipients.

**Can the process be expedited?**

When the recipient is in a critical condition in need of life saving organ transplantation within a week, the donor or recipient may approach hospital in-charge to expedite evaluation by the Authorisation Committee.

**Who is a near relative?**

A: **Grandmother, grandfather, mother, father, brother, sister, son, daughter, grandson and granddaughter,** above the age of eighteen years. They have to be related genetically.

**Who gives clearance in cases of near relatives?**

Where the proposed transplant of organs is between near relatives related genetically the competent authority or the Authorisation Committee (in case donor or recipient is a foreigner)

**What is their role?**

The committee shall evaluate;

(I) **Documentary evidence of relationship**

Relevant birth certificates

Marriage certificate

Other relationship certificate from Tehsildar or Sub-divisional magistrate or Metropolitan Magistrate or Sarpanch of the Panchayat

Similar other identity certificates like Electors Photo Identity Card or AADHAAR card

(ii) **Documentary evidence of identity and residence of the proposed donor**

Ration card, Voter identity card, Passport, Driving license

PAN card, Bank account

Family photograph depicting the proposed donor and the proposed recipient along with another near relative

Similar other identity certificates like AADHAAR Card (issued by Unique Identification Authority of India).

If in the opinion of the competent authority, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct DNA Profiling from NABL certified lab.

**Can the competent authority be misled?**

Only if the above documents are forged. It may be difficult for the competent authority to scrutinise forged documents.

**What is the procedure when the donor is a spouse?**

Where the proposed transplant is between a married couple the competent authority or Authorisation Committee (in case donor or recipient is a foreigner) must evaluate the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph etc. are kept for records along with the information on the number and age of children and a family photograph depicting the entire family, birth certificate of children containing the particulars of parents.

**Dr K K Aggarwal**





## Technicians can't run med labs, sign test report

Maharashtra Medical Council recently took punitive action against such labs run by tech & pathologist signing proxy. Maharashtra asson of pathologist helped a lot in booking such pathologist

The Maharashatra state medical education and drugs department has issued a GR stating that holders of a diploma in medical laboratory technician (DMLT) certificate cannot run independent pathology laboratories or sign reports.

Any violation of the order could lead to jail term of 10 years and a fine of Rs 10,000.

Henceforth running a pathology lab by DMLT and equivalent diploma holder independently, would be an offence.

DMLT holders however can examine samples, record it but cannot sign the final report.

DMLT degree holders can appoint people with MD pathology or diploma in clinical pathology, who must be registered under the Maharashtra Medical Council and Medical Council of India.

## Assault on doctors: Only 2 of patient's relatives to be allowed inside hospital, rules Bombay HC

The Bombay High Court ruled that only two people would be allowed to accompany a patient during visiting hours in government hospitals in Maharashtra. The move came as an attempt to protect doctors from getting thrashed by families of the patients.

**ONLY TWO PEOPLE ALLOWED INSIDE**

In her judgement, Justice Abha Oka ordered hospitals to immediately put up sign boards informing visitors about the same. She further added that only in exceptional cases, four people would be allowed inside the premises.

**NEED TO CONTROL THE CROWD**

Additional advocate general appearing for the state too agreed that there was a need to control the crowd.

"More than four people should not be present inside the premises. Most of these incidents happen due to mob mentality," the advocate general said.

The verdict came days after resident doctors were beaten up in two separate incidents in Nagpur and Mumbai.

**POLICE PRESENCE**

Advocate Rahul Totla representing the Maharashtra Association of Resident Doctors told the court, "CCTV cameras can only record the incident but cannot prevent it. It is important for the police to be present.

Earlier, Justice Oka had noted, "Most of these incidents happen due to the absence of police. It is important to deploy women constables at such places to avoid confrontations."

## WHPA meetting in Geneva

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## CME - Mehsana Branch

## Aao Gaon Chalen Programme Ahmedabad Branch


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## CME - Surat Branch





## IMA GSB President's Visit - Veraval Branch

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## IMA GSB President's Visit - Morbi Branch

## Blood Donation Camp Jetpur Branch


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## CME - Morbi Branch






## BMACON-2016 - Bhavnagar Branch

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## Launching of Young Doctor's Wing IMA Vadodara Branch

## Blood Donation Camp Rajkot Branch


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## World Environment Day Bhavnagar Branch





## World No Tobacco Day Rally Palanpur Branch

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## CME - Navsari Branch

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**15th-16th October 2016**

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098242 93010

Organizing Secretary (Chief)
**Dr. Chetan Lalseta**
098251 99585

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**Dr. D K Patel**

Honorary Secretary IMA Rajkot
**Dr. Amit Agravat**

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**Dr. Yagnesh Popat**

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**Dr. Jay Dhirwani - Dr. Niraj Jadav**
**Dr. Ajay Rajyaguru**

For Outstation Registration & Accomodation : **Dr. M. K. Korwadia** - 98242 26240
**Dr. Rashmi Upadhyay** - 94262 01281 • **Dr. V. B. Kasundra** - 98249 73500

# INDIAN MEDICAL ASSOCIATION

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

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular **A-11/HFC/LM/2016-2017**, further tabulated information is given below for the revision of fees effective from **1/4/2016.** Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

## ORDINARY MEMBERSHIP FEES

| CATEGORY | HFC | GMJ | GSB | ADM.FEE | TOTAL TO BE SENT TO GSB.IMA |
|---|---|---|---|---|---|
| **Annual Single:** | **391-00** | **25-00** | **10-00** | **20-00** | **446-00** |
| **Annual Couple:** | **586-00** | **38-00** | **20-00** | **30-00** | **674-00** |

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old
Rates will be accepted up to **31/03/2015** only at State Office. Thereafter the new revised rates will be applicable.

