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

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INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-19 MAY-2024 Issue-05

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PRESENTING THE FIRST EVER STUDY FROM INDIA ON CARCINOMA ENDOMETRIUM

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

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

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

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

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

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QR Code for Entire Article

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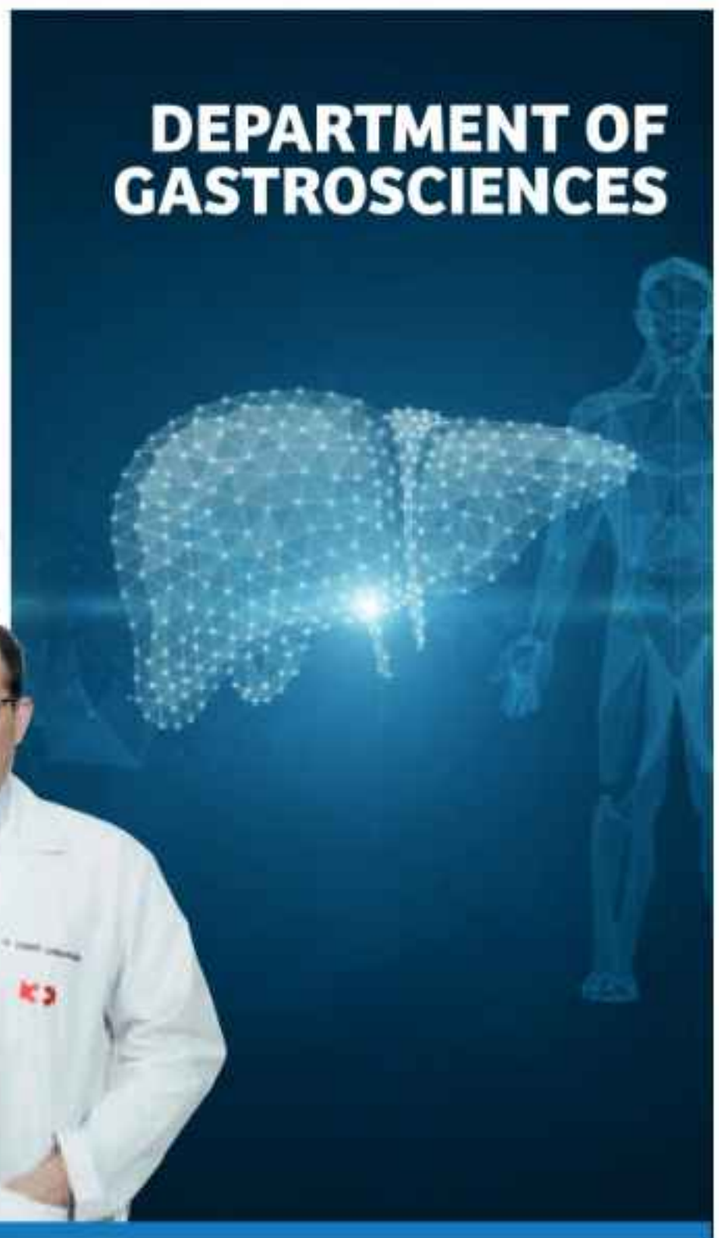

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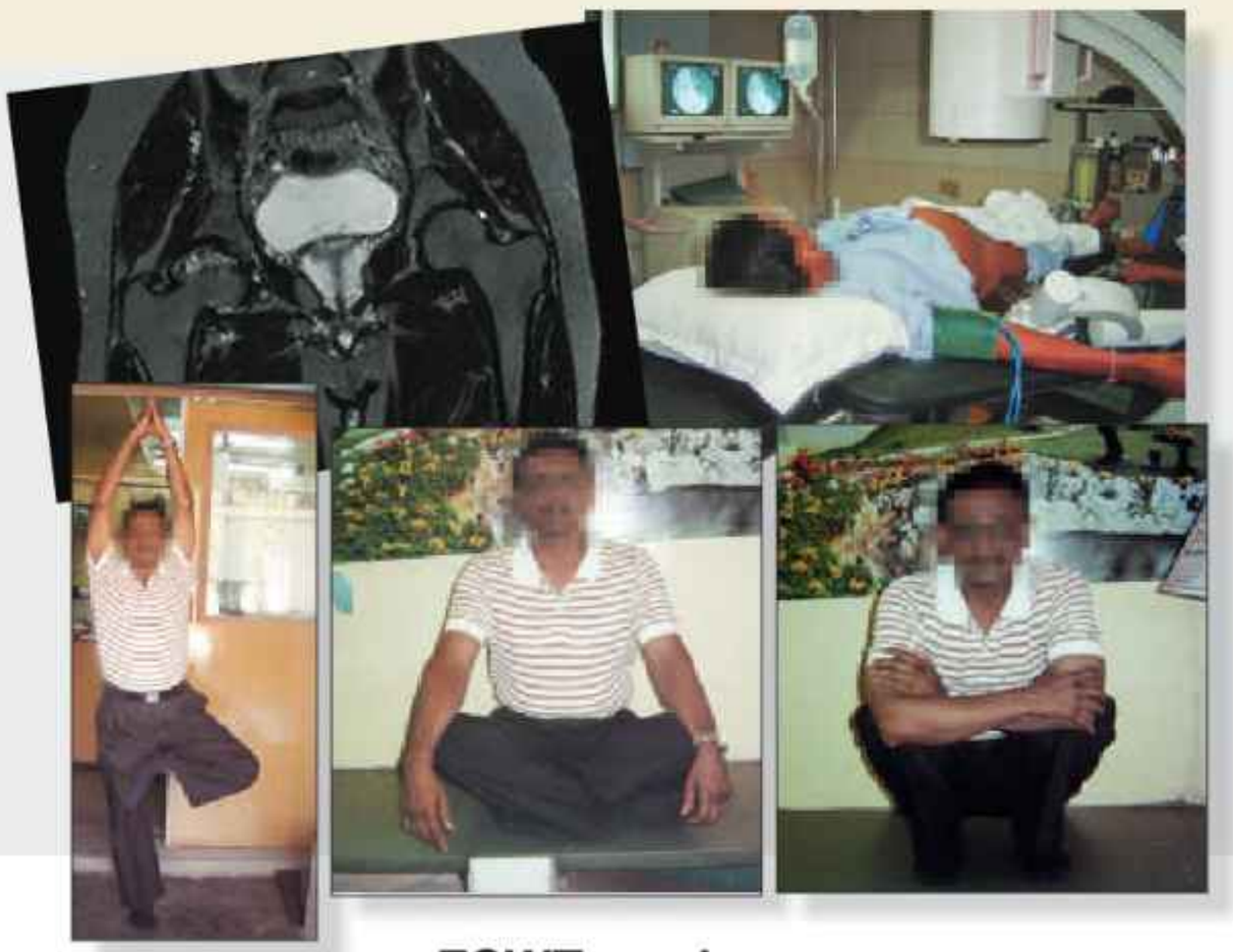

