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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GUJARAT MEDICAL JOURNAL

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Dear Members,

Season's Greetings.

I have taken over as a President of IMA GSB, Gujarat State with effect from 27.10.2018, my branch members are very happy to know this fact. Chance for the President post is given to smallest Union Territory of Daman and Diu which itself show positive attitude for doing development work for medical profession and the society.

We promise to take ahead all the issues of the medical fraternity and the society further and fight out strongly for getting positive results. Friends, you know that the medical profession as whole facing assault on doctors and violence in the hospital which is increasing day by day has to be dealt unitedly with strong motivations.

It has been ascertained that the Government has appointed an Board Of Governors of five Govt. doctors since the term of MCI is nearing completion. It's nearly same as previous oversight committee. There is no bureaucrats in it.

Government has not promulgated the NMC Bill as ordinance. This is certainly another achievement for the stiff resistance put up by IMA in its struggle against NMC. IMA has stalled the same by mobilising the fraternity, public opinion and MPs in the past two Parliament sessions.

We will strategies to continue the resistance during the winter session as well. IMA shall remain alert and stand as a rock in defending the profession.

IMA Action Committee in an emergency session in Mumbai condemned the supersession of MCI.

This action of the Government at a juncture when the election to MCI has been announced is unwarranted and malafide The composition of the BOG itself is unacceptable. Directors of major National institutions, would scarcely find time to administer more than 450 medical colleges and their PG, UG courses. Moreover there is no representation to women and Registered Medical Practitioners.

IMA is convinced that supersession of MCI is only a smoke screen and ploy to prepare the ground for NMC and sabotage the democratic process of MCI. Why the Government was in a hurry to scuttle a democratic process needs an answer.

IMA's concerns remain. Bringing MCI directly under the government control seems to be to plan to implementation of Bridge Courses, crosspathy and registration of non medical persons. IMA demands that the BOG should refrain from taking any major policy decisions or amendments changing the character of the IMC Act. IMA also demands that the election process in progress in MCI should be allowed to continue.

IMA will continue its resistance to NMC Bill. Any intentions of the NMC Bill implemented through the appointed BOG will be fought with determination.

220th Central Working Committee meeting held on 17th & 18th Nov. at Indore M.P. & in this meeting it was unanimously resolved that IMA will continue its struggle against the Undemocratic, Draconian, Anti student, Anti Federal, Anti poor NMC bill with the same vigour. An action plan to tackle it in the upcoming winter session of parliament starting on 11th December will be decided in the coming Action Committee meeting. IMA has already voiced its strong protect & grave concern over the undemocratic subversion of autonomous functioning of MCI and demanded its immediate restoration.

Friends, required your whole heartedly support to deal with all the problems faced by the medical professions.

Long live IMA,

Jai IMA

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

Dr. Kamlesh B. Saini
(Hon. State Secy., G.S.B.,I.M.A.)

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

04-11-2018 Dr. S. S. Vaishya, President, GSB-IMA attended Rangoli Programme was Organised combined by IMA Surat and Family Physician Association at Surat

15-11-2018 Dr. Bipin M. Patel; Managing Director, PPS GSB IMA attended meeting of School Health check-up at Gandhinagar.

15-11-2018 Dr. Bipin M. Patel; Managing Director, PPS GSB IMA attended meeting of State TB Forum at Gandhinagar.

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Most Important !!!

We would like to inform you that we have insert a link in our web-site i.e. www.ima-india.org with the name of **"LAUNCH OF DIGITAL IMA"** at home page.

Please click the link "Launch of Digital IMA" after that you* can found member update module. Where after login every member can update his/her information and download the certificate and Identity card and upload his/her photograph.

***Firstly whose name has approved on 31st March2018**

CENTRAL WORKING COMMITTEE MEETING

Indian Medical Association, 220th Central Working Committee meeting was held on 17th & 18th November, 2018 at Hotel Radisson Blu, Indore, Madhya Pradesh.

Following members from our State attended the meeting.

1.	Dr. Ketan Desai	Ahmedabad
2.	Dr. Jitendra B. Patel	Ahmedabad
3.	Dr. Mahendra B. Desai	Ahmedabad
4.	Dr. S. S. Vaishya	Daman
5.	Dr. Kamlesh Saini	Ahmedabad
6.	Dr. Bipin M. Patel	Ahmedabad
7.	Dr. Yogendra S. Modi	Ahmedabad
8.	Dr. Jitendra N. Patel	Ahmedabad
9.	Dr. Anil Nayak	Mehsana
10.	Dr. Bhupendra Shah	Himatnagar
11.	Dr. Jesang Chaudhary	Mehsana
12.	Dr. Rajiv Vyas	Bardoli
13.	Dr. Pragnesh Joshi	Surat
14.	Dr. Vinod Noticewala	Surat
15.	Dr. V. T. Parmar	Bhavnagar
16.	Dr. Atul Pandya	Rajkot
17.	Dr. Monaben Desai (By Invitation)	Ahmedabad

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West Zone	Dr. Kashyap C. Dave	Bhavnagar
Rajkot Zone	Dr. Dipak Mehta	Rajkot
Hon. Treasurer	Dr. Devendra R. Patel	Ahmedabad
Hon. Sec., State Sc. Com.	Dr. Anil D. Patel	Mehsana

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West Zone	Dr. Chinmay J. Shah	Bhavnagar
Rajkot Zone	Dr. Kumud Patel	Rajkot

Family Planning Committee & Projects allotted to IMA Gujarat State Branch by IMA (HQ) New Delhi & Govt. of Gujarat - India

Convenor	Dr. Pankaj K. Sheth	Ahmedabad

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We welcome our new members

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LM/28066	Dr. Patel Mayuri Amitbhai	Surat
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LM/28088	Dr. Patel Yagnesh Vishnubhai	Anand
LM/28089	Dr. Banker Viraj Nileshbhai	Anand

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BRANCH ACTIVITY

AHMEDABAD

13-10-2018	Ladies Club Program – Installation of New Team 2018-2019 and RAS GARBA of Ladies Club at our premises.
21-10-2018	RAS–GARBA program of AMA at Sindur Party Plot Program was grand success. Nice Food was served. About 945 members with their family attended this RAS GARBA Program.
27-10-2018	CHALO EK BAR PHIRSE program was arranged.
05-11-2018	Dhanvantari Poojan was arranged. About 32 members Attended this program

BHAVNAGAR

23-09-2018	Pink Health awareness chats display & talk at shivshakti hall. Total 400 people attended the event.
29-09-2018	Installation of IMA Office bearers, Woman doctors wing & IMA Student wing.
30-09-2018	Symposium organized by IMA bio-medical waste management committee for medicos & paramedics on Infection control in health care facility.
02-10-2018	Pink health, Menstruation hygiene lecture n question answer session.
02-10-2018	"De addiction" by Dr. Ashok Wala
03-10-2018	"Menstrual hygiene & understanding" given to 250 girls.
05-10-2018	Swine flu awareness lecture by Dr. Kamlesh Upadhyay state nodal officer.
05-10-2018	Anti tobacco campaign at Sir T. Hospital campus.
06-10-2018	"Antenatal Care" by Dr. Medha Kanani.
08-10-2018	K I Mangalani school students given information & had question answer session about "menstruation & nutrients rich food"

09-10-2018	"Infection control training" by Dr. Kamlesh Upadhyay.
19-10-2018	"Swine Flu" by Dr. Kairavi Joshi & Dr. Beena Vakani.
	"Food & nutrition" by Dr. N.P. Kuhadiya.
25-10-2018	Blood donation camp.
26-10-2018	CPR training given to 50 paramedical staff.

GANDHIDHAM

30-10-2018	"TB, H1N1, Zika Virus" by Dr. Hiren Thanki and Dr. Prem Kannar.
02-11-2018	"Zoonotic Disease" by Dr. Kamlesh Upadhyay.

Gandhidham

02-10-2018 to 31-10-2018	Blood Donation Camp. Total 1009 blood units were collected.
03-10-2018 to 08-10-2018	Thalassemia camp. Total 1441 blood units were collected.

KALOL

09-10-2018	"CBC and Basic Coagulation Studiers" by Dr. Nitin Rathod.
	"FNAC in Thyroid Cases" by Dr. Ilesh Safi. Total 26 doctors attended the CME.
26-10-2018	"Zindagi na milegi dobara" by Dr. Jyotik Bhachech.
	"Dimentia" by Dr. Shailesh Darji. Total 32 doctors attended the CME.

MEHSANA

24-10-2018	"Management of Acute ischemic stroke" by Dr. Parindra Desai.
	"Mechanical Thrombectomy within beyond windows" by Dr. Hiren Patel.
	"Stroke Unit-In need of Hour" by Dr. Pranav Joshi.

MORBI

01-10-2018	Blood Donation Camp organized by IMA Morbi and Sanskar IMAGING Centre and Blood Bank.
07-10-2018	Workshop and counseling session for children and parents of children suffering from cerebral palsy on the eve of world cerebral palsy day. Organised by IMA Morbi and Shanti Physiotherapy Clinic. Total 30 children and their parents were present.
19-10-2018	"Important update / lecture on flu, swine flu, dengue virus, Zika Virus" by Dr. Kamlesh J. Upadhyaya. Total 60 members were present.
28-10-2018	Training and workshop on basic level Neonatal CPAP for nursing staff and paramedical. Total 28 nursing staff were present.

