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GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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STATE PRESIDENT'S MESSAGE



Dear Friends,

Dignitaries on the Dias, off the Dias, Respected seniors, Past Presidents, my dear friends and family members. Standing here before an August audience giving my GSB presidential speech is the grandest moment of my life. And the moment that I am most aware of enormity of the responsibility that brings.

Medical science as we know is a vital part of human being since the beginning of Civilization. With passage of time it has been advancing new Heights in conquering disease and research. And I feel lucky to serve this, in both sectors individually as well and on IMA level too.

IMA GSB is shining beacon of pride and medical well-being so at the onset let me thank friends and colleagues of IMA Surat for selecting me and electing me as a President of this prestigious Association, IMA GSB. The post of President is one of honour, of dignity and self surveillance.

During all these years, Serving the society from different platforms I have realised that no post can do justice unless there is a thrust by the team involved. I am indeed blessed to have a team which is energetic, charged up and has their own pearls of wisdom to guide me through out the charter.

We all are aware that medical profession is facing lot of challenges at present time and our national IMA and all state and regional branches have played key roles in handling these challenges like, NMC bill, violence against doctors, medical education related issues at government and private medical colleges.

We have achieved partial success by our unity and strength but much more need to be done in coming times. I am confident that as a president of IMA GSB, I will do my best with support of all of you. We will represent our issues at all the levels may it be governments, Bureaucrats, media or public platform.

During my tenure I have few ideas that I want to implement for the benefit of our members and for the society.

I am forwarding my concept regarding Brand IMA

To develop uniformity in various aspect of practicing Allopathic doctors in the society so they can identify Allopathic IMA doctors easily. It's to print uniform letter head, visiting cards, rubber stamp, advertising board with specific



develop design by IMA GSB. We at family physician level at SURAT are highly successful by implementing it. And I am sure if 30,000 doctors of IMA GSB, apply uniform printing and used other materials, it definitely make the changes and create good effect and differentiate our members from other Pathy doctors easily which is a need of an hour.

We have adopted this idea in FPA SURAT with the help of Dr Vinod Shah, Dr. Bhupesh Chavda , Dr Hemant Patel and many more.

Friends we all know that whenever member or their relatives want to know the status and their membership in various scheme like SSS, NSSS , HS etc. it is very difficult to provide the information instantly . This has been a common issue with perhaps one and for all of you.

To avoid such problem I want to make it easy .

We will provide each of you one link of Google form where you have to fill up all necessary details like Name, address, mobile number, every scheme and your number for that scheme.

So whenever you or your relatives ask anything regarding your membership, IMA GSB will be able to provide all details with your numbers.

You simply have to fill it up for once, will be a life time record with us. I wish all of you to spread this message to all our members and support this membership record drive .

This membership record is in your interest and it is for your benefit. So please remember to fill up the membership Google form.

My dear friends ,

My next agenda is to bring awareness regarding organ donation amongst our members and Society.

Yes , I am aware that organ donation drive is also going on in IMA ladies wing but it is high time we also get involved in this drive actively.

The Hippocrates oath has guided us to enhance patients life and their well being. Now It is high time we extend this oath beyond life and death. And add a new dimension where by we utilise our knowledge and selfless act of donation to give life to new beings.

Friends, every year around 5 lacs patients die due to unavailability of organs. We need 2 Lacs kidney transplant every year but we get only 4000 kidney for transplantation. More than 1 lac patients require liver transplant but only 500 liver transplants done due to unavailability of organ.



And what to speak about transplant of lungs, heart , pancreas and so on. Thus there are many patients are waiting for organ transplantation. According to one survey there are more than 1.5 lacs death in road accidents. In 68% that is almost 1 lac road accidents they have brain injury and they are brain dead . Other than this there are many patients who are brain dead in hospitals and their organs can be retrieved for transplant .

If we can motivate relatives of these brain dead patients for organ donation, it will be a great service to the society.

In USA organ donation rate is almost 20%, in UK it is 13 % but in India, can you believe it? Pitiably it is less than one percent.

So I appeal all of you make a mass movement for the benefit of the society. Doctors are the best source to motivate patients, relatives and public also. Friends , one more agenda for our society and our country.

Ideal Mother Contest

આદર્શ માતા કસોટી

Name itself suggests that

નાના બાળકોની માતાઓને બાળઉછેર વિશેની કસોટીમાંથી પસાર થઈ આદર્શ માતા બનવાનું પ્રમાણપત્ર મેળવવા માટેનું આહવાન છે .

સાત વર્ષથી નાની ઉંમરના બાળકો ધરાવતી માતા બાળઉછેર વિશેની લેખિત અને મૌખિક પરીક્ષા આપે .

Mother is a child's first teacher. Now it's time to teach her. This project is initiated by Dr Satish Patel of Morbi, under banner of IMA Morbi and Paediatric Association of Morbi.

લેખિત અને મૌખિક પરીક્ષા હોવાથી દરેક માતા ધ્યાનપૂર્વક એને ગંભીરતાથી વાંચશે . તેઓના બાળ ઉછેર વિશેના જ્ઞાનમાં વધારો થાય . બાળકોના ઉછેરમાં વૈજ્ઞાનિક અભિગમ કેળવાય પરિણામ સ્વરૂપ બાળકોની તંદુરસ્તીમાં ઈલાજો થાય બાળકો તંદુરસ્ત બને . ભારતનું ભવિષ્ય તંદુરસ્ત અને ઉજ્જવળ બને .

હું આશા રાખું છું કે આ પ્રકારની આદર્શ માતા કસોટી IMA GSB ની દરેક શાખા યોજે અને આપણા બાળકોને તંદુરસ્ત બનાવીએ . ભારતનું ભવિષ્ય ઉજ્જવળ બનાવીએ .

For more details you may contact IMAGSB or Dr Satish Patel, Morbi.

Couple of years back IMAGSB had highest membership at all India level . Today We are 29000 members and we are at number 4.

Any future Revolution or issue with the government our presence will only be palpable if we have the numbers. This is a society which understands only the



volume and numbers. So it is vital that we increase in number, quality and content.

During the year I wish we achieve number three for that our agenda is " Each one make 1 ". For this we have to focus on, we have to concentrate on Junior Doctors Association , Resident doctors Association , then we can have a good number within short time. I sincerely appeal all our members during the whole year at least make one new life member of IMA.

Friends every Wednesday between 3 to 4 p.m. I will be available at IMA Surat office. You can call me or you can contact me anytime , otherwise I am very much available on my mobile at any given time.

Friends we have got very dedicated and sincere person as Hon. State Secretary, Dr Kamlesh Saini. Knowing him all these years I can definitely say that I'm indeed blessed to have him as Hon. State Secretary. Thank you Dr Kamleshbhai Definitely I will need blessings from all our leaders, past presidents and from all of you.

I am very much thankful to all my friends namely Dr Jitubhai Patel , Dr Bipinbhai Patel, Dr Mahendra Desai, Padma Shree Dr Vaishya, Dr Anilbhai Nayak. And from Surat Dr Vinodbhai Shah, Dr Jayendrabhai Kapadia, Dr Nirmalbhai Choraria, Dr Nitin Garg, Dr Mahendra Chauhan , Dr Hiral Shah, Dr Prashant Naik, Dr Parul Vadgama, Dr Hiren Makwana, Dr Vinesh Shah, Dr Girish Modi, Dr Umarji, Dr Munshi , Dr Navin Patel, Dr Dhiren Patel, Dr Snehal Talati, Dr Hemant Patel, Dr CK Patel and many more . The list is very long so that I can not name all. So please pardon me.

Your presence and love have always been a support for me. At this pedestal of my life I am blessed to have always receive the golden advice and wisdom of my mentor Late Dr Nanubhai Desai who shall be blessing me from the eternal skies along with my parents at this given time.

Lastly I am very much thankful to my better half Hemanti without whom I could not step up to this level.

Friends, I promise you, We will achieve new Heights in this year.

Lastly I wish all of you Diwali Greetings and Happy New Year.

With this I conclude .

Long live IMA

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



HON. STATE SECRETARY'S MESSAGE



Dear Members,

Wish you all Happy Diwali and Prosperous New Year.

First of all I would like to thank Dr Jitubhai B. Patel, Past National President, IMA HQ ; Dr Mahendrabhai B. Desai , Chairman, Finance Standing Committee & Past Presidents of GSB IMA, My Seniors and All the State council member of GSB IMA , who put faith in me and elected as a Hon. State Secretary of this Auspicious

Association for the fourth year consequently and give me opportunity to serve this association which worked for upliftment and betterment of our medical fraternity and society at large. I am also thankful to Dr. S.S.Vaishya, Immediate Past President of IMA-GSB for his whole Hearted support through out our tenure during last year.

During last year we had raised our voice to show our Solidarity of Medical Fraternity in form of Peaceful Protests, Rally, Fast, Black Bedge etc. Almost every IMA Local Branches and members supported and made every movement successful. I ask for the same support to continue our fight in future. I hope every IMA Local Branch and members will prove our Strength and Unity.

I am thankful to Dr Jitubhai B. Patel, Dr Mahendrabhai B. Desai, Dr Yogendrabhai S. Modi, Dr Kirtibhai M. Patel, Dr Bipinbhai M. Patel, Dr Jitendrabhai N. Patel, all the Office Bearers of GSB IMA and State Working Committee members for their constant Support and Guidance throughout the last year and seeking same kind of help for my next term.

