



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



Dear Friends,

Any Association should win the confidence of the members, the Government as well as public at large. Unless the organization wins the confidence of its members and the public support, the organization even if it grows, it will not be a successful one to serve its members. Indian Medical Association, the biggest amongst the Medical fraternity should be a role model under to other organizations. To win the confidence of the members, Government and public we have to work hard and to make our Association more vibrant. We have to take up the programmes of the Governments and health related projects to reach the public. 70 % of the Medicare of the Nation is dependent on the private practitioners only. IMA has to give much importance to Health related programmas and projects of the Government; thereby we win the confidence of the Government and public. This year we have started many new initiatives. We request all of you to arrange the programmes related to these. The programmes are worth mentioning – preventing Diabetic Blindness and Awareness of Life Style Disease. The local branch president and secretaries are requested to include these activities. You will receive the booklet regarding the Life Style Disease Awareness project & please start implementing and do report to us.

The functioning of any organization depends on the effective and co-ordinated work of the Office-Bearers, effective communications and fellowship among the members. An efficient communication network makes the work easier. The effective communication should be updated. Every member's email and mobile number should be there at branch and state level.



We are in need of more hands to fight for our Professional rights in the right way. So in addition to building up relationship amongst our members, we have to build up partnership with other specialty Association and Health care providers. At state level we are trying to organize the meeting with state presidents and secretaries of the speciality Associations. Similarly the meeting should be organized by local branch president.

IMA Surat branch has organized a programme to promote the various schemes amongst the members. The programme was well attended by members. Good discussion & deliberation took place and satisfactory answers were given by respective scheme's office bearers.

The visit of IMA Bharuch Branch was memorable. Even with a short notice, IMA Bharuch Branch's office bearers and more than 25 active & senior members gathered. President Dr. Chetan N. Patel highlighted few of IMA GSB's projects and activities and ask them to carry out such activities. Alongwith IMA Bharuch members, the members of FOGSI – Bharuch Branch were also present. Our state working committee member Dr. Vanraj Mahida took a special interest to make the visit successful.

The progress of GIMACON 2015, Vadodara is in full swing. Your active participation in the conference will make it successful. Please register for the conference in large numbers from each and every branch of IMA GSB and from each corner of Gujarat. The form is already on the IMA GSB Website. **Success with members begins with love for members.** The organizing team lead by Dr. Jagdish Patel & Dr. Paresh Golwala is working very hard to take care of you.

Please remember: Success is 1 % inspiration and 99 % perspiration. Once you perspire, **Success follows success.**

**Dr. Chetan N. Patel**

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

**Dr. Jitendra N. Patel**

(Hon. State Secy. G.S.B. I.M.A.)

**Success does not depend on making important decisions QUICK,  
but it depends on your QUICK Action on correct decisions.**



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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## INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

**Sri JPNaddaji**

**Honorable Union Minister for Health**

Subject: Capping of compensation allowable on alleged medical negligence cases

Sir

As you know, recently the Supreme Court of India awarded an amount of Eleven Crore Rupees as compensation for medical negligence in a case. This judgment has caused a sense of panic among the medical professionals in our country. It has already resulted in a huge increase in the number of cases filed (several of which are on frivolous grounds) as well as a significant increase in the premiums paid to insurance companies.

Indian Medical Association considers this as a very serious matter and we fear that this may even result in increasing the expenses on medical care due to more Doctors turning to defensive practice and due to increase in premium for insurance protection.

A review of literature by IMA shows that the process of capping of compensation of medical practice law suits has been well established in developed countries, and India needs to adapt the policies being practiced in developed countries to its own requirements and can benefit greatly from their experience. The legal procedure involved in capping of compensation is likely to be a long drawn process. Though we should follow this rigorously, we should simultaneously work for improving the scenario in this regard.

In this regard, to safeguard the interest of the people at large and to avoid unnecessary litigations and to save the precious time of courts as well as medical practitioners, IMA would like to submit some suggestions as follows:

1. Amendments in the present act to cap the maximum allowable compensation in any case of medical negligence
2. Mandatory screening of cases of medical negligence, before the case is admitted in the consumer court



3. Mandatory provision of seeking expert medical opinion by the court before giving verdict on the technical issues
4. Defining/ triaging the complaints into frivolous/ injurious/ grievous etc before submitting to the court of law
5. Provision of penalty (to the Doctor/hospital) to be proportionate to the amount of compensation claimed
6. Health care Arbitrator: Just like insurance disputes are sent to arbitrators an alternative dispute resolution mechanism can be looked into. The provision will for providers and patients to submit disputes over alleged malpractice to a third party other than a court. This will help compensates victims faster, more equitably, and with lower transaction costs (As of now the administrative cost of such law suits is approximately 53% of the total compensation claimed)
7. Administrative Compensation Systems: It proposes to replace the current tort system with an administrative compensation system. The "health courts" model substitutes a specially trained judge as the finder of fact and arbitrator of law for the current system's generalist judges and juries
8. Judicial audits of the lower courts to assess fairness and judicious application of mind by the lower court
9. A comparative analysis of the outcome of judicial verdicts given in past should also be carried out for better understanding of the effectiveness of the compensations awarded till date.
10. Training and sensitization of the medical professionals about medico- legal aspects is also the need of the hour

Hope you will favorably consider these proposals

Thanks and regards

**Dr. A. Marthanda Pillai**  
National President, IMA (HQs)



### CENTRAL WORKING COMMITTEE MEETING

Indian Medical Association, 214<sup>th</sup> Central Working Committee Meeting was held on 19<sup>th</sup> & 19<sup>th</sup>, September 2015 at Thiruvananthapuram (Trivandrum) Kerala.

Following members from our State attended the meeting.

- |     |                           |           |
|-----|---------------------------|-----------|
| 1.  | Dr. Jitendra B. Patel     | Ahmedabad |
| 2.  | Dr. Kirti M. Patel        | Ahmedabad |
| 3.  | Dr. Mahendra B. Desai     | Ahmedabad |
| 4.  | Dr. Anil J. Nayak         | Mehsana   |
| 5.  | Dr. Bipin M. Patel        | Ahmedabad |
| 6.  | Dr. Yogendra S. Modi      | Ahmedabad |
| 7.  | Dr. Ashok D. Kanodia      | Ahmedabad |
| 8.  | Dr. Babubhai J. Patel     | Unjha     |
| 9.  | Dr. Jesang F. Chaudhari   | Mehsana   |
| 10. | Dr. Bharat V. Trivedi     | Bhavnagar |
| 11. | Dr. Mansukh R. Kanani     | Bhavnagar |
| 12. | Dr. Ghanshyam L. Patel    | Bhavnagar |
| 13. | Dr. Jayesh K. Sheth       | Mahuva    |
| 14. | Dr. Pragnesh C. Joshi     | Surat     |
| 15. | Dr. Mahendra H. Chaudhari | Bardoli   |



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

- 13-09-2015 Dr. Chetan N. Patel, President, Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Parth M. Desai, Joint Director PPS and Dr. Abhay S. Dikshit, Hon. Secretary, Health Scheme visited IMA Surat Branch & gave information about different Schemes of Gujarat State Branch & IMA Hqs.
- 13-09-2015 Dr. Chetan N. Patel, President IMA GSB visited IMA Bharuch Branch

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### CONGRATULATIONS

- ❖ **Parv Mahendra Mehta son of Dr. Mahendra Mehta & Dr. Santosh Mehta;**

**Dahod**

Being 7th Rank in All India Pre Medical/Pre Dental Entrance Test (AIPMT) 2015 by Central Board of Secondary Education, Govt. of India, Delhi

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### Blood Donation Camp

Anand Branch IMA-GSB has organized 'BLOOD DONATION CAMP' on 15th August 2015 and around 425 units of Blood were collected. Alongwith, we had an interactive session also with the donors on Substance Abuse.

The details of the event is as follows:-

Date	:-	15/08/2015
Doctor's Name	:-	Dr. Shailesh Shah
State	:-	Gujarat
Branch	:-	Anand
Units	:-	425
Components	:-	1260



## NEW LIFE MEMBERS

### I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24666	Dr. Vyas Ashutosh Mukeshbhai	Rajkot
LM/24667	Dr. Modi Kamal Rajendrakumar	Surat
LM/24668	Dr. Hui Mohsin Farukbhai	Surat
LM/24669	Dr. Samol Shaesta Iqbal	Surat
LM/24670	Dr. Makwana Nikunj Ghanshyam	Botad
LM/24671	Dr. Purohit Jignesh Namdevbhai	Nadiad
LM/24672	Dr. Nayak Kaushal Kiritkumar	Nadiad
LM/24673	Dr. Bhatt Vrushank Upendrabhai	Nadiad
LM/24674	Dr. Bavishi Alap Jayeshbhai	Palanpur
LM/24675	Dr. Patel Vivek Girishbhai	Navsari
LM/24676	Dr. Pandya Gaurang Bhupendra	Jamnagar
LM/24677	Dr. Sinojiya Zenith Mansukhlal	Jamnagar
LM/24678	Dr. Mansuria David Ashokbhai	Jamnagar
LM/24679	Dr. Vanza Viren Rameshchandra	Jamnagar
LM/24680	Dr. Bhagde Anand Dipakbhai	Jamnagar
LM/24681	Dr. Gangajalia Chirag Amitbhai	Jamnagar
LM/24682	Dr. Agrawal Umang Sureshkumar	Jamnagar
LM/24683	Dr. Jain Pavan Mahendrakumar	Anand
LM/24684	Dr. Doshi Vivek Kumarbhai	Anand
LM/24685	Dr. Saparia Chirag Vithalbhai	Rajkot
LM/24686	Dr. Ghodasara Jemi Sureshchandra	Rajkot
LM/24687	Dr. Mehta Rajen Chandrakant	Rajkot



LM/24688	Dr. Patel Hasit Vinodbhai	Rajkot
LM/24689	Dr. Kheni Parikshit Ashokbhai	Surat
LM/24690	Dr. Shah Parth Nitinkumar	Surat
LM/24691	Dr. Mungara Jasmin Laljibhai	Surat
LM/24692	Dr. Badi Sohail Gulamhusen	Wankaner
LM/24693	Dr. Shah Isha Nitishkumar	Wankaner
LM/24694	Dr. Zankat Tejas Kanjibhai	Veraval
LM/24695	Dr. Sodani Rahul Shivkumar	Himatnagar
LM/24696	Dr. Vaghasia Bharat Bhikhalal	Dhoraji
LM/24697	Dr. Prajapati Jaydipkumar C.	Ankleshwar
LM/24698	Dr. Lad Yogita Pravinbhai	Ankleshwar
LM/24699	Dr. Vala Rushirajsinh Amarsinh	Anand

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## Member's Information

Dear Members,

As you all know that in today's world, we all need quick & easy communication & data transfer from one place to another. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our **website [www.imagsb.com](http://www.imagsb.com)**. Also pass on this information during each of your programme & continuously insist all members until we have information of all the members. Expecting your huge support as this is very crucial for our effective communication with all the members.

Thank you.

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



### COMMUNITY SERVICE

#### ANAND

13-08-2015 Diabetoforum – had organized a panel discussion on prevention, screening and management of Diabetic Retinopathy.

15-08-2015 Mega Blood Donation Camp. Total 425 bottles of Blood were collected from volunteers.

20-08-2015 “Aao Gaon Chalen” had organized an Adolescent Talk for school boys & girls separately at our adopted village JOL. Total 50 boys and girls benefitted from these talks.

#### JAMNAGAR

14-06-2015 Mega Blood Donation Camp. Total 460 bottles of blood were collected.

01-07-2015 Doctor's Day Celebration. Total 35 bottles of blood were collected.

19-07-2015 Eye Donation and Organ Donation Campaign. Around 75 people pledged their eyes and 6 people including 1 whole family pledged their body for donation.

#### MORBI

05-08-2015 “Cycle Yatra” and Rally regarding health awareness.

15-08-2015 Independence Day Celebration

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### BRANCH ACTIVITY

#### AMRELI

19-08-2015 “Swine Flue and Congo Fever” by Dr. Kamlesh Upadhyay

#### ANAND

27-08-2015 “Interesting Neurology cases” by Dr. Mihir Acharya.

“Insight into Retinal Disorders” by Dr. Poonam Acharya.



#### IDAR

10-09-2015 “An approach to a patient of shock” by Dr. Vinay G. Bhomiya

“Newer concepts in coronary surgery” by Dr. Paresh Shah

#### JAMNAGAR

28-06-2015 “CME on Tuberculosis”

“Pathophysiology of TB & its Investigations & Interpretation” by Dr. Eva Chatterjee.

“Symptoms & Signs of TB” by Dr. Amit Oza.

“Pharmacotherapy of TB” by Dr. Vasim Alvare.

“Unresponsive Tuberculosis” by Dr. Firoz Ghanchi.

“Genital TB” by Dr. Rajesh Gondalia.

“Tuberculosis in Children” by Dr. Prashant Tanna.

#### KALOL

05-08-2015 “Recognize different types of Seizures and Treatment of Acute Seizure” by Dr. Sanjiv Mehta.

“Psychiatrist with special interest in child Psychiatry ADHD – A common Disorder in Children” by Dr. Hemang Shah.

18-08-2015 “Management of Upper GI Bleeding, What to do in Periphery & what can be done at Tertiary Centre” by Dr. Yogesh Harwani.

“Approach of Focal Liver Mass” by Dr. Rashesh Solanki.

09-09-2015 “Management of Acute coronary Syndrome – 2015 & Beyond” by Dr. Jayesh Prajapati

“Neuro Intervention in Neuro Vascular Disease” by Dr. Mukesh Sharma

#### MORBI

01-08-2015 “Securing Sexual Safety of our Children” by Dr. Neema Sitapara

04-08-2015 “Fertility Enhancing Surgeries” by Dr. Pravin Kanani

“What is NT Scan?” by Dr. Reeta Hingrajiya





- 06-08-2015 "DM and Hypertension" by Dr. Kamlesh Upadhyay  
 12-08-2015 "Vicarious Liability in Medical Practice" by Dr.N.N. Kanjaria  
 18-08-2015 "How to approach Pt. who is HBsAg Positive?" by Dr. Paras Shah  
 "Hypertension and Pregnancy" by Dr. Shrenik Doshi
- 27-08-2015 "IVF-Raising hope for Infertility" by Dr. Sanjay Desai  
 "Abdominal Compartment Syndrome" by Dr. Deepak Aghara

**PALITANA**

- 02-09-2015 "Back-Pain & leg pain pathology and its management" by Dr. Himanshu Dodiya  
 "Brain death and organ transplantation" by Dr. Rajendra Bariya

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**For Kind Attention Please**

We would like to add following section in our News Bulletin like.....