## LIFE MEMBERSHIP FEES

| CATEGORY | TOTAL FEES | BR.SHAHRE | ADM.FEES INCLUDING GSB. IMA | TO BE SENT TO GSB. IMA |
|---|---|---|---|---|
| **Single** | **8095-00** | **760-00** | **{ 20-00 }** | **Rs. 7335-00** |
| **Couple** | **12050-00** | **1200-00** | **{ 30.00 }** | **Rs. 10850-00** |

**Kindly send fees of old annual member, which should reach this office before 30/4/2016. Membership Fees by a D.D. drawn in favour of G.S.B. I.M.A**

## I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P Rs. 2000-00
Life Membership
Membership Fees along with Life Subscription of Family Medicine DD in favour of "IMA CGP HQ"
Payable at Chennai and send to us

Kindly send annual membership fees before **30/4/2016** so as to avoid deletion. 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. Jitendra N. Patel)
Hon. State Secretary

## Doc negligence to be vetted against standard practice

Medical science is not an exact science. There can be various reasons for failure of a treatment or surgery , which are beyond the control of the doctor. If a doctor has acted according to standard medical protocol he cannot be accused of negligence merely because some untoward incident has taken place due to circumstances beyond his control.

Sanghmitra Khobragade was suffering from abdominal pain. She went to the Government Medical College and Hospital (GMCH) at Nagpur and underwent sonography which revealed gall stones. She was referred to Dr Sanjay Gadekar for laparoscopic removal of stones.

Khobragade later filed a consumer complaint alleging that her consent was obtained on a blank form. The doctor then performed an open cholecystectomy instead of a laparoscopic surgery . She complained that despite oozing of yellowish fluid through the drain, she was discharged without being cured.

Khobragade subsequently developed jaundice for which GMCH asked her to contact a specialist. She was brought to Shrikhande Hospital in Mumbai where she underwent a major surgery of jejuno jejunostomy of the intestine. After an 8.5hour surgery she recovered and was discharged. She attributed that the obstructive jaundice was due to a wrong surgery by Dr Sanjay Gadekar and claimed a compensation of Rs 8.5 lakh for alleged negligence.

The state commission allowed the complaint and directed Dr Gadekar to pay Rs 8.5 lakh along with 9% interest and cost of Rs 25,000. The doctor challenged this order before the National Commission. The doctor relied on medical texts which showed that iatrogenic injuries occur inadvertently during certain medical procedures. In cholecystectomy , an incidence of over 85% iatrogenic injuries is noticed during follow-up. In such circumstances, it would not be right to attribute negligence on the part of the surgeon.





The doctor showed that consent had been properly obtained. The patient was in good condition at the time of discharge. The complication due to the iatrogenic injury was notice during follow up, for which Khobragade was advised to get herself admitted for corrective measures, but she had refused to get hospitalized again.

The National Commission observed that the patient was a qualified advocate. The doctor had obtained proper consent on the form which had been signed by Khobragade as well as her husband. The medical record showed there were no problems during the surgery . Extra hepatic biliary obstruction, which is a known complication of cholecystectomy , which was detected during follow up, but the patient had refused treatment.

The Commission observed that all medical injuries do not that all medical injuries do not arise due to negligence, and some complications occur due to blameless events. The Consumer Protection Act should not act as an “halter round the neck“ of doctors to make them fearful and apprehensive of taking professional decisions at crucial moments, which can make a difference to between life and death, it added.

ImpactConclusion: Accordingly , by the commision's order dated 20.5.2015 delivered by Dr S M Kantikar for the bench along with Justice J M Malik, the National Commission held that there was no negligence on Dr Gadekar's part.On the contrary Khobragade had failed to follow instruction for post operative complications. So the commission set aside the State Commission's order, and dismissed Khobragade's complaint.

A medical practitioner would be liable only where his conduct falls below that of the standards of a reasonably competent practitioner in his field.

## NEWS CLIP

**The honourble National Commission has in an order of immense interest ordered a hospital in Mumbai to pay Rs. 12000 per month to a patient for giving her HIV infected blood brought from an outside blood bank by her husband. This has to be paid for life**

**'MUMBAI HOSPITAL DIDN'T GET CONSENT FOR TRANSFUSION'**

# 20 years after woman got HIV, lost her baby, hospital told to pay for her upkeep

MANEESH CHHIBBER
NEW DELHI, MAY 31

IN AN order of far-reaching import, the National Consumer Disputes Redressal Commission (NCDRC) has ordered a hospital in Mumbai to pay Rs 12,000 to a patient every month till her death. The woman contracted HIV 20 years ago, after she received a blood transfusion, reportedly without her or her family's "informed consent".

The woman received the blood transfusion when she was admitted to Mhaskar Hospital, Kalyan, for delivery. According to the complainant, her newborn son also contracted HIV when she breast-fed him, unaware that she had become HIV-infected during the caesarean section. The infant later died.

The woman was abandoned by her husband after she contracted HIV. Since she has no source of income, the NCDRC has asked the hospital to take care of all her medical and living expenses for the remainder of her life. The hospital has also been told to pay compensation and reimburse the actual expenses incurred by her for hospitalisation during delivery.

