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The GRASP

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AMC Team 2018-19

Doctors Day
1st July 2018
details on [Page no. 42](#)

Official Journal of the Association of Medical Consultants, Mumbai.
Published Quarterly in May, August, November, February

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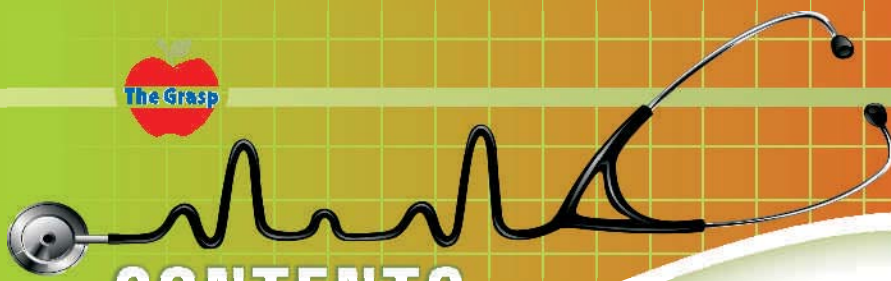
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EDIT SPEAK

Dr. Kritika Doshi

"The good physician treats the disease; the great physician treats the patient who has the disease."
- William Osler

Dear Friends,

Greetings from the Editor's desk.

All of us have been through the summer season with holidays, 10th and 12th Board Exam results, entrance exams and options of careers to be made. In today's scenario, Dr. Roshan Radhakrishnan, an anaesthesiologist in Kerala saying that he would rather his child choose any profession -including pole dancer- over following in his footsteps does not surprise us. Why would honest, hard-working, sincere students and their parents choose to become doctors? The prevailing un-safe working conditions for doctors, the biased and one sided media reporting and 'muscle power' seen at healthcare facilities makes the choice of a medical career difficult to accept.

There is enough scientific data to document the relationship between lifestyle, disease burden and healthcare costs. Many of the preventive aspects are being taught in schools and colleges. An adverse outcome of a medical case is reported in the media with various accusations on the medical fraternity. But, the responsibility of an individual to the health related lifestyle choices and neglect of healthy options is never mentioned. The doctor can treat the

illness but health has to come from the individual and his environment!

For a healthy India, we need responsible Primary Health Policies, Supportive Communities as well as cutting edge technology and hi-tech hospitals to offer world class treatment options. As doctors, we need to add compassion and empathy from our resident doctors, nurses, staff and society to save every human life. There is an appeal for increasing the healthcare spending to improve overall services, but little attention is paid to the quality of healthcare facilities and its effectiveness in the quality of life. The low doctor-patient ratio results in the 'disease' being addressed but the 'person' being neglected not due to lack of care but due to the sheer volume of patients that the doctors are burdened with. The tragic news of Maharashtra Cadre IPS Officer Mr. Himanshu Roy who committed suicide was shocking. He had a relapse of his malignancy and chose to end his life.

Palliative Care is an approach that improves the quality of life of patients and their families facing various problems associated with life-threatening illness. It involves prevention and relief of suffering by early identification, impeccable assessment and




treatment of pain and other problems, physical, psychosocial and spiritual. In diseases like Cancer, AIDS and other chronic illnesses we need to incorporate palliative care for the patients and their families at every interaction. Attempts to make opiates (morphine) easily accessible to patients have recently become successful. Dr. M. R. Rajagopal who was honoured with the Padmashree this year is the founder of Pallium India - a palliative care NGO. I humbly feel we all need to offer counseling or other options of palliative care to all our patients to cope with their chronic illnesses to a state of wellness.


"Health is a state of the body; Wellness is a state of being"
- J. Stanford


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**ASSOCIATION OF MEDICAL CONSULTANTS
MEMBERSHIP**

Total Membership of the Association	:	10757
Members under professional Indemnity Scheme of AMC	:	7512
Persons (Members & Family) under H & A Scheme	:	5580
Members under CBS Scheme	:	1377

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The cheque should be drawn in favour of "Association of Medical Consultants, Mumbai". Regards - Editorial Team





PRESIDENT'S PRECEPT

Dr. Vipin Checker

Dear Friends, Colleagues and Fellow Members,

As I take on the responsibility as President of the Association of Medical Consultants, Mumbai, I offer my humble thanks to each of you for your belief in me and granting me the unprecedented privilege of serving you for a year as the President of AMC. For me, the dawn of each day begins with a simple question - what is it that my team and I can do to make things better for you-our members and through you for our patients and society?

One lifeguard can save a person who is drowning. He is able to do what he can because of those who enabled and supported him. Behind that lifeguard are his teachers, his trainers, his coaches, and the institutional effort, equipment and team that enable him to perform his life saving act. I find myself in that position today. Behind me are the past office bearers, my teachers, and my inspiration that have led me to stand before you today.