1. Sports Update
2. Politics Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interesting matter which increase readership of our bulletin.

Members who are interested to write on any of the above subject should

contact : **Dr. Jitendra Patel**, Hon. State Secretary, IMA-GSB on

E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200

**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.

L_M No.	NAME	BRANCH
LM/14126	Dr. Agarwal Vipul Keshavram	Surat
LM/10504	Dr. Baxi Rajesh Krishnakant	Vadodara
LM/06565	Dr. Baxi Trusha Rajeshbhai	Vadodara
LM/00728	Dr. Bhavsar M.S.	Anand
LM/16327	Dr. Chauhan Sanjay Jivabhai	Ahmadabad
LM/17834	Dr. Dekavadia Intekhabhusen H.	Wankaner
LM/01175	Dr. Desai Arvind Thakorlal	Surat
LM/04387	Dr. Kapadia Rasiklal K.	Amreli
LM/21361	Dr. Madan Surabhi Prakashbhai	Ahmadabad
LM/08600	Dr. Parikh Ashokkumar D	Sihor
LM/06490	Dr. Patvardhan A.D.	Bardoli
LM/22870	Dr. Prajapati Sachin Motibhai	Ahmadabad
LM/20904	Dr. Shaikh Firoz Mohammad	Ahmadabad
LM/02126	Dr. Shastri V M	Petlad
LM/18077	Dr. Shrivastava Rakesh K.	Surat
LM/18078	Dr. Shrivastava Anjani R.	Surat
LM/21326	Dr. Sinha Ranjeet Kumar	Vadodara
LM/14740	Dr. Vyas Chintan Dilipkumar	Nadiad

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**DISCLAIMER**

**Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.**



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

Respected Members,

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

These Centres performed various activities during the month of August 2015 in addition to their routine work. These are as under :

01-08-2015 to 31-08-2015 : Intra domestic house to house survey by the centers of Ahmedabad

06-08-2015 Khokhra : Mega Medical Camp - Patients : 1545

Rander - Surat : Mothers - Iron : 1500 tables, Children - Calcium 500 tablets were distributed & Vitamin A solution was give to 45 children.

Nanpura - Surat : Mothers & Children Iron : 1500 tablets were distributed & Vitamin A Solution :was give to 20 Children.

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

AUGUST - 2015				
No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	785	358	1143
(2)	Behrampura (Sardarnagar Ward)	1354	301	1645
(3)	Bapunagar (Potalia Ward)	1979	640	2619
(4)	Dariyapur (Isanpur Ward)	1060	189	1249
(5)	Gomtipur (Saijpur Ward)	2018	685	2703
(6)	Khokhra (Amraiwadi Ward)	3022	589	3611
(7)	New Mental (Kubernagar Ward)	956	201	1157
(8)	Raikhad (Stadium Ward)	550	203	753
(9)	Wadaj (Junawadaj Ward)	913	113	1046
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	872	420	1292



## AUGUST : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	07	—	46	12660	540P
(2)	Behrampura (Sardarnagar Ward)	20	---		8000	1294
(3)	Bapunagar (Potalia Ward)	36	—		14920	395
(4)	Dariyapur (Isanpur Ward)	25	—		6750	1227
(5)	Gomtipur (Saijpur Ward)	27	—		29325	1056P
(6)	Khokhra (Amraiwadi Ward)	35	---		12900	238
(7)	New Mental (Kubernagar Ward)	14	---		10230	339 P
(8)	Raikhad (Stadium Ward)	22	---		24500	969P
(9)	Wadaj (Junawadaj Ward)	15	—		13000	1665
(10)	Khambhat	03	—	25	770	30
(11)	Junagadh	10	04	122	2000	244
(12)	Rander-Surat	35	—	52	650	51 P
(13)	Nanpura-Surat	23	—	38	2250	10
(14)	Rajkot	17	—	137	550	282





### IMA Medical News

- About 35% of pregnant women with acute headache who came to the hospital emergency department and received a neurologic consultation had a secondary disorder, in many cases preeclampsia, suggested a new study published online in Neurology.
- For acute Achilles tendon rupture, early dynamic functional rehabilitation is just as safe as the traditional ankle mobilization, and with greater patient satisfaction, suggests a new meta-analysis published online in the British Journal of Sports Medicine.
- Adolescents with moderate to severe psoriasis may respond to the human monoclonal antibody ustekinumab as well as adults, with no unexpected side effects, suggested a new study published online in the Journal of the American Academy of Dermatology.

#### Make Sure

Situation : A patient with dengue fever developed shock.

Reaction : Why was the blood pressure 90/80 ignored?

Lesson : Make sure that a pulse pressure of less than 20 is not ignored, it is an impending sign that the patient is going into shock.

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Situation : A patient after receiving 40 units of insulin developed severe hypoglycemia.

Reaction : The order was for 4 units.

Lesson : Make sure that 4 unit is not written as 4.0 units. This may result in medication error with often disastrous consequences.

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Situation : A patient with acid peptic disease was denied any painkiller for his distressing illness.

Reaction : Why did you not give him nimesulide



Lesson : Make Sure to prescribe nimesulide as it is safer in acid peptic disease.

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Situation : A terminally ill patient who developed bed sores is prescribed only systemic antibiotics.

Reaction : Also change the position of the patient frequently and keep the skin clean and dry.

Lesson : Make sure that a patient with bed sore is also advised good nursing care and maintenance of skin hygiene, along with topical antibiotics.

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#### Dengue mosquitoes can also bite in the night if the lights are on

With the incidence of dengue being at its all-time high in the Capital, the best way to reduce chances of acquiring the illness is to eliminate the places where the mosquito lays her eggs, like artificial containers that hold water in and around the home. Outdoors, one must regularly clean water containers like pet and animal water containers, flower planter dishes and keep water storage barrels covered.

Other precautionary measures include keeping a lookout for standing water indoors such as in vases with fresh flowers and clean them at least once a week. One must remember that the adult mosquitoes like to bite inside as well as around homes, during the day and at night when the lights are on. To protect oneself, it is important to use mosquito repellents while indoors or out. When possible, people must wear long sleeve shirts and long pants for additional protection. Also, they must make sure that the window and door screens are secure and without holes. Sitting in air-conditioned rooms can reduce the incidence of the disease.

For people in whose houses someone is ill with dengue, extra precautions must be taken to prevent mosquitoes from biting the patient and then going on to bite others in the household. The dengue patients must sleep under a mosquito bed net to avoid spreading the illness. All hospitals must also provide mosquito nets to patients suffering from dengue.



Speaking about this, Padma Shri Awardee Dr. K K Aggarwal, President HCFI & Honorary Secretary General IMA said, "What most people do not realize is that the dengue mosquito breeds in fresh clean water as opposed to dirty drains. Thus, people living in clean urban surroundings are more at risk of acquiring the disease. Prevention is always better than cure. In case of being diagnosed with dengue, people must not panic, consume ample amounts of fluids since the dangers of dengue lie in dehydration and must only get a platelet transfusion if their platelet counts are below 10,000 and there is active bleeding. Unnecessary transfusion can cause more harm than good."

Dengue fever is a disease caused by the dengue viruses that are transmitted by mosquitoes. The symptoms include severe joint and muscle pain, swollen lymph nodes, headache, fever, exhaustion, and rashes. Because dengue fever is caused by a virus, there is no specific medicine or antibiotic to treat it. For typical dengue fever, the treatment is directed toward relief of the symptoms. The acute phase of the illness with fever and myalgias lasts about one to two weeks.

### Tips to prevent mosquito bites

Using the right insect repellent and other preventive actions can discourage mosquitoes. Here are some places where mosquito breeding must be eliminated:

### Remove Mosquito Habitats

- Eliminate standing water in rain gutters, old tires, buckets, plastic covers, toys, or any other container where mosquitoes can breed.
- Empty and change the water in birdbaths, fountains, wading pools, rain barrels, and potted plant trays at least once a week to destroy potential mosquito habitats.
- Drain or fill temporary pools of water with dirt.
- Keep swimming pool water treated and circulated.

### Use Structural Barriers

- Cover all gaps in walls, doors, and windows to prevent mosquitoes from entering.



- Make sure window and door screens are in good working order.
- Completely cover baby carriers and beds with netting.

### Avoid Getting Bitten

- Keep mosquitoes away from exposed skin by wearing long-sleeved shirts, long pants, and socks.
- Tuck shirts into pants and pants into socks to cover gaps in your clothing where mosquitoes can get to your skin.
- Stay indoors at sunrise, sunset, and early in the evening when mosquitoes are most active.

### Proper application of insect repellants

Guidelines regarding the safe and effective use of insect repellents in order to maximize effectiveness and minimize side effects were issued by the United States Environmental Protection Agency (EPA). These are particularly important when using DEET-based repellents:

- Use just enough repellent to lightly cover but not saturate the skin.
- Repellents should be applied to exposed skin, clothing, or both, but not under clothing.
- A thin layer can be applied to the face by dispensing repellent into the palms, rubbing hands together, and then applying to the face.
- Repellent should be washed from the palms after application to prevent contact with the eyes, mouth, and genitals.
- Do not use repellents over cuts, wounds, inflamed, irritated, or eczematous skin.
- Do not inhale aerosols, spray them in enclosed spaces or near food, or get them into the eyes.
- Do not apply insect repellent to the hands of small children, as it will inevitably be rubbed into the eyes.
- Frequent reapplication of repellent is unnecessary.
- The areas treated with repellent should be washed with soap and water once the repellent is no longer needed.



Protection is shortened by swimming, washing, sweating, wiping, exercise, and rainfall (Source: Uptodate)

\* \* \* \* \*

- Awareness of memory impairment starts deteriorating about 2.6 years before a diagnosis of dementia and this deterioration is a manifestation of dementia-related pathology, such as tau tangles and gross cerebral infarcts. The findings of the study was published online August 26 in Neurology.
- With cases of birth defects in India rising, an awareness campaign has been launched to prevent their occurrence by promoting use of 'Folic Acid' among expectant mothers. According to experts, the incidences of severe birth defects are more than 25,000 to 40,000 per year in India. "Birth defects are responsible for a greater proportion of infant and childhood mortality in India. Also, the number of infants born with genetic disorders and birth defects in India is highest in the world," said Dr Santosh Karmarkar, Founder Trustee of Spina Bifida Foundation (a Mumbai-based not-for-profit organisation). (Source: The Economic Times)
- Vitamin D deficiency is a hidden ailment which can have a serious long-term impact on a person's health making them vulnerable to diseases such as heart attacks, diabetes, and cancer.

"There is abundance of sunshine in the country, but still around 80-90 per cent of people suffer from Vitamin D deficiency. The reason for this is the sun-shy behavior of Indians, a predominantly vegetarian diet, long stressful working hours in closed spaces and a genetic predisposition."

Any intake of Vitamin D supplements should be under medical supervision as an overdose can induce Vitamin D toxicity that can be fatal for patients.

- Individuals who are overweight or obese at the age of 50 may be at greater risk of earlier onset of Alzheimer's disease, suggests new research published in Molecular Psychiatry.



- New research suggests drinking coffee could increase the risk of cardiovascular events such as heart attacks in young adults with mild cases of high blood pressure. The results were presented at the European Society of Cardiology (ESC) Congress.
- 90% of risk for acute MI is predicted by 9 modifiable risk factors ( lipids, smoking, HT, DM, abdominal obesity, stress, fruits/ vegetables, alcohol, exercise)
- Dipeptidyl peptidase-4 (DPP-4) inhibitors for type 2 diabetes may cause joint pain so intense it is disabling, the US Food and Drug Administration (FDA) warned. Fortunately, the pain goes away, usually in less than a month, once patients stop taking the medicine.
- Patients with coronary spasm have a higher risk of experiencing future heart attack particularly when a spasm occurs at the site of atherosclerotic coronary artery narrowing, i.e., coronary atherosclerotic stenosis, according to a study published online in The Journal of the American College of Cardiology.
- A new study suggests that the use of local anesthetic may affect tooth cell growth and the development of children's teeth. The study is published September 7 in Cell Death Discovery.

\* \* \* \* \*

### Pulmonary Embolism

- A definitive diagnosis of pulmonary embolus (PE) is made radiographically by one of the following modalities:

**CT pulmonary angiography (CTPA):** The demonstration of a filling defect in any branch of the pulmonary artery (main, lobar, segmental, subsegmental) by contrast enhancement is diagnostic of PE.

**Ventilation/perfusion scan:** A high-probability V/Q scan is sufficient to confirm PE, whereas a normal scan is sufficient to exclude PE. All other patterns (low or intermediate probability) are nondiagnostic.

**Contrast-enhanced or magnetic resonance pulmonary angiography:** The demonstration of a filling defect or abrupt cut-off of a vessel on either of these modalities is diagnostic of an embolus.



- Echocardiography is not diagnostic of PE. Occasionally a presumptive diagnosis can be made by echocardiography in cases of high clinical suspicion in patients who are hemodynamically unstable so that life-saving therapy can be administered.
- Similarly, lower-extremity proximal vein compressive ultrasound (CUS) is not definitively diagnostic of PE. However, strategies that use CUS are sometimes used in patients with a moderate suspicion for PE in whom definitive imaging is indeterminate or contraindicated.
- Rarely, PE is diagnosed on a standard contrast-enhanced CT performed for an alternate reason or discovered pathologically in a resected pulmonary lobe.
- Late-life depression can be difficult to treat, and in elderly patients, response to antidepressant therapy can vary considerably, suggests new research published online in JAMA Psychiatry.