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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/16852	Dr. Choksi Rina Kaushikbhai	Ahmedabad
LM/01996	Dr. Dalal Rajendra Girdharilal	Ahmedabad
LM/17812	Dr. Mahajan Rajkumar G.	Ahmedabad
LM/08845	Dr. Parikh Bharati N	Ahmedabad
LM/21419	Dr. Patel Chirag Dharamshibhai	Ahmedabad
LM/18708	Dr. Shah Hiral Kaushalbhai	Anand
LM/14141	Dr. Raol C.P.	Bhavnagar
LM/07811	Dr. Vora Prasant K.	Bhavnagar
LM/07888	Dr. Joshi Jagdish N.	Nadiad
LM/25091	Dr. Vasani Amit Harsukhbhai	Rajkot
LM/02380	Dr. Mahadik P.D.	Surat
LM/22127	Dr. Mathur Alpna Rishikumar	Surat
LM/25640	Dr. Gami Gambhirsang Chandubha	Surendranagar-Wadhwan

Report of GIMACON-2018, Himatnagar Branch

Indian Medical Association Gujarat State Branch's 70th Annual Conference was hosted by IMA Himatnagar Branch on 27th & 28th October, 2018.

The Conference was held at GMERS Medical College, Himatnagar which has one of the best infrastructure with given amenities in North Gujarat region.

On 27th October, Flag off to "Non Stop Self Driving Car Journey From Gujarat to Delhi" for Dare to Fight Against Diabetes - a motive by women's wing of IMA – GSB was done from GMERS Himatnagar, which was graced by Miss Praveena D. K. (IAS) Honorary Collector, Sabarkantha District as the chief guest. Apart from felicitation programme, arrangement of lecture for women's wing and spouse club, Himatnagar was done.

P. R. Trivedi Oration was delivered by Dr. Navneet N. Shah - Physician & Endocrinologist and Late Padmasri Dr. V. C. Patel Scientific lecture was delivered by Dr. Sukumar Mehta, Cardiothoracic and Vascular Surgeon.

On the evening of 27th October, Inauguration Ceremony of GIMACON-2018 with Installation Ceremony of new President was held at GMERS Medical College under the Presence **Dr. Jitubhai Patel** as Chief Guest and Shri Punamchand Parmar, **Dr. Tejas Patel** and **Dr. Abhijat Sheth** as Guest of Honour.

Dr. S. S. Vaishya of Daman Branch was installed as the President of Indian Medical Association Gujarat State Branch for the year 2018 - 2019.

Banquet with musical night was arranged at Suryoday Party Plot, Himatnagar.

On 28th October, Paper and Poster on various topics were presented by post graduate students from Various Universities.

Around 500 delegates had attended the GIMACON - 2018.

Organizing Committee of GIMACON - 2018 had put in tremendous efforts to make this conference a magnificent best and cherishable.

Dr. Natu Patel
Organizing Sec., GIMACON-2018

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

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

These Centres performed various activities during the month of October-2018 in addition to their routine work. These are as under :

25-10-2018 Mega Medical Camp, Dariyapur (Isanpur Ward)

Rander - Surat : Mothers : 2970 Iron Tablet, Calcium Tablet 4000 were distributed

Nanpur - Surat : Mothers : 4190 Iron Tablet, Calcium Tablet 3600 were distributed

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

OCTOBER - 2018

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	1450	751	2201
(2)	Behrampura	(Sardarnagar Ward)	2128	335	2463
(3)	Bapunagar	(Potalia Ward)	2740	672	3412
(4)	Dariyapur	(Isanpur Ward)	2100	420	2520
(5)	Gomtipur	(Saijpur Ward)	3850	1790	5640
(6)	Khokhra	(Amraiwadi Ward)	3207	695	3902
(7)	New Mental	(Kubernagar Ward)	1822	336	2158
(8)	Raikhad	(Stadium Ward)	922	488	1410
(9)	Wadaj	(Junawadaj Ward)	1493	201	1694
(10)	Junagadh		—	—	—
(11)	Rander-Surat		----	----	----
(12)	Nanpura-Surat		----	----	----
(13)	Rajkot		1401	811	2299

OCTOBER - 2018

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	27	—	61	11220	595
(2)	Behrampura (Sardarnagar Ward)	03	—	37	8920	1356
(3)	Bapunagar (Potalia Ward)	14	—	28	13501	260
(4)	Dariyapur (Isanpur Ward)	25	—	40	13000	493
(5)	Gomtipur (Saijpur Ward)	28	—	36	12447	356
(6)	Khokhra (Amraiwadi Ward)	35	—	51	11550	267
(7)	New Mental (Kubernagar Ward)	10	—	44	7500	358
(8)	Raikhad (Stadium Ward)	37	—	50	25680	710
(9)	Wadaj (Junawadaj Ward)	21	—	24	13000	2280
(10)	Junagadh	12	—	44	5000	242
(11)	Rander-Surat	13	—	40	1190	70
(12)	Nanpura-Surat	16	—	17	1080	70
(13)	Rajkot	18	01	40	3700	283

NEWS CLIP

તબીબો દ્વારા આધુનિક ઉપચાર પધ્ધતિમાં આવેલા પરિવર્તનની માહિતી આપી

હિંમતનગરમાં IMAની મેડિકલ કોન્ફરન્સનો શુભારંભ

નવગુજરાત સમય > હિંમતનગર

હિંમતનગર આઇ.એમ.એ. દ્વારા આયોજીત બે દિવસીય મેડિકલ કોન્ફરન્સનો હિંમતનગર મેડિકલ કોલેજ ખાતે શનિવારે સવારથી શુભારંભ થયો હતો. જેમાં ગુજરાતભરના ત્રણ હજારથી વધુ તબીબોએ ભાગ લીધો હતો. આધુનિક ઉપચાર પધ્ધતિમાં આવેલા પરિવર્તનોની જાણકારી તજજ્ઞ તબીબો દ્વારા મેડિકલ કોન્ફરન્સમાં આપવામાં આવી હતી. જેનો લાભ આગામી દિવસોમાં દર્દીઓને મળતો થશે. હિંમતનગર મેડિકલ કોલેજ ખાતે યોજાયેલ મેડિકલ કોન્ફરન્સમાં વિદેશમાં તબીબી ક્ષેત્રમાં થયેલા સંશોધનોની માહિતી સાથે માર્ગદર્શન અપાયુ હતું.

હિંમતનગર આઇ.એમ.એ. એકમના અથાગ પ્રયત્નોથી બે દિવસ માટે મેડિકલ કોલેજ ખાતે તબીબી કોન્ફરન્સનું સુંદર આયોજન કરાયુ છે. શનિવારે સવારે પ્રારંભ થયેલ મેડિકલ કોન્ફરન્સમાં સમગ્ર ગુજરાતમાંથી મોટી સંખ્યામાં તબીબો હાજર રહ્યા હતા. આ અંગે વધુ જાણકારી આપતા ડૉ. ભૂપેન્દ્રભાઇ શાહ, ડૉ.જયરાજ ભટ્ટ, ડૉ.નટુભાઇ પટેલે જણાવ્યુ હતું કે, તબીબી ક્ષેત્રે અવનવા સંશોધનો થાય છે ત્યારે મેડિકલ ક્ષેત્ર સાથે સંકળાયેલા તબીબો અને સંશોધકોને જાણકારી મળી રહે તે માટેના એકમાત્ર ઉદ્દેશ્યથી સાબરકાંઠા જિલ્લાના હિંમતનગર ખાતે સૌપ્રથમવાર બે દિવસીય મેડિકલ કોન્ફરન્સનું આયોજન કરાયુ છે. સર્જરી ક્ષેત્રે પણ અનેક ક્રાંતિ આવી છે. જેમાં મુખ્યત્વે મેડિકલની ભાષામાં રોબોટીક સર્જરીનો ઉપયોગ વધ્યો છે. તબીબી કોન્ફરન્સમાં સર્જનોને રોબોટીક સર્જરીની જાણકારી આપી હતી.

અમદાવાદથી દિલ્હી સુધી ડાયાબિટીસની જાગૃતિ માટે રેલી

ડાયાબીટીસની જાગૃતિ માટે આઇ.એમ.એ. ગુજરાત શાખા દ્વારા કાર રેલીનું આયોજન કરાયુ હતું. હિંમતનગરની મેડિકલ કોલેજ ખાતેથી આ કાર રેલીને લીલી ઝંડી દર્શાવીને પ્રસ્થાન કરાવાયુ હતું.

રવિવાર, તા. ૨૮ ઓક્ટોબર, ૨૦૧૮ (સાબરકાંઠા આવૃત્તિ) ગુજરાત સમાચાર 3

હિંમતનગરની મેડીકલ કોલેજ ખાતે યોજાયેલ તબીબોની રાજ્યકક્ષાની કોન્ફરન્સમાં ડાયાબીટીસ અંગે યોજાયેલ કાર રેલીને પ્રસ્થાન કરાવાયું હતું. તથા કાર કોન્ફરન્સ હોલમાં વિવિધ રોગો અંગે જાણકારી તથા માર્ગદર્શન આપવા લેકચર યોજાયા હતા.

ગુજરાત રાજ્યમાં ડાયાબીટીસના દર્દીઓમાં ચિંતાજનક વધારો

હિંમતનગર તા.૨૭

હિંમતનગરમાં યોજાયેલી રાજ્ય કક્ષાની તબીબોની કોન્ફરન્સમાં કેટલાંક તબીબોએ પોતાના અનુભવો અને તેમાંથી શીખવા મળેલી માહિતીની અન્ય ડોક્ટરો સાથે આપલે કરી હતી.