In passing the landmark order, the Bench of NCDRC Chairman Justice D K Jain and member M Shreesha also expanded the scope of what constitutes "goods", holding that blood taken from a registered blood bank falls in the category of goods and that a patient who buys blood from a registered blood bank is a consumer.

What makes the order important is that the compensation has not been awarded for deficiency in medicare or negligence in the procedure performed. Instead, the hospital has been found guilty of not obtaining "valid consent for blood transfusion".

The commission has said that "perhaps, it is high time when the hon'ble Supreme Court of India may have to take a relook at the concept/ principle of "consent", "informed consent" or "real consent", whatever expression one may like to use".

Incidentally, routine blood tests, including Enzyme-Linked Immunosorbent Assay (ELISA) test for HIV-I and HIV-II antibody, conducted on the patient a few months before she was admitted to hospital for delivery, were all negative. One of the arguments put forth by the complainant was that the hospital did not conduct any tests to check if the blood from the blood bank was contaminated.

The commission, however, ruled that there wasn't sufficient evidence to return a categorical finding that the four units of blood, supplied to the complainant's husband, were not tested from an accredited laboratory and that the same were HIV-contaminated.

"We have no hesitation in holding that in the present case, the treating doctor had failed to obtain valid consent from the complainant and the blood transfusion... was an unauthorised act amounting to a tortious act of assault and battery and therefore, deficiency in service on his part," the bench held.

"...internationally, blood transfusion is considered as a medical invasive procedure, performed on a live body. That being so, undoubtedly the doctor is bound to disclose to the patient the associated benefits, risks and alternatives to blood transfusion, and it is now an accepted medical norm to obtain informed consent of the patient before transfusion..." says the order.

The bench also referred to the law in the United States, where informed consent is a must "for all planned transfusions".

In 2007, the Maharashtra State Consumer Disputes Redressal Commission had dismissed the woman's complaint on the ground that there was no negligence on the part of either the hospital where she was operated upon or the blood bank from where her husband got four units of blood.





the buzz

# JUDGING A JUDGE

IF DOCTORS CAN BE PROSECUTED FOR WRONG DIAGNOSIS, SHOULDN'T A JUDGE PAY FOR WRONG JUDGEMENTS?

DC CORRESPONDENT

DR RAMESH GANESAN ASKS WHY THE JUDICIARY SHOULD ALSO COME UNDER CPA (CONSUMER PROTECTION ACT) ON THE CONSUMER RESOURCES BLOG:

- In the Salman Khan case the lower court and the high court judge interpreted the situation in contrasting manner and gave verdicts that were poles apart.
- What would have happened if a doctor sitting in a government hospital had diagnosed a celebrity as gastritis and another hospital had later diagnosed that patient to be having a myocardial infarction?
- A judge gets years to decide on a case unlike a doctor who is expected to diagnose and treat everything in the blink of an eye.

READ THE WHOLE POST: consumerre-

Dr Ramesh Ganesan recently asked a medicolegal question, with relevant talking points, on the Consumer Resources' blog — should the Judiciary also come under CPA (Consumer Protection Act)? There have been cases in the courts of our country, that seem to be open-and-shut ones to everyone else but the judges, who often give a judgment that flies in face of all evidence.

For example in the Salman Khan hit-and-run case, the lower court judge and the High Court judge had the same pieces of evidence to deal with. They also had the same Indian law to abide by and most probably they had similar educa- tion qualifications

In a blog post, a doctor posed the question: Should the judiciary be held accountable

Court and High Court.

**SELF DEFEATIST**

He adds, "Judges don't give wrong verdicts — they are backed up with a set of reasons. The route is self defeatist. A Consumer Forum judge too, is a judge, and what if he goe wrong? When you judge, you ba ance various factors. The balanc could be wrong, but not negligent.

**ALL ARE ACCOUNTABLE**

However, Dr Rajneesh Reddy, co sultant surgeon Apollo Hospita feels, "Leave alone doctors judges. Judges and ev politicians are answ able to people. Th should be some s of methodology deal with this."

**NOT COMPARA**

Eminent Court la

राजस्थान पत्रिका

# एमबीबीएस कहीं का, प्रैक्टिस से पूर्व देना होगा नीट-पीजी

**केन्द्र सरकार की एमबीबीएस कोर्स के बाद निजी प्रैक्टिस से पहले बड़ा बदलाव करने की तैयारी**

**विदेशों से डिग्री लेने वालों के लिए ही था टाह नियम, अब देश में डिग्री लेने वालों पर भी लेगा लागू**

**पास होने वाले को ही मिलेगी प्रैक्टिस की अनुमति, मेरिट वालों को मिलेगा पीजी में प्रवेश**

जयपुर @ पत्रिका
rajasthanpatrika.com

देश भर में एमबीबीएस डिग्री लेने वाले डॉक्टरों को अब निजी प्रैक्टिस या सरकारी नौकरी करने से पहले एक अतिरिक्त परीक्षा और पास करनी होगी। अभी तक इस तरह की परीक्षा विदेशों से एमबीबीएस की डिग्री लेकर आने वाले के लिए ही थी। सूत्रों के अनुसार मेडिकल काउंसिल ऑफ इंडिया और संसदीय स्थायी समिति के प्रस्ताव पर केन्द्रीय स्वास्थ्य मंत्रालय अंतिम निर्णय करने जा रहा है। जिसके तहत इस साल दिसंबर में होने वाले राष्ट्रीय सह पात्रता परीक्षा नीट पीजी 2016 को ही इस एमसीआई एकिजट परीक्षा का रूप दिया जाएगा।