\* \* \* \* \*

#### **Why is rabies an important disease?**

- Rabies is one of the oldest and most feared zoonotic diseases, and has been a threat to human health for more than 4000 years. Rabies is a neglected and severely under-reported disease killing each year an estimated 55,000 people (24,000 to 90,000 deaths) worldwide (WHO 2007). All mammals, but mainly carnivores and bats, are susceptible and can transmit rabies virus. Human exposures are most frequently associated with bites by rabid dogs and transmission of virus from dogs' saliva. The Association for the Prevention and Control of Rabies in India (APCRI) estimated in 2004 that in India, there were 20,565 reported human deaths every year. About half of the world's population lives in areas in which rabies is enzootic. Rabies is practically 100% fatal even today but easily preventable.

#### **Do antibodies from rabies vaccination cross an intact blood-brain barrier?**

No. Antibodies from vaccination do not cross an intact blood-brain barrier.



#### **Should modern rabies vaccines meant for use in man be given to animals?**

- It is advisable to use human vaccines for human use and use the veterinary vaccines for animals.

\* \* \* \* \*

#### **Heart Disease is the most common cause of death and disability in urban women**

- In India, urban women are at a greater risk of heart disease today. The reasons for this include an unhealthy lifestyle characterized by a predominantly high trans fat, sugar and salt diet, inadequate physical exercise, increased stress levels, dependence on addictive and harmful substances like alcohol and cigarettes amongst others. The largest group of women at risk of cardiovascular disease (CVD) is aged between 35 to 44 years. The risk of CVD is as high amongst housewives as it is amongst working professionals. As far as risk factors for CVD are concerned, low HDL or "good" cholesterol and high body mass index (BMI) are the two most common contributors to CVD risk setting in as early as 35 years for women.

#### **Following are the ways in which women can prevent future heart disease**

- Moderate intensity physical activity for at least 30 minutes and for 60 to 90 minutes for weight management on most days of the week
- Avoidance and cessation of cigarette smoking and passive smoking
- Keep waist circumference less than 35 inches
- Consume a heart-friendly diet.
- Control cholesterol level, high blood pressure and diabetes.
- Women who smoke should avoid oral contraceptive pills.
- Aspirin 80 mg should be added in women older than 65 years of age.
- Treat underlying depression.



### Sunlight can reduce weight

A study from the Northwestern University reports that the timing, intensity and duration of light exposure during the day are linked to body weight.

People who had most of their daily exposure to even moderately bright light in the morning had a significantly lower body mass index than those who had most of their light exposure later in the day.

"The earlier this light exposure occurred during the day, the lower the individuals' body mass index," said co-lead author Kathryn Reid, research associate professor of neurology at Northwestern University Feinberg School of Medicine. "The later the hour of moderately bright light exposure, the higher a person's BMI."

The influence of morning light exposure on body weight was independent of an individual's physical activity level, caloric intake, sleep timing, age or season. It accounted for about 20 percent of a person's BMI.

"Light is the most potent agent to synchronize your internal body clock that regulates circadian rhythms, which in turn also regulate energy balance," said study senior author Phyllis C. Zee, M.D. "The message is that you should get more bright light between 8 a.m. and noon." About 20 to 30 minutes of morning light is enough to affect BMI. (Science Daily)

\* \* \* \* \*

- Epidural corticosteroid injections offer limited short-term relief for radiculopathy and no clear benefit for spinal stenosis, suggested a systematic review and meta-analysis of published studies. The results were published online in Annals of Internal Medicine.
- Older people with type 2 diabetes have an elevated level of tau protein in their cerebrospinal fluid (CSF) whether they have normal cognition, mild cognitive impairment, or dementia, suggests a new study published online in Neurology.



- Among women in a malaria-endemic region, daily iron supplementation during pregnancy did not result in an increased risk of malaria, suggested a study published in JAMA.
- Individuals who have a low resting heart rate are more prone to become violent criminals, victims of crime, and even have more accidents as adults compared with those who have normal resting heart rates, suggest new research published online September 9 in JAMA Psychiatry.
- Antihypertensive treatment with the angiotensin II receptor blocker (ARB) telmisartan improved the levels of two important biomarkers of cardiovascular and renal risk compared with treatment with non-ARBs, in 3-year results from the Trial of Telmisartan Prevention of Cardiovascular Disease (ATTEMPT-CVD). The findings were presented at the European Society of Cardiology (ESC) 2015 Congress.
- A tax on sugar-sweetened drinks will help combat type 2 diabetes, according to the Canadian Diabetes Association. "Evidence-based studies conclusively demonstrate that excessive consumption of sugar-sweetened beverages directly increases the risk of developing type 2 diabetes," said Rick Blickstead, president and CEO of the CDA.
- In China, almost one-quarter of all cancers in men can be attributed to smoking, according to a study by Zheng-Ming Chen, DPhil, from the University of Oxford, United Kingdom, which was published in a September 1 supplement to Cancer that focuses on lung cancer in China.

### Elderly should Beware of Commonly Prescribed Group of Drugs

Anticholinergics, a commonly prescribed group of drugs, may cause elderly people to "slow down" in their daily physical activities.

Two reports from Wake Forest University School of Medicine support findings that anti-cholinergic drugs used to treat acid reflux, Parkinson's disease and urinary incontinence may cause older people





to lose their thinking skills more quickly than those who do not take the medicines.

Anticholinergic drugs work by stopping acetylcholine, a chemical that enhances communication between nerve cells in the brain, from binding to its receptors in nerve cells.

Older adults taking anticholinergics become more likely to walk more slowly and to need help in other daily activities. These results are true even in older adults who have normal memory and thinking abilities.

For older adults taking a moderately anticholinergic medication, or two or more mildly anticholinergic medications, their function is similar to that of someone three to four years older.

Common anticholinergic medicines include the blood pressure medication, nifedipine; the stomach antacid, ranitidine and the incontinence medication, tolterodine.

Cholinesterase inhibitors, a family of drugs used to treat dementia by increasing levels of acetylcholine include donepezil, galantamine, rivastigmine and tacrine. About 10 percent of patients may be taking tolterodine and donepezil together. The two drugs are pharmacological opposites, which led to the hypothesis that the simultaneous treatment of dementia and incontinence could lead to reduced effectiveness of one or both drugs.

\* \* \* \* \*

- In testicular cancer, almost 50% comes from DNA, i.e., inherited, suggests a new study published in the journal Scientific Reports.

#### Dr. Good Dr. Bad

Situation : A patient with hypertension had non-responding cough.

Dr. Bad : Take an X-ray.

Dr. Good : Stop ACE inhibitors.

Lesson : The commonest cause of cough in a patient with high blood pressure is the intake of ACE inhibitors. (Copyright IJCP)



- Instead of taking a conventional lunch break, experts suggest that a respite earlier in the workday replenishes more resources — energy, concentration and motivation. The study also suggests that frequent short breaks are better than longer breaks and people who take 'better breaks' experience good health and increased job satisfaction. (TOI)
- The Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration (FDA) today issued a health advisory urging all clinicians and facilities to double-down on properly cleaning, disinfecting, and sterilizing reusable medical devices. The joint advisory cited a recent rash of infection control lapses that have forced healthcare organizations to test patients for bloodborne pathogens such as hepatitis B virus and HIV.
- Dynamic leg muscle power is an independent determinant of pain and quality of life in knee osteoarthritis (OA), and it appears to outperform muscle strength as a measure of muscle performance, according to researchers from Tufts University and Tufts Medical Center, Boston.
- In the Systolic Blood Pressure Intervention Trial (SPRINT), investigators report that treating high-risk hypertensive adults 50 years of age and older to a target of 120 mm Hg significantly reduced cardiovascular events by 30% and reduced all-cause mortality by nearly 25% when compared with patients treated to a target of 140 mm Hg.

#### Blood pressure, diabetes, smoking among biggest killers in India: Study

High blood pressure, high blood sugar, smoking and pollution are causing more deaths in India than under nutrition and other tropical diseases, according to a latest study by Lancet, as reported in the Times of India. It observed a significant increase in deaths over the past decade due to diseases associated with these health risk factors.

Between 1990 and 2013, deaths due to high blood pressure and cholesterol in India have more than doubled, whereas that from outdoor





pollution have increased by more than 60% during the period. Deaths from alcohol have also increased by 97%, data collected through analysis of 79 risk factors showed.

The study, assessing the global disease burden, was conducted by an international consortium of researchers led by the University of Washington and included representatives from the Public Health Foundation of India (PHFI).

In 1990, childhood under nutrition was the topmost health risk causing around nearly 8.97 lakh deaths in India. However, the study shows it is no longer among the top ten health risk factors in the country. On the contrary, high blood pressure, which caused over 76 lakh deaths in 1990, was the most serious threat to the health of people with deaths increasing by 106% in 2013. According to the study, high blood pressure, high blood sugar and indoor pollution together contributed to 3.3 million premature deaths in India in 2013.

The other major contributors to health loss in India are unsafe water sources and tobacco consumption. Though the contribution of child and maternal under nutrition to health loss have dropped significantly since 1990, these are still substantial contributors to health loss in India, the study said. "It is remarkable that the contribution of metabolic risk factors such as high blood pressure, blood sugar and cholesterol, and that of poor diet and alcohol use, to health loss has doubled in India over the past quarter of a century," said study co-author Lalit Dandona, who is also a professor at PHFI.

\* \* \* \* \*

- All colorectal cancer patients should undergo tumor testing to see if they carry Lynch syndrome, the most common inherited cause of colorectal cancer, suggests a new guideline published in Gastroenterology.
- New research, published in Ophthalmology, suggests that in patients with diabetic retinopathy, peripheral lesions in the retina, which are not



detected by traditional eye imaging, correlate very closely with the loss of retinal blood flow called retinal "non-perfusion" caused by loss of small blood vessels or capillaries.

- A new University of New South Wales (UNSW) report suggests that IVF cycles using embryos that have been frozen and thawed are just as successful as fresh embryos.
- New research sheds light on teenagers' use of social media, suggesting the pressure to be online 24 hours a day disrupts their sleep patterns and may lead to mental health problems, such as anxiety and depression. The findings were presented at The British Psychological Society (BPS) Developmental and Social Psychology Section Annual Conference.
- Bariatric surgery is more effective than medical treatment alone for the long-term control of type 2 diabetes in obese patients, finds the first 5-year follow-up study (Francesco Rubino, MD, senior author of the study and chair of bariatric and metabolic surgery at King's College London, United Kingdom.)
- The proportion of diabetics who underwent coronary artery bypass grafting jumped fivefold over the past 40 years [ August issue of the Journal of Thoracic and Cardiovascular Surgery )
- Steroid injections are commonly and increasingly used to treat radiculopathy and spinal stenosis, despite conflicting evidence of efficacy. A systematic review and meta-analysis of published studies published online August 24 in Annals of Internal Medicine however suggests that epidural corticosteroid injections offer limited short-term relief for radiculopathy and no clear benefit for spinal stenosis.



### **Bombay High Court quashes prosecution under PCPNDT Act against two radiologists**

The doctors had initially moved the Pune sessions court, challenging the prosecution and seeking that it be quashed and set aside. After their plea was turned down, they moved the HC.

In a major relief to visiting radiologists at nursing homes and genetic centres, the Bombay High Court has ruled that it is not the duty of a radiologist to maintain details in Form F. It is pure clerical work which is required to be done by the clinic, and the doctor can't be prosecuted for non-maintenance of details in the form, the court observed while quashing a criminal complaint against two radiologists.

Justice ML Tahilyani, in his nine-page order, while quashing the prosecution initiated against two Pune doctors, Dr Ranjeet Ghatge and Dr Sanjay Kadyan, charged under section 25 and rule 9 (4) of the Pre-Conception Pre-Natal Diagnostic Techniques Act, said, "In my opinion, they cannot be prosecuted for not maintaining particular record, which is required to be maintained by the genetic clinic."

Ghatge was a visiting radiologist at Dr Purohit Nursing Home, Pune, while Kadyan used to work as a visiting radiologist at Dr Kashyap Nursing Home, Pune. They were booked by the authorities after several irregularities were found in the record maintained in Form F at the two nursing homes.

The doctors had initially moved the Pune sessions court, challenging the prosecution and seeking that it be quashed and set aside. After their plea was turned down, they moved the HC.

Counsel Niranjan Mundargi and advocates Rajeev Chavan and Amit Karkhanis, appearing for the doctors, argued, "The main accused, who were running the genetic centres, in both cases have been discharged by the trial court. It is not clear from the complaint whether the complete record of the genetic centre was taken by the authorities; whether any other hard copies of the sonography were found and whether all USG reports were



examined to determine that the doctors had not maintained USG reports of the particular patient."

The judge, after examining the rules and the Act, noted, "Minute details mentioned in Form F are, in my opinion, to be filled by the staff members of the clinic. The person/doctor conducting ultrasonography on a pregnant woman will keep complete record of the ultrasonography done by him and not the details of Form F."

\* \* \* \* \*

### **Banks to issue blood only on MBBS doctors' prescription**

Blood banks cannot issue blood and its components on prescriptions written by ayurveda, homeopathy and unani doctors, says a circular issued by the Drugs Controller General of India.

The August 18 circular will curb the indiscriminate use of blood in treatment that has led to a rise in transfusion-related infections and deaths, it added.

The circular was issued on the basis of a clause in the Drug and Cosmetics Act that allows blood banks only to accept prescriptions from MBBS doctors, dentists and certified veterinarians.

\* \* \* \* \*

### **DAYS TO BE OBSERVED**

01st October	National Voluntary Blood Donation Day
01st October	International Sr. Citizen Day
02nd October	IMA Anti Quackery Day
10th October	World Mental Health Day
10th October	Knee Replacement Day
16th October	World Food Day
20th October	World Osteoporosis Day



## HEALTH SCHEME

### GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

2nd. Floor, A.M.A. House, Opp. H.K.Arts College, Ashram Road,  
Ahmedabad – 380009. Phone – 079-26585430

#### Eligibility

- The life members of IMA GSB can become the member of the scheme.
- The membership fees according to the age.
- The cut-off age limit to become the member of the scheme is 55 years.
- Most beneficial point is the spouse of the member can also become the member of the scheme by paying only Rs. 50/- .
- After the death of the member of the scheme, the spouse of the member can continue as a member of the scheme by paying regular AFAC.

#### Aims & Objects

To provide financial assistance to the members and his / her spouse on the unfortunate events of hospitalization for management of the following diseases.