In the last, I must congratulate IMA Daman Branch and the whole Organizing Committee for successfully organized GIMACON-2019 at Daman and they worked very hard to make GIMACON-2019, A Memorable One.

Long live IMA

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



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

- 23-09-2019 Dr. Pankaj Sheth, Convener Family Planning Centre, attended State Task Force meeting for Immunization (STFI) at Gandhinagar.
- 24-09-2019 Dr. Kamlesh B. Saini, Hon. State Secretary, GSB IMA, attended meeting regarding Policy for Treatment of Rare Diseases in Gujarat.

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CONGRATULATIONS

❖ **Dr. Hiren Kothari,****Rajkot**

For being elected as an Apex Council Member of Saurashtra Cricket Association.

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Madhuben J. Patel	03-05-2019	Ahmedabad
Dr. Manubhai C. Lala	28-07-2019	Ahmedabad
Dr. Chandravadan P. Shah	22-08-2019	Surat
Dr. Shaukathusen H. Shaikh	24-08-2019	Kadi
Dr. Ramesh L. Vadi	31-08-2019	Ahmedabad
Dr. Gunvant K. Kadikar	01-09-2019	Ahmedabad
Dr. Pradip C. Bhavsar	01-09-2019	Gandhinagar

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



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

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LM/28844	Dr. Thakkar Kishti Sanjaybhai	Kheralu
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LM/28849	Dr. Patel Falguni Babubhai	Gandhinagar
LM/28850	Dr. Patel Hardik Rameshbhai	Gandhinagar
LM/28851	Dr. Modi Sagar Shaileshkumar	Harij
LM/28852	Dr. Patel Jaydeep Ramaniklal	Surendranagar-Wadhwan
LM/28853	Dr. Patel Brinda Mansukhbhai	Surendranagar-Wadhwan
LM/28854	Dr. Panchal Khyati Anilkumar	Surat
LM/28855	Dr. Goti Pravin Jerambhai	Surat
LM/28856	Dr. Socha Maulik Amarshibhai	Devgad
LM/28857	Dr. Patel Jay Atulkumar	Himatnagar
LM/28858	Dr. Patel Rajat Bhikhabhai	Mansa
LM/28859	Dr. Rajput Sonal Vijaysinh	Mansa
LM/28860	Dr. Bhende Punam Vishal	Anand
LM/28861	Dr. Gohil Rajeshkumar Shantilal	Anand
LM/28862	Dr. Vahora Nargisben Mamemudbhai	Anand
LM/28863	Dr. Patel Jaykumar Vionodbhai	Anand
LM/28864	Dr. Patel Naimikaben Hitendrakumar	Anand
LM/28865	Dr. Patel Keyur Gordhanbhai	Modasa



LM/28866	Dr. Shah Karan Maheshbhai	Surat
LM/28867	Dr. Agrawal Dhawal Harishbhai	Surat
LM/28868	Dr. Barot Samir Ravjibhai	Surat
LM/28869	Dr. Rathva Sanket Vitthalbhai	Surat
LM/28870	Dr. Makwana Manojkumar Zaverbhai	Vadodara
LM/28871	Dr. Desai Mrugesh Kirankumar	Vadodara
LM/28872	Dr. Shah Amisha Bhupendrakumar	Vadodara
LM/28873	Dr. Barad Dinesh Karsanbhai	Veraval
LM/28874	Dr. Vainsh Ekta Prabhatsinh	Veraval
LM/28875	Dr. Patel Hinaben Kanubhai	Surat
LM/28876	Dr. Patel Kalpana Tulshibhai	Surat
LM/28877	Dr. Devani Darshan Kanubhai	Surat
LM/28878	Dr. Gaadhe Pankaj Karshanbhai	Junagadh
LM/28879	Dr. Gagiya Harshaben Dhirajlal	Junagadh

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BRANCH ACTIVITY

AHMEDABAD

21-07-2019	Staff Training Programme
27-07-2019	7th Face Book Live on World Hepatitis Day
28-07-2019	Senior Citizen Club Programme
28-07-2019	Medical Health Check up Camp at Sabarmati Jail
11-08-2019	AMA Young Forum –Unique Workshop
13-08-2019	8th Face Book Live -Organ Donation
15-08-2019	Flag Hoisting
18-08-2019	Annual Day Celebration
28-08-2019	Sangeet Bethak
01-09-2019	Workshop on Happiness Management



01-09-2019	Inauguration of Solar System
14-09-2019	9th Face Book Live
15-09-2019	Picnic at BAKOR
21-09-2019	AMA Senior Citizen Club Programme
22-09-2019	Talent Evening
29-09-2019	Installation of New Team -2019-2020.

BHAVNAGAR

04-09-2019	CME on T. B. notification.
16-09-2019	CME on Doctor – Patient communication by Dr. Santosh Salagre.
19-09-2019	CME on Update in CCHF by Dr. Kamlesh Upadhyay
21–22-09-19	IMA Bhavnagar organize health exhibition at Daxinamurti School for two days on various health related topics like HIV AIDS, Malaria, Dengue, Swine flu, Cancer, Hazards of tobacco, Life style diseases, BMI measurement etc. Students from 35 schools and total of 7000 people visited the exhibition.
21-09-2019	Charts displayed and information given on “Pink health” in health exhibition where 500 school children visited.
24/09/2019	On NSS day – Lecture was delivered by Dr. Iraben Shah on food and nutrition to engineering college students.

MEHSANA

29-9-2019	Annual Day Celebration function. Facilitation to all the winners for their great achievement in academic, sports, politics, social etc. including Champion Cricket & volleyball teams.
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MORBI

123-07-2019	“Long term outcome of pediatric surgeries” by Dr. Amit Sitapara. “Orthopedic Emergencies in Children” by Dr. Rohan Parwani.
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- 08-08-2019 "Live laugh live love life" by Dr. Yagnesh popat.
"Role of immunomodulators in pediatrics" by Dr. Sameer Chauhan.
"Infectious disease update on polio, measles, rubella, diphtheria and pertussis" by Dr. Amol Bhonsale. Total 19 members were attended.
- 15-08-2019 Flag Hoisting ceremony and Independence Day celebration.
- 16-08-2019 "Breast feeding issues, discussion" by Dr. Parag Dagli.
"Pediatric nephrology for the pediatrician" by Dr. Ankur Kothari. Total 28 members were attended.
- 30-08-2019 "Evaluation of chest pain" by Dr. Ketan Vekariya.
"Chronic hepatitis" by Dr. Pathik Parikh.
"Pcos Overview" by Dr. Heena Mori. Total 38 delegates were present.

SURENDRANAGAR

- 10-09-2019 "U.T.I. & Advance prostate management" by Dr. Parth Nathwani & Dr. Rupesh Shah.
- 18-09-2019 "Breast Cancer & management" by Dr. Anga Zope and Dr. Shirish Alukur.

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Attention Advertisers

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



જાતક નં. પી.નંદર.સી.સુ. કોંગ્રેસના નવમી/૧૦૫
અધિક પોલીસ મહાનિરીક્ષકશ્રીની ફરેલી, સી.આઈ.ડી. કાર્ડમ અને રેલોંગ, ગુ.રા.,
ગાંધીનગર. ૨૭/૧૦/૨૦૦૫

સાદી :-

વિષય : ઈ.પી.કો. ૩૦૪ (અ) મુજબ તબીબી વ્યવસાયી વિરૂધ્ધની કાર્યવાહી દરમ્યાન સુપ્રિમ કોર્ટ ડિમીનલ અપીલ નં. ૧૪૪ અને ૧૪૫ ના આખરી ચુકાદા દરમ્યાન આંખેલ કેટલાક માર્ગદર્શક મુદ્દાઓ ધ્યાને લેવા બાબત.

આદેશ : ગુહ વિભાગ, ગુજરાત સરકાર, ગાંધીનગરના ક્રમાંક : પરચ/૨૯૨૦૦૫-કોર્ટ-૧૧૨- તા. ૪/૧૦/૨૦૦૫

તબીબી વ્યવસાયીઓ વિરૂધ્ધ કોજદારી કાર્યવાહી કરતી વખતે ધ્યાને રાખવાના મુદ્દાઓ

તાજેતરમાં તા. ૫/૮/૨૦૦૫ ના રોજ કિમીનલ અપીલ નં. ૧૪૪ અને ૧૪૫ સને : ૨૦૦૪ ની નામદાર સુપ્રિમ કોર્ટમાં ચાલી જતાં આખરી ચુકાદામાં તમામ તપાસ એજન્સીને ડોક્ટરો વિરૂધ્ધ દર્દીની સારવાર દરમ્યાનની ગફલત અને બેદરકારી બદલની ઈ.પી.કો.ક. ૩૦૪ (અ) મુજબની કાર્યવાહી કરવાની થાય ત્યારે કેટલાક માર્ગદર્શક સૂચનો કરેલ છે જેનો સારાંશ નીચે મુજબ છે. તેની વિગત આવા પ્રકારના કેસોની તપાસ દરમ્યાન ધ્યાને લેવા વિનંતી છે.