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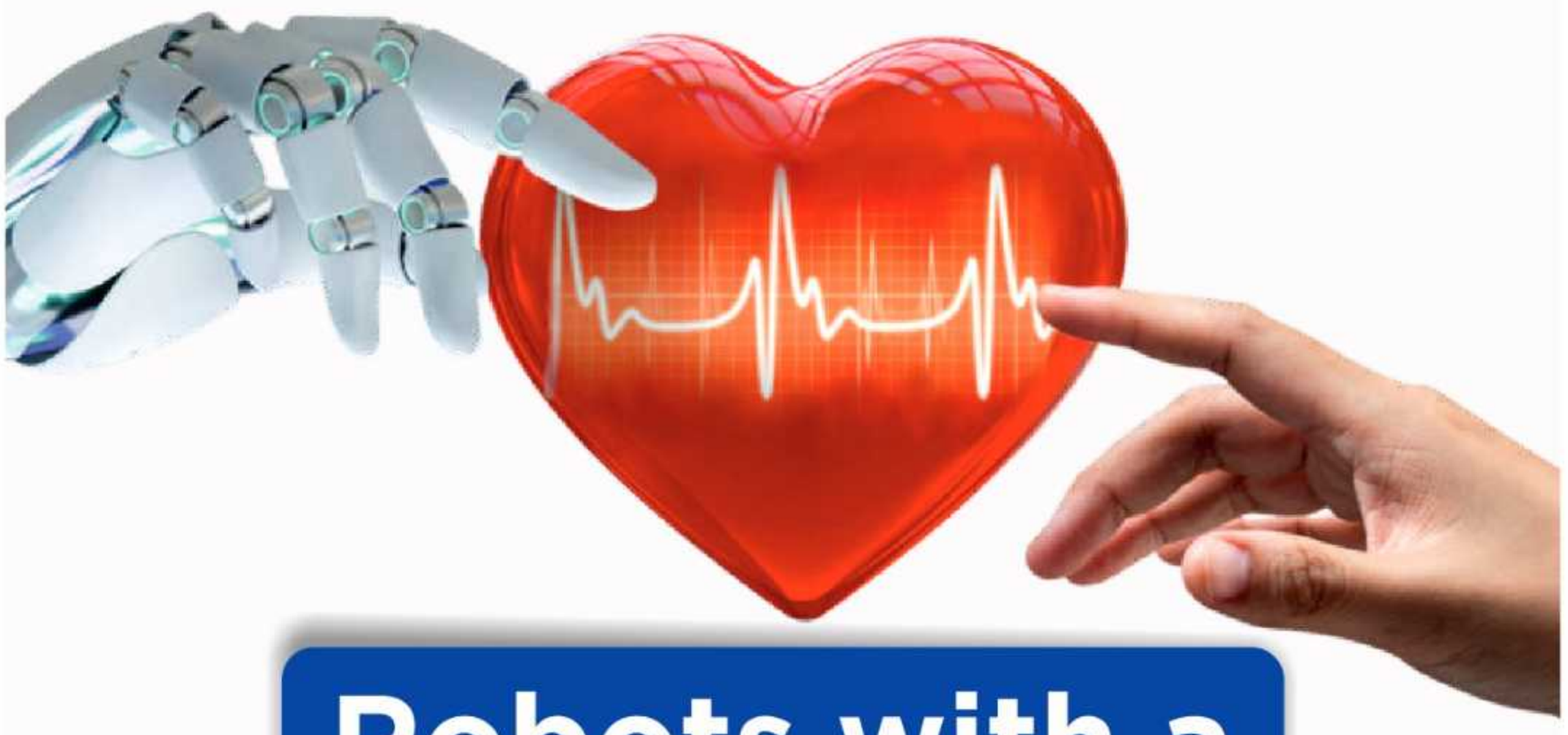

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શ્રદ્ધાંજલિ

સ્વ. ડૉ. શ્રુતિ મનોજ મોદી

૨૫-૭-૧૯૫૯ ૨૭-૪-૨૦૨૪

આપણા સૌના અતિ સ્નેહી અને આત્મીય એવા ડૉ. શ્રુતિ મનોજ મોદી ના સ્થૂળદેહે તારીખ ૨૭-૪-૨૦૨૪ ના રોજ અમેરિકા ખાતે આપણી વચ્ચેથી ચીર વિદાય લીધી અને પરમપિતા પરમાત્મા ના સાનિધ્યમાં સ્થાન લીધું.

ડૉ. શ્રુતિબેન એક પ્રેમાળ પત્ની, માતા, તથા દાદીમાં હતા. તેમના દ્વારા ૧૯૯૮ માં શેહનાઇ મેટ્રીમોનીઅલ્સ નામે એક લગ્ન સંસ્થા સ્થાપેલી હતી અને એ સેવા થકી તેમણે અનેક લોકોના જીવનમાં સહયોગ અને મદદ કરેલા હતા. એમની આ સેવા તેઓની વિદાય બાદ પણ અવિરત પણે ચાલુ રહે એ જ એમના આત્માને સાચી શ્રદ્ધાંજલિ આપેલી ગણાશે. પ્રભુ તેઓના આત્માને સદગતિ અર્પે એવી આપણાં સૌ વતી પ્રાર્થના.