#### (1) Coronary Heart Disease GROUP :

- \* By-pass surgery
- \* Angioplasty required for the treatment of coronary heart disease
- \* Valvular heart disease surgery
- \* Permanant Pace Maker implant

#### (2) Kidney Disease GROUP :

- \* Haemodialysis
- \* Renal transplant

#### (3) Cancer Disease GROUP:

- \* Surgical, Radiotherapy and Chemotherapy required for the treatment of all the cancers

#### EXCEPT

- \* Non-aggressive cancers like Carcinoma in-situ
- \* Locally active basal cell carcinoma



#### (4) Brain Tumors GROUP:

Surgical, Radiotherapy and Chemotherapy required for the treatment of Brain Tumors.

#### (5) Joint Replacement GROUP:

Surgery for Total Knee and Total Hip Joints.

Members above the age of 40 years at the time of joining the scheme can get the benefit after 7 years of membership.

#### (6) Cerebral Haemorrhage GROUP (Brain Haemorrhage Group): Confirmed by MRI or CT brain.

- No financial assistance for medical management.

#### Medical reimbursement :

Members will be given reimbursement depending upon

#### [A] Approved (recognized ) Hospitals

- @ Multispecialty Hospital having NABH / NABL certificate and minimum 50 beds, endorsed by the branch President / Branch Secretary.
- Members will be given re-imbusement of 75% of total amount of bill or fund collection from the members contribution up to maximum Rs.50/- per case which ever is less.

#### (B) Non approved (Non-Recognised) Hospitals

- Within the Jurisdiction of I.M.A.G.S.B.
- In no circumstances non-approved establishment outside jurisdiction of I.M.A.G.S.B.
- Members will be given re-imbusement of 50% of total amount of bill or fund collection from the members contribution up to maximum limit of Rs.25/- per case whichever is less.
- The managing committee is empowered to add or alter or delete the names on the list of institutes for management. The institutions/establishments /hospitals must be multi-specialty/ having minimum 50 beds/ Certified by NABH or NABL. Such an institution/establishment/hospital can apply with the brochure showing all the details and the endorsement letter of the branch secretary/President to be registered as Approved Hospital.

**APPROVED HOSPITALS (OUTSIDE GUJARAT)**

- |  |                     |
|--|---------------------|
| 01. Southern Railway H.Q.Hospital,       | Preambudur Chennai. |
| 02. Bombay Hospital                      | Mumbai.             |
| 03. Breach Candy Hospital                | Mumbai.             |
| 04. Harikishan Hospital                  | Mumbai.             |
| 05. Hinduja Hospital                     | Mumbai.             |
| 06. Jaslok Hospital                      | Mumbai.             |
| 07. K.E.M. Hospital                      | Mumbai.             |
| 08. Lilavati Hospital                    | Mumbai.             |
| 09. A.I.I.M.S. New Delhi                 | New Delhi.          |
| 10. Escorts MedicalHealth Centre         | New Delhi.          |
| 11. G.B.Pant Hospital                    | New Delhi.          |
| 12. Christian Medical College & Hospital | Vellore.            |

**APPROVED HOSPITALS**

1. All Govt.Hospitals of India.
2. Apollo Group of Hospitals of India.
3. Municipal Corporation Hospitals of Gujarat.
4. Sterling Group of Hospitals All.

**APPROVED HOSPITALS OF GUJARAT**

- |   |            |
|---|------------|
| 1. C.L.General Hospital                             | Ahmedabad. |
| 2. Dr.Jivraj Mehta Hospital                         | Ahmedabad. |
| 3. Krishna Heart Hospital                           | Ahmedabad. |
| 4. S.A.L.Hospital & Medical Institute.              | Ahmedabad. |
| 5. Shalby Hospitals Ltd.                            | Ahmedabad  |
| 6. Sterling Hospital                                | Ahmedabad. |
| 7. HCG Medi-Surge Hospital &<br>HCG Cancer Hospital | Ahmedabad  |
| 8. Lions Hospital                                   | Mehsana.   |
| 9. Muljibhai Institute.                             | Nadiad.    |
| 10. DOMM Institute of Cardiology                    | Nadiad.    |



- |   |              |
|---|--------------|
| 11. D.Z.Patel(Ramol/London) Cardiology<br>Center and Mahagujarat Medical Society. | Nadiad.      |
| 12. Pramukh Swami Hospital  | Surat.       |
| 13. Sheikh D.V.Shroff Ashakta Ashram Hospital                                     | Surat.       |
| 14. Shree Mahavir Gen.Hospital(Sagrampura)  | Surat.       |
| 15. Shree Mahavir Cardiac Hospital  | Surat        |
| 16. Surat Gen. Hospital Balaji Road   | Surat        |
| 17. Wockhardt Hospitals Ltd.  | Surat        |
| 18. Banker's heart Institute  | Vadodara     |
| 19. Bhailal Amin Gen.Hospital   | Vadodara     |
| 20. Premdas Jalaram Hospital  | Vadodara     |
| 21. Narhari Arogaya Kendra  | Vadodara.    |
| 22. Baroda Heart Institute & Research Centre.                                     | Vadodara.    |
| 23. Unity Hospital  | Vadodara.    |
| 24. R.R.Kothari Polydiagnostic Hospital &<br>Research Centre                      | Rajkot.      |
| 25. Satya Saibaba Hospital  | Rajkot       |
| 26. Navalben Manilal Virani Genereal Hospital                                     | Rajkot       |
| 27. Harilal Jechand Doshi Medical Research<br>Foundation                          | Rajkot.      |
| 28. Samarpan Hospital   | Jamnagar.    |
| 29. Anandbava Trust Dialysis Centre.  | Jamnagar.    |
| 30. Oswal Hospital  | Jamnagar.    |
| 31. CIMS Hospital   | Ahmedabad    |
| 32. Nidhi Hospital  | Ahmedabad    |
| 33. Siddhi Vinayak Hospital   | Ahmedabad    |
| 34. Parekh's Hospital   | Ahmedabad    |
| 35. Life Care Institute of Medical Sciences &<br>Research                         | Ahmedabad    |
| 36. Nirmal Hospital   | Surat        |
| 37. M M P J Kutchi Leuva Patel Hospital   | Bhuj – Kutch |
| 38. Sahyadri Ramkrishna Hospital  | Gandhidham   |



- For reimbursement, the claimant has to submit original & xerox copy of all the documents (countersigned by the Hospital superintendent.). After verifying, the original file will be returned back.
- Along with the claim file the claimant should submit the copy of certificate of Health Scheme, forwarding letter from the branch Secretary/President and summary of the expenses.
- Charges of engaging a special nurse or attendant will not be reimbursed.
- Expenses incurred on travel or ambulance will not be reimbursed.
- No Reimbursement of expenses incurred by the members on treatment outside INDIA.
- Office bearers shall be empowered to decide about the claims of the above disease. In case a member is not satisfied he may appeal to the President, Gujarat State Branch, I.M.A. If required, President may form a Tribunal Consisting of President, IMA – GSB and immediate two Past Presidents of Gujarat State Branch, IMA to solve the problem.
- After availing the benefit of the scheme for any one particular disease GROUP, the same member will not get the benefit for the same disease GROUP for next 2 years.
- Member/Spouse will get benefit after completion of one year of joining the scheme.
- All P G students who are member of Health Scheme and posted outside Gujarat can claim for any of the disease which our scheme covers. All the claims will be settled as non-approved hospital bases if not from approved hospital, provided prior information is given to Health Scheme or Dean of the Medical College .

#### NO CLAIM BONUS :

The surplus amount should be distributed to the members every year :

- 80 % of surplus amount will be distributed to the members who have completed 5 years of membership and who have not taken any claim benefit (either for himself / herself or for his / her spouse) in five years.
- “No Claim Bonus” shall be given in AFAC notice. It will be named “Allocated AFAC”.
- The member can get the benefit from the scheme over & above their MEDICAL INSURANCE ,

**All the members are requested to send their  
E-mail address & Whatsapp Mobile number**



### MEDIQUIZ

1. In which condition there are multiple fractures in bone of Children?
2. In which condition a child has blue sclera?
3. In which condition there is a setting sun sign in the eyes?
4. After whose name the term “Apgar Score” has been coined?
5. After which city name Coma Scale has been named?
6. Which medical terms have been named after Delhi?
7. What is TORCH?
8. What is the Full term of TORCH?
9. What is a green stick fracture?
10. What is a Berlin Patient?
11. Which are other conditions in which drug Rifampicin is used apart from TB?
12. In which condition there is loss of lateral 1/3 of eyebrows?
13. Stephen Hawking is suffering from which Motor Neuron Disease?
14. In a Pituitary Warf the growth hormone injection is given up to which age?
15. Which other drug apart from Rifampicin makes urine red in colour?
16. What is the significance of Amoebic Cysts in stool examination?
17. Which drug is used for Amoebic Cysts Passers?
18. What is the name of scientist working in India working during British Rule who discover life cycle of Malarial Parasites?
19. How many hair Fall daily in normal person?
20. How much gas is passed daily by average person?
21. In which Organ self-examination is important in addition to Breast?

Compiled by: **Dr. Aamod Tatu**  
Ahmedabad

**Answer Page No. 93**





67<sup>th</sup> Annual Conference of  
IMA Gujarat State Branch  
28, 29 November 2015 at Vadodara

GIMACON 2015



Dr. Chetan N. Patel  
President IMA GSB

Dr. Jitendra N. Patel  
Hon. Secretary IMA GSB

IMA Vadododra

Venue : C. C. Mehta Auditorium, M. S. University Campus, Vadodara

REGISTRATION FORM

Please fill in **CAPITAL LETTERS ONLY**

**Particulars**

IMA Branch \_\_\_\_\_

Membership No. : \_\_\_\_\_

GMC / MCI Registration No. : \_\_\_\_\_

Name : \_\_\_\_\_

Last Name

First Name

Middle Name

Speciality \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pincode : \_\_\_\_\_ Mobile : \_\_\_\_\_

Tel. No. : STD Code : \_\_\_\_\_ (C) \_\_\_\_\_ (R) \_\_\_\_\_

E-mail : \_\_\_\_\_

Hotel Accomodation Requirement : Yes  No  No. of Rooms : \_\_\_\_\_



Accompanying Persons	Name	Age	Sex
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Payment Details

Particulars	Till 31st August 2015	After 31st August 2015
Patron Members	10,000/-	12,000/-
Reception Committee (passes to be given to spouse for Banquet only)	3,000/-	4,000/-
Delegates Fees	1,500/-	2,000/-
Accompanying Person : Below 5 yrs no registration	1,200/-	1,500/-
Non IMA / Corporate Member	5,000/-	7,000/-
PG Students (IMA Membership required)	1,200/-	1,500/-
Medical Students	1,000/-	1,500/-

Please find enclosed Cash / DD / Cheque for Rupees \_\_\_\_\_

Bank Name & Branch \_\_\_\_\_ DD No. \_\_\_\_\_ Date \_\_\_\_\_

Send DD / At par Cheque payable at Vadodara in favour of "GIMACON 2015, Vadodara"

Office use only	Receipt No. : _____
	Date : _____

**Conference Secretariat :**

**Dr. Paresh Golwala**

Organizing Secretary

Bhailal Amin IMA Hall, Vinoba Bhawe Marg,  
Nagarwada, Vadodara-390 001.

Phone : (0265) 2434267 / 2430084

email : imavadodara@gmail.com

Web : www.imavadodara.org

Date

Signature

**Host : Indian Medical Association, Vadodara**





**Must Read High Court Judgment On 304A  
IN THE HIGH COURT OF JUDICATURE AT PATNA**

Criminal Miscellaneous No.40712 of 2012

Arising Out of PS.Case No. -12 Year- 2008 Thana -null District- BHAGALPUR

1. Dr. Ashok Kumar Singh, S/o Sri Manelal Singh, R/o Sinha Stone and Laparoscopic Clinic Zeromile, P.S.- Zeromile, District - Bhagalpur

2. Dr. Abha Sinha W/o Dr. Ashok Kumar Singh, R/o Sinha Stone and Laparoscopic Clinic Zeromile, P.S.- Zeromile, District - Bhagalpur

.... .... **Petitioner**

**Versus**

1. . The State of Bihar

2. Wakil Choudhary, S/o Late Deo Narayan Choudhary, R/o Village - Rani Talab, P.S. Industrial Area, District – Bhagalpur

.... .... **Opposite Party**

**Appearance :**

For the Petitioner/s : Mr. Ramakant Sharma, Senior Advocate

For the Opposite Party-State: Mr. S. Dayal, APP

For the Opposite Party No.2: Mr. Akhileshwar Prasad Singh, Senior Advocate

**CORAM: HONOURABLE MR. JUSTICE ASHWANI KUMAR SINGH**

ORAL JUDGMENT

**Date: 18-05-2015**

1. The petitioners, who are medical professionals, have challenged the order dated 6.07.2012 passed by the learned Sessions Judge, Bhagalpur, whereby the revision application filed by the petitioners against an order dated 15th March, 2012 passed by the learned Judicial Magistrate, 1st Class, Bhagalpur in connection with Complaint Case No. 1951 of 2009, holding that a prima facie case is made out for the offences under Sections 304-A, 420 read with 34 of the Indian Penal Code against the petitioners and one another and summoning them to face trial, has been dismissed.
2. The prosecution case, in brief, as alleged by the complainant in his written report filed before the learned Chief Judicial Magistrate, Bhagalpur with regard to an occurrence which took place on 9.3.2008 is that the complainant's brother Pankaj Chaudhary was taken to the clinic of petitioner no. 1, Dr. Ashok Kumar Singh for treatment of his ailment. The medical history of the patient was told to him and all earlier prescriptions relating to treatment of the patient was also shown to him. After examining the patient and going through his medical history, petitioner no. 1 Dr. Ashok Kumar Singh advised



him for operation of hernia. He told that he would charge Rs. 5,500/- as operation fee and the anesthetist assisting him would charge Rs. 800/- as his fee. On 8th March, 2008, the complainant paid Rs. 2,800/- to the petitioner no.1 and promised to pay the remaining amount after operation. On 9.3.2008 at 10.00 a.m., the patient was taken to the clinic of petitioner no. 1 and on the same day, at about 4.15 p.m., he was taken to the operation theatre for operation of hernia. After a few while, the family members of the complainant heard cry of the patient and when they tried to inquire about the same, the nurse chided them. At about 6.00 p.m., the nurse told them that the operation was successful and the patient would be taken out of the operation theatre very soon. After about half an hour, when petitioner no. 2. Dr. Abha Singh was contacted by the family members of the complainant in order to inquire about the condition of the patient, she also reprimanded them, but after a few while, petitioner no. 1 told that the condition of the patient was deteriorating and a senior doctor had to be called to attend the patient. Thereafter, the family members of the complainant rushed into the operation theatre. They were shocked to see that the patient was already dead by that time. When they questioned the necessity of calling the senior doctor when the patient was already dead, they were pushed out of the clinic.