તબીબી વિરૂધ્ધ કાર્યવાહી અંગે :-

૧/- તબીબી વિરૂધ્ધની ગુનાહીત કાર્યવાહી થવાનું પ્રમાણ વધતું હોવાનું ધ્યાનમાં આવેલ છે. કેટલીક વખત ખાનગી ફરિયાદોના આધારે અથવા કેટલીક વખત પોલીસ ધ્વારા એફ.આઈ.આર. દાખલ કરી કોંગ્રીજન્સ લેવાય છે. આરોપી તબીબ વિરૂધ્ધની સારવાર દરમ્યાનની ગફલત અને બેદરકારી બાબતની ઈ.પી.કો. ક. ૩૦૪ (અ) મુજબની કાર્યવાહીમાં ખાનગી ફરિયાદ કરનારને કે તપાસ કરનાર અધિકારીને હંમેશા મેડીકલ સાયન્સ બાબતનું જ્ઞાન ના હોય તે શક્ય છે. આવી કાર્યવાહી શરૂ થયેથી તબીબ પોતે ગંભીર મુશ્કેલીમાં મૂકાય અને ત્રાસજનક પરિસ્થિતી ઉભી થાય અને જેથી તે પોતાની ઘરપકડથી બચવા જામીન અરજી કરે જે મંજૂર થાય કે ના પણ થાય. આખરમાં તે નિદોષ છૂટે છે અને ડિસ્ચાર્જ થાય પરંતુ તેના વિરૂધ્ધ થયેલી કાર્યવાહીના કારણે તેની પ્રતિષ્ઠાને પહોંચેલ હાનિને કોઈ લેવલે પાછી મેળવી શકતો નથી.

૨/- એવું સમજવાની જરૂર નથી કે ગફલત અને બેદરકારી મુખ્યત્વે જણાઈ હોય તેવા ગુનામાં તબીબો વિરૂધ્ધ કદાપિ કાર્યવાહી ચલાવી ના શકાય.

૩/- સઘળી બાબતો જોતાં આવા પ્રકારની કાર્યવાહી ચલાવવા દરમ્યાન સંપૂર્ણ કાળજી અને અગમચેતી જાહેર હિતમાં લેવાની જરૂર છે કે જ્યારે તબીબી વ્યવસાય માનવજીવન માટે અગત્યનો, ઉમદા, બધા માટેનો વ્યવસાય છે અને તેટલા માટે તબીબોને તેમના સામે થતી અન્યાયી અને ગેરવ્યાજબી કાર્યવાહી સામે રક્ષણ મળે. ઘણી ફરિયાદો ખોટી રીતે અને ગેરવ્યાજબી રીતે તબીબ પાસેથી વળતર મેળવવાના હેતુથી ફરીયાદ કાર્યવાહી કરી દબાણ લાવવાના સાધન તરીકે ઉપયોગ થાય છે. આવી મલીન કાર્યવાહી થતી અટકવી જરૂરી છે.

૪/- આ અંગે ભારત સરકાર અને રાજ્ય સરકારો તરફથી મેડીકલ કાઉન્સિલ ઓફ ઈન્ડિયાના સીકલનમાં રહી ચોકકસ નિયમો અમલમાં મૂક શકાય તેવી માર્ગદર્શક સૂચનાઓ બહાર પાડવી જોઈએ જે ઘણા લાંબા સમયથી થયેલ નથી. જેથી ભવિષ્યમાં ગફલત અને બેદરકારી દાખવતાં તબીબો વિરૂધ્ધની કાર્યવાહી આવરી લે તેવી માર્ગદર્શક બાબતો અને પ્રસ્તુત છે. ખાનગી ફરિયાદના કિસ્સામાં કોર્ટ સમક્ષ પ્રથમ દર્શનીય પુરાવા રજૂ ના થયા હોય અને તબીબ વિરૂધ્ધ રજૂ થયેલ પુરાવામાં બીજા ત્રાહિત તબીબનો આરોપી તબીબની ગફલત અને બેદરકારી ભરી વર્તણૂક અંગે અભિપ્રાય જો સાથે રજૂ ના કરેલ હોય તો તેવી ફરિયાદોને પ્રોત્સાહન આપવું નહિ.

૫/- તપાસ કરનાર અધિકારીએ ગફલત અને બેદરકારી બદલની કાર્યવાહી માટે આરોપી તબીબ વિરૂધ્ધ પગલાં લેતા પહેલા સરકારી, સ્વતંત્ર અને સક્ષમ હોય તેવા ક્વોલીફાઈડ, તે વિષયને લગતાં મેડીકલ પ્રેક્ટીસ કરતાં હોય તેવાઓ કે જેઓ સામાન્ય રીતે તંત્રચ અને નિષ્પક્ષ અભિપ્રાય "Bolam's test" ને અનુસરીને આપે તેવાઓને પ્રથમ અભિપ્રાય મેળવવો જોઈએ.

૬/- આરોપી તબીબને રૂટિન પ્રણાલી મુજબ (ફક્ત ગફલત અને બેદરકારીના આલેખોના કારણે જ) ઘરપકડ નહિ કરવી સિવાય કે તેની જરૂરી તપાસ માટે અથવા પુરાવા એકત્ર કરવા અથવા તપાસ કરનાર અધિકારીશ્રીને એવો સંતોષ થાય કે આરોપી તબીબની ઘરપકડ કર્યા સિવાય પ્રોસીક્યુશન સમયે હાજર રહે તેમ નથી તેવા કિસ્સામાં તે હેતુસર જરૂર જણાયે ઘરપકડ કરી શકે.

આમ ઉપર મુજબની માર્ગદર્શક સૂચનાઓ કિમીનલ અપીલ નં. ૧૪૪ અને ૧૪૫ દરમ્યાન તા. ૫/૮/૦૫ ના ચીફ જસ્ટીસ ઓફ ઈન્ડિયા શ્રી રમેશચંદ્ર લાહોટી, જજશ્રી જી. પી. માથુર, જજશ્રી પી. કે. બાલાસુબ્રમન્યમનાઓના કોરમે આખરી ચુકાદા દરમ્યાન દર્શાવેલ હોઈ તે આવા પ્રકારના કિસ્સાઓની તપાસ / ઈન્કવાયરી દરમ્યાન ધ્યાને લેવા વિનંતી છે.

Sd/-

(વિજયરાજસિંહ ગોતમ) IPS

પોલીસ અધિક (મુખ્ય મથક)

સી.આઈ.ડી.કાર્ડમ, ગુ.રા.,

ગાંધીનગર

પ્રતિ, માધ્યમવચન પોલીસ મહાનિરીક્ષકશ્રીઓ ક્રમાંક ૧, ૨, ૩ પોલીસ અધિકશ્રી કાર્ડમ ૧, ૨, આર્થિક ગુના નિવારણ સેલ, પંચમ રેલવે, વાંદરા. નામ પોલીસ અધિકશ્રી સી.આઈ.સેલ, નારકોટીસ સેલ, આ.ગુ.નિ.સેલ-૧, ૨, ૩ તથા તમામ ઝોન પી.આર.સી. ડી.પી.ઈન્સ.શ્રી. ઓ.એસ. કાર્ડમ, પી.આર.સી., રેલ્વે રીડર, મહિલા સેલ, પીલીંગ ડ્રેવ, સી.આઈ.સેલ. પુનિટ ૧, ૨, ૩, નારકોટીસ સેલ, પુનિટ-૧, ૨, ૩, આ.ગુ.નિ.સેલ ૧ થી ૧૨ તમામ અન્વેષણ એકમો તથા સી.એ.યુ. ટેબલ-૧, ટેબલ-૨ એમી/સી/ટી/બલ-૩ એમી/સી, ફરારી અન્વેષણ એકમ.



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 September-2019 in addition to their routine work. These are as under :

15-09-2019 to 17-09-2019 Migratory Polio Round by the centers of Ahmedabad.

Nanpur - Surat : Mothers : 1200 Iron Tablet, Calcium Tablet 1000 & Children 40 Vitamin A solution were distributed

Rander - Surat : Mothers : 720 Iron Tablet, Calcium Tablet 1120 & Children 26 Vitamin A solution were distributed

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

SEPTEMBER - 2019

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1443	750	2193
(2)	Behrampura (Sardarnagar Ward)	2616	388	3004
(3)	Bapunagar (Potalia Ward)	2880	469	3349
(4)	Dariyapur (Isanpur Ward)	2705	347	3052
(5)	Gomtipur (Saijpur Ward)	4752	585	5337
(6)	Khokhra (Amraiwadi Ward)	3721	373	4094
(7)	New Mental (Kubernagar Ward)	2332	331	2663
(8)	Raikhad (Stadium Ward)	1551	208	1759
(9)	Wadaj (Junawadaj Ward)	1454	474	1928
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	1354	841	2195



SEPTEMBER - 2019

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	37	—	65	18750	481
(2)	Behrampura (Sardarnagar Ward)	03	—	51	10500	1402
(3)	Bapunagar (Potalia Ward)	20	—	27	13340	256
(4)	Dariyapur (Isanpur Ward)	31	—	45	12425	366
(5)	Gomtipur (Saijpur Ward)	23	—	29	9500	406
(6)	Khokhra (Amraiwadi Ward)	32	—	28	5000	269
(7)	New Mental (Kubernagar Ward)	18	—	41	16475	600
(8)	Raikhad (Stadium Ward)	34	—	45	10777	675
(9)	Wadaj (Junawadaj Ward)	10	—	24	12000	2433
(10)	Junagadh	12	—	40	5000	237
(11)	Rander-Surat	20	—	53	1200	75
(12)	Nanpura-Surat	11	—	42	1490	50
(13)	Rajkot	12	—	13	4000	285



PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

"P.P.S. HOUSE", Beside Sakar - V, Building, Nr. Mithakhali Railway Crossing,
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(Reported by Dr. Bipin M.Patel , Managing Director , P.P.S.)