I am imbibed by the ideals of selfless service, of respect for our members and an honest intent to serve our association and society. I am empowered with a team that will help you discharge your mission as life savers.

At AMC, we would like to build relationships that will be supportive and connect us better. We are keen to bridge chasms that have formed over time between us and our patients, between us and our regulators and also between our potential goals and our circumstances.

We have formulated a time bound plan to achieve these goals with responsibility.

In the coming 365 days, we have planned :

- i) An effective, open, and direct communication with all our fellow members on social media.
- ii) Digitization of all our services so that we are available to our members anytime, anywhere.
- iii) Offering cashless services to all.
- iv) Programs aimed to bridge the chasms between the Doctor and Patient.
- v) To provide liaising services with licensing and regulatory authorities.

My team looks forward to your goodwill and support to succeed. Together, we can be the change we want to see in our world. Change is what we can do as individuals; transformation is what we can usher in together.



I would like to share with all of you some of the initiatives that we are proposing to take forward this year.

- i) We have initiated the AMC Connect programs in each of the 8 zones of Mumbai. Over the year we plan 40 AMC connect programs where we come to meet you in your area to understand and help with vexatious issues.
- ii) We want our members to be healthy - to help this initiative, we have tied up with -
 - a) Abbott Pharma who are offering Fibro Scan- which measures the elasticity index of the liver, to monitor its condition. The detailed program for this initiative will be finalized soon.
 - b) Dr. Vikas Agarwal our member and ENT specialist has consented to do free sleep apnea studies throughout the year. As an AMC initiative, he has a technician who would charge Rs. 1500 for house visits.
- iii) AMC would also like to associate and partner with Doctors working in NGO's or who run NGO's offering genuine service.
- iv) We have reached out to Maharashtra Association of Resident Doctors and have taken the initiative to involve youngsters by conducting a youth drive for memberships.
- v) Ongoing plan to have workshops for nurses and CPR training thorough the Network of Association of Hospitals NoAH.

vi) Dr. D. Y. Patil Hospital has kindly consented to conduct simulation awareness workshops at a very economical rate for different faculties.

vii) Doctor's day celebration with a Blood Donation drive, a communication skill workshop and a technological conference, a wealth conference and another for senior Citizens, IT conference, Sexology conference & many more connects.

viii) We have with us offers from First Choice, Mahindra and Bharati AXA to get your car pampered.

It will be an action packed year, offering us many opportunities to meet, learn from each other, and strengthen our association. As your president I will be working towards our Association goals and to solve problems and issues of our members throughout the year, with a passion that comes from the joy of serving.

Once again, I thank you for the opportunity to serve our Association and seek your support, blessings, and goodwill in making these initiatives successful and meaningful.

"Coming together is the beginning, Keeping together is progress, Working together is success."

उम्मीदें तैरती रहती हैं, कश्तीयां डूब जाती है..!!
कुछ घर सलामत रहते हैं, आँधियाँ जब भी आती है..!!
बचा ले जो हर तूफां से, उसे आस कहते हैं...!!
बड़ा मज़बूत है ये धागा, जिसे विश्वास कहते हैं...!!

amc.president2018@gmail.com





HON. SECRETARY'S REPORT

Dr. Sushmita Bhatnagar

Respected & Dear AMC Members,

With a feeling of deep gratitude, I am writing for the first time as Hon. Secretary of AMC. This has become possible only because of your support and love which was transformed into votes in the tough AMC elections held in March 2018. A big thank-you to all of you. I am happy to be part of Team AMC 2018-19.

I feel proud as well as humbled to take up this position which comes with a huge amount of duty and responsibility towards the medical profession in general and towards you all in specific.

AMC - our precious and prized association since 1972 (with membership strength of more than 10,000 members), has been working towards resolving issues that plague medical professionals time and again and has succeeded on many occasions through its various cells:

i) The **AMC Medicolegal cell** with Chairman Dr. Sudhir Naik offers a very prompt medicolegal support as well as the unique Professional Indemnity policy for both individual and for nursing homes (Error and omission policy) with cover anywhere in India, cover of cases in State Medical Council (MMC) as well as Medical Council of India (MCI), criminal cases, out of court settlement, cashless

services towards lawyer's fees and many more features, the latest being an umbrella policy with 25% increased cover with the same premium.