હિંમતનગરમાં યોજાયેલી તબીબોની કોન્ફરન્સમાં અનુભવો અને માહિતીની આપલે કરાઈ

હિંમતનગરની મેડીકલ કોલેજ ખાતે શનિવારથી બે દિવસ માટે યોજાયેલ રાજ્ય કક્ષાની તબીબોની કોન્ફરન્સના પ્રથમ સેશનમાં વિવિધ રોગો અંગે યોજાયેલા લેક્ચરમાં નિષ્ણાત તબીબોએ જણાવ્યું હતુ કે જો કોઈપણ તબીબ સર્જરી કરે છે. ત્યારે અનાયાસે વાઢકાપમાં જરૂર કરતા વધુ ચીરો થઈ જાય છે. ત્યારે તેના કારણે ઘણીવખત સર્જરીમાં તેની આડઅસરો જોવા મળે છે

જેને લઈને વિદેશોમાં આ સર્જરી માટે રોબોટીક પધ્ધતિને વિકસાવામાં આવી છે. જેમાં રોબોટ તમામ સર્જરી કરે છે. પરંતુ તેની પાસેથી કામ લેવાની જવાબદારી નિષ્ણાત તબીબની હોવાને કારણે તેમાં ભુલ થવાની શક્યતા ખુબજ નહીવત હોય છે જોકે આ સર્જરી સામાન્ય સર્જરી કરતા મોંઘી હોય છે. તેમ છતાં ગુજરાતમાં અત્યારે અમદાવાદ તથા નડીયાદમાં આ પ્રકારની સર્જરી કરાઈ રહી છે.

ગુજરાતમાં ડાયાબીટીસના દર્દીઓની સંખ્યામાં ચિંતાજનક વધારો થઈ રહ્યો છે ત્યારે આઈએમએ ગુજરાત શાખા ધ્વારા અમદાવાદથી દિલ્હી સુધીની કાર રેલીનું આયોજન કરવામાં આવ્યુ હતુ જેમાં આ રેલીને હિંમતનગરની મેડીકલ કોલેજ ખાતેથી વિદાય કરવામાં આવી હતી. અગત્યની વાત એ છે કે ડાયાબીટીસ અંગે જાગૃતિ લાવવાના આશયથી યોજાયેલ આ રેલીમાં ફક્ત મહીલા તબીબો હતા.

ડાયાબીટીસના રોગથી પીડાતુ ગુજરાત દેશમાં ત્રીજા નંબરે

ડાયાબીટીસ થવા પાછળનું મુખ્ય કારણ અનિયમીત ખોરાક, ઓછી ઉંઘ તથા બેઠાડુ જીવન જવાબદાર છે ત્યારે સમગ્ર દેશમાં ડાયાબીટીસથી પીડાતા દર્દીઓ ગુજરાતમાં છે. જેના લીધે ગુજરાત ત્રીજા નંબરે આવે છે. એમ આઈએમએના એક જવાબદાર મહીલા તબીબે દાવા સાથે જણાવ્યું હતુ.

Luminaries of the health and medical education fraternity

સમય કચ્છ — કચ્છ આવૃત્તિ 3 — ૧૩ નવેમ્બર, ૨૦૧૮ (મંગળવાર)

દેશમાં બેટી બચાવો-બેટી પઢાવો અંતર્ગત મહિલાઓને સ્પર્શતા વિવિધ પ્રશ્નોની વિસ્તૃત ચર્ચા વિચારણા કરવામાં આવી

મહિલા સ્વાસ્થ્ય અંગેના કાર્યક્રમ મિશન પિંક હેલ્થનો પ્રારંભ

ગાંધીધામ આરોગ્ય વિભાગ દ્વારા ટીબીની જાગૃતિ માટે વર્કશોપ યોજાયો

ઓરીરા પ્રાથમિક શાળાનું ગૌરવ વધાર્યું

ગાંધીજી ની ૧૫૦ મી જન્મ જયંતિ ની ઊજવણી ના ભાગ રૂપે ભુજ જિલ્લા શિક્ષણ અને તાલીમ ભવન (ડાયટ) ખાતે સ્વચ્છભારત વિષય પર ચિત્ર સ્પર્ધાનું આયોજન કરવામાં આવ્યું હતું. જેમાં દસ તાલુકા ના વિધ્યાર્થીઓએ ભાગ લીધો જેમાં ઓરીરા પ્રા શાળાનો ધોરણ:- ૬ નો વિધ્યાર્થી સુમરા અબ્બાસ જાફર સુલેમાન પ્રથમ ક્રમે આવેલ છે,પાવર પટી વિસ્તાર નાના એવા ઓરીરા ગામે પ્રાથમિક શાળા ના બાળક જિલ્લા માં પ્રથમ ક્રમે આવતા આ વિસ્તારમાં હર્ષ ની લાગણી ફેલાઈ છે. પસુપાલન નો વ્યવસાયકર્તા માતા પિતા નો બાળક જિલ્લા સ્તર સુધી સિધિ મેળવતા સમગ્ર સુમરા પરિવાર નું નામ રોશન કર્યુ છે એવું બાળક ના વાલિ જાફર સુલેમાન સુમરા એ જણાવ્યું હતું

સિઝનલ ફ્લુ તેમજ ટીબીની જાગૃતિ માટે ખાનગી-સરકારી ડોક્ટરોનો વર્કશોપ યોજાયો

સંકુલની ખાનગી-સરકારી હોસ્પિટલમાં લોકજાગૃત્તિ માટે વિવિધ બેનર લગાવો

ભાસ્કર ન્યૂઝ.ગાંધીધામ

સીઝનલ ફલુ અને ઝુનોટીક રોગો અંગે તાજેતરમાં તબીબોનો સેમિનાર યોજવામાં આવ્યો હતો. જેમાં સંકુલના તબીબો ઉપસ્થિત રહ્યા હતા. જેને આરોગ્ય વીભાગ દ્વારા રોગચાળા અંગેની માહિતી આપીને ખાનગી અને સરકારી હોસ્પિટલમાં લોકજાગૃત્તિ માટે બેનર લગાવવા સહીતની સુચનાઓ આપવામાં આવી હતી.

બી.જે.મેડીકલ કોલેજના પ્રોફેસર ડો. કમલેશ ઉપાધ્યાયએ સેમિનારને સંબોધન કરતા જણાવ્યું હતું કે સતત તાવ, માથું દુખવું, ગળામાં બળતરા હોય તો તાત્કાલીક ઓસીલ્ટામાવીર દવા ચાલુ કરવી. સી કેટેગરીમાં જ ટેસ્ટ કરાવો. આ સેમીનારમાં અધિક જીલ્લા આરોગ્ય અધિકારી ડો. પ્રેમકુમાર કન્નર, જીલ્લા રોગચાળા અધિકારી ડો. કુરમી, તાલુકા હેલ્થ ઓફીસર ડો. દિનેશ સુતરીયા, આઈએમએ ના ડો. દેવેન્દ્ર ઠક્કર, ડો. નરેશ જોષી વગેરે હાજર રહ્યા હતા.

સ્વાઈન ફ્લૂના વધતા સકંજાને પગલે આરોગ્ય વિભાગ હરકતમાં

ગાંધીધામમાં ઋતુજન્ય રોગચાળાને નાથવા તબીબોનો સેમિનાર યોજાયો

બી. જે. મેડિકલ કોલેજના પ્રોફેસરે સ્થાનિક ડોક્ટરોને વિવિધ સૂચનો કર્યા

વધતા રોગચાળાને લઈને અંજાર અને ગાંધીધામ તાલુકાના તબીબોની કાર્યશાળા

ગાંધીધામ, તા. ૪ : જિલ્લાના વધતા જતા સિઝનલ તાવના કેસ અને ટી.બી.ની જાગૃતિ માટે ગાંધીધામ, અંજાર તાલુકાના ખાનગી, સરકારી તબીબોના એક વર્કશોપનું આયોજન કરવામાં આવ્યું હતું.

આ વેળાએ એ.ડી.એચ.ઓ. ડો. પ્રેમકુમાર કન્નર, ડબલ્યુ એચ.ઓ. કન્સલ્ટન્ટ ડો. હિરેન થાનકી, ટી.બી. ઓફિસર ડો. કતીરા, ગાંધીધામ તાલુકા અધિકારી ડો. દિનેશ સુતરિયા, ગાંધીધામ આઈ.એમ.એ.ના પ્રમુખ ડો. દેવેન્દ્ર ઠક્કર, ડો. અંજુ રાની, અંજાર તાલુકા આરોગ્ય અધિકારી ડો. રાજીવ અંજારિયા, ડો. નીરવ મોદી, ડો. હિરેન મહેતા વગેરેએ દીપ પ્રાગટ્ય કરી આ વર્કશોપને ખુલ્લો મૂક્યો હતો.

૨૦૨૫ સુધીમાં ભારતને ટીબીમુક્ત કરાવવું હોય તો ટીબી કેસોની નોટિફિકેશન એક્ટ અંતર્ગત નોંધણી કરાવવી, દર્દી નિયમિત દવા લે તે સતત ફોલોઅપ કરવું. શંકાસ્પદ કેસમાં તાત્કાલિક રામબાગ હોસ્પિટલ અને સીબિનાર મશીનમાં મલ્ટી ડ્રગ રેઝીસ્ટન્ટ કેસોનું નિદાન, સારવાર શરૂ કરાવવી, પોષણ પેટે માસિક રૂા. ૫૦૦ બેંક ખાતામાં જમા કરાવવા ટી.એચ.ઓ.ની કચેરીને વિગતો આપવા ડો. થાનકીએ જણાવ્યું હતું. ગળામાં બળતરા, શરદી, તાવ જેવા લક્ષણો દેખાય તો તાત્કાલિક તબીબનો સંપર્ક કરી ઓસિન્ટા માવીર ગોળી ચાલુ કરવી, છીંક ખાતી વખતે મોઢા પર રૂમાલ રાખવો, વારંવાર સાબુથી હાથ ધોવા, શંકાસ્પદ લક્ષણો હોય તો જાહેર સ્થળોએ ન જવું વગેરે ડો. પ્રેમ કન્નરે જણાવ્યું હતું. ઝીકા વાયરસ અંગે સમજ આપી અને તે એડીસ મચ્છરના કરડવાથી થાય છે, જેમાં તાવ, સાંધા, સ્નાયુમાં દુ:ખાવો, આંખો લાલ થવી, આ રોગથી બચવા મચ્છરના ઉપદ્રવને રોકવા સહિતના સૂચનો કર્યા હતા. આ વર્કશોપમાં ૮૫ તબીબોએ ભાગ લીધો હતો. વર્કશોપને સફળ બનાવવા માટે દીપક, ભૂમિબેન, ઉષાબેન, અનામિકા, જગદીશ, દિનેશ, સનીભાઈ, આર.યુ. પટેલ વગેરેએ સહકાર આપ્યો હતો.