ॐ શાંતિ

ડૉ. જીતેન્દ્ર ન. પટેલ
તથા શેહનાઇ મેટ્રીમોનીઅલ્સ
પરિવાર.

ડૉ. મનોજ મોદી પરિવાર.

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STATE PRESIDENT'S MESSAGE

Dear IMA Colleagues,

First it was Livewellcon on 21st April Sunday organised by Dr. Hitesh Patel, non Medical topics for Medico then 5th May AMACON by Ahmedabad Medical Asssociation most awaited consistent event orgainsed by able leadership of President Dr. Tushar Patel & his team & now on 19th May Family Medical Conclave, World Family Physician Day 2024 under guidance of Dr. Jaswantsinh Darbar, Director CGP, GSB-IMA & his team.

We are delighted to invite you to the upcoming Indian Medical Association (IMA) Annual Medical Conference – GIMACON 2024, scheduled to be held on 19th & 20th of October 2024 at Rajkot.

GIMACON is a prestigious event that brings together leading medical professionals, researchers and industry experts from across the state. This year's conference promises to be particularly enriching, featuring a diverse range of topics including the latest advancements in medical research, innovative treatment methodologies and emerging technologies in healthcare.

Highlights of the conference include:

- Keynote Sessions - by renowned experts in various medical fields

- Workshops and Symposia - offering hands-on experience with new technologies and procedures
- Panel Discussions - addressing current healthcare challenges and policy issues
- Networking Opportunities - with peers and industry leaders
- Exhibitions - showcasing the latest medical equipment and pharmaceutical innovations

Your participation would not only contribute to the success of the conference but also provide with valuable insights and opportunities for professional development. It is an excellent platform to share your expertise, learn from each other and explore collaborative opportunities.

Our website will be active soon. So plan your trip to Rajkot to witness warm Kathiyawadi hospitality. For any queries or further information, feel free to contact us.

We look forward to your participation and are confident that the conference will be a rewarding experience for all attendees.

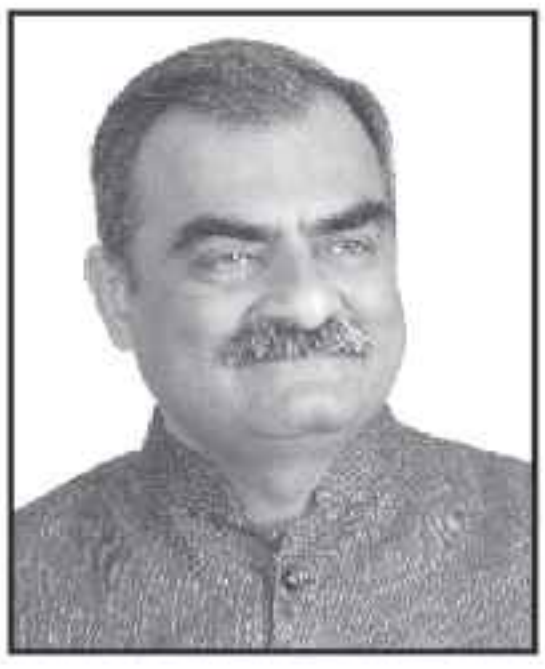
Warm regards,

JAI IMA, JAI JAI GARVI GUJARAT, JAI HIND.

IMA હિતમાં યુવા હૃદય યુવી

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

HON. STATE SECRETARY'S MESSAGE



In our roles as doctors, we are not merely practitioners of medicine; we are pioneers of progress, guardians of health & champions of innovation. It is incumbent upon us, especially the younger generation, to embrace this responsibility with zeal and dedication. Now, more than ever, the need for medical innovation, entrepreneurship, and disaster preparedness has never been more pressing.

Innovation serves as the lifeblood of our profession, driving advancements in patient care, diagnostics, & treatment modalities. Consider, for instance, the remarkable strides made in telemedicine technology, which have revolutionized the way we deliver healthcare services. Through remote monitoring & digital health platforms, we are able to reach patients in even the most remote areas, providing timely & accessible care.

In the realm of medical devices, innovations such as wearable sensors, smart implants, and 3D-printed prosthetics are transforming the landscape of patient care. These cutting-edge technologies not only enhance the accuracy & precision of medical interventions but also improve the quality of life for patients with chronic conditions or disabilities. Advancements in genomics & precision medicine are paving the way for personalized therapies customised to the unique genetic makeup of each patient.

As we embrace these innovations, we must also recognize the importance of entrepreneurship. Whether it's founding a startup to develop a groundbreaking medical device or launching a digital platform to expand access to care, entrepreneurship empowers us

to turn visionary ideas into tangible solutions that benefit patients and society at large.

In addition to innovation and entrepreneurship, disaster management training is an essential aspect of our professional development. In times of crisis, our ability to respond swiftly and effectively can mean the difference between life and death for those in need. By equipping ourselves with the necessary skills and knowledge to handle emergencies, we not only safeguard the well-being of our patients but also strengthen the resilience of our healthcare system as a whole.

I encourage you all to actively embrace innovation, entrepreneurship & disaster preparedness in our professional journey. Let's unite as a community to support one another, share knowledge. Together, we can ensure healthcare knows no limits, providing the highest quality of care to every patient.

Amidst cheers and applause, the **IMA CGP Gujarat team** celebrates their successful Family Medicine Conclave, a landmark event with the Ahmedabad Medical Association. With a special emphasis on the felicitation of senior doctors across Gujarat, the gathering honored their invaluable contributions to healthcare. The conclave put a special focus on honoring senior doctors from across Gujarat for their significant contributions to healthcare. Beyond recognition, the event served as a platform for sharing crucial medical knowledge, highlighting the team's dedication to advancing healthcare. Congratulations to the team for their hard work and the well-deserved recognition of these esteemed doctors!