इस परीक्षा में ही विदेशों से डिग्री लेने वाले और भारत में एमबीबीएस की पढाई करने वाले डॉक्टर हिस्सा लेंगे। जो परीक्षा में पास होगा, उसे ही प्रैक्टिस करने की अनुमति मिलेगी। इस परीक्षा की वरीयता सूची में रहने वालों को पीजी में प्रवेश मिल जाएगा।

## विदेशी डिग्री धारियों को थी दिक्कत

अभी तक विदेशों से डिग्री लेने वाले एमबीबीएस डिग्रीधारियों के लिए नेशनल बोर्ड ऑफ एक्जामिनेशन की ओर से लिया जाने वाला फॉरेन मेडिकल ग्रेजुएट एग्जेस या एमसीआई स्क्रीनिंग टेस्ट अनिवार्य थी। जिसमें आरोप यह भी लगाए जाते रहे थे कि इस परीक्षा में जान बूझकर कठिन प्रश्न पत्र रखे जाते थे। जिससे अति संसाधन युक्त देशों के मेडिकल कॉलेजों से डिग्री लेने वाले भारत के होनहार छात्र भी पास नहीं हो पाते थे। अब यह परीक्षा समान रूप से सभी के लिए आयोजित किए जाने की तैयारी है।

## पहले भी थी कोशिश

जानकारी के मुताबिक केन्द्रीय मंत्रालय और एमसीआई के स्तर पर यह प्रयास करीब एक साल से चल रहा है। उस समय एकिजट परीक्षा की तैयारी थी। लेकिन मामला कोर्ट में चला गया। कोर्ट से कुछ समय पहले ही अंतिम निर्णय आने के बाद केन्द्र सरकार ने इसकी तैयारी शुरू कर दी है।

## जून 2015 में लिया था निर्णय

दरअसल, जून 2015 में सरकारी और निजी मेडिकल कॉलेजों से निकलने के बाद गुणवत्ता बढ़ाने के लिए एकिजट परीक्षा का निर्णय किया था। इसमें पास नहीं होने वालों को दो साल ग्रामीण सेवा में भेजने की तैयारी थी। लेकिन यह निर्णय कोर्ट में चला गया था।

*** IN THE HIGH COURT OF DELHI AT NEW DELHI**

\+ W.P.(C) No.7865/2010

DELHI MEDICAL ASSOCIATION ..... Petitioner

Through: Mr. Nitin K. Gupta, Adv.

versus

PRINCIPAL SECRETARY HEALTH & ORS. ..... Respondents

Through: Ms. Aayushi Gupta, Adv. for Mr. Raman Duggal, Standing Counsel for GNCTD/R-1 to 4. Mr. Vinay Garg, Sr. Adv. with Mr. Praveen Khattar, Adv. for R-5/DMC. Mr. Rakesh Tiku, Sr. Adv. with Mr. Sandeep Gupta, Adv. for R-10/Review applicant. Mr. A.J. Nasir, Adv. for R-11. Mr. Ruchir Mishra, CGSC with Mr. Mukesh Tiwari, Adv. for UOI.

CORAM:

HON'BLE THE CHIEF JUSTICE

HON'BLE MR. JUSTICE RAJIV SAHAI ENDLAW

**ORDER**

% 13.05.2016

**Review Petition No.226/2016 (of the respondent no.10 All India Indian Medicine Graduates Association (Regd.).**

1. Review is sought of our judgment dated 8th April, 2016 allowing the writ petition (i) by declaring that no practitioner of Indian System of Medicine or holding a qualification as listed in the Schedule to the Indian Medicine Central Council Act, 1970, even if it be of in integrated medicine as defined in Section 2(h) of the Delhi Bharatiya Chikitsa Parishad Act, 1998, is entitled to practice modern scientific system of medicine as defined in the Indian Medical Council Act, 1956 read with Indian Medical Degrees Act, 1916 and as has come to be known as Allopathic system of medicine; (ii) by directing all the authorities concerned with enforcement of the provisions of the Indian Medical Council Act, 1956, Delhi Medical Council Act, 1997, Indian Medicine Central Council Act, 1970 and the Delhi Bharatiya Chikitsa Parishad Act, 1998 and/or entrusted





with the task of preventing persons not holding qualification as mentioned in the Schedules of the Indian Medical Council Act, 1956 from practicing modern scientific system of medicine, to not allow any person holding qualification in Indian Medicine as described in the Schedule to the Indian Medicine Central Council Act, 1970, even if holding a degree in integrated course as defined in the Delhi Bharatiya Chikitsa Parishad Act, 1998, from practicing modern scientific system of medicine; (iii) by declaring that Section 2(h) of the Delhi Bharatiya Chikitsa Parishad Act, 1998 or any other provision thereof or of the Indian Medicine Central Council Act, 1970 does not permit any person holding qualification in Indian Medicine as prescribed in the Indian Medicine Central Council Act, 1970 even if a degree in integrated course to practice modern scientific system of medicine in terms of Indian Medical Council Act, 1956 read with Indian Medical Degrees Act, 1916 and Delhi Medical Council Act, 1997; (iv) by declaring that the Notification dated 10th February, 1961 of the Delhi Government issued in pursuance to Rule 2(ee) of the Drugs and Cosmetics Rules, 1945 does not entitle any person not holding a qualification listed in the Schedules to the Indian Medical Council Act, 1956 and whose name is not entered in the State Medical Register under the Delhi Medical Council Act, 1997 to prescribe Allopathic drugs and, (v) by declaring that the Notification dated 19th May, 2004 of the Central Council of Indian Medicine does not entitle the practitioners of Indian Medicine within the meaning of the Indian Medicine Central Council Act, 1970, even if holding degree in integrated medicine within the meaning of the Delhi Bharatiya Chikitsa Parishad Act, 1998 to practice modern scientific system of medicine / Allopathic system of medicine within the meaning of Indian Medical Council Act, 1956 read with Indian Medical Degrees Act, 1916.