ખાનગી તથા સરકારી તબીબોની નોંધપાત્ર હાજરી : માર્ગદર્શન અપાયું

ગાંધીધામ ખાતે સીઝનલ ફ્લુ અંગે તબીબોનો સેમિનાર યોજાયો

તજજ્ઞો દ્વારા માર્ગદર્શન આપવામાં આવ્યું

Citizen Charter

Ministry of Health & Family Welfare had published a draft of patient chapter rights and had sought comments from the public and stakeholders.

The charter published by the Ministry is a portion of the already practiced document on patient rights and responsibilities which has been adopted as a part of quality improvement in hospitals by the National Accreditation Board for Hospitals.

But unfortunately in the current document, while the patients' rights have been included in detail, the portions containing patient's responsibilities which has equal importance in patient care have been excluded to a large extent.

It is a well-known fact that complete co-operation and responsible behaviour from the patient and caregivers is mandatory during patient care and hence it is of utmost importance that the patient responsibility part also should be properly included in the document.

We are attaching clause to clause comments on the patient rights charter published by the Ministry of Health & Family Welfare

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
1 Right to information	Every patient has a right to adequate relevant information about the nature, cause of illness, provisional / confirmed diagnosis, proposed investigations and management, and possible complications To be explained at their level of understanding in language known to them. The treating physician has a duty to ensure that this information is provided in simple and intelligible language to the patient to be communicated either personally by the physician, or by means of his/ her qualified assistants. Every patient and his/her designated caretaker have the right to factual information regarding the expected cost of treatment based on evidence. The hospital management has a duty to communicate this information in writing to the patient and his/her designated caretaker. They should also be informed about any additional cost to be incurred due to change in the physical condition of the patient or line of treatment in writing. On completion of treatment, the patient has the right to receive an itemized bill, to receive an explanation for the bill(s), regardless of the source of payment or the mode of payment, and receive payment receipt(s) for any payment made. Patients and their caretakers also have a right to know the identity and professional status of various care providers who are providing service to him / her and to know which Doctor / Consultant is primarily responsible for his / her care. The hospital management has a duty to provide this information routinely to all patients and their caregivers in writing with an acknowledgement.	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 2) MCI Code of Ethics. 3) Patients Charter by National Accreditation Board for Hospitals (NABH). 4) The Consumer Protection Act, 1986.	Agreed but information is provided in simple and intelligible language to the patient to be communicated either personally by the physician, or by means of his / her assistants.

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
2. Right to records and reports	Every patient or his caregiver has the right to access originals / copies of case papers, indoor patient records, investigation reports (during period of admission, preferably within 24 hours and after discharge, within 72 hours). This may be made available wherever applicable after paying appropriate fees for photocopying or allowed to be photocopied by patients at their cost.The relatives / caregivers of the patient have a right to get discharge summary or in case of death, death summary along with original copies of investigations. The hospital management has a duty to provide these records and reports and to instruct the responsible hospital staff to ensure provision of the same are strictly followed without fail.	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 2) MCI Code of Ethics section1.3.2. 3) Central Information Commission judgment, Nisha Priya Bhatia Vs. Institute of HB&AS, GNCTD, 2014 4) The Consumer Protection Act,1986.	Agreed for record to be provided within 72 hours after paying the fees for expenditure for this process. Originals can not be handed over to patient at any cost so this clause should be dropped.
3. Right to Emergency Medical Care	As per Supreme Court, all hospitals both in the government and in the private sector are duty bound to provide basic Emergency Medical Care, and injured persons have a right to get Emergency Medical Care. Such care must be initiated without demanding payment / advance and basic care should be provided to the patient irrespective of paying capacity. It is the duty of the hospital management to ensure provision of such emergency care through its doctors and staff, rendered promptly without compromising on the quality and safety of the patients.	1) Supreme court judgment Parmanand Katara v/s Union of India (1989). 2) Judgment of National Consumer Disputes Redressal Commission Pravat Kumar Mukherjee v/s Ruby General Hospital and Others (2005). 3) MCI Code of Ethics sections 2.1 and 2.4. 4) Article 21 of the Constitution 'Right to Life'.	Agreed but 1. It will be basic emergency care which is possible in the existing scenario of the hospital for example it is not possible to give emergency service for Heart element in exclusive eye hospital or Primary care for head injury in pure obstetrics setup. 2. Cost of this basic treatment is to be born by government. (As it is constitutional duty of government and right of citizen to avail these basic life support). 3) In the absence of doctors or if hospital is closed then emergency services will also be closed.
4. Right to informed consent	Every patient has a right that informed consent must be sought prior to any potentially hazardous test/treatment (e.g. invasive investigation / surgery/ chemotherapy) which carries certain risks. It is the duty of the hospital management to ensure that all concerned doctors are properly instructed to seek informed consent, that an appropriate policy is adopted and that consent forms with protocol for seeking informed consent are provided for patients in an obligatory manner. It is the duty of the primary treating doctor administering the potentially hazardous test / treatment to explain to the patient and caregivers the main risks that are involved in the procedure, and after giving this information, the doctor may proceed only if consent has been given in writing by the patient/ caregiver or in the manner explained under Drugs and Cosmetic Act Rules 2016 on informed consent.	1) MCI Code of Ethics section 7.16. 2) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 3) The Consumer Protection Act, 1986. 4) Drugs and Cosmetic Act 1940, Rules 2016 on Informed Consent.	Agreed. If Patient or his/her attendant don't give proper consent or delays the consent then the responsibility of any harm will be of patient or his/her attendant. Consent can be taken by any staff of the hospital once the treatment plan is discussed by treating doctor with patient and/or authorised caregiver.

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
5. Right to confidentiality, human dignity and privacy	All patients have a right to privacy, and doctors have a duty to hold information about their health condition and treatment plan in strict confidentiality, unless it is essential in specific circumstances to communicate such information in the interest of protecting other or due to public health considerations. Female patients have the right to presence of another female person during physical examination by a male practitioner. It is the duty of the hospital management to ensure presence of such female attendants in case of female patients. The hospital management has a duty to ensure that its staff upholds the human dignity of every patient in all situations. All data concerning the patient should be kept under secured safe custody and insulated from data theft and leakage.	1) MCI Code of Ethics sections 2.2, 7.14 and 7.17. 2) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010	Agreed
6. Right to second opinion	Every patient has the right to seek second opinion from an appropriate clinician of patients'/ caregivers' choice. The hospital management has a duty to respect the patient's right to second opinion, and should provide to the patients caregivers all necessary records and information required for seeking such opinion without any extra cost or delay. The hospital management has a duty to ensure that any decision to seek such second opinion by the patient / caregivers must not adversely influence the quality of care being provided by the treating hospital as long as the patient is under care of that hospital. Any kind discriminatory practice adopted by the hospital or the service providers will be deemed as Human Rights' violation.	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 2) The Consumer Protection Act, 1986	Agreed
7. Right to transparency in rates, and care according to prescribed rates wherever relevant.	Every patient and their caregivers have a right to information on the rates to be charged by the hospital for each type of service provided and facilities available on a prominent display board and a brochure. They have a right to receive an itemized detailed bill at the time of payment. It would be the duty of the Hospital / Clinical Establishment to display key rates at a conspicuous place in local as well as English language, and to make available the detailed schedule of rates in a booklet form to all patients / caregivers. Every patient has a right to obtain essential medicines as per India Pharmacopeia, devices and implants at rates fixed by the National Pharmaceutical Pricing Authority (NPPA) and other relevant authorities. Every patient has a right to receive health care services within the range of rates for procedures and services prescribed by Central and State Governments from time to time, wherever relevant. However, no patient can be denied choice in terms of medicines, devices and standard treatment guidelines based on the affordability of the patients' right to choice. Every hospital and clinical establishment has a duty to ensure that essential medicines under NLEM as per Government of India and World Health Organisation, devices, implants and services are provided to patients at rates that are not higher than the prescribed rates or the maximum retail price marked on the packaging.	1) MCI Code of Ethics section 1.8 regarding Payment of Professional Services. 2) Section 9(i) and 9(ii) of Clinical establishments (Central Government) Rules 2012. 3) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 4) Various Drug price control orders. 5) The Consumer Protection Act, 1986 6) Drugs Price Control Order (DPCO) section 3 of the Essential Commodities Act, 1955.	Display should be in local language and Hindi/English language as the local situation demands. If patient or his/her caregiver opt for services which are costlier then they are bound to pay accordingly