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

Gujarat Medical Council

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

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Date: 19-04-2024

નોટિસ (ફરજિયાત રજીસ્ટ્રેશન માટેની)

આ નોટિસ થકી તમામ એલોપેથિક મેડીકલ પ્રેકટીસનરોને જણાવવાનું કે,

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

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

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

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

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

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

C. Patel.

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Date: 19-04-2024

નોટિસ (ફોરેન મેડીકલ ગ્રેજ્યુએટસ)

આ નોટિસ થકી તમામ ફોરેન મેડીકલ ગ્રેજ્યુએટસને જણાવવાનું કે,

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

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

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

C. Patel.

HON. REGISTRAR,
GUJARAT MEDICAL COUNCIL

Gujarat Medical Council

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

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

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

Date: 08-04-2024

નોટીસ

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

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Hosted by Indian Medical Association, Rajkot

19th & 20th OCTOBER 2024

Gimacon 2024

REGISTRATION DETAILS

CATEGORY	UPTO 31-07- 2024	01-08-2024 to 30-09- 2024	01-10-2024 to 15-10-2024	After 15-10-2024 (Spot)***
Reception Committee RC Member	₹ 6500 + GST	₹ 7000 + GST		
Delegate (IMA Member)	₹ 4000 + GST	₹ 4500 + GST	₹ 6000 + GST	₹ 6000 + GST
Delegate (Non IMA Member)	₹ 5000 + GST	₹ 5500 + GST	₹ 6500 + GST	₹ 6500 + GST
Medical Student** (UG or PG)	₹ 2500 + GST	₹ 3000 + GST	₹ 3500 + GST	₹ 4000 + GST
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*6 Years & Above

**Letter From Head of the Department/Dean Will be Must.

***Conference Kits will not be given to Spot registrations

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Account Number :	331005000567
Bank Name :	ICICI BANK
IFSC Code :	ICIC000310
Account type :	CURRENT ACCOUNT
PAN Number :	AACTI2115C
UPI ID :	MSINDIANMEDICALASSOCIATION.eazypay@icici

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Dr. Jitendra B. Patel
Chairman

Dr. Yogendra S. Modi
Hon. Secretary

* * * * *

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* * * * *

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SKIN DONATION AND SKIN BANK

In case where there is loss of skin, like in Burn Injury and in many cases of Trauma,many times due to any condition like large area of skin loss compared to availability of normal skin, wound is not fit for grafting or due to any associated condition, when surgery is not possible; there is need to cover the wound with dressing. Wound can be dressed with conventional routine dressing material like gauze piece and bandage, commercially available various dressing materials which containanti-microbial or with biological skin substitute. The best thing is to replace like tissue with like tissue. So, when there is loss of skin ideally wound is it to be covered by patients own skin and next best thing is to cover it with skin of other individual which is called homo graft. When someone is donating the skin after death; it is processed and is kept in skin bank, and it is used in other individual in need.

Burn is probably the most devastatinginjury in which skin is lost. Early burn wound closure is crucial for survival of patients with large burn wounds. Because in severally damaged skin, the defense mechanism breaks down. Infection, loss of protein, decreased immunity, leading to systematic sepsis is the single most major cause of death in burn patients.

There was a great need of establishing a skin bank to collect, process and preserve human skin donated after death. The processed donor skin helps immensely in the treatment of extensive burns and other patients having skin loss. Surgical application of donor skin on wound improves the outcome. Many valuable lives of the patients can be saved with such donor skin. Morbidity of patients is also decreased.

Recently Skin bank has been established at Civil Hospital, Ahmedabad. By area it is the largest Skin Bank of the State. Skin is preserved in Glycerol 85% at 4^{0} degreesCelsius which can be stored up to 05 years.

Cadaver skin helps in the following ways:

- Acts as the most effective dressing.
- Acts as a barrier to infection so the rate of infection is reduced.

- Reduces hospital stay.
- Reduced pain.
- Increased survival rate.
- Decreased Morbidity and Mortality.

Donor skin differs from other organ transplants as the skin is used to provide temporary protection. It will not survive in the recipient permanently like transplanted organ.It will be rejected by the body. This means that neither ABO Blood Group nor HLA matching is required for donor skin transplantation. So, literally any human being can be a donor for anyone else.

Skin can be harvested from brain dead patient from hospital, or it can be harvested from cardiac death person from home also.

Process Of Skin Harvesting and Preservation

1. DONOR SCREENING

Inclusioncriteria:

- ≥ 18yearsofage
- Eithersex
- Collectionwithin6hoursof death.
- Person had pledge to donate skin after death.
- Informedconsentof relativesofcadaverdonor.

Exclusion criteria:

- Time after death >6hours
- Age <18years
- Death due to skin malignancy, hepatitis, HIV infection

2. HARVESTING AND PROCESSING

- In case of home, after checking the death certificate or in case of Hospital ICU, after confirming Brain dead, consent of next of kin/relative is taken. With Dermatome, skin is harvested from back of trunk and from back of lower limbs. Body is not disfigured. Body part

is dressed. Harvested skin is kept in 50% glycerol and transport to Skin Bank while maintaining cold chain. The blood sample is collected which is to be sent to laboratory for HIV and hepatitis. Skin grafts stored in ordinary refrigerator at 4°C till negative viral reports obtained. Skin grafts will be discarded if viral reports are positive. Skin can be harvested in less than an hour time.

- The containers islabelled properly, including date and time of collection.
- Donor proforma, death certificate and consent form in case of cadaver donor isfilled.
- Skin grafts are shifted into another container containing 85% glycerol. Then shifted to shaking incubator at 33°C temperature for 3 hours, which ensures uniform penetration of glycerol inside the graft.
- Containers are stored in walk in cold room at 4°C for 3 week – Quarantine.
- After 3 weeks skin grafts are measured, cut into various sizes, meshed, edges trimmed and sent for microbiology testing for bacterial and fungal growth.If microbiological testing is negative, grafts are ready to use.
- If samples are positive for culture, then we change falcon tube add antimicrobial according to culture and sensitivity report and isolate it for 3 weeks, tested again and if negative grafts are ready to use.