Sub. : ANNUAL REPORT : 2018 -2019

The office has received back the Annual Report of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses.

Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
1	15205	Dr. Akhani Dhavalkumar Dineshkumar	Ahmedabad
2	13091	Dr. Banker Priyank Maheshbhai	Ahmedabad
3	6890	Dr. Buddhadev Nitinkumar Amratlal	Ahmedabad
4	5793	Dr. Dalal Nipa Aroonkumar	Ahmedabad
5	12588	Dr. Panchal Ajaykumar Jagdishbhai	Ahmedabad
6	7022	Dr. Parekh Sejal Jayeshbhai	Ahmedabad
7	12744	Dr. Parikh Devendra Ghanshyam	Ahmedabad
8	4125	Dr. Patel Bharatkumar Nandlal	Ahmedabad
9	6767	Dr. Patel Brijeshkumar Chhotubhai	Ahmedabad
10	7775	Dr. Pavra Jayesh Bhikhabhai	Ahmedabad
11	2818	Dr. Prajapati Jayesh Aambalal	Ahmedabad
12	12865	Dr. Prajapati Rahul Manibhai	Ahmedabad
13	8377	Dr. Radadiya Minakshi Rajnikant	Ahmedabad
14	8376	Dr. Radadiya Rajnikant Chhaganbhai	Ahmedabad
15	3240	Dr. Shah Ketan Shantilal	Ahmedabad
16	12604	Dr. Shah Nija Sanket	Ahmedabad
17	13386	Dr. Shah Sanket Prashantbhai	Ahmedabad
18	11668	Dr. Swaminarayan Mittalben Shaunakbhai	Ahmedabad
19	12758	Dr. Swaminarayan Saunak Mukeshbhai	Ahmedabad
20	10819	Dr. Brahmhatt Ashish Dinkarrav	Anand
21	3935	Dr. Patel Hitesh Sumanbhai	Anand
22	3936	Dr. Patel Nayna Hiteshbhai	Anand
23	6594	Dr. Sonpal Bharatkumar Dhirajlal	Anand
24	14655	Dr. Thakkar Amit Tarunkumar	Anand
25	9142	Dr. Saxena Atul Kumar	Baroda



26	11882	Dr. Sagar Prashant Laxmanbhai	Bharuch
27	3215	Dr. Balar Bipinbhai Kanjibhai	Bhavnagar
28	9169	Dr. Ghelani Rupal Manojbhai	Bhavnagar
29	13361	Dr. Sevak Mehul Premjibhai	Bhuj
30	14017	Dr. Garg Sameep Shyamal	Bhuj
31	15478	Dr. Bhundiya Sangeen Arvindbhai	Bhuj Kutch
32	7503	Dr. Sukhlecha Anhilesh Gopalsingh	Bhuj Kutch
33	14016	Dr. Vaishnav Mitsu Vinay	Bhuj Kutch
34	12121	Dr. Prajapati Arvindkumar Balvantlal	Deesa
35	13730	Dr. Wagh Madhukar Rajaram	Dhanera
36	1720	Dr. Dubal Jagdish Ashwanikumar	Gandhidham
37	1118	Dr. Barochia Bhovan Manjibhai	Jamnagar
38	10970	Dr. Pankhaniya Rajesh Naranbhai	Jamnagar
39	8623	Dr. Trivedi Harsh Prabhakar	Jamnagar
40	9473	Dr. (Mrs) Alijugunu Mohammed	Jasdan
41	12029	Dr. Ali Mohammed Shamim Anwar	Jasdan
42	9217	Dr. Serathia Pradipkumar Remeshchandra	Moti Khavadi
43	15181	Dr. Chavda Harshilkumar Kamleshkumar	Nadiad
44	15188	Dr. Jinadra Grishma Pravinchandra	Nadiad
45	2767	Dr. Shah Malaben Bharatbhai	Nadiad
46	12779	Dr. Panchwala Bhadrashkumar Jayantilal	Patan
47	9111	Dr. Bakhda Rahul Navinchandra	Rajkot
48	10234	Dr. Nathwani Pratibha Tryambaklal	Rajkot
49	3010	Dr. Parvadia Veljibhai Haribhai	Rajkot
50	9249	Dr. Rathod Dharmendra Rameshbhai	Rajkot
51	10715	Dr. Patel Manisha Rameshbhai	Rajpipla
52	14549	Dr. Patel Pragneshkumar Pravinbhai	Satlasana
53	14581	Dr. Chheta Bharatkumar Laljibhai	Surat
54	10547	Dr. Dani Rajeshri Nilesh	Surat
55	11796	Dr. Prasad Sarita Dinesh Prasad	Surat
56	13960	Dr. Gami Gambhirsang Chandubhai	Surendra Nagar
57	14907	Dr. Dhameliya Dilipkumar Popatbhai	Tharad
58	9162	Dr. Garasia Maheshkumar Chhatrabhai	Vadodara
59	12278	Dr. Parmar Ritesh Nandlal	Vadodara
60	9644	Dr. Pastagia Swetalkumar Subhashchandra	Valsad
61	6771	Dr. Buch Nayankumar Vishnuprasad	Vadodara
62	9142	Dr. Saxena Atulkumar	Vadodara
63	807	Dr. Shah Chinubhai Mohanlal	Vadodara



Report of GIMACON -2019, Daman Branch

Indian Medical Association Gujarat Branch's 71th Annual Conference was hosted by IMA Daman Branch on 12th& 13th October 2019. The conference was held at The Deltin , Daman- one of the best five star resort of west zone.

Conference was begun with a Nation song Vandemataram followed by scientific sessions.

P.R.Trivedi Oration was delivered by Dr Yogendra Modi Dean and Professor of Surgery at GCS Medical College,Hospital& Research Centre,Ahmedabad and Late Padmashree Dr V.C. Patel Scientific lecture was delivered by Dr.Navin Agrawal D.M.Cardiologist 21stCentury,Vapi.

Inauguration ceremony of GIMACON-2019 with installation ceremony of new president was held at GrandIcehall, Deltin under the presence of chief guest M. P. Shree Lalubhai Daman & Diu and guest of honour Mr. Kairus Dadachanji Chairman of Sovereign Pharma, Dr. Abhijit Sheth Chairman DNB Board and Dr.Anil Naik VC North Gujarat University.

DR. Chandresh Jardosh of Surat branch was installed as the president of Indian medical association Gujarat state branch for the year 2019-2020.

Banquet with musical night was arranged at The Deltin Daman.

Paper and Poster presentations were held at Hall C and Hall D simultaneously.

Around 450 faculties and delegates attended the GIMACON 2019.

Organizing committee of GIMACON-2019 had put in tremendous efforts to make this conference a magnificent best and cherishable .

Dr. Brijal Patel
Dr. Sameer Halpati
Organizing sec. GIMACON2019



NEWS CLIP

TIMES NATION

SC sets 11-point norm on medical negligence

Consumer Act Not Meant To Instil Fear In Docs: Apex Court

Dhananjay Mahapatra | 17th

SOME PROTECTION

- Negligence is a breach of duty or an act which a prudent and reasonable man will not do
- Negligence to be established must be culpable or gross and not based upon error of judgment
- Professional is expected to bring a reasonable degree of skill and knowledge along with a reasonable degree of care but neither the highest nor the lowest degree of care and competence
- A doctor would be liable only where his conduct fell below that of the standard of a reasonably competent practitioner in the field
- Difference of opinion cannot be cited as negligence
- Just because a professional looking at the gravity of illness had taken a higher element of risk to redeem the patient out of his suffering which did not yield the desired result, it may not amount to negligence
- Merely because a doctor chooses one course of action in preference to the other one available, he would not be liable if the action chosen by him was acceptable to the medical profession
- It would not be conducive to the efficiency of the medical profession if no doctor could administer medicine without a halter round his neck
- It is our duty not to harass or humiliate medical professionals
- Doctors are entitled to get protection

New Delhi: Consumer Protection Act should not be a "halter round the neck" of doctors to make them fearful and apprehensive of taking professional decisions at crucial moments to explore possibility of reviving patients hanging between life and death, Supreme Court said on Wednesday.

Doctors in complicated cases have to take chance even if the rate of survival is low. A doctor faced with an emergency ordinarily tries his best to redeem the patient out of his suffering. He does not gain anything by acting with negligence or by omitting to do an act," said a bench comprising Justices Dalveer Bhandari and HS Bedi dismissing a CPA complaint against Batra Hospital and Medical Research Centre here.

One Kusum Sharma had claimed Rs 45 lakh compensation against the hospital for the death of her husband RK Sharma — a senior operations manager in Indian Oil Corporation. The National Consumer Disputes Redressal Commission (NCDRC) had dismissed her complaint.

Finding such CPA complaints against doctors on the rise and in many cases those being frivolous, the bench collated a marked tendency to look for a human factor to blame for an untoward event, a tendency which is closely linked with the desire to punish," said Justice Bhandari, writing judgment for the bench.

Tracing development of the law in major cases of negligence in India and other countries, the bench collated the guideline for the courts to adjudicate complaints against doctors.