3. It has further been alleged in the complaint that the matter was reported to the police, pursuant to which, Industrial Area P.S. Case No. 12 of 2008 was registered. The anesthetist, Dr. Vikash Kumar, was arrested and taken to the police station but he was released on police bail after initial inquiry. It has been claimed that due to the medical negligence of the petitioners, the patient had died.
4. As noted above, on the basis of the written complaint submitted by the complainant to the police, Bhagalpur Industrial Area P.S. Case No. 12 of 2008, was already registered under Section 304-A of the Indian Penal Code on 9.3.2008 itself.
5. The allegations made in the first information report are verbatim the same as alleged in the present complaint petition. The police investigated the case and on completion of investigation, found the accusation to be false. Accordingly, a final report was submitted by the police in the matter.
6. During pendency of investigation of the police case, the aforementioned complaint case was filed before the learned Chief Judicial Magistrate, Bhagalpur on 20.03.2008 in the form of protest petition. While accepting the final report submitted by the police, the learned Chief Judicial Magistrate, Bhagalpur directed the protest petition to be registered as a complaint pursuant to which Complaint Case No. 1951 of 2009 was registered.
7. In the complaint case, the statement of complainant was recorded on solemn affirmation under Section 200 of the Code of Criminal Procedure (hereinafter referred to as "the Code"). Apart from the complainant, four other witnesses were also examined in course of inquiry conducted under Section 202 of the Code.
8. After perusal of the complaint petition, the statement of the complainant made on oath and the statement of witnesses recorded during inquiry, the learned Judicial Magistrate-1st Class, Bhagalpur summoned the petitioners and one another namely, Dr. Vikash Kumar to face trial for the offences punishable under Sections 304-A and 420 read with 34 of the Indian Penal Code vide order dated 15th March, 2012.



9. The aforementioned order dated 15th March, 2012 was challenged in revision before the learned Sessions Judge, Bhagalpur in Criminal Revision No. 191 of 2012. After hearing the parties, the learned Sessions Judge, Bhagalpur dismissed the revision application vide impugned order dated 16.07.2012.
10. Mr. Ramakant Sharma, learned senior counsel for the petitioners, has submitted that both the petitioners are qualified doctors and are serving the patients since long. They have good track record of their service and till date no one has raised any grievance against them. The petitioner no.1 is an eminent surgeon of the State. The patient was brought to his clinic on 6th March, 2008. Prior to that he was being treated by other doctors and was suffering from the protrusion of tissue through its opening in surrounding walls in the abdominal region. After taking into consideration the seriousness of problem, as the patient was in severe pain, he was advised for operation of hernia. The attendants were informed about seriousness of the deceased and the risk involved in the operation and after obtaining consent of the patient and his attendant Gopal Lal Chaudhary, his operation was conducted on 9.3.2008 after taking all necessary precautions by petitioner no.1. The operation was successful and the patient was brought out of the operation theatre. However, suddenly his condition started deteriorating and then the doctors attending him tried their best to save his life, but unfortunately, the efforts of the petitioners to save the life of the patient failed and the patient died. He has submitted that the facts alleged do not make out even a prima facie case against the petitioner no.2.
11. It is further submitted that in the police case lodged by the opposite party no. 2, after thorough investigation and supervision by senior police officers, the accusation against the petitioners was found false and final form was submitted.
12. It is further submitted that the impugned order passed by the learned Magistrate, whereby summons have been issued against the petitioners for the offences under Sections 304-A and 420 of the Indian Penal Code is patently bad, as the same has been passed mechanically and without judicial application of mind. According to him, despite there being no allegation of cheating, the Magistrate has taken cognizance for the offence under Section 420 of the Indian Penal Code.
13. Per Contra, Mr. Akhileshwar Prasad Singh, learned senior advocate, appearing on behalf of the opposite party no. 2, has submitted that it is a gross case of medical negligence and the brother of the complainant died due to the negligence of the petitioners as necessary precautions were not taken before the surgical interference caused on the person of the deceased patient.
14. Mr. Singh has further submitted that there is no illegality in the impugned order by which the learned Magistrate has summoned the petitioners and one another to face trial for the offences punishable under Sections 304-A and 420 read with 34 of the Indian Penal Code, as the complainant has fully supported the allegations made in the complaint petition in his statement made on oath and the statement of the complainant has duly been corroborated by the four witnesses examined in course of inquiry conducted under Section 202 of the Code. According to him, the doctor who conducted postmortem examination on the dead body of the deceased had opined that the death was caused due to cardiogenic shock precipitated by anesthetic and



- surgical procedure. He has further contended that the conduct of the petitioners was clearly in violation of the established practice of medical profession and, hence, a clear case of gross negligence warranting punishment for the offences punishable under Sections 304-A and 420 of the Indian Penal Code is made out.
15. Mr. S. Dayal, learned Additional Public Prosecutor for the State has also supported the contention of the learned counsel for the opposite party no. 2. He has submitted that there is no error either in the order passed by the learned Magistrate or in the revisional order passed by the learned Sessions Judge, Bhagalpur. According to him, it is not the stage when the defence of the petitioners is required to be sifted and weighed. The materials placed before the Court disclosed a prima facie case against the petitioners and, hence, this Court should not exercise its inherent jurisdiction to interdict a criminal prosecution at the initial stage.
  16. I have heard respective counsel for the parties and with their assistance perused the materials available on record. I find that there is absolutely no allegation of cheating in the complaint petition against any accused person. I am completely at a loss as to how the Magistrate could even think of taking cognizance for the offence punishable under Section 420 I.P.C. the materials on record do not make out case against the petitioners under Section 420 I.P.C. There was no dishonest intention on the part of the petitioners right from the beginning to induce the patient into parting with money for his treatment.
  17. The only other section under which cognizance has been taken is section 304-A of the Indian Penal Code. Section 304-A of the Indian Penal Code states that whoever causes the death of a person by a rash or negligent act not amounting to culpable homicide shall be punished with an imprisonment for a term of two years or with fine or with both.
  18. It would appear from the allegations made in the complaint petition that there is a vague and omnibus allegation of negligence against the petitioner no.1 and the anesthetist, Dr. Vikash Kumar, which has not been supported by an independent medical expert. In absence of any medical expert report it would be unsafe to straightway draw a conclusion that there is a prima facie case against the petitioners for committing the offence of criminal medical negligence.
  19. It is a matter of concern that after happening of some unfortunate event, there is a tendency to put blame upon medical professionals. The changing doctor patient relationship and commercialization of modern medical practice has brought spurt in launching prosecution against the medical professionals in recent times. On the one hand, there can be unfavourable result of treatment and on the other hand, the patient/attendant suspects negligence as a cause of their suffering.
  20. However, the medical professionals are duly protected if the action is taken in good faith. The criminal law has invariably placed the medical professionals on a pedestal different from ordinary mortals.
  21. Section 80 of the Indian Penal Code states that nothing is an offence which is done by accident or misfortune, and without any criminal intention or knowledge in the doing of a lawful act in a lawful manner by lawful means and with proper care and caution. It protects a person from criminal liability if the act which killed the other person is done



“with proper care and caution”, which can be expected of him by a prudent and reasonable man in the circumstances of a particular case.

22. Similarly, Section 81 IPC states that nothing is an offence merely by reason of its being done with the knowledge that it is likely to cause harm, if it be done without any criminal intention to cause harm, and in good faith for the purpose of preventing or avoiding other harm to person or property.
23. Thus, in view of the provisions of Section 80 and 81 of the Indian Penal Code, a doctor cannot be held criminally responsible for a patient's death unless it is shown that he/she was negligent or incompetent, with such disregard for the life and safety of patient that it amounted to a crime against the State.
24. Section 88 of the Indian Penal Code provides for exemption for acts not intended to cause death, done by consent in good faith for person's benefit. The illustration given in section 88 of 1860 of the Indian Penal Code is of great importance which reads as under:-  

“A, a surgeon, knowing that a particular operation is likely to cause the death of Z, who suffers under a painful complaint, but not intending to cause Z's death, and intending, in good faith, Z's benefit, performs that operation on Z, with Z's consent. A has committed no offence”.
25. From a bare perusal of the illustration given under Section 88 of the Indian Penal Code, it is manifest that a medical professional has been given total protection, if the action is taken in good faith for the person's benefit after taking his consent whether express or implied.
26. Section 92 of the Indian Penal Code provides for exemption of acts done in good faith for the benefit of a person without his consent though the acts cause harm to the person and that person has not consented to suffer such harm.
27. The illustration (c) of the proviso to Section 92 would be important for considering a case of medical negligence which reads as under:-  

“92(c) A, a surgeon, sees a child suffer an accident which is likely to prove fatal unless an operation be immediately performed. There is no time to apply to the child's guardian. A performs the operation in spite of the entreaties of the child, intending, in good faith, the child's benefit. A has committed no offence.”
28. Section 93 of the Indian Penal Code saves from criminality certain communications made in good faith. It is introduced to protect the innocent without cloaking the guilty. It requires that the communication should have been made (1) in good faith, and (2) for the benefit of the person to whom it is made.
29. The illustration given in Section 93 of the Indian Penal Code speaks of a surgeon. It reads as under:-  

“A, a surgeon, in good faith, communicates to a patient his opinion that he cannot live. The patient dies in consequence of the shock. A has committed no offence, though he knew it to be likely that the communication might cause the patient's death”.
30. A careful scrutiny of Sections 80, 81, 88, 92 and 93 IPC would make it clear that the Indian Penal Code, 1890 has taken care to ensure that a medical professional, who act in good faith, should not be punished.



31. Despite the protection given to the medical professionals under the penal code, the increasing trend of litigation by unsatisfied patients drew attention of the Supreme Court in more than one case. It has recognized the fact of malicious prosecution of medical professionals and ruled against their criminal prosecution unless gross negligence is established. It has held that a medical practitioner cannot be held liable simply because things went wrong from mischance or misadventure or through an error of judgment in choosing one reasonable course of treatment in preference of another. A medical practitioner would be liable only when conduct fell below that of standards of a reasonably competent practitioner in his field.
32. In a landmark judgment in **Jacob Mathew v. State of Punjab & Another [(2005) 6 SCC 1]**, while dealing with the case of negligence by professionals, the Supreme Court succinctly stated in the following words:-  

“18. In the law of negligence, professionals such as lawyers, doctors, architects and others are included in the category of persons professing some special skill or skilled persons generally. Any task which is required to be performed with a special skill would generally be admitted or undertaken to be performed only if the person possesses the requisite skill for performing that task. Any reasonable man entering into a profession which requires a particular level of learning to be called a professional of that branch, impliedly assures the person dealing with him that the skill which he professes to possess shall be exercised with reasonable degree of care and caution. He does not assure his client of the result. A lawyer does not tell his client that the client shall win the case in all circumstances. A physician would not assure the patient of full recovery in every case. A surgeon cannot and does not guarantee that the result of surgery would invariably be beneficial, much less to the extent of 100% for the person operated on. The only assurance which such a professional can give or can be understood to have given by implication is that he is possessed of the requisite skill in that branch of profession which he is practising and while undertaking the performance of the task entrusted to him he would be exercising his skill with reasonable competence. This is all what the person approaching the professional can expect. Judged by this standard, a professional may be held liable for negligence on one of two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the given case, the skill which he did possess. The standard to be applied for judging, whether the person charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not necessary for every professional to possess the highest level of expertise in that branch which he practises. In *Michael Hyde and Associates v. J.D. Williams & Co. Ltd.* 2001 PNLR 233(CA) Sedley, L.J. said that where a profession embraces a range of views as to what is an acceptable standard of conduct, the competence of the defendant is to be judged by the lowest standard that would be regarded as acceptable.”
33. The Court further observed higher the acuteness in emergency and higher the complication, more are the chances of error of judgments. It held in para 25 as under:-





“25. A mere deviation from normal professional practice is not necessarily evidence of negligence. Let it also be noted that a mere accident is not evidence of negligence. So also an error of judgment on the part of a professional is not negligence *per se*. Higher the acuteness in emergency and higher the complication, more are the chances of error of judgment. At times, the professional is confronted with making a choice between the devil and the deep sea and he has to choose the lesser evil. 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.

Which course is more appropriate to follow, would depend on the facts and circumstances of a given case. The usual practice prevalent nowadays is to obtain the consent of the patient or of the person in-charge of the patient if the patient is not in a position to give consent before adopting a given procedure. So long as it can be found that the procedure which was in fact adopted was one which was acceptable to medical science as on that date, the medical practitioner cannot be held negligent merely because he chose to follow one procedure and not another and the result was a failure.”

34. Further, in para 28 and 29, the Court observed about a doctor faced with an emergency as under:-

“28. A medical practitioner 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. Obviously, therefore, it will be for the complainant to clearly make out a case of negligence before a medical practitioner is charged with or proceeded against criminally. A surgeon with shaky hands under fear of legal action cannot perform a successful operation and a quivering physician cannot administer the end-dose of medicine to his patient.

29. If the hands be trembling with the dangling fear of facing a criminal prosecution in the event of failure for whatever reason — whether attributable to himself or not, neither can a surgeon successfully wield his life-saving scalpel to perform an essential surgery, nor can a physician successfully administer the life-saving dose of medicine. Discretion being the better part of valour, a medical professional would feel better advised to leave a terminal patient to his own fate in the case of emergency where the chance of success may be 10% (or so), rather than taking the risk of making a last ditch effort towards saving the subject and facing a criminal prosecution if his effort fails. Such timidity forced upon a doctor would be a disservice to society.”

35. The Court went on to remind in para 47 as under:-

“47. ....Indiscriminate prosecution of medical professionals for criminal negligence is counter-productive and does no service or good to society.”