USE OF DONATED SKIN:

Donated skin can be used as a temporary covering for severely burned patients and people with skin loss awaiting grafting procedures. The donated skin functions as the patient's own skin for a short time, reducing pain and decreasing the risk of infection. In many cases, the availability of donated skin can help save the lives of patients.

As of now, Donated skin will be used for patients of Plastic Surgery Department of Civil Hospital, Ahmedabad, free of cost. The identity of the donor is to be kept confidential.

CREATING AWARENESS ABOUT SKIN DONATION:

Skin donation is a new concept so there is iess awareness in society about it; like blood donation, eye donation, kidney donation, liver donation, Heart donation. It is the need of the hour to create awareness in society to pledge to donate skin like other organs.

The awareness in the medical fraternity needs to be augmented so that the relatives of the deceased can be counselled. More efforts are called for in stimulating participation of teaching institutions, peripheral hospitals, and private hospitals for counselling of relatives after death of a patient in respective health care facilities.

Civil Hospital, Ahmedabad Skin Bank Helpline Number (24 × 7): +919428265875. As of now any call received from Ahmedabad or Gandhinagar city; team of Civil Hospital, Ahmedabad will go to harvest the skin from any hospital or from home.

Dr Jayesh P Sachde

Professor and Head (Department of Burns and Plastic Surgery)

B. J. Medical College and Civil Hospital, Ahmedabad.

* * * * *

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From The Desk of Medico Legal.....

Vicarious Liability: Implications and Justifications

When a patient receives treatment at a medical facility, the patient is typically attended by more than a treating doctor. Other doctors may visit to help in diagnosis, a technician may perform medical tests and a nurse may perform a variety of other tasks. When medical negligence occurs in such a case, it is harder to determine exactly who was responsible. In such and other scenarios, the principle of vicarious liability may apply.

So, this liability can only take place when one party is socially superior to another party and superior party shall be considered liable.

Some examples of these relationships are

- Master and Servant
- Owner and Independent Contractor
- Partners in Partnership Firm
- Principal and Agent
- Company and its Directors
- Employer and employees

Meaning of Vicarious Liability

- Vicarious liability means a liability which is imposed on a person for an unlawful act or omission by another person. Here even if a person did not do any wrongful act himself, he can still be held liable if someone else does such act.
- This liability arises in those cases where there is a special relationship which exists between the wrongdoer and the person who is held liable such as master and servant relationship.
- Vicarious liability is when a parent or superior entity, such as the hospital, is held responsible for the negligence of its employees
- Vicarious liability contradicts the general principle of tort law in that a person who commits a wrongdoing should be responsible for his or her wrongful actions.
- This is because rather than finding the employee solely responsible for their wrongful actions, it is often the employer who is found responsible for the acts of his or her employees.

Types of Vicarious Liability

- Principal Liability When a person allows another person to perform a task for the owner and while doing the task, the person causes damages or

injury through negligence, then, the owner is liable for the damages through vicarious liability.

The course of employment of the owner is necessary

- Parental Liability When a child creates damage by taking advantage of the situation created by their parents, the parents are liable for the damages In the lack of parental supervision, the parents are vicariously liable for their child's negligence

Essentials of Vicarious Liability

- A doctor or a hospital held liable for their employees or assistants may come up with a number of defences. It is common for an employer to argue that vicarious liability doesn't apply as the negligent person didn't meet the definition of an employee. A hospital may also argue that the doctor or professional who made a mistake wasn't working within defined hours or exceeded the scope of employment.
- When applying vicarious liability in a malpractice lawsuit:
  - it is first important to establish an employer-employee relationship. A healthcare facility may employ both full-time doctors and those engaged as independent contractors.
  - the hospital also has a 'right to control' over a full-time employee. In the context of medical law, the 'right of control' entails the right to define the method a doctor may use to admit, evaluate, and treat a patient.
  - the wrongful act must be committed by another person. Preferably the person who has committed the wrong has to be an employee of the hospital
  - the wrongful act must happen during the course of employment.
- These requirements prove that an employee was within the scope of employment when committing negligence. Following are the key criterion:
  - The employee committed negligence during defined work hours
  - The negligence occurred during an activity or task the employee was hired and paid to perform
  - The activity during which negligence was committed also benefitted the hospital in some way For instance, consider this: a doctor misdiagnosed you during treatment at a hospital, causing harm and injury. To determine vicarious liability, it must be seen whether the doctor was a full-time employee and working within the scope of his job

Reasons for Vicarious Liability in Hospitals

The reasons behind holding the employer liable for the actions of his employee are

1. An employee is just an agent who is controlled and supervised by his employer.
2. The employer always enjoys the profit derived from the efforts of the employee, so he must also bear the loss that occurred by the activity of the employee but only in the course of employment
3. The employer is financially stable than that of an employee. So, the employer is more suitable to pay for the damages caused by the tortious act of the servant

Justifications for Vicarious Liability on hospitals

Despite the fact that the doctrine seems to be harsh on employers, making them liable in addition to the employee, who remains legally responsible for his tort there are a number of justifications available for the application of vicarious liability.

A. The 'Control' Argument

- This argument puts forward the view that an employer has overall control of what their employees are employed to do, so it is fair for them to take responsibility for their employees' wrongdoings. However, one can submit that such an argument does not coincide with the modern context of employment.

  e.g.- A hospital cannot tell a surgeon how to perform an operation

B. The 'Benefit' or 'Enterprise Liability' Argument

- Employers 'benefit' from the work of their employees, so therefore they should be responsible for their employees' actions and liability is imposed for any damage that arises from their employees' work.
- 'Enterprise liability' connotes the idea that "one who takes the chance of profit must also bear the risk of loss"

C. The 'Attribution' Argument

- The 'attribution' explanation for vicarious liability is similar to the 'enterprise liability' justification, but is wider in the sense that it can apply to non-profit organisations such as charities as well.
- Ultimately, the employer remains responsible for the tortious acts of his employees, whether or not the employer is personally to blame for them.

D. The 'Deepest Pockets' Argument

- The most relevant justification is the availability of financial resources factor. it is presumed that the employer is in the best financial position to be able to pay for his or her employees' wrongdoings.