2. We may at the outset state that though the review application emphasises the factum of the judgment dated 8th April, 2016 having been delivered after eleven months of being reserved and cites Anil Rai Vs. State of Bihar (2001) 7 SCC 318 and the senior counsel for the review applicant also states that in the title of the judgment the date on which it was reserved has not been given but the judgment expressly records the date when it was reserved and that no oral arguments were addressed by the counsel for the

review applicant though he had filed written submission. The senior counsel for the review applicant also admits that no oral arguments were addressed. We wonder, whether a counsel who has not even bothered to address oral arguments, can make such a grievance. Not only so, the counsel for the review applicant also appears to be oblivious of the listing of the matter on 29th January, 2016 to ascertain further developments therein and when further arguments were heard of the counsels who chose to appear. Upon our pointing out the same to the senior counsel, he does not press the said grievance.

3. The thrust of the senior counsel for the review applicant for seeking review is (i) the judgment of the Supreme Court in Subhasis Bakshi Vs. West Bengal Medical Council (2003) 9 SCC 269 which he argues was not noticed in the judgment of which review is sought and (ii) Rule 10 of the Delhi Bharatiya Chikitsa Parishad Rules.

4. We have already recorded above that the counsel for the review applicant, when ought to have, did not address arguments. We have in the judgment of which review is sought recorded having perused the written submissions filed before us. We have today again perused the said written submissions filed on behalf of the review applicant through Shri Jasbir Singh Malik, Advocate and do not find even therein any mention even of either of the two grounds on which review is sought. Certainly the scope of review is not to allow a counsel who has not chosen to argue at the time of addressing arguments to, as an afterthought, argue the matter afresh.

5. Having said that we must notice that review is sought by the review applicant through Shri Sandeep Gupta, Advocate who was appearing for the respondent no.12 Central Association of Medical Practitioners (CAMP) and who also though had not chosen to argue at the relevant time but in his written submissions had referred to the judgment of the Supreme Court in Subhasis Bakshi supra and which was perused by us. However the same was not found relevant by us for the purposes of the said petition as the said judgment was concerning the Bengal Medical Act, 1914 and the notifications issued by the Government of West Bengal and which had no applicability as far as Delhi is





concerned. Undoubtedly the said judgment refers to Dr. Mukhtiar Chand Vs. State of Punjab (1998) 7 SCC 579 which has been analysed by us in detail in the judgment of which review is sought but the same was no ground to burden our judgment with Subhasis Bakshi supra. We even now do not find the Supreme Court, in Subhasis Bakshi supra, to be reading Dr. Mukhtiar Chand supra any differently from what has been analysed by us in the judgment of which review is sought.

6. The review applicant, being fully aware that the grounds on which review is sought not finding mention in the written submissions of its Advocate, has along with the review application also filed the written arguments filed by Mr. Sandeep Gupta, Advocate on behalf of the respondent no.12 CAMP. However the review applicant cannot derive any benefit therefrom.

7. As far as Delhi Bharatiya Chikitsa Parishad Rules are concerned, in the light of the reasoning given by us in the judgment of which review is sought, the same are of no relevance.

8. The senior counsel for the review applicant however contends that Rule 10 supra has not been declared as bad.

9. As aforesaid, when the same was not under challenge or relied upon by any counsel, the question of our dealing with the same does not arise.

10. No ground for review is made out.
Dismissed.
No costs.

CHIEF JUSTICE

RAJIV SAHAI ENDLAW, J

MAY 13, 2016
'pp'..
(Corrected and released on 25th May, 2016).

**Supreme Court of India**

**Dr. Devendra M. Surti vs State Of Gujarat on 2 May, 1968**

**Equivalent citations: 1969 AIR 63, 1969 SCR (1) 235**

**Author: V Ramaswami**

**Bench: Ramaswami, V.**

PETITIONER:

DR. DEVENDRA M. SURTI

Vs.

RESPONDENT: STATE OF GUJARAT

DATE OF JUDGMENT: 02/05/1968

BENCH : RAMASWAMI, V.

BENCH: RAMASWAMI, V.

VAIDYIALINGAM, C.A.

CITATION : 1969 AIR 63 1969 SCR (1) 235

ACT:

Bombay Shops and Establishments. Act, 79 of 1948, s. 2(4) Rule, 23(1)-Doctor's dispensary whether a commercial establishment as defined in s. 2(4)-Non-maintenance of register of employees under r. 23(1)whether an offence.