- ii) The **Health & Accident scheme (H & A)** with Chairman Dr. Suhas Kate provides the best policy with benefits such as lowest premiums, no loading, no co-payment, covers existing illnesses including congenital diseases, cashless facility, life-long renewals, etc.
- iii) The **Consultants Benevolent Scheme (CBS)** with Chairman Dr. Shrikant Badwe is working to insure and invest for the benefit of our fellow consultant's family to tide over the crisis in the event of death or sickness leading to permanent mental or physical disability.
- iv) The **AMC NoAH cell** with Chairman Dr. Niranjan Agarwal, is the specialized cell formed for dealing with the issues of nursing homes, has been very active in resolving many concerns effectively.
- v) The **Media and Communication cell** with Chairman Dr. Veena Pandit endeavors to create a link between the AMC members by establishing regular communication as well as with the outside world as the voice of the association.



In addition to tackling issues of medical professionals, AMC has also been conducting regular educational, social and entertainment programs for the all-round and versatile growth/advantage of all of us.

Our annual programs include Doctor's Day entertainment program with Blood Donation Drives held at various places in the city and beyond, AMCON (the annual conference of AMC), Zonal programs, MLCON (Medico-legal conference), Nurses Training programs, Aarogya Manthan (brainstorming session on medical education systems &/or current issues), Mentorship programs for UG/PG students, upcoming consultants and some other programs based on emergent matters.

The official launch of **Federation of Association of Medical Consultants** in November 2017 and rapid increase in affiliate units all across the country under the leadership of Dr. Lalit Kapoor as President & Dr. Kishore Adyanthaya as Secretary is another feather in the cap of AMC.

A lot needs to be done at all levels because of the breakneck speed of transformations in the healthcare sector. This year shall be packed with lots of ACTION. In 2018-19, please be ready for a much more hectic schedule with many local AMC connect programs in addition to the regular programs.

It is imperative that the members' problems' are understood at ground root level so that area wise effective solutions can be designed. With increased medicolegal cases and the deteriorating trust of public in healthcare systems and doctors, the gap

between patients and doctors needs to be bridged on an urgent basis.

The most condemnable behavior of the public culminating in violence against doctors is on the rise and needs to be dealt with very seriously by bringing about rectification measures at many levels. With your support and blessings, I wish to undertake this humongous task.

Functioning as a medical teacher & examiner and being familiar with medical education systems at both UG and PG level in our city, I feel that our Association can help and support in improvising the current trends by preparing modules (at least at the post-graduate level) in different specialties. Thus, we can actively have a role in shaping the future of healthcare in our country.

Last but not the least, I would like to create a link between our Association and the policy making bodies / Government so that our members, i.e. all of us and our future generations (who choose the medical profession), are provided with the best of solutions. I seek to take AMC to a level where AMC is included in any discussion on Healthcare by local as well as governmental bodies.

I end with this famous quote by Theodore Roosevelt which touched a chord and inspired me to continue making strides in revolutionizing health care.

"Do what you can, where you are, with what you have"

snb4amc@gmail.com





NoAH Update

Dear Members,

There has been a change in tariff category of electricity from LT2 to public services for health care facilities including Hospitals, Nursing Homes, Dispensaries, Clinics, Diagnostic Centres etc. since 2015, which came to our knowledge recently.

The representatives of NoAH meet the Reliance officials for the same and were assured of immediate change to the new category from retrospective effect of 2015. We have decided to assist our members by collecting the documents mentioned below and submitting it to the Reliance office en masse for NoAH members. **NO Agent is required for the same and do not entertain one.**

This activity is being undertaken as complimentary for AMC Noah members.

The documents needed are :

1. Application for change in category mentioning the Consumer numbers and Name.
2. Latest electricity bill copy.
3. Proof of your premises being used for NHS before 2015 (c form issued by corporation latest plus the one which includes 2015). Pl send two copies of the documents.

For non NoAH members a request to join NoAH to avail all the benefits of umbrella policy NABH accreditation and many such activities including the one above.

Those nursing homes who wish to change the meter in names of their nursing homes may do so by applying separately (format available at reliance offices) for change in names. The above benefit will be applicable to all premises being used for NHS irrespective of the names.

Dr. Niranjana Agarwal
Chairman AMC - NoAH

Dr. Sudhir Naik and Dr. Ashok Shukla
Convenor, AMC - NoAH

Dr. Vipin Checker
President - AMC

Dr. Sushmita Bhatnagar
Hon. Secretary - AMC

*"Providing healthcare is like building a house.
The task requires experts, expensive equipment and materials,
and a huge amount of co-ordination"*

- Atul Gawande, MD





ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI

Public Trust Act 1950 Regn. No. F-7373 Bom
Societies Regn. Act Xxtof 1960 Regn. No. Bom-454/81 GBBSO

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Circular

We are pleased to inform that we have tied up with FEQH to assist NoAH members to acquire NABH Entry Level Certification.