E. The 'Spreading Risk' or 'Loss Distribution' Argument

- This justification is primarily based on the fact that one person (i.e. the employee) should not bear the full costs for his or her wrongful conduct.
- This view supports the traditional view put forward by Atiyah in 1967, where it was argued that the employer does not have to pay out of his own pocket for his employees' wrongdoings.
- Rather, he or she takes out insurance to cover against risks in the workplace, and such costs can be recovered through the selling of goods or services at a higher price to customers

F. The 'Promotion of Care' or 'Deterrence' Argument

- Essentially, employers are encouraged to recruit individuals that are competent, capable and qualified, ensuring careful selection in the recruitment process.
- This argument takes the view that by making employers vicariously liable for the individual acts of his or her employees, it effectively 'deters' them from recruiting employees that are incompetent at what they do.

Principles of Vicarious Liability

- 2 very important principles or maxims

1. Qui facit per alium facit per se

As per this maxim, a person who acts through another person is deemed by law to have done that act himself.

Thus whenever a person authorizes another person to act on his behalf and any liability arises out of such act, then the person who gave the authorization will be held liable vicariously As per the law, he has done that act himself through another person and therefore he will be liable.

2. Respondeat Superior

The notion of 'respondeat superior' is often used in determining vicarious liability in medical malpractice. This term literally translates to 'let the master answer.' According to this maxim, the superior should be held responsible by law for the acts done by his subordinate. Thus whenever a subordinate person does an act for his superior, the other person who is his superior will be held liable for the wrongs arising out of the act and thus he will be vicariously liable.

For employers to be held responsible for negligent actions of their employees, the negligence must have occurred within the "scope of employment," which means that the negligence must have occurred when:

1. The employee was "on the clock" or currently working, and
2. The injury was the result of an action that the employee was hired to perform, and
3. The employer had an invested interest in the activity that the employee had performed that caused the injury.

The main purpose of respondeat superior is to share the cost of litigation with both the employers and employees.

Doctors and Vicarious Liability

- Vagueness in a doctor's contract can also lead to vicarious liability claims for the employer. If a healthcare facility failed to make a doctor's terms of employment clear, even if the doctor was intended to work only as an independent contractor, the healthcare facility can be held liable for injuries to a patient.
- Doctors can also be held accountable for vicarious liability for healthcare professionals who were working under the supervision of the doctor. If a doctor leaves a patient with an untrained nurse, a medical student, or any other healthcare professional who fails to provide the standard of care, the doctor can be held liable for resulting injuries to the patient.
- A healthcare facility can be held liable for the negligent actions of fully qualified and competent healthcare professionals, for errors like:
- Misdiagnosis
- Surgical mistake
- Failing to properly monitor a patient
- Medication errors including failing to administer, wrong dosage, and untimely administration
- Failing to report symptoms
- Failing to follow-up with a patient
- Exception - When the doctor is under a statutory duty which he cannot delegate, the employer is not liable.

Defence for Vicarious Liability

- Doctors or healthcare facilities that are on trial for a malpractice case will try to show that the negligent or incompetent employee did not actually work as an "employee" of the facility.

- Health care facilities will try to distance themselves from the negligent acts of health care professionals by claiming the professional was an independent contractor or that their work was not affiliated with the facility

Important cases in India

Healthcare facilities, like hospitals, can be held liable for the actions of its employees, but each case is circumstantial. Enumerated below are a few landmark judgements which had a significant influence on the medico-legal landscape in India.

1. Dr. Reba Modak vs Shankara Netralaya (2022) - If the hospital fails to discharge their duties through their empanelled doctors, it is the hospital which has to justify the acts of commission or omission on behalf of their doctors
2. Global Hospital vs P. Manjula (2023) - The hospital and doctor submitted due care and appropriate treatment was provided to the deceased and denied any kind of negligence. While the complainants contended that there was gross negligence on part of the operating staff leading to vicarious liability of the hospital
3. Gyan Mishra vs Sahara India Medical Institute (2018) - While the hospital and doctor submitted due care and appropriate treatment provided to the deceased and denied any kind of negligence. The complainants contended that there was gross negligence on part of the operating staff.
4. Smt. Rekha Gupta v. Bombay Hospital Trust and Anr. (2003) - Persons who administer hospitals are in law under the same responsibility as the humblest doctor. Whenever they take a patient for treatment, they must use reasonable care and skill to ease him of his ailment
5. Joseph Alias Pappachan v. Dr. George Moonjerly (1994) - The hospital administration cannot do it alone; they lack the ears to listen to the stethoscope and the hands to handle the surgeon's knife.

Conclusion

- The aim of this article has been to discuss the application of vicarious liability in the modern context of employment. Despite the fact that it appears unjust for employers to bear responsibility for their employees' wrongdoings, a number of justifications for the imposition of vicarious liability exist.

- We can infer the following points from this article which has significant relevance to the medical profession

1. Medicine is not a perfect field and doctors do not have all the answers. Not every mistake or error by a doctor is considered malpractice.
2. When doctors and health care professionals provide reasonable care and meet standards but still make an error, they are not necessarily liable for any resulting injuries
3. All healthcare facilities are liable for important basic needs like having clean, functional facilities and enough health care professionals to staff the facilities.
4. Healthcare facilities also have "vicarious liability" which makes them indirectly responsible for the actions of the workers they employ. Liability rests with the person who is superior to the other person.
5. These facilities also have a "corporate liability" to maintain competent workers who have received the proper education and training, and who retain the proper credentials for practicing medicine.

Dr. Piyush Patnaik (MBBS, DCP, CGC, DMLPE)
Ahmedabad

INDIAN MEDICAL ASSOCIATION

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Prahladbhai C. Patel	12-10-2023	Ahmedabad
Dr. Bhaskar D. Kothari	01-02-2024	Bhavnagar
Dr. Mahendra L. Bhatt	10-02-2024	Nadiad
Dr. Jayantilal J. Buranpuri	20-03-2024	Ahmedabad
Dr. Vijaykumar B. Shah	26-03-2024	Valsad
Dr. Anjali R. Parikh	21-04-2024	Kalol-NG

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

* * * * *

BRANCH ACTIVITY

AMRELI

26-04-2024 CME on "Robotic Surgery: A new Horizon for Urological Cancer" by Dr. Raj Patel.