HEADNOTE:

The appellant, a medical practitioner who also maintained a dispensary was prosecuted for non-maintenance of a register of employees as required by r. 23(1) of the rules made under the Bombay Shops and Establishments Act, 1948. He contended that he could not be prosecuted because his dispensary was not a 'commercial establishment' as defined in s. 2(4) of the Act. He was acquitted by the trial magistrate but the High Court, on appeal by the State convicted him. In appeal by special leave to this Court,

HELD : Section 2(4) has used words of very wide import and' grammatically it may even include the consulting room where a doctor examines his patients with the help of a solitary nurse or attendant. But the language of s. 2(4) must be construed on the principle noscitur a sociis. i.e. when two or more





words susceptible of analogous meaning are coupled together the words take their colour from each other and the more general are restricted to 'a sense analogous to less general. [240 A--C]

The words 'commercial establishment' and 'profession' in s. 2(4) are used along with the words 'business 'and trade' and must therefore be restricted to activity analogous to business or trade. Professional activity cannot be treated as within the definition of s. 2(4) unless it is organised as trade and business are organised i.e. the activity as systematically or habitually undertaken for rendering material services to the community at large or a part of such community with the help of the employees and such an activity generally involves cooperation of the employer and the employees. [244 C-E]

Tested in the light of these principles the appellant did not fall within. the purview of the Act and his conviction was illegal. [244 E-F]

JUDGMENT:

R. H. Dhebar and M. S. K. Sastri, for the respondent. The Judgment of the Court was delivered by Ramaswami, J.-The question involved in this appeal is as to whether a Doctor's dispensary is, a "Commercial Establish- ment" within the meaning of the Bombay Shops and Establish- ments Act, 1948 (Bombay Act LXXIX of 1948), hereinafter referred to as the 'Act'.

The case of the prosecution is that the appellant was a doctor having his, dispensary situated near Jakaria Masjid at Ahmedabad. The dispensary is registered as a 'Commercial Establishment' under the provisions of the, Act. The complainant Shri Pale visited the dispensary on Juno 13, 1963 at about 9.50 a.m and found that though the dispensary was registered as 'Commercial Establishment' under the Act, the Register produced before him, ;at the time of his visit was not maintained as required -tinder Rule 23(1) of the Rules framed under the Art. Necessary remarks were made by the complainant in the Visit Book of the dispensary. Thereafter, a complaint was filed against the appellant after obtaining sanction for his prosecution under s. 52(e) of the Act read with s. 62 of the Act and r. 23(1) of the Rules. The ease was contested by the appellant on the ground that the doctor's dispensary was not a "Commercial Establishment" within the meaning of the Act and the provisions of the Act did got therefore apply to his dispensary and the appellant bad not committed any offence. The City Magistrate (First Court),

(Munjipal), Ahmedabad held that the appellant was not guilty and acquitted him. The State of Gujarat took the matter in appeal TO the High Court of Gujarat in Criminal Appeal No. 208 of 1964. The appeal was allowed by the High Court by its judgment dated February 14, 1966 and the appellant was convicted for an offence under s. 52(e) read with s. 62 of the Act and r. 23(1) of the Rules and sentenced to pay a fine of Rs. 25, in default to undergo, simple imprisonment for a week. This appeal is brought by certificate from the judgment of the High Court.

Before considering the rival contentions of the parties it is necessary to examine the scheme of the Act. The preamble to the Act states that it is an Act "to consolidate and amend the law relating to the regulation of conditions of work and employment in shops, commercial establishments, residential hotels. restaurants, eating houses, theatres, other places of public amusement or entertainment and other establishment". Section 2(4) ,of the Act defined "Commercial establishment" as follows:

"'Commercial establishment' means an establishment which carries on, any business, trade or profession or any work in connection with, or incidental or ancillary to, any business, trade or profession and includes a society registered under the Societies Registration Act, 1860, and a charitable or other trust, whether registered or not, which carries on whether for purposes of gain or not, any business, trade or profession or work in connection with or incidental or ancillary thereto but does not include a factory, shop, residential hotel, restaurant, eating house, theatre or other place of public amusement or entertainment."

Section 2(8) states :

"'Establishment' means a shop, commercial establishment, residential hotel, restaurant, eating house,theatre, or, other place of public amusement or entertainment to which this Act applies and includes such other establishment as the State Government, may, by notification in the Official Gazette, declare to be an establishment for the purposes of this Act."

On behalf of the appellant Mr. Mehta put forward the argu- ment that under s. 2(4) of the Act which defines 'Commercial' Establishment' as an establishment which carries on any business, trade or profession, the emphasis was not on the place from which the trading or professional activity was carried on but the emphasis was really on the nature of the activity which must be a commercial activity. In other words, the contention was that the intention of





the legislature in enacting s. 2(4) was to include only those professions which are carried on in a commercial manner' It was therefore contended that in the present case the dispensary of the appellant does not fall within the definition of 'Commercial Establishment' under s. 2(4) of the Act. In our opinion, the argument addressed on behalf of the appellant is well-founded and must prevail. Under s. 2(8) of the Act an 'establishment' is defined as meaning 'a shop, commercial establishment, residential hotel, restaurant, eating house, theatre, or other place of public amusement or entertainment to which this Act applies'. Section 2(24) again defines a "Residential hotel", s. 2(25) a "Restaurant or eating house" and s. 2(27) similarly defines a "Shop". Section 2(29) defines a "Theatre". It is clear therefore that the legislature has taken care separately to define each one of the categories of 'the establishments mentioned in s. 2(8) of the Act.