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
8. Right to non-discrimination	Every patient has the right to receive treatment without any discrimination based on his or her illnesses or conditions, including HIV status or other health condition, religion, caste, ethnicity, gender, age, sexual orientation, linguistic or geographical/social origins. The hospital management has a duty to ensure that no form of discriminatory behaviour or treatment takes place with any person under the hospital's care. The hospital management must regularly orient and instruct all its doctors and staff regarding the same.	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010.	Agreed but it should be kept in mind that for HIV patient treatment cost will be higher as per requirement. In non emergency situation if hospital is not equipped to handle HIV patient then they have right to refer the patient to higher centre.
9. Right to second opinion Right to safety and quality care according to standards	Patients have a right to safety and security in the hospital premises. They have a right to be provided with care in an environment having requisite cleanliness, infection control measures, safe drinking water as per BIS/FSSAI Standards and sanitation facilities. The hospital management has a duty to ensure safety of all patients in its premises including clean premises and provision for infection control. Patients have a right to receive quality health care according to currently accepted standards, norms and standard guidelines as per National Accreditation Board for Hospitals (NABH) or similar. They have a right to be attended to, treated and cared for with due skill, and in a professional manner in complete consonance with the principles of medical ethics. Patients and caretakers have a right to seek redressal in case of perceived medical negligence or damaged caused due to deliberate deficiency in service delivery. The hospital management and treating doctors have a duty to provide quality health care in accordance with current standards of care and standard treatment guidelines and to avoid medical negligence or deficiency in service delivery system in any form.	1) Clinical establishments (Central Government) Rules 2012. 2) The Consumer Protection Act, 1986	Agreed. Patient and their caregivers are also bound to follow the rules and regulations of the hospitals for cleanliness, safety, nonviolent zone and to keep hospital infection free.
10. Right to choose alternative treatment options if available.	Patients and their caregivers have a right to choose between alternative treatment/management options, if these are available, after considering all aspects of the situation. This includes the option of the patient refusing care after considering all available options, with responsibility for consequences being borne by the patient and his/her caregivers. In case a patient leaves a healthcare facility against medical advice on his / her own responsibility, then notwithstanding the impact that this may have on the patient's further treatment and condition, this decision itself should not affect the observance of various rights mentioned in this charter. The hospital management has a duty to provide information about such options to the patient as well as to respect the informed choice of the patient and caregivers in a proper recorded manner with due acknowledgement from the patient or the caregivers on the communication and the mode.	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010. 2) The Consumer Protection Act, 1986.	Agreed
11. Right to choose source for obtaining medicines or tests	When any medicine is prescribed by a doctor or a hospital, the patients and their caregivers have the right to choose any registered pharmacy of their choice to purchase them. Similarly when a particular investigation is advised by a doctor or a hospital, the patient and his caregiver have a right to obtain this investigation from any registered diagnostic centre/laboratory having qualified personnel and accredited by National Accreditation Board for Laboratories (NABL). It is the duty of every treating physician / hospital management to inform the patient and his caregivers that they are free to access prescribed medicines / investigations from the pharmacy / diagnostic centre of their choice. The decision by the patient /caregiver to access pharmacy / diagnostic centre of their choice must not in any ways adversely influence the care being provided by the treating physician or hospital.	1) Various judgments by the National Consumer Dispute Redressal Commission. 2) The Consumer Protection Act, 1986.	Agreed. Here if laboratory investigations or Medicines turned out to be not as per standard then it will be responsibility of patient/ caregiver.

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
12. Right to proper referral and transfer, which is free from perverse commercial influences	A patient has the right to continuity of care, and the right to be duly registered at the first healthcare facility where treatment has been sought, as well as at any subsequent facilities where care is sought. When being transferred from one healthcare facility to another, the patient / caregiver must receive a complete explanation of the justification for the transfer, the alternative options for a transfer and it must be confirmed that the transfer is acceptable to the receiving facility. The patient and caregivers have the right to be informed by the hospital about any continuing healthcare requirements following discharge from the hospital. The hospital management has a duty to ensure proper referral and transfer of patients regarding such a shift in care. In regard to all referrals of patients, including referrals to other hospitals, specialists, laboratories or imaging services, the decision regarding facility to which referral is made must be guided entirely by the best interest of the patient. The referral process must not be influenced by any commercial consideration such as kickbacks, commissions, incentives, or other perverse business practices.	1) Medical Council of India code of ethics section 3.6. 2) World Health Organisation – Referral Notes. 3) Various IPHS documents	Agreed. If Patient or his/her attendant don't give proper consent or delays the consent then the responsibility of any harm will be of patient or his/her attendant.
13. Right to protection for patients involved in clinical trials	Every person / patient who is approached to participate in a clinical trial has a right to due protection in this context. All clinical trials must be conducted in compliance with the protocols and Good Clinical Practice Guidelines issued by Central Drugs Standard Control Organisation, Directorate General of Health Services, Govt. of India as well as all applicable statutory provisions of Amended Drugs and Cosmetics Act, 1940 and Rules, 1945, including observance of the following provisions related to patients rights : a) Participation of patients in clinical trials must always be based on informed consent, given after provision of all relevant information. The patient must be given a copy of the signed informed consent form, which provides him / her with a record containing basic information about the trial and also becomes documentary evidence to prove their participation in the trial. b) A participant's right to agree or decline consent to take part in a clinical trial must be respected and her/his refusal should not affect routine care. c) The patient should also be informed in writing about the name of the drug / intervention that is undergoing trial along with dates, dose and duration of administration. d) At all times, the privacy of a trial participant must be maintained and any information gathered from the participant must be kept strictly confidential. e) Trial participants who suffer any adverse impact during their participation in a trial are entitled to free medical management of adverse events, irrespective of relatedness to the clinical trial, which should be given for as long as required or till such time as it is established that the injury is not related to the clinical trial. In addition, financial or other assistance must be given to compensate them for any impairment or disability. In case of death, their dependents have the right to compensation. f) Ancillary care may be provided to clinical trial participants for nonstudy/ trial related illnesses arising during the period of the trial. This could be in the form of medical care or reference to facilities, as may be appropriate.	1) Protocols and Good Clinical Practice Guidelines issued by Central Drugs Standard Control Organisation, Directorate General of Health Services, Govt. of India. 2) Amended Drugs and Cosmetics Act, 1940 and Rules, 1945 especially schedule Y 3) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, Indian Council of Medical Research, New Delhi, 2017. 4) World Medical Assembly Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects available at www.wma.net/en/30publications/10policies/b3/17c.pdf	Agreed.

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
	g) Institutional mechanisms must be established to allow for insurance coverage of trial related or unrelated illnesses (ancillary care) and award of compensation wherever deemed necessary by the concerned Ethics Committee. h) After the trial, participants should be assured of access to the best treatment methods that may have been proven by the study. Any doctor or hospital who is involved in a clinical trial has a duty to ensure that all these guidelines are followed in case of any persons / patients involved in such a trial.		
14. Right to protection of participants involved in biomedical and health research	Every patient who is taking part in biomedical research shall be referred to as research participant and every research participant has a right to due protection in this context. Any research involving such participants should follow the National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017 laid down by Indian council for Medical Research and should be carried out with prior approval of the Ethics Committee. Documented informed consent of the research participants should be taken. Additional safeguards should be taken in research involving vulnerable population. Right to dignity, right to privacy and confidentiality of individuals and communities should be protected. Research participants who suffer any direct physical, psychological, social, legal or economic harm as a result of their participation are entitled, after due assessment, to financial or other assistance to compensate them equitably for any temporary or permanent impairment or disability. The benefits accruing from research should be made accessible to individuals, communities and populations whenever relevant. Any doctor or hospital who is involved in biomedical and health research involving patients has a duty to ensure that all these guidelines are followed in case of any persons / patients involved in such research.	1) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, Indian Council of Medical Research, New Delhi, 2017. 2) World Medical Assembly Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects available at www.wma.net/en/30publications/10policies/b3/17c.pdf. 3) Drugs & Cosmetic Act, Rules 2016 on Clinical Trails.	Agreed.
15. Right to take discharge of patient, or receive body of deceased from hospital.	A patient has the right to take discharge and cannot be detained in a hospital, on procedural grounds such as dispute in payment of hospital charges. Similarly, caretakers have the right to the dead body of a patient who had been treated in a hospital and the dead body cannot be detailed on procedural grounds, including nonpayment/dispute regarding payment of hospital charges against wishes of the caretakers. The hospital management has a duty to observe these rights and not to indulge in wrongful confinement of any patient, or dead body of patient,	1) Prohibition of wrongful confinement under Sec. 340-342 of IPC. Statements of Mumbai High Court. 2) Consumer Protection Act 1986.	Disagree 1. All hospitals, and doctors are strongly advice to deposit estimated cost of the treatment in advance (on daily basis or lump sump in advance). 2. In nonpayment of such advance the hospitals/doctors have legal right to discharge the patient. All the consequences will be responsibility of the patient and his/her caregivers. 3. Consent reading the same shall be taken at time of admission and that will be a legal tender.

Rights of patients	Description of rights & associated duty bearers proposed by Govt.	Reference	IMA Comments
16. Right to Patient Education	Patients have the right to receive education about major facts relevant to his/her condition and healthy living practices, their rights and responsibilities, officially supported health insurance schemes relevant to the patient, relevant entitlements in case of charitable hospitals, and how to seek redressal of grievances in the language the patients understand or seek the education. The hospital management and treating physician have a duty to provide such education to each patient according to standard procedure in the language the patients understand and communicate in a simple and easy to understand manner.	1) The Consumer Protection Act, 1986. 2) Standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010.	Agreed.
17. Responsibilities of patient's and caretakers... Right to be heard and seek redressal	Every patient and their caregivers have the right to give feedback, make comments, or lodge complaints about the health care they are receiving or had received from a doctor or hospital. This includes the right to be given information and advice on how to give feedback, make comments, or make a complaint in as simple and user-friendly manner. Patients and caregivers have the right to seek redressal in case they are aggrieved, on account of infringement of any of the above mentioned rights in this charter. This may be done by lodging a complaint with an official designated for this purpose by the hospital / healthcare provider and further with an official mechanism constituted by the government such as Patients' rights Tribunal Forum or Clinical establishments regulatory authority as the case may be. All complaints must be registered by providing a registration number and there should be a robust tracking and tracing mechanism to ascertain the status of the complaint resolution. The patient and caregivers have the right to a fair and prompt redressal of their grievances. Further, they have the right to receive in writing the outcome of the complaint within 15 days from the date of the receipt of the complaint. Every hospital and clinical establishment has the duty to set up an internal redressal mechanism as well as to fully comply and cooperate with official redressal mechanisms including making available all relevant information and taking action in full accordance with orders of the redressal body as per the Patient's Right Charter or as per the applicable existing laws.	1) The Consumer Protection Act, 1986. 2) NHS - Charter of Patient Rights and Responsibilities	In redressal system one IMA representative should be part of team.