"Early Diagnosis and Treatment of Head and Neck Cancer" by Dr. Dipen Patel.

JETPUR

01-05-2024 Blood Donation Camp. Total 54 Units were collected.

KALOL-NG

09-04-2024 CME on "Elderly Hip Fractures – What every doctor should know" by Dr. Pranav A. Shah.

"Stitchless awake Spine Surgery" by Dr. Tushar Shah.

"Radiclism to Conservatism in Cancer" by Dr. Darshan Bhansali.

14-04-2024 Blood Donation Camp.

MAHUVA

12-05-2024 Free Medical Checkup camp. Total 478 patients were examined.

MEHSANA

24-04-2024 CME on "Recent advances in rectal cancer treatment" by Dr. Avadh Patel.

"Role of endoscopy in GI disease" by Dr. Ankit Patel. Total 85 members were attended the CME.

01-05-2024 "Cardiac and Vascular Surgery – Interesting videos" by Dr. Priyank Bhatt.

"Recent updates in Oncology" by Dr. Manthan Merja

MORBI

01-04-2024 Free Blood Sugar Checkup Camp. Total 135 people got benefited.

07-04-2024 Free Blood Sugar Checkup Camp. Total 20 people got benefited.

18-04-2024 CME on "Case Based discussion " Pediatric Orthopedic Deformity" by Dr. Akash Makadiya.

19-04-2024 "Safety and Efficacy go hand in hand – Evidence based discussion on natural progesterone and synthetic progestin" by Dr. Sudhir Rakholiya

"Case presentation on Sle" by Dr. Heenaben Mori.

21-04-2024 Free diagnostic camp. Around 60 people got benefited from this camp.

23-04-2024 "The ply of polyarticular arthritis" by Dr. Bansi Parejiya Adroja.

24-04-2024 "Updated 2022 Aap Guidelines" Neonatal Jaundice" by

Dr. Kunal Ahya & Dr. Satish Sanja.

26-04-2024 "GERD – Surgeons perspective" by Dr. Nikunj Patel.

PALITANA

25-04-2024 CME on "Total knee replacement important point to be discussed" by Dr. Smit Vadher.

"Multiple Myeloma" by Dr. Manan Vaghela.

11-05-2024 "Common pediatric emergency encounter" by Dr. Dhaval Solanki and Dr. Ridhdhish Lania.

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

Dear Branch Secretary

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

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

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

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

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

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

Yours Sincerely

Dr. Mehul J. Shah

Hon. State Secretary

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CAR T Cell Therapy: A new weapon against Cancer.

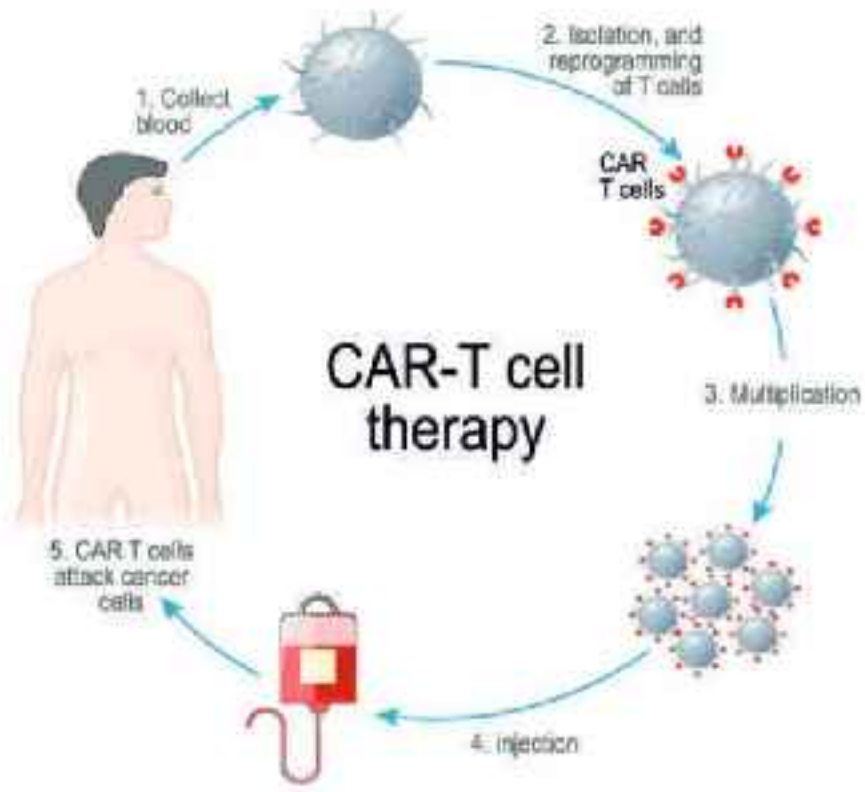
In 2011, a 16-year-old boy received the devastating diagnosis of B cell Acute Lymphoblastic Leukemia (ALL). He underwent six months of intense chemotherapy followed by two years of maintenance therapy, allowing him to pursue his education and dream of starting a career. However, in 2019, the cancer returned, and despite chemotherapy, he needed a bone marrow transplant. With no matching donor found, his father stepped forward for a half-matched transplant, giving him another chance at life.

After overcoming this immense hurdle, the young man pursued his passions, including photography, hiking, and even starting a hotel business in Shimla. He found love and got married to his supportive girlfriend. Unfortunately, in 2023, the cancer returned, and this time, it was harder to treat. We achieved disease control with the help of immunotherapy- targeted therapy. But he needs something more to consolidate this remission. Ideally it is Bone marrow transplant but since there was no donor it was very difficult to go for second haplo transplant. At this point of time, CAR T cell therapy, which was very new and recently approved came to his rescue. **He became the 1st patient to receive CAR T cell therapy in Gujarat.**

So, what is CAR T cell and how it is changing the treatment paradigm in cancer?