36. The Court exhaustively considered various aspects of negligence on the part of a doctor and summed up its conclusions in para 48 as under:-

“48. We sum up our conclusions as under:



- (1) Negligence is the breach of a duty caused 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. The definition of negligence as given in *Law of Torts*, Ratanlal & Dhirajlal (edited by Justice G.P. Singh), referred to hereinabove, holds good. Negligence becomes actionable on account of injury resulting from the act or omission amounting to negligence attributable to the person sued. The essential components of negligence are three: “duty”, “breach” and “resulting damage”.
- (2) Negligence in the context of the medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. A case of occupational negligence is different from one of professional negligence. A simple lack of care, an error of judgment or an accident, is not proof of negligence on the part of a medical professional. So long as a doctor follows a practice acceptable to the medical profession of that day, he cannot be held liable for negligence merely because a better alternative course or method of treatment was also available or simply because a more skilled doctor would not have chosen to follow or resort to that practice or procedure which the accused followed. When it comes to the failure of taking precautions, what has to be seen is whether those precautions were taken which the ordinary experience of men has found to be sufficient; a failure to use special or extraordinary precautions which might have prevented the particular happening cannot be the standard for judging the alleged negligence. So also, the standard of care, while assessing the practice as adopted, is judged in the light of knowledge available at the time of the incident, and not at the date of trial. Similarly, when the charge of negligence arises out of failure to use some particular equipment, the charge would fail if the equipment was not generally available at that particular time (that is, the time of the incident) at which it is suggested it should have been used.
- (3) A professional may be held liable for negligence on one of the two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the given case, the skill which he did possess. The standard to be applied for judging, whether the person charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not possible for every professional to possess the highest level of expertise or skills in that branch which he practices. A highly skilled professional may be possessed of better qualities, but that cannot be made the basis or the yardstick for judging the performance of the professional proceeded against on indictment of negligence.
- (4) The test for determining medical negligence as laid down in *Bolam case (1957) 1 WLR 582*, WLR at p. 586§ holds good in its applicability in India.
- (5) The jurisprudential concept of negligence differs in civil and criminal law. What may be negligence in civil law may not necessarily be negligence in criminal



law. For negligence to amount to an offence, the element of *mens rea* must be shown to exist. For an act to amount to criminal negligence, the degree of negligence should be much higher i.e. gross or of a very high degree. Negligence which is neither gross nor of a higher degree may provide a ground for action in civil law but cannot form the basis for prosecution.

- (6) The word “gross” has not been used in Section 304-A IPC, yet it is settled that in criminal law negligence or recklessness, to be so held, must be of such a high degree as to be “gross”. The expression “rash or negligent act” as occurring in Section 304-A IPC has to be read as qualified by the word “grossly”.
- (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.
- (8) *Res ipsa loquitur* is only a rule of evidence and operates in the domain of civil law, specially in cases of torts and helps in determining the onus of proof in actions relating to negligence. It cannot be pressed in service for determining *per se* the liability for negligence within the domain of criminal law. *Res ipsa loquitur* has, if at all, a limited application in trial on a charge of criminal negligence.”

37. While dealing with a case of medical negligence, the Supreme Court in case of **Kusum Sharma & others v. Batra Hospital & Medical Research Centre and others ((2010) 3 SCC 480)** observed in para 87 as under:-

“87. 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 or 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 or most likely imminent.”

38. The Court considered leading cases of medical negligence and observed in para 89 as under:-

“89. On scrutiny of the leading cases of medical negligence both in our country and other countries specially the 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 unnecessarily 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 pressurising 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.”
39. In **MARTIN F. D'SOUZA Vs. MOHD. ISHFAQ ((2009) 3 SCC 1)**, a two-Judge Bench of the Supreme Court has lucidly and elaborately explained the subject of medical negligence and held in para 106 as under:-



“106. We, therefore, direct that whenever a complaint is received against a doctor or hospital by the Consumer Fora (whether District, State or National) or by the criminal court then before issuing notice to the doctor or hospital against whom the complaint was made the Consumer Forum or the criminal court should first refer the matter to a competent doctor or committee of doctors, specialized in the field relating to which the medical negligence is attributed, and only after that doctor or committee reports that there is a prima facie case of medical negligence should notice be then issued to the doctor/hospital concerned. This is necessary to avoid harassment to doctors who may not be ultimately found to be negligent. We further warn the police officials not to arrest or harass doctors unless the facts clearly come within the parameters laid down in *Jacob Mathew case (Jacob Mathew v. State of Punjab, (2005) 6 SCC 1)*, otherwise the policemen will themselves have to face legal action.”

40. Applying the aforementioned law to the facts of the present case, it is evident that the minimum requirement of the law as regards evidence of a competent medical expert has not been satisfied.
41. As noted above, the patient was suffering from certain ailment. He needed immediate medical attention. He was being treated by different doctors from before. The patient was taken to the Nursing Home of the petitioner no. 1 by the complainant and others. The patient and his attendant had consented for operation of hernia. It is also an admitted fact that the petitioners are qualified doctors. Petitioner no. 1 had conducted the operation with assistance of an anesthetist. Unfortunately, the condition of the patient deteriorated after the operation and despite efforts taken by the doctors, the life of the patient could not be saved. These admitted facts make it amply clear that it was not a case of gross medical negligence or rashness of such a degree as to indicate a mental state that can be described as totally apathetic towards the patient for which the petitioners could have been criminally prosecuted.
42. I further find that there is absolutely no allegation in the complaint against the petitioner no. 2, but the learned Magistrate mechanically summoned her to face trial. While passing the order, neither the court of magistrate nor the revisional court has appreciated the facts or the law involved in the case.
43. For all the aforementioned reasons, I am of the opinion that there was no prima facie material against the petitioners for summoning them for the offence of criminal medical negligence or for the offence of cheating.
44. Accordingly, the order dated 15th March, 2012 passed by the learned Judicial Magistrate, 1st Class, Bhagalpur in Complaint Case No. 1951 of 2009 and the order dated 16.07.2012 passed by the learned Sessions Judge, Bhagalpur in Criminal Revision No. 191 of 2012, as well as the entire criminal prosecution arising out of Complaint Case No. 1951 of 2009, pending before the learned Judicial Magistrate-1st Class, Bhagalpur, are quashed.
45. The application stands allowed.

(Ashwani Kumar Singh, J.)



### "Dharti Ratna Award" by Hon'ble Governor H.E. Omprakarsh Kohli



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### CME - Paediatric Nephrology Morbi Branch







**"Know our IMA Schemes" Surat Branch**



\* \* \* \* \*

**Mega Blood Donation Camp Anand Branch**



**Central Working Committee, Thiruvananthapuram**



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**CME - Diabetes & Hypertension Morbi Branch**





### GUEST HOUSE OF IMA LIST

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Anadhra Pradesh</b>	<b>Bhimavaram</b> Branch, IMA Building, Mothupallivari Street, Bhimavaram West Godawari - 534201	<b>Dr. M Venketramna</b> (M) 9491014817 Mr. I.S. Prasad Fax : 08816- 234231	1 AC double bedded Room @ Rs. 500/- per day yes
	<b>Hyderebad</b> Branch, IMA Building, Near Esamia Bazar, Hyderabad	<b>Dr. Raju Ch. Srinivas</b> M : 09490172569 TEL:- (040) 24656378 FAX : (040) 24738197 E:- hydcityvima@yahoo.co.uk	Single A/C. RS. 400/- Double A/C - Rs. 600/- ( 12 Rooms ) Double A/C. RS. 500/- ( 8 Rooms ) No.
	<b>Kakinada</b> Branch, IMA Road, Kakinada, East Godavari Mehabadubad- 506101 , Warangal	<b>Dr. Y K Chaturvedi</b> (M) 9848162300, 0884-2361323 E:- imakakinada@yahoo.com	2 AC Suits @ Rs. 800/- per Day ( for doctors @ 500/- per day)
	<b>Nellor</b> Branch, Saraswathi Nagar, Opp. Ratan School, Nellore : 5240003	<b>Dr. Y Krishna Mohan Rao,</b> 0861- 2329420	
	<b>Tirupathi</b> Branch,29, Housing Board Colony, Alipiri Barpeta - 781315	0877-3959546	
<b>Assam</b>	<b>Barpeta</b> Road Branch Tourist lauge Baretta Road, Barpeta - 781315	<b>Dr. Kankan Goswami</b> M : 9435025239	5 non AC Rooms @ Rs. 400/- per room ( per day )
	<b>Tezpur</b> Branch I MA House, Tezpur- 784001	<b>Dr. H K Borah,</b> M : 9435081697	4 A/c. Rooms @ Rs. 750 /- per room
	<b>Tinsukia</b> Branch chinarapatti, Nr. SBI Main Br. Tinsukia - 786125	<b>Dr. Phanindra Saikia,</b> M : 09435134550	2 non AC double bedded rooms @ Rs. 250 per Rooms
<b>Bihar</b>	<b>Patna</b> Branch, IMA Building Dr. A k nsinha Path South East of Gandhi Maidan: Patna - 800004.	<b>Dr. Manvendra :</b> M : ( Dr. Thakur ) 9334114657, Tel : 0612-2321542 Fax : 0612-2321542 Email : info@imabihar.org	6 non A/C. Rooms @ rs. 150/- & 3 Rooms ( AC will be installed shortly )
	<b>Samastipur</b> Branch , Satish Chander Sarkar Bhawan, Opp. KHE inter college, Kashipur, Samastipur - 848101	M : 09431245533 ( Dr. D S singh : 06274-224094 )	4 double non AC Rooms @ Rs. 250/- per person
<b>Chandigarh</b>	<b>Chandigarh</b> Branch IMA house., sector - 35, chandigarh	<b>Mr. Ramswarup</b> Tel >: 0172-2602595 ; Fax : 0172-2602595 Email : singh_zora@yahoo.co.in	A/C room Rs. 600/- Cooler Rs. 350/- Noon A/C. RS. 350
<b>Delhi</b>	IMA H.Q.s. IMA House Indraprastha Marg. Delhi - 110002	TEL.: 011-23370009,8819, 8680, 0473, 0492,8424, Fax 23379470, 23370375 Email:- imabuilding@gmail.com	A.C. Super Delux - Rs. 2080/- per day for two persons. A.C. Delux - Rs. 787/- per Day per person in shared dormitory



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Gujarat</b>	<b>AHMEDABAD</b> Branch 2nd Floor, AMA House Opp. H k college Ashram road, Ahmedabad - 380 009	<b>Dr. Jitendra N. Patel</b> (M) 09825325200, Tel/Fax.: 079-26587370 Email: imagsb@youtele.com imagsb@gmail.com	<b>5 AC Rooms @Rs. 800/- 1 AC room @Rs. 500/- 1 non A.C. Dormitory Rs. 300/- extra bed @ Rs. 100/-</b>
<b>Karnataka</b>	<b>Karnataka</b> Branch, IMA House, Nr. IMA Circle, A V Road - bangalore - 560018	<b>Mr. Puttuswamy,</b> Hon State Secretary : 9008828303; 080-26800409 : 080-26703255 Email : imaksb@bsnl.in	10 non A/C Single Bed Rooms @ Rs. 250/- , 6 non AC Double Bedded Rooms @ rs. 400/- 1 A C Deluxe @ Rs. 700/- , 1 Suite @ Rs. 800/- extra Bed : 150/- yes
	<b>Tumkur</b> Branch IMA House, Town Hall Circle , Tumkur - 572101	<b>Dr. Prashant</b> ( M ) 9632222233 , 0816-2254938	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
	<b>Shimoga</b> Branch Mc. Gann Hospital Compound, Shimoga	Hon. Secretary : 9448421951 08182-224622 : doc_vishwanath@hotmail.com	
	<b>Chitradurga</b> Branch opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	single Bed Rs. 50/- Double Bed rs. 100
	<b>Arsikere</b> Branch, IMA House , B/h. Sai natha Temple, J C Hospital Compound Arsikere - 573103	( M ) : 9448997377 hareeshkv@yahoo.com Chanchecku@gmail.com	single Bed Rs. 100 /-
<b>Kerala</b>	<b>Thiruvananthapuram</b> Branch, IMA State Headquaters, Ananyara. Thiruvananthapuram - 695029	<b>DR.J R Nair :-</b> 9447154066 TEL. 0471-2741144, Fax :- (0471) 2741155, Email:- imaksb@yahoo.co.in	AC Double bedded room @Rs. 1200/- for non IMA Member & IMA Member from other state and Rs. 800/- for IMA Members. 4 bedded Rooms Rs. 1600 for IMA Members and Rs. 2400 for Non IMA Members and RS. 2400 for IMA Members from other states.
	<b>Kottarakara</b> Branch, Ima House, Bubby Kottarakara Road P.O. Kotarakaro, Dist. Kollam	<b>DR. Radhamony</b> M: 9447801337 Tel : 0474-2454066, 2060777: Fax 0474-2454066, rradhymoney@yahoo.co.in	Can be arragned In some other private hotel
<b>Maharashtra</b>	<b>Mumbai</b> Branch IMA CHOWK, 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	<b>Mrs. Jyotsna,</b> Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com; mumbai@mtnl.net.in	Rs. 500/- ( 1 room) No.
	<b>Mumbai</b> West Branch, J R Mhtr Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	<b>Ms. Aparna :</b> Tel :- 022-26206517, 65235579, 26254368, imamumbaiwest@yahoo.com	2 Rooms Rs. @ Rs. 1275/- + 10.30 % , 2 Rooms @ Rs. 1200/- + 10.30 % No.