Rights and Responsibilties of Patient / Relative :

Every patient has the right...	Every patient has the responsibility...
To equal treatment and equal benefit of the law, including provisions relating to medical care, medical schemes, etc.	To pay for the level of care received or to receive assistance in accordance with relevant legislation and policy.
Not to be unfairly discriminated against directly or indirectly1 on the basis of their race, origin, gender, or any other ground. Patients have the right to be free from harassment.	Not to discriminate against any health care worker or the employees of any doctor. Patients have the duty not to harass doctors, their employees or other health care workers.
To have his/her life protected by means of the benefits of medicine, when available and when she/he so wishes.	To ensure that his/her illness or incapacity does not endanger the lives of others.
To be free from cruel, inhuman or degrading treatment; to be free from violence and not to be subjected to medical experiments without informed consent.	To respect the physical and psychological integrity and autonomy of others and not to subject others to any form of violence.
To have their privacy respected by those to whom they entrust such information, as well as other health care workers and intermediaries who deal with their health care information	To respect the privacy of others, including those of their children of 14 years and older, as well as the privacy of their spouses and partners. Patients should also respect the privacy and family life of their doctors.
To have their freedom of religion, belief and opinion respected by doctors. This includes indigenous belief systems, religious dress and rules in relation to modesty, as well as certain medical procedures, such as blood transfusions	To respect the religion, belief and opinion of doctors and others and not to force any doctor or other person to act according to a certain set of beliefs.
To express themselves and to have their freedom of expression respected especially where their health care is concerned. This includes the right of patients to complain.	Patients have the responsibility to follow the advice given by their practitioners and to regularly and openly communicate with their doctors on matters affecting their health care.
To assemble, demonstrate, picket and present petitions in relation to health care issues.	To exercise their rights to assembly, demonstration and picketing in such a manner that it does not affect health care delivery and that it does not violate any law.
To associate with any group, club, scheme or project, as long as it is within the boundaries of the law.	To respect the rights of doctors and others to associate and to respect the duties flowing from their own free association.
To make political choices and to participate in political activities without victimisation or detriment in terms of health care.	To tolerate the political activities and viewpoints of others.

Every patient has the right...	Every patient has the responsibility...
To freedom of movement and residence.	To permit others freedom of movement and residence and to respect regulation by law in this regard.
To be subjected to medical treatment by suitably qualified doctors in respect of every aspect of their health care.	To respect the occupation of medicine.
Not to have their employment relationships jeopardised by unlawful disclosures or any unauthorised participation in any aspect of their employment relationship with an employer.	To respect doctors exercising their employment rights in, for example, the form of leave. Employers have the duty not to place doctors in ethically difficult positions in relation to their employees who are patients as such doctors
To an environment that is not harmful to their health or wellbeing, including a setting that is conducive for recovery.	To create an environment that is not detrimental to the health and wellbeing of others, by ensuring that medicines are stored safely and used correctly, as indicated by their doctors.
To pay a fair amount for services rendered by doctors, not to be over serviced or overcharged and to make enquiries in relation to accounts.	To pay for services rendered by doctors and to take personal responsibility for accounts, even where a medical scheme is involved. Where a patient is unable to pay immediately, s/he has to make appropriate arrangements with the doctor so as to repay any debts.
Of access to health care and to obtain a second opinion. This includes access to the best available treatment and medicines, which have to be progressively realised by the state. The state has to ensure that everybody has at least access to primary health care facilities in their immediate vicinity.	To pay for health care services received, where such services cannot be provided for free in terms of the public- or a charitable system. Patients have the duty to follow the advice of their doctors and to fully inform their doctors of their health status.
Of access to social security, including occupational health schemes, medical schemes, private insurance, road accident funds, social grants, etc.	To make provision for their own social security, to ensure that their dependants are covered and to pay the required premiums or contributions, where applicable.
Obtain health care for their children or to properly mandate persons *in loco parentis* to assist children to obtain access to health care.	Of seeing to their children obtaining access to health care and to assist health care workers in affording health care to their children. Parents must respect their children's right to privacy, especially where the child could independently consent to treatment.
To seek and receive education on public and private health matters.	To act in accordance with public and private education received.

Every patient has the right...	Every patient has the responsibility...
To language and culture, this includes the right to converse in the language of one's choice, where practicable. Patients also have the right to take part in cultural practices.	To tolerate and respect linguistic and cultural diversity and to speak out when these constitute barriers to good health care. Authorities and individuals have the responsibility to ensure that their cultural practices are not detrimental to the subjects thereof.
To obtain copies of all health information held on him/her.	To respect the privacy and information belonging to others, including family members. Patients have to deal with their health information in a responsible manner and realise that they may need expert advice on the interpretation thereof.
To receive reasons where their rights/interests in relation to health care benefits, such as by medical schemes, are affected.	
To take legal action to enforce their rights in the health care setting.	Not to be vexatious in taking doctors to court.
To medical care when in detention and to raise concerns in relation to health issues, either to the relevant health care workers or to the authorities, & to have such concerns addressed expeditiously.	To look after his/her own health and to ensure that she/he is not endangering the health of others when indetention.
Every doctor has the right...	**Every doctor has the responsibility...**
To equal treatment and equal benefit of the law in all applications by and dealings with government, the private sector and others. Substantive equality means that family responsibility, rural areas, historic disadvantage, etc. are relevant factors.	To treat all his/her patients equally and provide them with the same level of concern.
Not to be unfairly discriminated against by any patient, medical scheme, medical faculty or school, government, employer or any other person or institution on the basis of their race, gender, origin or any other ground. Doctors have the right not to be harassed.	Although a doctor has the right to choose his/her patients, such choices may never amount to unfair discrimination and emergency treatment must never be refused. Doctors have the duty not to harass patients, colleagues or others on the basis of sex, gender, sexual orientation, race or any (presumed) group characteristic.
To life, this includes the right not to be placed in disproportional life threatening situations.	To protect life, within the confines of a patient's right to physical autonomy and decision-making power.
To freedom and security of the person, which includes the right to physical autonomy and the right to be free from violence.	To ensure that patients are not subjected to cruel, inhuman or degrading punishment or treatment and to report instances where such occur, especially within the spheres of prison, detention, etc, as well abuse of children and the elderly. Doctors have to ensure that patients part take in all types of research with their full and informed consent

Every doctor has the right...	Every doctor has the responsibility...
To privacy, this includes protection of personal information, communication, family and property.	To protect the privacy and confidentiality of his/her patients and to only disclose health care, treatment, diagnostic and other health information with the patient's informed and written consent or when authorised by law or a court to do so.
To freedom of religion, belief and opinion, which includes the right of doctor to act in accordance with their beliefs. Doctors have the right to reasonable accommodation of their religious beliefs, short of undue hardship to others. Doctors also have the right to clinical independence.	To respect the religion, beliefs and opinions of their patients, even if it differs from their own, and not to force any patient or colleague to prescribe to any religious practice, belief or opinion. Doctors have the responsibility to respect the clinical independence of their colleagues and not to succumb to pressures of dual loyalty.
To freedom of expression, this includes the right to express themselves and their opinions without victimisation. Doctors have the right to notify their patients of their services.	Not to practice hate speech or to subscribe to expression that is harmful to others or is aimed at inciting harm or violence. Doctors have a responsibility to listen to their patients and take their views into consideration. Doctors have the responsibility not to advertise in an unprofessional - or comparative manner.
To freedom of assembly, demonstration, picketing and to present petitions, without victimization.	To exercise their rights to assembly, demonstration, picketing and petitions to such an extent that it does not affect the health care of their patients.
To freedom of association, which includes the right to voluntarily form, join and participate in any association or to disassociate. It includes the unfettered right to choose life partners and friends.	Not to exercise his/her association in such a manner that it discriminates against any other person, amounts to supporting any scheme providing perverse incentives or - to a denial or exclusion of the rights or benefits potentially due to other doctors or others.
To make political choices and participate in political activities without any victimisation.	To ensure that any political affiliation and activities does not interfere with his/her duties to good patient care.
To freedom of movement and residence, which includes not to be subjected to unreasonable limitations in terms of where doctors must live and work.	Not to interfere with the rights of movement and residence of others and to, as far as possible, accommodate patients whose residence may cause difficulty in accessing health care.
To freedom of trade, occupation and profession, including choices in relation to specialisation where positions exist. This includes the rights of doctors to take part in economic endeavours.	To ensure that they exercise their occupation within the limits set by the law. This also means that economic endeavours should not amount to perverse activities or part take in activities that undermine the best possible patient care.