ડો. ચંદ્રેશ જરદોશની 115 શાખાના પ્રમુખ તરીકે વરણી કરાય



IMA GUJARAT PRESIDENT

શ્રી ડો. ચંદ્રેશ જરદોશની 115 શાખાના પ્રમુખ તરીકે વરણી કરવામાં આવી છે.

ઈન્ડિયન મેડિકલ એસોસિએશન ગુજરાત રાજ્યની કોન્ફરન્સ જમાકોન-2019માં સુરતના ફેમિલી ફિઝિશિયન્સ એસોસિએશનના ડો. ચંદ્રેશ જરદોશનો ગુજરાત રાજ્યની 115 શાખાના પ્રમુખ તરીકે વરણી કરવામાં આવી છે. જેના ભાગરૂપે એમનો પદગ્રહણ સમારોહ યોજાયો હતો. આ કાર્યક્રમમાં મોટી સંખ્યામાં ડોક્ટર્સ એસોસિએશનના સભ્યો હાજર રહ્યાં હતાં.

દૈનિક ભાસ્કર

દક્ષિણમૂર્તિ ખાતે આરોગ્ય કેમ્પનો પાંચ હજારથી વધુ લોકોએ લાભ લીધો

વિવિધ શાખાઓના 5000 જેટલા વિદ્યાર્થીઓ વાલીઓ, શિક્ષકોએ મુલાકાત લીધી હતી.

પ્રદર્શનમાં મુલાકાતે આવનાર 40 વર્ષની ઉંપરના વ્યક્તિઓનું બીએમઆઈ, બીએમડી, બ્લડ ગ્લુકોઝ, થેલેસેમીયા પરીક્ષણ, રુબેલા રસીકરણ જેવી આરોગ્ય વિષયક સેવાઓ વિનામૂલ્યે પુરી પાડવામાં આવી રહી છે. જે પ્રદર્શનનું આકર્ષણ રહ્યું છે. તા. 22ના સવારે 8 થી 5 પ્રદર્શનની મુલાકાત લેવા જાહેર નિમંત્રણ છે.

આવનગર : દક્ષિણમૂર્તિ વિદ્યાર્થી ભવન સંવાહીત દક્ષિણમૂર્તિ વિનય મંદીર ખાતે યોજવામાં આવેલ આરોગ્ય જાગૃતિ અભિયાન આજે સવારે 10 કલાકે ઉદઘાટન સમારોહમાં દિપ પ્રાગટ્ય કરી પ્રદર્શન ખુલ્લું મુકવામાં આવ્યું હતું. પ્રથમ દિવસે આવનગર શહેરની

SANDESH

વિવિધ સંસ્થાના સહયોગથી બે દિવસના પ્રદર્શનનો પ્રારંભ ભાવનગરની દક્ષિણમૂર્તિમાં આરોગ્ય જાગૃતિ પ્રદર્શન નિહાળવા છાત્રો ઉમટ્યા

૨૪ શાખા-કોલેજના ૫૦૦૦ જેટલા છાત્રોએ લીધેલી મુલાકાત

છે. જેમાં આરોગ્ય અને પુલિટિયન વિષયક વિવિધ માહિતી આપવા દિકાઓની તબીબી સંસ્કારોને સેવા આવી હતી. તા. ૨૨ના સવારે આ આરોગ્ય જાગૃતિ અભિયાન ખોલ્યું હતું. ત્યાં ૩૦૦ જેટલા સંયોજકો, શિક્ષકો, આરોગ્ય વિષયક સેવાઓ વિનામૂલ્યે પુરી પાડવામાં આવી રહી છે. જે પ્રદર્શનનું આકર્ષણ રહ્યું છે. તા. 22ના સવારે 8 થી 5 પ્રદર્શનની મુલાકાત લેવા જાહેર નિમંત્રણ છે.



ORGAN DONATION - GIFT A LIFE

- During an emergency Team of Doctors always make an effort to individual's life.
- Somehow patient died due to Brain Dead Situation but Heart BEATING because body has kept on Ventilator.
- This Moment is the ray of HOPE to Save Someone's Life.
- Time span Between Recovering organ and Transplantation

➡ HEART	4-6 HOURS
➡ LUNGS	4-6 HOURS
➡ KIDNEY	72 HOURS
➡ LIVER	24 HOURS
➡ PANCREAS	24 HOURS

• What is Organ Donation ?

Organ Donation is the process of removing tissues or organs from a 'Live' or Deceased person to be used in another.



• Who can become a donor and is there any age limit ?

From a new born to senior citizen, any one can become a organ donor.



• How Does one Become a donor ?

Once you have decided to become a donor, the most important step is telling your family. Even if you register for organ donation - your family still has to consent before organs are gifted. Person under 18 years of age must have a parent or guardian's consent.



Absence of pediatrician at the time of delivery – Act comes under omission – Doctor held liable.

Dr. Shakuntala Banale v. Anita – National Commission

Facts of the case:

The patient party was under follow up of petitioner doctor during pregnancy for antenatal treatment (ANC) and got admitted for the same. It was alleged that during labor pain the petitioner doctor did not attend the patient rather was attended by two Ayurveda doctor which lead to painful delivery and the baby suffered foetal distress resulting in carelessness of appellant doctor. It was further alleged that the baby did not cry immediately hence was shifted to another hospital and after much treatment it was found that baby suffer from birth asphyxia and septicemia. Hence consumer complaint. The district court partly allowed the complaint and awarded compensation of Rs. 3 lakhs.

Two separate appeals were filed by both the parties against the order of DCF.

The state commission allowed the appeal of patient party and enhanced the compensation to Rs. 10 lakhs, whereas the appeal of Doctor was dismissed.

Defense of Doctor:

Doctor filed a revision petition before National commission, and vehemently argued that the delivery of patient was conducted by the petitioner doctor. It was not conducted by any ayurvedic doctor or any other doctor. The patient was the wife of one doctor; therefore, patient husband was present throughout delivery, as an extra precaution. As, the child did not cry immediately after birth, hence was shifted to NICU care. Therefore, there was no negligence. Further the doctor is highly qualified OB/GYN practicing for more than 20 years having well equipped hospital. There was no single complaint against the him. During delivery the he monitored the fetal heart rate by fetal Doppler in the labor room, which was normal. Hence, there was no fetal distress. It was normal delivery performed with care and caution.

Held:

The question before court was whether the child suffered birth asphyxia?

The court examines the CT scan report which revealed (a) Corpus callosal hypogenesis, (b) encephalomalacic areas involving the bilateral parietal-occipital region. Similar findings were confirmed by MRI study subsequently by a Neurologist. MRI report discloses that; "Encephalomalacic areas involving the bilateral parieto occipital region. Corpus Colossal Hypogenesis. No evidence of intracranial space occupying lesion."

The medical literature on birth asphyxia, also explains, the cause of corpus callosal hypogenesis and encephalomalasia occur due to birth asphyxia.

The petitioner doctor did not produce medical records pertaining to delivery and condition of child after delivery.

Hence the court held that at the time of delivery of patient no pediatrician was present. The pediatrician or neonatologist should be made available during delivery to take care of new born. It was an adequate attempt of resuscitation made, in absence of a pediatrician/neonatologist - Thus, it was the deficiency in service - An act of omission, for which doctor was liable.



**BEFORE THE HON'BLE STATE CONSUMER DISPUTES REDRESSAL
COMMISSION, MAHARASHTRA, MUMBAI
CONSUMER COMPLAINT NO. CC/14/446**

Dr. Bhavana Doshi
R/at 2301, Vignahara Heights,
Palm Beach Road, Sector 21,
Nerul(W), Navi Mumbai

Complainant

Versus

1. Leelavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra(W),
Mumbai 400 050.
2. Dr. Vinod Agarwal, MS Consulting Orthopedic Surgeon
Leelavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra(W), Mumbai 400 050.

Opponent(s)

BEFORE:

Usha S. Thakare, Presiding Judicial Member Dr. S.K. Kakade, MEMBER

For the

Complainant : Advocate Smt. Devika Purav For the

Opponent : Advocate Mr. Shreeram Shirsath

for opponent No. 1.

Advocate Mr. N.D. Jaywant for Opponent No. 2.

ORDER

Per Dr. S. K. Kakade, Hon'ble Member

1. This is a complaint alleging medical negligence and deficiency in service during surgical treatment of the complainant. The complainant is a consulting pharmacologist, Dr. Bhavana Doshi, an elderly lady, retired medical professional, residing in Navi Mumbai. The opposite party no. 1 is Lilavati Hospital and Research Centre of Bandra, Mumbai and opposite party no. 2 is Dr. Vinod



Agarwal, Consulting Orthopaedic surgeon at Lilavati Hospital and Research Centre. The complainant was operated for fracture Left neck femur - Bipolar hemiarthroplasty surgery was carried out by OP no. 2 at OP no.1 hospital. The complainant had to get again operated at Breach Candy Hospital, Mumbai after about a month's time of first surgery. Alleging that there was gross deficiency in service and medical negligence by OP no. 1 and 2, the complainant has approached this State Consumer Commission and filed consumer complaint. The brief facts of the complaint are as follows.