CAR T cell therapy stands for Chimeric Antigen Receptor T cell therapy. better recognize and attack cancer cells. This innovative technique represents a paradigm shift in cancer treatment, moving away from broadly toxic treatments toward precision medicine tailored to each patient's unique cancer profile. CAR T cell therapy, short for chimeric antigen receptor T cell therapy, represents a transformative approach in the treatment of hematologic malignancies. Harnessing the power of the immune system, this innovative therapy has demonstrated remarkable efficacy in patients with haematological malignancies like relapsed or refractory B cell leukemia (ALL), lymphoma and multiple myeloma.

Mechanism of Action: The foundation of CAR T cell therapy lies in genetic engineering. T cells, the immune system's frontline soldiers, are harvested from the patient's blood through leukapheresis. The process is almost similar to Single donor platelet (SDP) apheresis. These T cells are then modified ex vivo to express chimeric antigen receptors (CARs) on their surface. These CAR can identified specific receptors present on the surface of tumour cells like CD19 for B cell malignancies or BCMA for multiple myeloma.



Once the T cells are modified, they are multiplied in the laboratory to create a large population of CAR T cells. These supercharged immune cells are then infused back into the patient's bloodstream, where they recognize and bind to target antigens on cancer cells, triggering their destruction through various mechanisms, including cytokine release, cytotoxic granule release, and induction of apoptosis.

This targeted approach distinguishes CAR T cell therapy from traditional chemotherapy, which lacks specificity and often causes collateral damage to healthy tissues.

Efficacy and clinical utility: The results of CAR T cell therapy have been nothing short of remarkable. Traditionally, Patients who have relapsed or refractory Lymphomas and leukaemia had very limited treatment options.

Bone marrow transplant is the only curative options but most of the patients were either ineligible or do not have donor or some of them relapsed even after transplant. For such patients there was nothing more than palliative care available. However, CAR T cells have changed this scenario. In paediatric and adult populations with ALL, CAR T cell therapy has achieved very high complete remission rates and cure to sizeable no. of patients without need of bone marrow transplant. Similarly in patients with relapsed or refractory NHL, including diffuse large B cell lymphoma (DLBCL) and follicular lymphoma, CAR T cell therapy has shown durable responses, with overall response rates exceeding 50% in some studies. In multiple myeloma also impressive results are seen, however, we do not have any CAR T cell therapy approved in INDIA as of now. Clinical trials continue to demonstrate its efficacy across various cancer types, offering hope to patients who previously had few options.

Challenges and Limitations: While CAR T cell therapy represents a significant advancement, it is not without challenges. The therapy's complex manufacturing process, which involves genetic engineering and ex vivo expansion of T cells, presents logistical and regulatory hurdles. Additionally, CAR T cell therapy is associated with unique toxicities, including cytokine release syndrome (CRS), neurotoxicity, and immune effector cell-associated neurotoxicity (ICANS) which requires vigilant monitoring and highly skilled team to tackle them effectively. Another limitation is a cost; though Indian CAR T therapy is at the cost of one tenth of what it is in western countries, still it is a major barrier for most of the eligible patients.

In a nut shell, CAR T cell therapy represents a paradigm shift in cancer treatment, leveraging the immune system's inherent capabilities to target and eradicate malignant cells. With its proven efficacy and potential for durable responses, CAR T cell therapy offers new hope for patients with refractory or relapsed hematologic malignancies, paving the way for personalized and precision medicine approaches in oncology.

Coming back to our patient, he was treated with CAR T and discharge after 10 days, he was doing good and no complication. His last investigations showed complete absence of the disease from his body. We hope that he remain disease free for his life. Inspired by his results, we have also done 2nd CAR T therapy to a 24 year old dentist girl. Suffering from refractory ALL and she is also doing fine.

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Pediatric Hematologist and Oncologist (USA)

American Board Certified.

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Consultant at Marengo CIMS Hospital Ahmedabad.

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Hodgkin Lymphoma in Children, Adolescents and Young Adults

- Lymphoma is a type of blood cancer that develops when white blood cells called lymphocytes grow out of control. Lymphocytes are part of your immune system.
- Childhood Hodgkin lymphoma has two main types classic and nodular sclerosing.

Symptoms

- lymph node swelling
- feeling sick or being sick
- coughing or difficulty breathing
- itchiness in skin
- anorexia
- feeling very tired

It's common for children with Hodgkin lymphoma to experience fevers, night sweats and weight loss-known as **'B symptoms'.**

Diagnosis and staging

Hodgkin lymphoma is diagnosed with a small operation called a **Biopsy.** A sample of tissue, such as a swollen lymph node, is removed. Other tests to access general health and to find out which parts of your body are affected by lymphoma. This is called **'staging'.**

- A CT scan, often combined with a PET scan
- A bone marrow biopsy.
- Blood Tests like CBC, ESR , CRP, Albumin

Risk Factors

- EBV infection, HIV infection
- Immune disorders like autoimmune lymphoproliferative syndrome
- On Chemotherapy or immunosuppressive therapy

Reed Sternberg Cells - Characteristic of Nodular Sclerosing Hodgkin Lymphoma

Treatment

Most Children with Hodgkin lymphoma are treated with chemotherapy. Radiotherapy , targeted therapy and immunotherapy are also used based on staging, response and if the disease is relapsing or refractory in nature. Surgery is rarely needed in certain subtypes of Hodgkins.

- Chemo regimes - **ABVD/OEPA/ABVE-PC**

For cases of High risk, refractory or released Hodgkin newer agents are now used

- Targeted therapy **(Brentuximab)**
- Immunotherapy **(Nivolumab)**
- Radiotherapy
- **High dose chemotherapy with Autologous Stem cell Transplant**
- **CAR T-Cell Therapy**

Prognosis

- **Survival rates for this cancer are about 90%** with complete cure seen in those treated early and under close supervision.
- Hodgkin Lymphoma in Children should be treated under the **care of an Experienced Pediatric Oncologist Hematologist in a hospital experienced to take care of children with cancer.**

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