Every doctor has the right...	Every doctor has the responsibility...
To fair labour practices, including fair dispensations of overtime, leave and working conditions and the right to have their grievances taken up at appropriate forums. Doctors have the right to be assisted in disciplinary enquiries, to state their side of the case and to an impartial chairperson. Doctors have the right to work in an environment that is not hostile in terms of sex, gender, sexual orientation or (presumed) race or ethnicity. Doctors have the right to post-exposure prophylactics in cases of occupational exposure to HIV.	To fulfil their employment duties. The heads of facilities have the responsibility to facilitate and harmonise the employment rights of doctors employed by them. Doctors who are HIV positive have the duty to modify their practice of medicine to such an extent so as not to endanger the lives of their patients.
To an environment that is not harmful to their health or wellbeing, including appropriate management of stressful situations and supervision/ assistance of junior doctors.	To ensure that medical waste are disposed off appropriately and that appropriate protocols are followed in terms of infectious disease control. Doctors have the responsibility to inform their patients of the harmful effects of medicines and how to store and use it properly.
To property, which includes the right to be paid a fair remuneration for services rendered and not to have any unlawful interference with these and other property rights. Doctors have the right not to be taxed more or targeted exclusively based on their assumed financial status.	To pay their dues, to fairly remunerate their own employees and to respect the property of others.
Of access to housing, especially where doctors are fulfilling training requirements, community service, or contributing to alleviate the plight in rural areas.	To take care of state housing provided to them and not to refuse housing (to let or sell) to any person based on a prohibited ground of discrimination
Of access to health care, where reasonably possible within the state's available resources. The duty to realise this right rests on the state that has to proof the reasonability of their measures and laws in that regard. The state has to ensure that appropriate systems are in place for medico-legal work, such as cases of rape, domestic violence, abuse, assault, drunken driving, etc.	Not to unreasonably refuse a patient's access to health care, especially where there are no state facilities available to assist patients. Doctors may not refuse emergency treatment to patients. Doctors have a responsibility to assist in realising the right of access to health care, which may include issuing prescriptions ensuring access to the best available treatment.
Of access to social security, this includes access to insurance and social assistance. Social security institutions have to remunerate doctors fairly and timely.	To ensure that medical reports are fair and accurate, and that only particulars that are authorised by law are disclosed to insurance and assistance agencies.

Every doctor has the right...	Every doctor has the responsibility...
Children's Rights	All doctors have the responsibility to see that the rights of children that they deal with is protected in terms of informed consent, children's participation in decisions affecting them, that child abuse is reported and that every child is afforded access to health care. Doctors should ensure that the privacy of children is respected in accordance with their age and maturity.
To education and further education, Private institutions must maintain standards not inferior to that of public institutions.	To ensure that s/he is informed about the latest developments in their fields and take part in educational activities. Participate in Continuous Medical Education programs.
To language and culture, which includes the right to converse in the language of one's choice, where practicable.	To tolerate and respect linguistic and cultural diversity. Doctors have to recognise that language and culture may serve as barriers in health care.
Of access to information held by the state and/or private institutions.	To provide access to information requested by their patients and to ensure that health data is stored safely and not sold or passed on without the patient's informed consent. Doctors may only withhold information on the limited grounds listed as per law.
To just administrative action, which includes the right to reasons in writing where a doctor's rights or interests are affected/threatened. This includes action taken by the Medical Bodies and government.	To ensure that the principles of administrative justice are adhered to if they are in positions of authority, policymaking and decision making that affects people.
Of access to the courts. It includes the right to have their justifiable disputes heard in a court of law or other appropriate forum. Doctors who act as witnesses in cases have the right to be fairly remunerated for their services	To assist in legal proceedings when called upon as expert witnesses. Doctors have a particular responsibility in relation to crimes such as child abuse, domestic violence and abuse of the elderly.
Not to be arrested, detained or accused in contravention with Supreme Court Ruling. Doctors have the right not to be forced to take part in any unlawful (bodily) search or seizure and have the right to enquire as to the status of the subject brought to them, as well as the legislation in terms of which this is done.	To assist in the realisation of the right of access to health care of all arrested, detained and accused persons and to bring to the attention of the authorities or inspecting judge any irregularities or needs in relation to health care.

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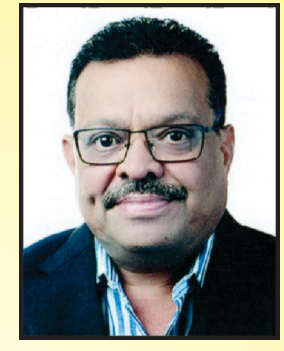

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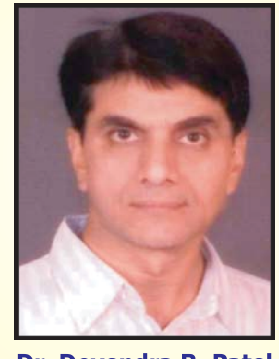

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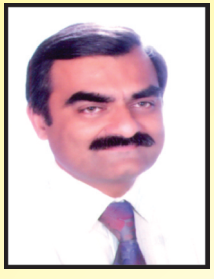

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Central Zone

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South Zone

Dr. Paresh D. Munshi
Surat Zone

Dr. Paresh Golwala
Vadodara Zone

Dr. Vijay Popat
West Zone

Dr. Amit Hapani
Rajkot Zone

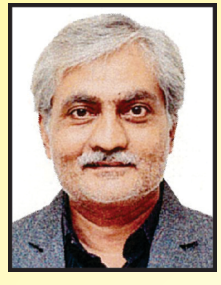
* * * * *

Dr. K. R. Sanghavi
Editor, G.M.J.

Dr. Navneet K. Patel
Chairman, Health Scheme

Dr. Parth N. Patel
Chairman, HSB

HON. ZONAL JOINT SECRETARIES



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Central Zone

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South Zone

Dr. Dhiren Patel
Surat Zone

Dr. Paresh Majmudar
Vadodara Zone

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West Zone

Dr. Dipak Mehta
Rajkot Zone

* * * * *

Dr. Vidyut Desai
Chairman A.M.S.

Dr. Kirit C. Gadhavi
Director C.G.P.

Welcome to the President, Gujarat State Branch office

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Inter School, Football Championship, Ahmedabad

Central Working Committee meeting, Indore

Blood Donation Camp Bhavnagar Branch

* * * * *

Blood Donation Camp Morbi Branch

Rangoli Programme was Organised combined by IMA and FPA Surat

* * * * *

CME Mehsana Branch

Report of IMA End Tb Initiative - Statewise

Sr. No.	Name	No. of CMCs	CMEs Reports
1	ARUNACHAL PRADESH	-	-
2	ANDHRA PRADESH	12	13
3	ASSAM	25	25
4	BENGAL	-	-
5	BIHAR	-	-
6	CHHATTISGARH	-	-
7	CHANDIGARH	-	-
8	DELHI	-	-
9	GOA	-	-
10	**GUJARAT**	**33**	**33**
11	HARYANA	22	2
12	HIMACHAL PRADESH	-	-
13	JAMMU & KASHMIR	-	-
14	JHARKHAND	-	-
15	KARNATAKA	-	-
16	KERALA	-	-
17	MAHARASHTRA	-	-
18	MANIPUR	-	5
19	MEGHALAYA	-	-
20	MIZORAM	-	-
21	MADHYA PRADESH	-	3
22	NAGALAND	-	-
23	ORISSA	14	30
24	PONDICHERRY	-	-
25	PUNJAB	-	-
26	RAJASTHAN	1	-
27	SIKKIM		--
28	TELANGANA	-	-
29	TAMILNADU	-	-
30	TRIPURA	-	-
31	UTTARANCHAL	9	9
32	UTTAR PRADESH	69	69

933
25/10/18

सत्यमेव जयते

GOVERNMENT OF GUJARAT

Dr. Jayanti S. Ravi, IAS
ommissioner & Principal Secretary (PH & FW)

No.SBHI/NHRR/census/v3-13/4642-5
Commissionerate of Health, Medical
Services, Medical Education & Research
5/1, Dr. Jivraj Mehta Bhavan,
Gandhinagar - 382010
Dt:- 11/10/2018

To

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2. The State President, Indian Dental Association,
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   Navrangpura, Ahmedabad - 380009.
4. Dr. Vikram Shah,
   The President, Association of Healthcare Providers (India)
   6, Rupam Society, Vijay Cross Road, Near Memnagar Fire Station,
   Navrangpura, Ahmedabad-380009,
5. Additional Project Director, Gujarat State AIDS Control Society
   O-1 Block, New Mental Hospital Complex,
   Meghani Nagar, Ahmedabad – 380016.
6. Shri H.K. Koshia
   Commissioner, Food and Drug Control Administration,
   Block-8, Dr. Jivraj Mehta Bhavan,
   1st Floor, Gandhinagar-382010.
7. Director of Labour,
   ~~Block No. 11,12,14, 2nd Floor, Udhyog Bhavan,~~
   Sector – 11, Gandhinagar-382017, Gujarat.
   Phone No : +079-23257500

Sir,

Sub: Nationwide – National Health Resource Repository Census – Guidance and
Support for the conduction of the census – Instructions – Issued – Reg.

Ref: From the Senior Regional Director, Regional Office of Health and Family Welfare, Ahmedabad, Gujarat, Letter No. ROH & FW/NHRRP/2018-19/626, dated 01-10-2018.

I am to invite kind attention to the reference cited and to state that the Central Bureau of Health Intelligence, the health intelligence wing of the Directorate General of Health

Services, Ministry of Health and Family Welfare (MoHFW) has initiated a project to establish a **National Health Resource Repository (NHRR)** by collecting and maintaining authentic, standardized and updated geo-spatial data of all public and private healthcare establishments in the country.

2. In this regard, a private agency namely IQVIA Consulting and Information Services India Private Ltd. has been engaged for nationwide data collection of all private and public healthcare establishments and for execution of the programme. A copy of the advisory letter sent from Sectary, MoHFW to Chief Secretaries of all states is attached for reference.

3. The Senior Regional Director, Ministry of Health and Family Welfare, Ahmedabad has been given the task of coordinating the NHRR project in Gujarat with the help of an Implementation Committee with members from the Directorate of Economics and Statistics and Public Health Departments.