We are of opinion that the dispensary of the appellant would fall within the definition of S. 2(4) of the Act if the activity of the appellant is organised in the manner in which a trade or business is generally organised or arranged and if the activity is systematically or habitually undertaken for rendering material services to the community at large or a part of such community with the help of the employees and if such an activity generally involves co-operation of the employer and the employees. To put it differently, the manner in which the activity in question is organised or arranged, the condition of the co-operation between the employer and the employees being necessary for its success and its object being to render material service to the community can be regarded as some of the features which render the carrying on of a professional activity to fall within the ambit of S. 2(4) of the Act. Tested in the light of these principles, we hold that the case of the appellant does not fall within the purview of the Act and the conviction of the appellant of the offence under S. 52(e) of the Act read with S. 62of the Act and r. 23(1) of the Rules is illegal.

For these reasons we allow this appeal and set aside the judgment of the Bombay High Court dated February 14, 1966 convicting and sentencing, the appellant. G.C.

Appeal allowed.

L10Sup.C.1/68 --2,500- 20-8-69Sec.VI- GIPF.

## Indore Hospital, Radiologists ordered to pay Rs 15 lakh for Negligence in Ultrasound scan during pregnancy.

The National Consumer Disputes Redressal Commission (NCDRC) in Consumer Case No. 221 Of 2010, between Anil Dutta & Another Vs Vishesh Hospital Indore, Dr. Kaushalendra Soni & Dr. G.S. Saluja, by order dated 16-05-2016has ordered Vishesh Hospital, Indore and two of its Radiologists Viz. Dr Kaushalendra Soni and Dr G S Saluja to pay Rs 15 lakh as compensation to the parents of a child who was born without her left hand and a kidney due to the "negligent and casual approach" of the radiologists in analysing the growth of the foetus, during pregnancy, through ultrasonography (USG).

The facts of the case that, Mrs. Anju Dutt, the wife of complainant "patient" was pregnant and was under consultation of Dr. Indira Vyas, a Gynaecologist.

She advised for ultrasonography (USG) to ensure well-being of foetus, it was done on 20.01.2009 by Dr. G.S.Saluja, and reported it as intrauterine 20 weeks and 6 days gestational age, with no abnormal findings.

The "Foetal Spine, Trunk & Limbs are Normal". On the basis of the said report Dr. Indra Vyas continued her regular treatment and check-ups.

After 3 months, i.e. at 32 weeks of pregnancy, on22.04.2009, 2nd USG was performed by Dr.Kushalendra Soni. It was reported as 32 weeks 01 day( + 2 weeks) " Severe Oligohydramnios" and the "Foetal Spine, Trunk & Limbs are Normal".On the basis of 2nd USG report, Dr. Indra Vyas continued the treatment till May, 2009.

Thereafter, patient went to Devas where she remained under treatment in Devas Hospital from Dr. Shakuntala Jadhav, a Gynaecologist and Obstetrician.

On 18.05.2009, patient gave birth to a female baby which was found not fully developed. New-born's left arm and kidney were missing and even lungs were not completely developed.

The foetal weight was 1500 gm. only, instead of 2500 gm. Patient approached Dr. Maheshwari, Child Specialist at Devas District Hospital, he advised to consult various experts.

Also expressed that on account of wrong USG reports, no proper treatment





was given for mother and child before birth, hence, the child did not develop fully.

Therefore, the doctors expressed need for surgery in future for her neck and spine because of fused spinal cord. Child may have increased chances of paralysis.

As the baby had a single kidney, there are chances of renal failure in near future. In this regard complainant produced expert opinion from Dr. R. K. Sharma, a Forensic Medicine expert.

Defense on behalf of Vishesh Hospital by Dr.Rajesh Kasliwal:

-He denied the negligence during USG procedure or wrong diagnosis in the instant case.

Regarding ultra-sonographic diagnosis of Amelia (absence of one limb) and Unilateral renal agenesis (absence of one kidney) Dr. Rajesh Kasliwal sought two expert opinions,

(i) the Indian Radiological and Imaging Association IRIA. Professor Dr. Kishore Taori, Head of Department of Radio-diagnosis, Government Medical College, Nagpur and

(ii) Expert panel report from Department of Radiology MGMMC and MY Hospital, Indore.

Also filed a Final Closure report of police from Judicial Magistrate in Indore.

Also, produced a hospital brochure reflecting the medical and diagnostic facilities available.

He submitted that, accredited the hospital is accredited for Radio diagnosis course (DNB) from January 2008 to December 2013.

The accreditation is given by the National Board of Examinations.

Defense by Dr. Kaushalendra Soni-

USG was advised by Dr. Indira Vyas for the gestational age, therefore it was done for that purpose only, and collected charges for the same only.

He had performed an obstetric scan.

Normally, targeted scan is not carried out after the 2nd trimester of pregnancy.

The purpose of an obstetric scan is to ascertain the general growth pattern and gestational age of the baby. In a small proportion of cases, gross malformations may also be detected.

He further submitted that, the type of examination depends upon which examination is requested by the gynaecologist concerned.

Defense on behalf of Dr. SalujaIn defense, Dr. Saluja submitted affidavit, that he is having thirty years' experience in radiology, including sonography.

He admitted that, he has performed the USG scan for the patient on 20.01.2009, as per requisition from Dr.Indira Vyas to confirm duration of Pregnancy. Hence, he had conducted basic/routine sonography following standard procedures with due diligence.

He further submitted that, organ imaging is largely dependent upon position of foetus and to recognise absence of structure that ordinarily could be visualized with most difficulty.

Routine ultrasound is the most basic form of prenatal examination and lasts only for about 10 minutes during which the position of foetus cannot be changed to view it from sides.