2. The complainant slipped and fell at her residence and suffered from fracture of left neck femur and so was rushed to OP no.1 hospital on 6th January 2014. She was admitted under care and treatment of OP no. 2 who is Orthopaedic Surgeon. After the necessary investigations, the complainant underwent left bipolar hemiarthroplasty surgery on 8th January. After the operation she was surprised to find limb length discrepancy, around 2.5 cm more length on left side due to which she noticed limping while walking. At the time of discharge the complainant was advised shoe raise by about 1 to 2 cm on right side. Unsatisfied with the outcome of the operation, the complainant visited another Orthopaedic surgeon Dr. C.J. Thakker at Breach Candy Hospital trust who after carrying out several tests advised corrective revisional surgery, Total hip replacement. The said surgery was carried out on 21st February 2014. The immense pain and discomfort that was developed after the first operation, was totally reduced after the second operation, as experienced by the complainant. After sending the legal notice to the opposite parties 27th March 2014, the complainant filed consumer complaint No. CC/14/446 at this State Consumer Commission on 17th October 2014; claiming Rs. 2,97,000/- towards the hospitalization and treatment expenditure of first surgery, Rs. 5,64,000/- towards expenditure of the second surgery - corrective Revision hip replacement surgery and compensation/ damages Rs. 55,00,000/- for the immense pain, discomfort, anguish, loss of peace of mind due to negligent and deficient services of the opposite parties, total amounting to Rs. 63,61,000/-.
3. The both opposite parties opposed the complaint by filing written statements and denied all allegations of deficiency in service and medical negligence against them. The OP no.1 contended that, it is a hospital rendering specialised medical care and registered under section 41 A of Bombay Public Trust Act 1950. Since there is no allegation against OP number 1 and its role is providing good medical facilities, OP no.1 is not liable for any compensation. OP no. 2, the Orthopaedic Surgeon narrated his qualifications and experience in Orthopaedic surgery and denied all charges of medical negligence, prayed for dismissal of the complaint along with compensatory cost.
4. Considering the rival contentions of the parties, considering the record and keeping in view the scope of the complaint, following points arise for our determination and our findings there on are noted for the reasons as below -



Sr. No.	Point	Findings
1.	Whether the complainant proves that the opponents are guilty of deficiency in service and medical negligence?	No
2.	Whether the complainant is entitled for compensation?	No
3.	What Order?	As per the final order

5. The concept of medical negligence is being dealt with settled principles of the law that govern it. Reasonable degree of care and skill means that the degree of care and competence that an "ordinary competent member of the profession who professes to have those skills would exercise in the circumstance in question." The burden of proof is correspondingly greater on the person who alleges negligence against a doctor than a charge of negligence against the driver of motor car.
6. The liability of a doctor arises not when the patient has suffered any injury, when he is treated in good faith but when the injury has resulted due to the conduct of the doctor, which has fallen below that of reasonable care. Thus, the doctor is not liable for every injury suffered by a patient. He is liable for only those that are a consequence of a breach of his duty. Hence, once the existence of a duty has been established, the complainant must still prove the breach of duty and the causation. In case there is no breach or the breach did not cause the damage, the doctor will not be liable. In order to show the breach of duty, the burden on the complainant would be to first show what is considered as reasonable under those circumstances and then that the conduct of the doctor was below this degree.
7. In *Kusum Sharma vs Batra Hospital and Medical Research Centre*, Original Petition No. 116 of 1991. Decided On, 30 August 2000 ...Hon'ble Supreme Court has laid down the principles of Medical Negligence as follows,
- “94. On scrutiny of the leading cases of medical negligence both in our country and other countries specially United Kingdom, some basic principles emerge in dealing with the cases of medical negligence. While deciding whether the medical professional is guilty of medical negligence following well known principles must be kept in view:
- I. Negligence is the breach of a duty exercised by omission to do something which a reasonable man, guided by those considerations which ordinarily regulate the conduct of human affairs, would do, or doing something which a prudent and reasonable man would not do.
 - II. Negligence is an essential ingredient of the offence. The negligence to be established by the prosecution must be culpable or gross and not the negligence merely based upon an error of judgment.



- III. The medical professional is expected to bring a reasonable degree of skill and knowledge and must exercise a reasonable degree of care. Neither the very highest nor a very low degree of care and competence judged in the light of the particular circumstances of each case is what the law requires.
- IV. A medical practitioner would be liable only where his conduct fell below that of the standards of a reasonably competent practitioner in his field.
- V. In the realm of diagnosis and treatment there is scope for genuine difference of opinion and one professional doctor is clearly not negligent merely because his conclusion differs from that of other professional doctor.
- VI. The medical professional is often called upon to adopt a procedure which involves higher element of risk, but which he honestly believes as providing greater chances of success for the patient rather than a procedure involving lesser risk but higher chances of failure. Just because a professional looking to the gravity of illness has taken higher element of risk to redeem the patient out of his/her suffering which did not yield the desired result may not amount to negligence.
- VII. Negligence cannot be attributed to a doctor so long as he performs his duties with reasonable skill and competence. Merely because the doctor chooses one course of action in preference to the other one available, he would not be liable if the course of action chosen by him was acceptable to the medical profession. VIII. It would not be conducive to the efficiency of the medical profession if no Doctor could administer medicine without a halter round his neck.
- IX. It is our bounden duty and obligation of the civil society to ensure that the medical professionals are not unnecessary harassed or humiliated so that they can perform their professional duties without fear and apprehension.
- X. The medical practitioners at times also have to be saved from such a class of complainants who use criminal process as a tool for pressurizing the medical professionals/hospitals particularly private hospitals or clinics for extracting uncalled for compensation. Such malicious proceedings deserve to be discarded against the medical practitioners.
- XI. The medical professionals are entitled to get protection so long as they perform their duties with reasonable skill and competence and in the interest of the patients. The interest and welfare of the patients have to be paramount for the medical professionals.”
- In the light of the above cited principles, in the present case we have heard the learned advocates of complainant and opposite party; perused the record. The reasons for our observations are as follows,

REASONS

8. As to POINT No.1 Deficiency in Service and medical negligence

Learned advocate for the complainant submitted that the complainant is retired



Doctor, who suffered from fracture of neck femur on left side. The surgery was performed by OP no. 2 in OP no.1 hospital on 8th January 2014; the expenditure incurred was Rs. 2, 97,000/-. After the operation leg length discrepancy (LLD) by about 3.5 cm was found, which is given on page 82 of complaint compilation, the document in which operating surgeon has further suggested total hip replacement for the same fracture. In the same document raising the width of shoe/ chappal has been advised by the doctor for compensating this discrepancy. It was contended that another Orthopaedic surgeon Dr. C. J. Thakkar performed total hip replacement on 21st of February 2014, barely within the period of one and half months from the first surgery. This leg length discrepancy (LLD) itself shows negligence on the part of OP no.2 who is the first operating surgeon. Though legal notice was sent by complainant to the opposite parties, as on page number 84 of compilation, they did not reply back. Learned advocate for complainant also submitted that no Expert Opinion has been filed by the complainant to prove her case and she is only relying upon the medical records submitted.

9. It was contended that there are no averments in the complaint about deficiency of OP no.1 hospital. Written statement of OP no.1, which starts on page 99, mentions on page 107 that OP no.2, the Orthopaedic surgeon is appointed by the hospital as honorary Consultant and he is responsible for his own act. Learned advocate of opposite Party number 2 submitted that the complaint on page 4 and 5 does not mention what is the negligence of operating surgeon. The opposite Party number 2 has submitted expert opinion by another orthopaedic surgeon Dr. D.D.Tanna, that explains as "limb length discrepancy is a well-known feature of hemi or total hip joint replacement surgery which unfortunately cannot be avoided". The evidence affidavit of OP no.2 also mention details of medical literature- articles submitted. It was contended that the patient being doctor was impatient so without waiting for 6 months which is healing she consulted next doctor Dr. C J Thakkar.
10. The expert opinion and evidence affidavit on page 307 to 309 of complaint compilation, senior Orthopaedic surgeon Dr.D.D.Tanna(Ex professor by I nair Hospital) who is practicing in Mumbai for more than 45 years was filed by OP number 2. This document mentions on page Number 308 as,

"In replacement surgery we mainly look after the stability of the hip joint and limb length discrepancy is unpredictable. Whatever the pain and discomfort the patient gets is resolved in 6 months in majority of the cases. I do not see any negligence in the surgery and the advice given in follow up period thereafter. Later on, she underwent a second surgery very quickly. The problem could have resolved to maximum extent if she would have waited further. I repeat, the limb length equality cannot be assured after any replacement surgery."

It is mentioned on page number 309 as



" When surgery is performed, stability of the joint takes precedence over Limb length equality. This fact is well documented in Campbell's book of Orthopaedic surgery and other international literature. After surgery patients usually feel the Limb has lengthened due to soft tissue contractures. Therefore proper length evaluation should be done 6 months post surgery by doing scanogram. Limb length discrepancy is a well-known feature of hemi or total hip joint replacement surgery which unfortunately cannot be avoided".

We find that the expert opinion given by Dr. D.D.Tanna support the outcome of bipolar hemiarthroplasty surgery done by OP no. 2.