4. The NHRR census is being conducted throughout India under the "Collection of Statistics Act 2008" and will remain effective from 1st June 2018 to 31st March 2019.

5. Between 8th October, 2018 and March 31st 2019, a team of filed investigators, supervisors and managers from the selected agency IQVIA will approach all health establishments in Gujarat both public and private to collect data regarding these facilities. Both Central Government and Sate Government health establishments including defence, Railways, CGHS, ESI, etc. will be covered. All health establishments which give regular diagnostic, curative, preventive or rehabilitative care will be enumerated including Medical College Hospitals or Super Specialty Hospital or Private Hospitals, Dental Colleges, District Hospital, CHCs/UCHCs, PHCs/UPHCs, Sub Centers, polyclinics, nursing homes, single doctor establishments, blood banks, labs pharmacies, radiological and scan centers.

6. The concerned associations of the private medical establishments are requested to advise their members to provide the required data for this national initiative. The heads of the public institutions are requested to provide the necessary data to the field investigators when they visit the health establishments.

Yours faithfully,

Commissioner and Principal Secretary(PH & FW)
Government of Gujarat

Copy to

1. The Principal Secretary, Urban Development Department, Govt. of Gujarat (to Circulate to Commissioner Municipal Corporations and Commissioner Municipalities)
2. The Mission Director, National Rural Health Mission, Gandhinagar.
3. All District Collectors
4. The Director of Indian Medicine and Homoeopathy, Block No. 1/2 , Dr. Jivraj Mehta Bhavan, Gandhinagar
5. The Director, Employee's State Insurance Scheme, Panchdeep Bhavan, Third Floor, Near Income Tax, Ahmedabad.
6. Director, Economics & Statistics, Govt. of Gujarat, Gandhinagar.
7. All Additional Directors of this office (to circulate to Deans of all Medical Colleges and other institutions under them)
8. Senior Regional Director (HFW), GoI, Regional Office for Health & Family Welfare, Anand Estate, Industrial Estate Corner, Bapunagar, Ahmedabad – 380 024.(for information and communication to all public health institutions under their care)

IMA Condemns highhanded dissolution of Medical Council of India by the Government of India

The dissolution of Medical Council of India by the Government of India, on 26th September, 2018 was something which was on the anvil for quite some time and finally it got manifested on the said fateful day. It was in the morning at 11.00 A.M. that the Union Cabinet took a decision to dissolve Medical Council of India with immediate effect through issuance of an ordinance to the required effect. On the very day the said ordinance was promulgated by the Hon'ble President of India within few hours of the decision of the Union Cabinet and the present President, Vice President and the Members of the duly constituted Medical Council of India having a democratic and representative character was superseded and replaced by a Board of Governors which comprised of seven members of which five were the ones who were members of the "Oversight Committee" constituted by the Hon'ble Supreme Court and Secretary Research and Director Indian Council of Medical Research and Director General Health Services of the Government of India, were added to it.

The Board of Governors took charge of the Council immediately on the very day i.e. 26th September, 2018 in the afternoon itself. This was not the first time that the duly elected council came to be superseded. The first supersession was done by the Government of India, in April, 2010 and replaced the same with the Board of Governors. The supersession of the council made then was stating explicit reasons as to why the said action had to be taken by the Government of India. As such, the said supersession was reasoned out in an explicit manner. However, the present supersession that has been resorted to by the Government of India, is a silent exercise which has been unilaterally done without assigning any reasons for the said drastic steps in the public domain, which therefore, can be said to be a clandestine step with a predetermined motive as a part of strategic move.

The experimentation of the Government of India, wanting to have the regulatory control on the Medical Council of India through its nominees as has been done in the present case is not new andfresh. It was attempted in the year 2010 itself but it boom ranged in as much as that the Government of India, has to replace the Board of Governors almost every year with a fresh lot. If one recalls appropriately then it is a matter of record that First Board of Governors constituted by the Government of India, headed by Dr. Sarin in the year 2010 had to be replaced by another set at the end of one year headed by Dr. K. K. Talwar, which had to be replaced in the year 2013 by the one headed by Dr. Shrivastava and finally left with no other alternative and realizing that the experimentation was disaster, the Government of India, had to reconstitute the Medical Council of India in accordance with the provisions included at section 3 of the Indian Medical Council Act, 1956, which came to be notified by a Notification dated 5th November, 2013.

The term of the said reconstituted Medical Council of India notified on 5th November, 2013 in terms of the governing ordinance promulgated by the Government of India, was four years, but as the Government of India, failed to get the said ordinance approved and adopted by both the houses of the Parliament within a period of six months it lapsed. Consequent thereto, the provisions of the

Indian Medical Council Act, 1956 came into force whereby the term of the reconstituted Medical Council of India was for a period of five years which in the normal course would have ended on 4th November, 2018.

It has to be borne in mind that one of the important precursors by the Government of India, to evoke the dissolution of the council was primarily because in terms of the governing provisions of the Regulations, before 90 days of the expiry of the impending term the Medical Council of India has to seek intervention of the Govt, to conduct the necessary elections and nominations for constituting Medical Council of India in terms of section 3 of the Indian medical Council Act, 1956.

In accordance with the said statutory position, the Government of India, through its Ministry of Health and Family Welfare; was informed on 5th August; 2018 itself that the elections and nominations for reconstituting the Medical Council of India need to be commenced as the term of the present council would be ending on 4th November; 2018.

In terms of the mandatory effect of the provisions of the Indian Medical Council Act, 1956, the Government of India, through its Ministry of Health and Family Welfare, was left with no other alternative than to ask the concerned authorities including the Health Sciences Universities, the Principal Secretaries of Medical Education of the respective States and Union Territories, to conduct the necessary elections and make nominations in accordance with Section 3 (1) and Sub-Sections thereto from (a) to (e) thereat and communicate the names of the persons so elected or nominated in the required proforma for the purposes of constituting the Medical Council of India.

It is a matter of public knowledge that the National Medical Commission Bill 201 7, which was proposed by the Government of India, that intended to repeal the Indian Medical Council Act 1956 to begin with was referred to the Parliamentary Standing Committee, which submitted its 108th Report wherein almost 36 amendments were proposed to be made in the present NMC Bill 201 7 in order to make it meaningful and purposive. However, the Government of India, did not honor the recommendations of the Parliamentary Standing Committee in spite of the fact that its composition was almost akin to the mini parliament having representation from the various political parties and both the Houses of the Parliament to the extent that of the total membership 50% was from the Bhartiya Janta Party. Very minimal recommendations of the Parliamentary Standing Committee were acceded to by the Government of India, and the same were incorporated as Amendments to the proposed NMC Bill 201 7.

The said amended NMC Bill 201 7 / 2018 could not be adopted by the Loksabha during the last Parliamentary Session and it is pending consideration before it. The ensuing Winter Parliamentary Session of the Parliament is to commence from 2nd week of December, 2018. This was beyond the term of the present Medical Council of India getting completed, which is 5th November,2018 and on thesaid date the Government of India, through its Ministry of Health and Family Welfare, was bound by the provisions of the Indian Medical Council Act, 1956, which continue to be in vogue to reconstitute the Medical Council of India afresh for a term of 5 years.

It was out of this realization, as a matter of forced compulsion to somehow get rid of the present duly constituted Medical Council of India before the new Council is constituted through issuance of an Ordinance and replace the same by a handpick Board of Governors somehow before the elections to the Medical Council of India for its fresh constitution are conducted and the names of the elected/ nominated nominees are communicated to the Government of India. This was the urgency and therefore the resultant compulsion. However, in doing so, a mockery of the Parliamentary procedure has been made and democracy has been taken to its worst ride by the Govt. It is almost a case of dispensing the task which is pending consideration before the Parliament which is the highest temple of democracy, at its back and that too without citing any reason for the said Act and bringing it out in public domain. The entire action smacks of determined opportunism, at the cost of total mockery of well set out parliamentary practices, conventions, procedures and dimensions of public accountability, which is the hallmark of a democratic polity.

It has to be borne in mind that founding fathers in astounding debates adopting democratic model in the Constitution categorically emphasized that democracy would not just to be a political system for bringing Governments into power but it would be a way of life for generating enlightened citizenship and responsive and responsible Governments duly bound by the tenets of the public accountability making public the sovereign realistic entity and reality as a whole. All this has been thrown to winds by the Government in its use of power in a determined way at the cost of hurting and harming at the roots of democracy itself and belittling the highest temple of democracy that is the Parliament of this country a cumulative depiction of aims, ambitions and aspirations of the people of this great country.

In nutshell what Government of India, was not sure of getting worked up through the Parliament of India in the name of National Medical Commission Bill has fulfilled its drastic and nefarious design through an Ordinance in a ruthless manner without assigning any public reason and thereby gagging the democracy, mortgaging the democratic norms and traumatizing its ethos in its entirety which posterity would condemn with all its strength and conviction.

Indian Medical Association in no uncertain terms and in an vociferous manner condemns the highhandedness of the Government of India, for their cowardly action of dissolving a duly elected Medical Council of India and ensuring thereby that the democratic and representative Med i os I Coundlof India is not constituted and handover the reins of the regulatory body on platter to a handpicked Govt. Servants and thereby making a mockery of democracy but fulfilling its ambition of having their stooges in the regulatory body who would lick them when they would be asked to bend as they know it for certain that their subordinate servants do not have any backbone to resist in an unrighteous manner. The dream of Government of India, of creating a medical education regulator subservient to it in the form of its own 'Babudom' stands accomplished by this backdoor manipulation by it with Parliamentary norms and Parliamentary democracy being wounded beyond feasible healing.

Courtesy IMA HQs