Every qualified radiologist and gynaecologist is fully aware of the inherent limitation of such USG.

During the USG performed by him, the foetus was lying on its side, with upper limbs tucked underneath, it was impossible to see that any limbs were missing nor was there any reason to assume or suspect so.

The congenital anomaly suffered by the child rather very rare and extremely difficult to detect even with repeated examinations with the best expertise and modern equipment.

The routine scan cannot detect such anomalies, it needs advanced targeted or anomaly scan. It should be advised by a treating doctor because; the radiologist/sonologist will not simply perform it on his own. In this context, he produced a medical literature (from Callen's book).





Therefore, he cannot, in any manner, be held liable for malformations and congenital defects occurred in the child.

Observations by Commission:- Bench of Justice J M Malik (Presiding Member) and Dr S M Kantikar (Member) said in its order that, as per their own submissions, if the radiologists, because of tucked position of the foetus, have not seen the limbs, then how both opined in their reports as 'foetal spine, trunk and limbs are normal'.

Thus, it proves the negligent and casual approach of the radiologists while performing USG. It was a dereliction of duty of care.

In its judgement, the NCDRC bench said, “After going through the evidence of the opposite parties and the three expert opinions on behalf of OPs, we are rather surprised that, all three have categorically opined that, it was a routine obstetric scan.

The obstetric USG is not fool-proof in detection of foetal malformations. The sensitivity of obstetric USG is dependent on various factors…”

“It appears that the doctors are often reluctant to testify against their colleagues (as the 'conspiracy of silence'), hence it is difficult to find an unbiased expert willing to testify against a negligent doctor or label the care as substandard. The opinion of Dr R K Sharma, who is a forensic expert, is acceptable,” the bench said.

The bench further said, “

We are not more convinced with the three expert opinions on behalf of the radiologists, because it is silent about procedural lapses of the radiologists who issued reports casually as limbs are normal.

It means either the radiologists had not seen it or it was wrongly diagnosed. Experts relied upon Routine OBG Scan Vs Targeted Scan, but silent about the ethical obligations of Sonologist.

We would like to quote few examples, if a pathologist while doing differential WBC count from the peripheral blood smear, and if he microscopically finds malarial parasite or any abnormality; he is ethically bound to reveal it to the referring physician even if it was not asked for. Pathologist should not conceal the crucial finding for the want of charges.”

Commission has observed that, it should be borne in mind that, Foetal USG is the most important tool to provide prenatal diagnosis of foetal anomalies. The standard obstetric ultrasound examination includes documentation of arms and legs.

The detection of limb abnormalities may be a complex problem if the correct diagnostic approach is not established.

The prenatal diagnosis and the management of limb abnormalities involve a multidisciplinary team of obstetrician, radiologist/sonologist, clinical geneticist, neonatologist, and orthopaedic surgeons to provide the parents with the information regarding aetiology of the disorder, prognosis, option related to the pregnancy and recurrence risk for future pregnancies.

Had the anomaly been detected the parents would have been referred to a tertiary foetal medicine unit for further investigations which would have revealed the presence of other anomalies in addition to the abnormalities of the foetal limbs.

The existence of two serious anomalies would have resulted in the pregnancy being terminated.

Commission has further observed in its order that, Hon'ble Supreme Court and this Commission in several judgments held the hospitals liable vicariously.

The hospital management mainly looks in to administrative aspects. The doctors/ consultants working there are either full time or on honorary basis (part time).

It is the bounden duty of all doctors working in the institute to follow Standard Operating Procedures (SOP), Rules and regulations laid down by the hospital authority.

On several occasions most of the doctors ignore or take it lightly about specific administrative instructions e.g. taking informed consent, punctuality in duty timings and treatment protocols etc.

Therefore, we are of considered view, that because of negligence and deliration in duty of care, the management will dragged unnecessarily.

Therefore, the liability should be imposed on errant doctors also. Keeping this view, we hold the OPs 2 & 3 also liable to pay compensation. The principle of





Res-ipsa-loqiutor is squarely applicable in this case.

While awarding compensation, Commission has observed that, number of factors needed to be considered while awarding compensation.

It is true that, for all parents and grandparents, birth of a child is a joy, a wonder and a renewal of hope.

But, one of the most devastating, life-changing events for parents is finding out their child suffered anomalies like loss of whole hand and single kidney.

Parents often go through stages of grief, caring for a such child negatively impact the physical and mental health of parents and caregivers. Many parents experience significant depression, fear and anxiety, which may have a devastating effect on the whole family.

These feelings are often suppressed due to embarrassment, shame or guilt.

Many families suffer a financial burden when they have a child who has a birth defect due to a variety of factors.

The child needs artificial limb and regular physical, occupational therapy, this can create debilitating financial strain which can stigmatize the child who has a birth defect.

Many parents live with a sense of isolation, particularly, if their birth defect child is rare and there is little support.

This can cause significant anxiety in social settings and even lead distressed parents to further isolate themselves.

Therefore, on the basis of forgoing discussion, complaint is partly allowed, with the direction to pay a sum of Rs.15,00,000/- jointly and severally to the complainants.

It is further directed that, the Opponents shall deposit entire amount in a fixed deposit, in any Nationalised bank, in the name of the child and the regular periodic interest accrued on it, be paid to the mother, till the baby attains 21 years.

The order shall be complied with within 6 weeks, from the date of receipt of this order, otherwise, it will carry interest @ 12% per annum, from today (the date of pronouncement), till realisation.