11. We have perused the medical records of Nanawati Hospital and also Medical Literature on Record filed by the Opposite party no.2.
1. Incidence and effect of leg length discrepancy following total hip arthroplasty by DJ Beard, J.Palan, JG Andrew, J Nolan, DW Murray. EPOS study group, Physiotherapy 94(2008) 91-96 (Compilation pages 277 to 283)
 2. Arthroplasty of the hip : Leg length is not important by TO White, TW Dougall, J Bone Joint Surg [BR] 2002; B: 335-8 Exhibit A (Compilation pages 284-287)
 3. Validity of Derived Measurements of Leg Length Differences Obtained by Use of a Tape Measure by Paul Beatie, Kale Isaacson, Dan Riddle, Jules Rothstein; Physical therapy/ volume 70, number 3, March 1990, pages 150 to 157. (Pages 288 to 295 of compilation)
 4. Functional Leg Length Inequality following Total Hip Arthroplasty by Chitranjan Ranawat MD and Jose A Rodriguez MD, The Journal of Arthroplasty volume 12 number 4, 1997 pages 359 to 364 (Compilation pages 296 to 301)
 5. Leg Length Discrepancy After Total Hip Arthroplasty by William J Mealoney MD and James A Keeney MD, the Journal of Arthroplasty volume 19 number 4 ,supplement 1 2004 pages 108 to 110. (Compilation pages 302 to 304)
 6. Limb length discrepancy after total hip replacement surgery from Renaissance :Orthopedics, [http:// orthodoctor.com/ limb length discrepancy/](http://orthodoctor.com/limb-length-discrepancy/) downloaded on 21st December 2014 (compilation pages 305- 306)

It is observed from the submitted articles -Medical literature, that the Limb length discrepancy cannot be avoided after the hip replacement, hemi or total, and during 6 months of post-operative period the issue may be resolved to the satisfaction of the patient. Raise of shoe or chappal sole is accepted treatment in case of such limb length discrepancy. And thus we find the OP number 2 had followed the accepted standards of practice.

12. Learned advocate for complainant submitted the case law, judgement in CC/10/99 ,Shanti Thallapali and another versus SuranaSethia Hospital and another, by this Maharashtra State Consumer Disputes Redressal Commission, Mumbai decided on



16th January 2014. He invited our attention to Para 36 and 38 which is as under.

"It is duly proved that opponent number 2 had not taken much care which the doctor of ordinary skill should have taken. Doctor was certain duties must be performed in reasonable manner and with due care and caution. Doctor does not act prudently with care as upon a number two has done in the present case, complainant become entitled to compensation on account of negligence and carelessness."

We have gone through the judgement submitted by the advocate and found that the facts of this case as well as the circumstances do not match with the instant case and hence the said authority judgement cannot be considered.

13. In view of the discussion above, we are of the opinion that the OPno.2 has followed accepted standards of practice while advising and performing the surgery and hence the complainant fails to prove her case. Hence the answer to the point no.1 is NEGATIVE.

14. As to POINT No.2 Entitlement for Compensation

As the complainant fails to prove the allegations of deficiency in service and medical negligence by the opposite parties, she is not entitled for any compensation whatsoever. Hence we answer point no.2 in NEGATIVE.

15. As to POINT No.3 Final Order

Based on the answers to Point Nos. 1 to 3, the consumer complaint deserves be dismissed with costs of Rs.25,000/-. Such type of complaints may discourage dutiful and honest doctors while rendering services to needy patients. The patient was not satisfied with treatment or result does not mean that treating doctor was negligent, so that complainant can drag the doctor and hospital before court of law. The complainant herself is doctor and she very well knows the nature of treatment and time required for expected results. Hence we pass the following order.

ORDER

1. The complaint is dismissed with costs of Rs.25,000/- (RupeesTwenty Five Thousand only) to be paid by the complainant to the opponents.
2. Free certified copies of the order be furnished to the parties forthwith.

Pronounced on Dated

30th January, 2019

[Usha S.Thakare]

Presiding Judicial Member

[Dr.S.K.Kakade]

MEMBER



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President



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Rajkot Zone

* * * * *



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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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Rajkot Zone

* * * * *



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



Installation Ceremony Ahmedabad Medical Association



Sharadotsav -2019 Ahmedabad Medical Association





IMA Medicolegal Cell Standing Committee Meeting New Delhi (HQs)



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Installation Ceremony Ladies Club of Ahmedabad Medical Association



(56)



CME Patan Branch



* * * * *

CME on Respiratory Update Surat Branch



(57)



"Talk on Hand Washing Techniques & Hygiene" Bhavnagar Branch



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Health Awareness Programme Bhavnagar Branch



Open Bridge Tournament Anand Branch



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Shatra Pujan Bhavnagar Branch





CME Morbi Branch



CME Gandhinagar Branch



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IN THE SUPREME COURT OF INDIA
CRIMINAL APPELLATE JURISDICTION

Criminal Appeal No. 531 of 2010

DR. V.K. JAIN

Appellant(s)

VERSUS

STATE OF RAJASTHAN & ORS.

Respondent(s)

O R D E R

The appellant is aggrieved by the order of the High Court dated 12.12.2008 setting aside the order of the Additional District & Sessions Judge, Kishangarh, Ajmer dated 02.11.2007. The latter order had set aside the order of cognizance dated 30.05.2002 against the appellant under Section 304A of the Indian Penal Code, 1860 ("IPC") passed by the Judicial Magistrate.

Learned counsel for the appellant submits that reading the complaint as it is, on the very face of it no offence is made out under Section 304A, IPC. There is no allegation whatsoever of any medical negligence against the appellant who is an anesthetist at a government hospital. The appellant had only administered anesthesia injection to the wife of respondent no.2 to facilitate a caesarian delivery. Loss of consciousness is a natural consequence of administering the injection. It cannot constitute negligence. The surgery was to be performed by respondent no.3. The allegations themselves

Signature
Digitally signed by
M.A.G.S.B.
Date: 2019.10.10
Time: 10:10:10
Reason: X



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state that the lady developed complications and had to be shifted to a bigger hospital at Ajmer where she required a pace maker. In these circumstances if the new born child did not survive, the appellant cannot be held responsible by any reasonable standard of prudence. Reliance is placed on *Jacob Mathew v. State of Punjab & Another*, (2005)6 SCC 1.

Learned counsel for the State submitted that the appellant is stated to have pressurised the complainant to come to his wife's private clinic for the delivery. The allegation is of improper administration of anesthetic injection resulting in the death of the child soon after delivery. In any event, these are matters to be examined in trial.

No one appears on behalf of the complainant, respondent no.2 despite service of notice. We have considered the submissions on behalf of the appearing parties.

The allegations in the complaint are that the wife of respondent no.2 was expecting. She was under the supervision of respondent no.3 at the government hospital, Kishangarh where the appellant was an anesthetist. The appellant had suggested to the complainant to have the child delivered at the private clinic run by the wife of the appellant at lesser expense. The wife of the complainant lost consciousness upon the appellant administering her injection at the hospital on 23.10.2001. She regained consciousness and had to be shifted to the hospital at Ajmer where a pacemaker was installed but the child did not survive after delivery.

We are of the opinion that loss of consciousness upon



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administration of anesthesia is but a natural consequence. The complainant himself admits that his wife then regained consciousness at the hospital at Kishangarh. Apparently, there was no fault on part of the appellant. There is no allegation or material annexed to the complaint that the appellant was not a qualified anesthetist or that the anesthesia was administered to the patient in a negligent manner or in improper dosage. The fact that the patient developed complications because of her own bodily infirmity is evident from the fact that a pacemaker had to be installed at the government hospital at Ajmer after which she delivered the child on 26.10.2001. Unfortunately the child did not survive and expired at the hospital at Ajmer on 14.11.2001, after more than two weeks. We find it difficult to accept that the death of the child was a consequence of the anesthesia administered to the patient. There is no material whatsoever with regard to the post mortem report of the child with regard to the cause of death. It cannot be lost sight of that the child survived for more than two weeks. The appellant states that the child was born with the umbilical cord around his neck and response time after delivery was delayed by about seven minutes. There is no rebuttal to this fact. In absence of any prima facie material against the appellant, who is a doctor, it shall not be appropriate to subject him to the travails of a criminal prosecution on vague allegations.

In *Jacob Mathew* (supra), with regard to medical negligence as an offence under Section 304A IPC it was observed:

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"48.(7) To prosecute a medical professional for negligence under criminal law it must be shown that the accused did something or failed to do something which in the given facts and circumstances no medical professional in his ordinary senses and prudence would have done or failed to do. The hazard taken by the accused doctor should be of such a nature that the injury which resulted was most likely imminent."

In the facts and circumstances of the present case, we are satisfied that on the face of the complaint itself no offence is made out against the appellant under Section 304A IPC to sustain the order of cognizance. Resultantly, the order of cognizance dated 30.05.2002 and the order of the High Court dated 12.12.2008 are set aside with regard to the appellant.

The Criminal Appeal is allowed.

Pending application(s), if any, shall stand disposed of.

.....J.
(Navin Sinha)

.....J.
(Indira Banerjee)

New Delhi
August 8, 2019

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ITEM NO.109 COURT NO.12 SECTION II

S U P R E M E C O U R T O F I N D I A
RECORD OF PROCEEDINGS

Criminal Appeal No(s). 531/2010

DR. V.K.JAIN Appellant(s)

VERSUS

THE STATE OF RAJASTHAN & ORS. Respondent(s)

Date : 08-08-2019 This appeal was called on for hearing today.