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	<b>Nagpur</b> Branch, IMA house North Ambbazari Road, Nagpur - 440010	Te; :- (0712) 2550777. 2522421 Fax :- 0712-2550777 E :- <a href="mailto:imacon2007@gmail.com">imacon2007@gmail.com</a>	AC RS. 340/- NO.
<b>MP</b>	<b>Indore</b> Branch, IMA Bhawan, Dr S K Mukharji IMA, Parisar M.O.G. Lines Indore - 452002	<b>Dr. Shekhar D Rao.</b> ( M ) 09826060629. Tel : 0731-2787988, E :- <a href="mailto:imasecretaryindore@gmail.com">imasecretaryindore@gmail.com</a>	Non A C Double bedded room @ Rs. 650 /- No.
	<b>Jabalpur</b> Branch , IMA House , wright town, jabalpur - 482001	<b>Dr. L S Bais</b> : 9425159767, Tel .:- 0761-2404940, 4005715, Fax: 4005715	1 double bedded ! Hour bedded room @ RS. 150/- /Bed / day no.
	<b>Ratlam</b> Branch, Subhedara IMA House Rajendra ngr. Ratlam	<b>Dr. Ghate</b> : 9425103800: 07412-231737 Email : <a href="mailto:pkghate@yahoo.com">pkghate@yahoo.com</a>	6 Single bedded @ Rs. 200/- day No.
	<b>Gwalior</b> Branch IMA House - 32 Gndhi Enclave Behind Hotel Sita, Manor, Gwalior	<b>Dr. Ashwini Bhatnagar</b> : 9827062860 Email : <a href="mailto:ima_gwaliro@yahoo.in">ima_gwaliro@yahoo.in</a>	1 AC double bed @ Rs. 500/-
<b>Orissa</b>	<b>Berhampur</b> IMA Berhampur M K C G Medical College Campus Berhampur - 760004, Orissa	Hony Secretary M: 9643706627 Tel : (0680) 2283848 E - <a href="mailto:kkpl1000@hotmail.com">kkpl1000@hotmail.com</a>	All AC Rooms with color TV & Geyser Facility. Room 301, 302 & 303 RS. :- 400/ Room 304 & 305 RS. :- 500/-
	<b>Bhubaneswar</b> BHUBANESWAR IMA INSTITUTE, 656 & 781 GANGA NAGAR UNIT - 6 Bhubandeswar, Orissa	<b>Dr. Saroj Kumar Sahu</b> ( for Hall Mob :- 9437002424 <b>Mr. Umakanta</b> ( For Room ) ph:- 0674-239008 Mob : 9237014514 <a href="mailto:imabahubaneswar@gmail.com">imabahubaneswar@gmail.com</a> <a href="mailto:sahudrasaroj@yahoo.co.in">sahudrasaroj@yahoo.co.in</a>	* Auditorium 250 Capacity * Executive Conf Room of 50 Capacity six Rooms 1. Two A/C Double Rooms . 2. Two A/C Three Bed Rooms 3. One A/C Four Bed Room All are A/C. Fixed with LCD, Round the Clock water and Electricity Backup Tariff ranging from Rs. 800/- to Rs. 1400/- per day Only 1 km from Bhuneswar Airport And 3 km From Railway Station
	IMA State Hqr., <b>Cuttack</b> IMA House, Medical Road, Ranihat, Cuttack - 753007, Orissa	Office Tel. : (0671) 2121225 /2413060 Mob. : 8763349498 Email : <a href="mailto:imaorissa@gmail.com">imaorissa@gmail.com</a>	All AC Rooms with LCD TV, Geyser Facility. round the clock water and Electricity backup Facility 1 suite : 1,000/- 3 Double bed Rooms : 500 /- 1 Triple bed Rooms : 750 /- Conference Hall 100 Capacity Rs. 3000/- ( For 6 hour only ) Meals shall be provided on request from local market



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Rajasthan</b>	<b>Ajmer</b> Branch, Informat of L.N. Hospital, Ajmer	<b>Dr. H.S. DUA</b> (M) 9414300220, Mr. Lajpat Raj ( M ) 9782946739	2 Rooms @ Rs. 600/- ( for 24 Hours ) ( cooler )
	<b>Kota</b> Branch, MBS Hosptial Campus ; Nayapura, Kota	M : 0941479558 Rs. 600/- for 24 Hours ( 2 Rooms )	1 AC double bedded Room @ Rs. 600/- , 1 non AC room @ 400/-
<b>Tamil Nadu</b>	<b>State HQ</b> Branch, Sindur Gardens, 423 Kilpauk Garden Road, Kilpauk, <b>Chennai -10</b>	<b>Dr. N. Muthurajan</b> (M) 9444224754, 0944733792, Mr. Mani - 044 - 26443055, Fax :- 22395004, E :- <a href="mailto:imatamilnadu@yahoo.co.in">imatamilnadu@yahoo.co.in</a>	Pallar ( AC Single bedded ) RS. 500/- ( without bath attached ) Kaveri -Double Bedded: Rs. 600/- Nilgiris - Triple bedded: Rs. 900/-
	<b>IMA TN State HQs. Building</b> Doctors colony, Via. Bharathi Nr. 1st Main Road, off. Mudichur rd, Tamba ram West, Chennai - 45	<b>Dr. Balasubramanian,</b> M: 094440070465, <b>Dr. Karunanidhi</b> M - 09444261385, Office 044-29000324, 29000325, Email :- <a href="mailto:egpima@gmail.com">egpima@gmail.com</a>	7 AC deluxe Room @ Rs. 800/- per day
	<b>TN State PPLSSS Chetpet Building</b> , H. NO 11 & 12, Sankara Heritage Apts, Super Tank Road, Chetpet, Chennai - 31	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- <a href="mailto:pplsssofimatn@gmail.com">pplsssofimatn@gmail.com</a>	5 AC Double bedded Room: @ Rs. 1000/- IMA PPLSSSS Member 900/- Single - 700 (IMA PPLSSS Member - 600
	<b>IMA PPLSSS - Tenyampet</b> Old No. 501, New NO. 626, Opp. To State Bus Termianal, Anna Salai (Mount Road ) , Teynampet , Chennai - 6000018	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- <a href="mailto:pplsssofimatn@gmail.com">pplsssofimatn@gmail.com</a>	11 Double Bedded Rooms . Rs. 1500/- per day per room
	<b>Salem</b> Branch, 12, Sardha College Road, New Fivr Road, Salme - 6360004	<b>Mr. Parameswaran</b> 9789517833, Tel.: 0427-2448033	3 Double bedded@ Rs. 500/- yes
<b>UP</b>	<b>Allahbad</b> Branch, 29, Stanley Road, Allahbad	TEL : 0532-26000909, 2607513, Email :- <a href="mailto:ama@sancharnet.in">ama@sancharnet.in</a>	
	<b>Banaras</b> Branch, I MA house, IMA Building, C-7/31, Chetganj, Varansai - 221001	<b>Dr. Alok C Bhardwaj,</b> <b>Mr. Madhu Pathak,</b> Tel.:- 0542-2403194, Fax :- 0542-2403194	3 AC double bedded Rooms @ Rs. 600/ 1 Dormitory of 6 Beds @ Rs. 100/- per bed per day
	<b>Bereilly</b> Branch IMA Bhawan 110, Civil Lines, Bareilly	<b>Mr. Sunil Karan</b> ( M ) 9410498049, Tel.: 0581-2511716, 2511259	4 AC Rooms double @ rs. 1000/- per days + 10.30 Tax, No.
	<b>Lucknow</b> Branch, IMA Bhawan, No. 1, River Bank Colony., Lucknow	<b>Dr. A M Khan</b> : 9415409188, 415409188, Mr. Anil Yadav, Tel : 0522-2626440: Fax : 0522-2626440	2 AC Double Bedded Rooms @ 500/-1 big Rooms @ Rs. 600 / (for IMA members 400/- ) no.





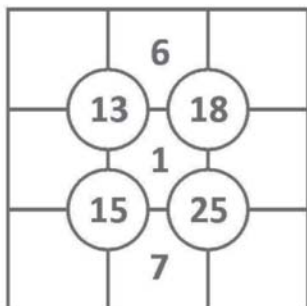
State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
West Bengal	<b>IMA Bengal State Branch,</b> IMA House, 1, 1/3 <b>Dr. Biresh Guha</b> Street, Kolkata - 700 017	<b>Dr. Amitabha Bhattacharya</b> M: 9339768287 Tel.: 033-22810758, 22873252 Fax : 033-22810758, 22893729 E : imabengalstate@yahoo.co.in	1 AC Dormatary for 6, NO.
	<b>IMA HQs. At KOLKATA,</b> <b>JIMA</b> Building 53, Creek Row, Kolkata 700014	<b>Mr. A S Das</b> Tel : 033-222257010,22360573 extn. 26, Fax - 22366437 M:- 9432960446 Email :- j_ima@vsnl.net	AC Rooms : Single bed Deluxe ( 1 ): 750/- day - delux double bedded ( 1 ) : 650/- bed / day double bedded ( 1 ) : 550/- bed/day - Triple Bedded ( 4 ) : 550- /bed / day Non AC, - Dormitory ( 5 beds ) -350/- / bed/ day incl. bed tea@breakfast
	<b>Krishnanagar Branch 9 ,</b> Church Road, Krishnanagar, Nadia.	<b>Dr. A+C43 K Basu Malik</b> ( M ) 9434105232 <b>Mr. Akhoy Biswas</b> (M) 9434335297	2 AC double Bedded Rooms @ Rs. 250/- per bed per day
	<b>Malda Branch,</b> R K Mission Road, Malda - 732101	Hony. Secretary : 943.4040368 <b>Mr. Brindavan Rao</b>	1 double bedded non AC Rooms @ Rs. 250/- per day
Uttaranchal	<b>Dehradun Branch 47,</b> Ballapur Road, Dehradun.	<b>Dr. Umang Sahai</b> M - 9359873284 <b>Dr. D.D. Choudhary</b> M - 9897296200 <b>Dr. Bhim S Pandhi</b> M - 9837070913	1 A C double bedded room



# Games Corner

Dr. Chandresh Jardosh Surat

## Chhota Sudoku



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

## 7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different items seen on the Bank.

Key	Words
4 Letters	1
5 Letters	2
7 Letters	2
8 Letters	1
9 Letters	1

NEY	DR	VI	OV	MO
GE	CO	AN	GA	QU
RT	EUE	NGS	AFT	TER
SA	LO	ER	MO	UN

## Sudoku

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

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



## KEN KEN PUZZLE

1-		16x	3x		30x
1-			16+		
				6x	
6-	5+	10+		2÷	
		7+		10+	1-
11+					

FOR EXAMPLE

3+		6x	
1	2	1	2 3

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

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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.





## Financial Planning from Doctor's Perspective



In my last article in August-2015 I.M.A. G.S.B. News Bulletin, I had discussed about Life stages in the life of a doctor. While working with my doctor clients I have realized that doctors are highly organized people and they plan everything including their leisure trips but they are highly unorganized in their financial affairs and never plan their financial life properly. So this article is an effort to guide you on What is Financial Planning actually?

### What is Financial Planning?

By definition "Financial planning is a **process** of meeting your **life goals** through **available resources in the best possible manner**".

Let us first understand this in detail.

### A Systematic Process:

Financial planning is a six step process, this means that there is systematic series of action to organize and manage your financial affairs, Just like you have a systematic process to treat your patients. This process is defined by Financial Planning Standards Board of India.

### Your Life Goals:

The entire focus of financial planning process is on meeting your Life Goals like Building Hospital, Retirement Planning, Higher Education Fund planning for your children, etc. As against this, traditional approach of investment never focuses on

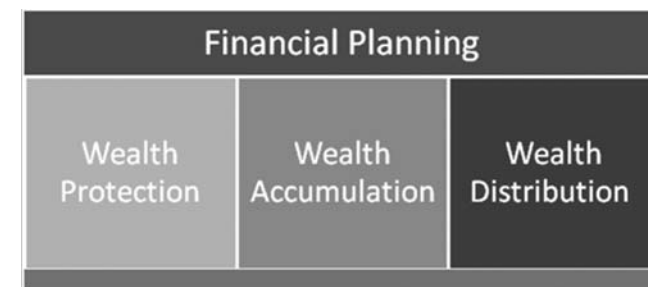


life goals. It only focuses on financial products. Life goals are like destinations where you have to reach. Doing investments without clear goals is like travelling in a train without knowing your destination. Life goals indicate the points in your life where there will be major cash outflows in your life.

### Available Resources in the Best Possible Manner:

Financial planning focuses at **optimization** of your current resources and future resources to meet your life goals. Financial planning always aims at optimization and not maximization because maximization means maximum risk. Now you may not need to take that much risk and it may lead to losses in your investment. Let us take a simple example to understand this, suppose you are travelling from your clinic to home and distance is 10 kms and you have sufficient time say you have 1 hr to reach, now will you drive at higher speed in a crowded area? No. But say someone is suffering from heart attack and you have to reach hospital at the earliest, now you will try to drive at higher speed. Similarly, you have to check how much risk you should take to meet your life goals, if you are meeting your life goals easily with available financial resources why should you take higher risk when you can avoid it. All these aspects are thoroughly taken care in financial planning.

In short Financial Planning is a very systematic approach to manage your financial life. It covers three major aspects of your financial life which are as under.



1. **Wealth Protection** : Financial Planning primarily aims at protecting your wealth from different type of risks involved in different asset classes and for that It has inbuilt risk management strategies. Financial Planning also protects your wealth by providing proper insurance for your life and your assets.



2. **Wealth Accumulation:** Another important aspect that is covered in Financial Planning is providing for effective Wealth Accumulation strategies for your Goals. It provides for how smoothly you can achieve your financial goals.
3. **Wealth Distribution:** Wealth Distribution is related to first providing for golden years (retired life) of life and then creating effective succession planning strategies to bequeath the wealth that you have accumulated during your life time to your legal heirs as per your wish considering Succession Laws applicable to you.

### Why Doctors must adopt Financial Planning Approach:

#### Financial Planning is Broader Concept:

Financial Planning is a much broader concept as against simple investment planning. It covers many different areas like Goal Planning, Budgeting, Cash flow Management, Net Worth Analysis, Succession Planning, Investment Planning, Risk Management, Insurance Planning, Asset allocation strategies, Liability Management (managing loans) etc. Doctors need to focus on all these areas, which is taken care in Financial Planning approach.

#### Delayed Cash Inflows and Capital Intensive Nature of Medical Practice:

When I compare medical practice with other professions like Architects, Lawyers, Financial Planners etc. I find two major differences. First one is delayed cash inflows and second is very high investments in infrastructure and machinery. A doctor's income starts very late almost at the age of 28 and then he needs to invest a lot in infrastructure and machinery, this has a significant impact on his financial life so doctors without wasting much years of working life should organize their financial life by adopting financial planning approach.