CORAM :

HON'BLE MR. JUSTICE NAVIN SINHA
HON'BLE MS. JUSTICE INDIRA BANERJEE

For Appellant(s)

Mr. Sumit Singh Somria, Adv.
Ms. Charu Mathur, AOR

For Respondent(s)

Mr. Milind Kumar, AOR
Mr. Vishal Meghwal, Adv.

Ms. Pragati Neekhra, AOR

UPON hearing the counsel the Court made the following
O R D E R

The Criminal Appeal is allowed in terms of the signed order.

Pending application(s), if any, shall stand disposed of.

(MANISH SETHI)
COURT MASTER (SH)

(SAROJ KUMARI GAUR)
BRANCH OFFICER

(Signed order is placed on the file)



CPCB Guidelines for Imposition of Environmental Compensation Charges against Healthcare Facilities and Common Biomedical Waste Treatment Facilities

(As per Hon'ble National Green Tribunal's Order dated 12.03.2019 in the matter of O.A. 710 of 2017)

1.0 Background:

The Hon'ble National Green Tribunal (NGT), Principal Bench in the matter of O.A. No. 710 of 2017 filed by Shailesh Singh vide its order dated 12.03.2019 directed CPCB to undertake study and prepare a scale of compensation to be recovered from violators of Biomedical Waste Management Rules, 2016 (BMWM Rules, 2016) within one month. Hon'ble NGT also directed that State Pollution Control Boards (SPCBs) can also recover compensation from the polluters by laying down their own scale which should not less than the scale fixed by CPCB. In the said order, Hon'ble NGT also states that the scale of compensation must be deterrent, rendering violation of Rules to be non-profitable and which should be adequate to remedy the situation.

As per the directions of Hon'ble Tribunal in the matter of O.A. No. 593 of 2017 (WP (CIVIL) No. 375/2012), CPCB had developed a methodology for assessing environmental compensation for non-compliance by industrial units, which was derived based on pollution potential with respect to air/water/hazardous waste, scale of operations, days of violation and location factor. Adopting similar premise, compensation for healthcare facilities has been derived based on Health Risk factor, type of healthcare facility, size of operations, collection, handling, storage, transportation and disposal of biomedical waste. In case of Common Biomedical Waste Treatment Facilities (CBWTFs), compensation based on Pollution Index has been derived based on compliance to emission norms, effluent discharge, sterilization process and compliance to other provisions stipulated under BMWM Rules, 2016.

2.0 Environmental Compensation for Healthcare Facilities (HCFs):

Following cases will be considered for taking cognizance of non-compliance and fit for levying Environmental Compensation:

- i) No Authorization under BMWM Rules, 2016;
- ii) No arrangement with CBWTF for disposal of biomedical waste;
- iii) Improper Segregation of generated biomedical waste as per color coded system prescribed under BMWM Rules, 2016;
- iv) No facility for pre-treatment of yellow (h) category waste (microbiology, biotechnology and other clinical laboratory waste);
- v) Storage facility not provided for segregated biomedical waste (applicable for bedded hospitals);
- vi) Not provided Effluent Treatment Plant for treatment of wastewater, in case when city sewerage network is not connected to terminal STP; and
- vii) Non-compliance to other responsibilities as stipulated for Healthcare Facilities under BMWM Rules, 2016.



Environmental Compensation for HCFs = HR x T x S x R x N

Where;

HR – Health Risk factor

T- Type of Healthcare Facility

S – Size of Health Care Facility

R – Environmental Compensation factor

N – Number of days of Violation

HR Health Risk (HR) is a number from 0 to 100 and increasing HR value denotes the increasing degree of health risk due to improper handling of BMW in healthcare facility.

	No arrangement for disposal of BMW with CBWTF (1)	Not Applied for Authorization (2)	Improper Segregation of BMW (3)	No pre-Treatment (4)	On-site storage not provided or not adequate (5)	No ETP Despite requirement (6)	Score for each of Other Violations of BMW Rules, 2016 (7)
Health Risk Score (HR)	30	10	20	10	10	15	5

Note: Score of 5 to be added for each of other violations at column (7), with sum of HR limited to 100

HR is sum of (1) + (2) + (3) + (4) + (5) + (6) + (7) [restricted to 100]

T is a factor for type of healthcare facility, as given below:

Type of Healthcare Facility	T Factor
Bedded Hospitals	1.0
Bedded Ayush Hospitals	0.5
Non-bedded (veterinary hospital, pathological laboratory, blood bank)	1.0
Non-bedded (clinic, dispensary, and clinical establishment)	0.5
Animal Test Houses	1.0

S is a factor for size of Healthcare Facility (HCFs) based on number of beds of the Healthcare Facility, as given below:

Size of Healthcare Facility (HCFs)	S factor
Non-bedded (clinic, dispensary, and clinical establishment)	0.15
Non-bedded (veterinary institution, pathological laboratory, blood bank)	0.2
1 to 10 bedded HCFs	0.20

Size of Healthcare Facility (HCFs)	S factor
10 to 50 bedded HCFs	0.30
50 to 100 bedded HCFs	0.50
100 to 500 bedded HCFs	1.00
500 and more bedded HCFs	1.50
Animal Test House	1.00



N Number of days for which violation took place is the period between the day of violation observed/due date of implementation as per BMWM Rules, 2016/due date of compliance of directions and the day of compliance verified by CPCB/SPCB/PCC.

R is a factor in Rupees, taken as 250

Further, in any case minimum Environmental Compensation in respect to Healthcare Facility shall not be less than Rs.1200/- per day.

2.1 Deterrent Factor for Healthcare Facilities

In order to make scale of environmental compensation deterrent in rendering violation of Rules to be non-profitable, a deterrent factor has been introduced in case of recurrent violations. ECC charges may increase by multiple times when;

- Healthcare facility fails to comply with action points within stipulated time as may be directed by CPCB/SPCB/PCC; or
- Fails to comply during re-inspections

Incremental effect on Environmental compensation charges are given below:

Scenario	Applicable ECC
Up to 15 days from target date	Original ECC
Between 15 to 30 days beyond target date	Two times
Fails to comply in 2 nd inspections including new violations if any	Two times
Between 30 to 45 days beyond target date	Four times
Fails to comply in 3 rd inspections including new violations if any	Four times
Beyond 60 days from target date	Closure of HCF
Fails to comply in 4 th consecutive inspection	Closure of HCF

3.0 Environmental Compensation for Common Biomedical Waste Treatment Facility (CBWTF)

Following cases will be considered for taking cognizance of non-compliance and fit for levying Environmental Compensation:

- a. Incinerator emissions not complying with standards notified under BMWM Rules, 2016;
- b. Treated wastewater not complying with standards prescribed under BMWM Rules, 2016;
- c. Not complying with standards of autoclave/microwave prescribed under BMWM Rules, 2016;
- d. Not collecting the biomedical waste from all the member HCFs timely; and
- e. Other violations to the conditions stipulated under BMWM Rules, 2016 / CPCB guidelines

Environmental Compensation for CBWTFs = $PI \times S \times R \times N$

Environmental Compensation

Where;

PI– Pollution Index

S – Size of Operation

R – Environmental Compensation factor

N – Number of days of Violation

PI is a number from 0 to 100 and increasing value of PI denotes the increasing degree of pollution hazard from CBWTF.



Cases	Incinerator emissions not complying with standards notified under BMWM Rules, 2016 (1)	Treated wastewater not complying with standards notified under BMWM Rules, 2016 (2)	Not complying with standards of autoclave/microwave notified under BMWM Rules, 2016 (3)	Biomedical waste not collected and disposed off within 48 hours (4)	Each of Other violations to BMWM Rules, 2016 / CPCB Guidelines (5)
PI	20	15	15	10	10

Note: Score of 10 can be added at column (5) for each of other violations, provided sum of PI is limited to 100

$$PI = (1) + (2) + (3) + (4) \text{ [Restricted to 100]}$$

S Scale of operation for CBWTFs will be taken from following Table;

Authorized Treatment Capacity (Based on Incinerator size)	Scale Factor
Up to 100 Kg/hour	0.25
100 to 250 Kg/hour	0.50
250 to 500 Kg/hour	1.00
> 500 Kg/hour	1.50

R is a factor in Rupees, which is taken as 250

N Number of days for which violation took place is the period between the day of violation observed/due date of implementation as per BMWM Rules, 2016/due date of compliance of directions and the day of compliance verified by CPCB/SPCB/PCC.

Further, in any case minimum Environmental Compensation in respect to Common Biomedical Waste Treatment Facility shall not be less than Rs. 3,000/- per day.

For Healthcare facilities having their own treatment and disposal facility, the environmental compensation shall be calculated as in the case of CBWTFs.

3.1 Deterrent Factor for Common Biomedical Waste Treatment Facilities

In order to make scale of environmental compensation deterrent for CBWTFs to make non-compliance as not profitable, a deterrent factor has been introduced for repeated violations. ECC charges may increase by multiple times when;

- CBWTF fails to comply with action points within stipulated time as may be directed by CPCB/SPCB/PCC; or
- Fails to comply during re-inspections

Incremental effect on Environmental compensation charges are given below:

Scenario	Applicable ECC
Up to 30 days from target date	Original ECC
Between 30 to 60 days beyond target date	Two times
Fails to comply in 2 nd inspection including new violations if any	Two times
Between 60 to 90 days beyond target date	Four times
Beyond 90 days	Closure of CBWTF
Fails to comply in 3 rd consecutive inspection	Closure of CBWTF