#### Time Constraint:

Doctors are always running short of time so they are not able to focus upon their financial matters properly and need an approach which can keep their financial life on track. Financial Planning is a perfect approach which helps them to keep their financial life healthy.

**Prakash Lohana**, CFP<sup>CM</sup>, CPFA.  
(Vadodara)

Feedback / comments : [imagsb@gmail.com](mailto:imagsb@gmail.com)



## Answers

### Chhota Sudoku

4	6	3
2	13	18
5	15	25
	1	8
	7	9

### 7 BR OK EN Words

- 1 LOAN
- 2 MONEY
- 3 GUEUE
- 4 SAVINGS
- 5 COUNTER
- 6 MORTGAGE
- 7 OVERDRAFT

### Sudoku

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

### KEN KEN PUZZLE

1-	4	5	16x	3x	1	3	30x	6
1-	3	2	4	15+	6	1	5	
	2	3	5	4	6x	6	1	
5-	6	5+	10+	3	5	2+	4	2
	1	4	7+	6	2	10+	5	1-
11+	5	6	1	3	2	4		

## ANSWERS

- (1) Osteogenesis imperfecta.
- (2) Osteogenesis imperfecta.
- (3) Hydrocephalus in children.
- (4) Victoria Apgar an Obstrecian.
- (5) Glasgow, Scotland.
- (6) Delhi belly, Delhi Bug.
- (7) Names of the infections in pregnancy spreading to the fetus.
- (8) Toxoplasma, Rubella, Cytomegalovirus, Herpes.
- (9) Fracture in Pediatric age group.
- (10) HIV Positive Patient in Berlin becoming HIV Negative after Bone Merrow transplant for other condition.
- (11) Leprosy, Typhoid Carrier, Menigococcal Carrier.
- (12) Hypothyroidism.
- (13) Lou Gehrig Disease.
- (14) 14 to 15 years.
- (15) Pyridium.
- (16) Indicates carrier stage.
- (17) Diloxanide.
- (18) Ronald Ross.
- (19) 100.
- (20) 500ml.
- (21) Testis.



## UTILITY PAGES

### EMERGENCY

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### EYE BANKS / HOSPITALS

Asopalav Eye Hospital -Shahibaug .....	22865537
CH.Nagri Eye Bank -Ellis bridge .....	26466724
C.S.Samaria Red Cross Int.Eye Bank Thaltej .....	1053 & 27450633
Hargovandas Prabhudas Sadvicriar Parivar Eye Hospital -Naroda .....	22811476
Lions Karnavati Shantaben Vishnubhai Patel Eye Hospital -Ognaj .....	952717244052
M and J Inst. of Ophthalmology Eye Bank-Civil Hospital .....	22680314

### CIVIC SERVICE CENTRE

East Zone .....	32982474
Lal Darwaja .....	32091243
Law Garden .....	32981247
Maninagar .....	32981246
North Zone .....	32982471
West Zone .....	32981242

### AMC CONTROL ROOM (FOR COMPLAINTS)

Main .....	25353858/25353717
West Zone .....	27550910

North Zone .....	22801182
East Zone .....	22970422-24
New West Zone Bodakdev .....	32981396
Central Zone .....	25353717

### TELEVISION

Aaj Tak -Panchvati .....	26405253
CNBC -S G Road .....	40040825
Doordarshan -Thaltej .....	26853025
ETV Gujarati -Bodakdev .....	26871210
NDTV -C G Road .....	9825030011
Set India Ltd (Sony TV) Stadium .....	26565908/9825329091
Star News -S G Road .....	26872529
Zee News -Satellite .....	26922717
TV 9 .....	26810999

### PRINT

Business Standard ltd -Ellisbridge .....	26577772
Chitralkha Group -Parimal Garden .....	26461711
Divya Bhaskar -S G Highway .....	39888850
Gujarat Samachar -Khanpur .....	30410000
Hindustan Times -Navrangpura .....	26560037
India Today -Panchvati .....	26569156/26560393
Indian Express -Bodakdev .....	26872481
Jaihind Press -Navrangpura .....	26587053
Jansatta -Bodakdev .....	26873995
Mumbai Samachar -Panchvati .....	26421783
Press Information Bureau -Bhadra .....	25507217
Press Trust of India Ltd. -Navrangpura .....	26430507
Rajasthan Patrika C.G. Road .....	30611565



Sambhav-Bodakdev.....26873914  
The Sandesh Ltd.  
-Bodakdev .....40004000  
The Times of India Fadia  
Chambers .....26553300/26582527  
The Times of India  
- Sakar 1 .....26554455  
The Times of India  
- Vejalpur.....26761495  
Young Leader  
-Khanpur .....25502999

**RADIO**

All India Radio  
- Income Tax .....27542672  
My FM-S G Highway .....26927943  
Radio City  
- S G Highway.....66119911  
Radio Mirchi - Vejalpur.....66001100  
Radio One.....67010013

**MEDICAL COLLEGE**

BJ.Medical College  
- Asarwa .....22680074  
College of Nursing  
-Asarwa .....22681406  
Suresh Brahm Kumar  
Bhatt College  
of Physiotherapy.....26583435  
Smt. N.H.L. Municipal Medical College  
Ellisbridge.....26576275  
Institute of Kidney  
Diseases and Research Centre  
Asarwa .....22685601  
U N Mehta Institute of Cardiology  
and Research Centre  
-Asarwa.....22682395

**TELEPHONE NUMBERS**

**A.M.A.**.....**2658 8775**  
**A.M.A. (Fax)**.....**2658 7498**  
**G.S.B.** .....**2658 7370**  
**S.S.S.** .....**2658 0690**

**ENTERTAINMENT HALLS**  
Dinesh Hall  
- Ashram Road.....26582123  
Tagore Hall - Paldi .....26575741  
Thakorbhai Desai Hall  
- Law Garden .....26400651  
Town hall - Ellisbridge.....26582092

**AIRLINES**

Airport Authority of  
India .....22867261  
Air India Domestic City  
Office Ashram Road .....26585633/44  
Laldarwaja .....25503061/2/3  
Airport.....22869233/44  
Airport  
Tele-Check-in .....22850376  
Cargo .....22869236  
**International**  
Airport.....22867237/5211/9238  
Cargo .....22862976/29292100/03  
Jet Airways  
Ashram Road.....27543304 to 10  
Airport.....22866540/240  
Cargo .....22861407/8533  
TeleCheck-in .....22866540/240  
Jet Lite/Sahara .....1800223020  
...../22858003  
Spice Jet .....18001803333/  
.....09871803333

**TOURIST INFORMATION CENTRE**

Goa Tourism .....0832-2438750  
Gujarat Tourism.....26589172  
Himachal Tourism .....27544800  
Kerala Tourism .....18004254747  
M P State Tourism .....26462977  
Rajasthan Tourism .....26565187  
Uttaranchal Tourism.....26564245

**P.P.S.**.....**2658 8929**  
**N.S.S.S.**.....**2658 5430**  
**PHY.ASSO.**.....**2657 4763**  
**A.O.G.S.** .....**2658 6426**

**TOLL FREE NUMBER****Airlines**

Indian Airlines - 1800 180 1407  
Jet Airways - 1800 22 5522  
Spice Jet - 1800 180 3333  
Air India - 1800 22 7722  
Kingfisher - 1800 180 0101

**Banks**

ABN AMRO - 1800 11 2224  
Canara Bank - 1800 44 6000  
Citibank - 1800 44 2265  
Corporation Bank - 1800 443 555  
Development Credit Bank -

1800 22 5769  
HDFC Bank - 1800 227 227  
ICICI Bank - 1800 333 499  
ICICI Bank NRI - 1800 22 4848  
IDBI Bank - 1800 11 6999  
Indian Bank - 1800 425 1400  
ING Vysya - 1800 44 9900  
Kotak Mahindra Bank - 1800 22 6022  
Lord Krishna Bank - 1800 11 2300  
Punjab National Bank - 1800 122 222  
State Bank of India - 1800 44 1955  
Syndicate Bank - 1800 44 6655

**Automobiles**

Mahindra Scorpio - 1800 22 6006  
Maruti - 1800 111 515  
Tata Motors - 1800 22 5552  
Windshield Experts - 1800 11 3636

**Computers/IT**

Adrenalin - 1800 444 445  
AMD - 1800 425 6664  
Apple Computers - 1800 444 683  
Canon - 1800 333 366  
Cisco Systems - 1800 221 777  
Compaq - HP - 1800 444 999  
Data One Broadband - 1800 424 1800  
Dell - 1800 444 026  
Epson - 1800 44 0011  
eSys - 3970 0011  
Genesis Tally Academy - 1800 444 888

HCL - 1800 180 8080  
IBM - 1800 443 333  
Lexmark - 1800 22 4477  
Marshal's Point - 1800 33 4488  
Microsoft - 1800 111 100  
Microsoft Virus Update - 1901 333 334  
Seagate - 1800 180 1104  
Symantec - 1800 44 5533  
TVS Electronics - 1800 444 566  
WeP Peripherals - 1800 44 6446  
Wipro - 1800 333 312  
Xerox - 1800 180 1225  
Zenith - 1800 222 004

**Indian Railway General Enquiry** 139  
**Indian Railway Central Enquiry** 139  
**Indian Railway Reservation** 139  
**Indian Railway Railway Reservation Enquiry** 1345,1335,1330  
**Indian Railway Centralised Railway Enquiry** 1330/1/2/3/4/ 5/6/7/8/9

**Couriers/Packers & Movers**

ABT Courier - 1800 44 8585  
AFL Wizz - 1800 22 9696  
Agarwal Packers & Movers -

1800 11 4321  
Associated Packers P Ltd -  
1800 21 4560  
DHL - 1800 111 345  
FedEx - 1800 22 6161  
Goel Packers & Movers - 1800 11 3456  
UPS - 1800 22 7171

**Home Appliances**

Aiwa/Sony - 1800 11 1188  
Anchor Switches - 1800 22 7979  
Blue Star - 1800 22 2200  
Bose Audio - 1800 11 2673  
Bru Coffee Vending Machines -  
1800 44 7171  
Daikin Air Conditioners - 1800 444 222





## PREVENTING DIABETIC BLINDNESS

PREVENT LIFESTYLE DIABETES : ✓ healthy food , exercises,

✗ Obesity, stress, smoking

DETECT DIABETES EARLY : ALL above 45 yrs. Early if family history, obesity, pregnancy, steroid, stress

If normal repeat every 3 years at least or when a risk factor is added.

KEEP DIABETES CONTROLLED( HbA1c <7.0): If achieved monitor twice a year. If not, monitor quarterly while treatment is optimized. IT PREVENTS or DELAYS, ONSET & PROGRESSION OF RETINOPATHY

KEEP HYPERTENSION, DYSLIPIDEMIA, ANAEMIA, NEPHROPATHY CONTROLLED

GET DIABETICS SCREENED FOR RETINOPATHY ON DIAGNOSIS OF DIABETES & PERIODICALLY THEREAFTER: If no retinopathy initially, ensure review every 2 years. If retinopathy exists or risks high (poor control, other diabetic complications), then review as advised by Ophthalmologist. Screening is best done by an ophthalmologist clinically .Expensive tests are not needed. In places where Ophthalmologists not easily available, a fundus photo taken by a technician and read by an ophthalmologist (online or off line) is acceptable mode.

DISPLAY THE PDB AWARENESS POSTER :in your waiting room. See the poster at [www.diabret.com](http://www.diabret.com).

PARTICIPATE IN PDB DISCUSSION: Whenever your local IMA branch holds it and get clarity of the issue. OR see the PDB presentation on [www.diabret.com](http://www.diabret.com)

OPHTHALMOLOGISTS : Please screen ALL diabetics for retinopathy by dilated funduscopy ; follow up as per recommendations. Treat or refer at sight threatening stage.

LABS: Please print “ If you have Diabetes, get your Eyes tested for Retinopathy” as a standard foot note in all blood sugar reports.

IMA- GSB BRANCHES: 1) Ensure availability of posters to your members through branch or sponsor 2) Hold one clinical discussion in this year on Preventing Diabetic Blindness with panel of GP, Physician, Diabetologist, Ophthalmologist, Retina Specialist etc. so that care process is clearly understood and cob webs eliminated.

Your queries / comments/suggestions are welcome on [imgsb@gmail.com](mailto:imgsb@gmail.com)

**IMA-GSB THANKS YOU FOR YOUR INDULGENCE**

**Dr. Chetan Patel**  
President: IMA, GSB

**Dr. Jitendra Patel**  
Secretary: IMA, GSB

**Dr. Pradeep Sheth**  
Chairman- IMA-GSB PDB Initiative



## Enjoy being a Doctor

Good morning friends / colleagues

I enjoy being a doctor.

My businessmen, engineer and software friends might earn more than me, bankers may have more benefits than me. But I still enjoy being a doctor because I can make someone better, because I can save a family, because I am a part of a miracle many a times and because I am symbol of hope in despair.

People save a life by accident and feel proud for the rest of their lives. I do it for a living. Is there any better way of living than this?

My profession has given me enough. Being doctor touch wood I got more than enough money to raise my kids, have a decent house, enjoy little hobbies, needs are met.

We are also amongst the most intelligent and the top elite professionals in the world . In the current scenario still the toppers of high schools , SAT exams and other entrance tests in India and abroad want to take medicine as a career.

I am grateful to all those people who invested in me to make me doctor. I am thankful to all my patients who waited for hours, so that I can present the case for teaching. I am thankful to God that he helped me to gain skills that now I can contribute and can have a meaningful life. Thankful to my patients who put their trust and faith in me and I wouldn't let them down .

Yes, it is stressful. I agree. I worked very hard, without a doubt I had many sleepless nights. I have worked days together without holidays , vacations or weekends .

End of the day, it is my choice. I am leading a much easier life than those soldiers , army men , officers who stay in tents in snow, deserts and jungles and die every day for us, and what a shame, they die unknown . They are doing a tremendous job as well . All professions have challenges but not all have such returns as this one .

My profession has given a meaning to my life, it is my turn to justify that. I love being a doctor , actually I feel blessed being one !!!

This one is dedicated to all my doctor colleagues and friends who are doing a great job wherever they are and whatever might be the circumstances, they are making a difference in someone's life !

**Dr. Jignesh C. Shah, M.D.** (Gynecologist)  
Navawadaj, Ahmedabad