As you are aware FEQH was assigned the job of certification of Nursing Homes which was a very successful program for more than 11 years. FEQH has experience of helping more than 20 NABH certificates. They have developed templates considering the experience they had in certifying Nursing Homes under AMC Standard ASNH.

The scope of Services will be as below:

1. Explain all the required formats and SOPs
2. Prepare 10 Manuals as per the facilities available in the Hospital
3. Prepare Self Assessment Toolkit
4. Advise hospital on Infrastructure gaps and methods to close
5. Training of your staff on the requirements of NABH
6. Sensitizing Medical professionals on the requirement of NABH
7. Redesigning of all the formats, discharge card and consent forms to meet NABH / MCI requirements
8. Create hospitals account on NABH website and upload SAT, manuals and mandatory permissions.
9. Helping hospitals in closings the NCs and uploading the same

All the deliverable are done in the Hospital premises. They have requested hospitals to respect their time and be available on the mutually agreed date and time. In the event this doesn't happen, the subsequent meetings will be on Teamviewer / Skype/ Whatsapp or at their Mahape, Navi Mumbai Office.

The charges for their consultation will be as below and payable in three stages. The first one 50% at the time of signing, 25% after all the documents are uploaded and the hospital is issued registration number and remaining 25% after the audit is conducted and the NCs are uploaded by the auditor.

Various concessional charges applicable to NoAH members are as below:

Type of Hospital	For Valid ASNH certificate	For Expired ASNH certificate	Without ASNH Certificate/Non-NoAH AMC Members
Upto 20 Beds	40,000	45,000	50,000
21 to 35 Beds	50,000	55,000	60,000
36 to 50 Beds	80,000	85,000	90,000
Above 50 Beds	100,000	105,000	110,000
Single Speciality like Ophthalmology	75,000	85,000	90,000

We are confident that they will do a good job once again.

1. Payments have to be made to by crossed cheque favouring FEQH or NEFT/RTGS details are
A/c Name: FEQH
A/c No: 000 9201 1000 0287
Bank: Bank of India
Branch: Chembur
IFSC code: BKID0000009
2. The contact point is Mr. P.P. Gadgil 98200 56944 or Mr. Jitesh Rao 98332 44779 or email: gadgilpp@yahoo.com
3. Applicable GST will be extra at 18%



Association With a Mission and Commitment





ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI

AMC (NoAH) Cell Presents



**Office Umbrella Insurance Policy for Complete
Protection of Nursing Homes Through**

THE ORIENTAL INSURANCE COMPANY LIMITED

(Govt. of India Undertaking)

All Medical Establishments & Offices



Prithvi, Agni, Jal, Akash, Sabki Suraksha Hamare Paas



Dear members,

It has long been our desire to have common platforms for AMC NoAH members wherein the sheer strength of numbers could be used to benefit all of us. The first step towards the same is AMC umbrella policy for AMC NoAH Members. You would agree that all nursing home owners require multiple insurance policies for their hospitals and it is difficult to remember renewal dates of each of them. To cover this deficiency AMC NoAH in association with Oriental insurance company has worked upon a single policy to cover multiple parameters of nursing homes. To add on to the standard market policy many new features have been added to the same as highlighted in table below. And all this comes at the flat 60% discount of the proposed premiums exclusively to AMC NoAH member only. To simplify matters for you further, you can avail of a single policy for multiple nursing homes if you happen to own more than one nursing home. AMC NoAH would be actively involved in the claim processing, and this is a feature which will be of great advantage to us.

So go ahead and insure your nursing homes with AMC NoAH umbrella policy.

Dr. Niranjan Agarwal
Chairman - NoAH

Dr. Sudhir Naik Dr. Ashok Shukla
Convenors - NoAH

Dr. Smita Sharma
President

Dr. Vivek Dwivedi
Hon. Secretary

Annexure: B

1. Rates

Sr. No.	Coverage	Premium Rate (Rs/Per Mile)
1	Building: Building – on reinstatement basis. Perils are covered. Fire, lighting, Explosion / Implosion. Riot, Strike, malicious & terrorism damage Storm, Cyclons, typhoon, tempest, hurricane, Tornado, Flood & Inudation. Impact damage, Earthquake, Housebreaking & Theft or attempted theft robbery, Dacoity medical equipments covered in Nursing Homes of own & Hired subject to annual maintenance contract. Dacoity medical equipments covered in Nursing Homes of own & Hired subject to annual maintenance contract.	0.30#
		Section-1
2	Office Contents: Damage to Office contents such as business furniture, furnishings, safes, office machinery, electrical appliances, fixtures and fittings, documents etc caused by Standard Fire and allied Perils including Earthquake, Robbery & dacoity.	0.75#
		Section-2A
3	Tenant's Legal Liability: Legal liability as tenant of the building for damage to the building and landlord's fixtures and fittings caused by Standard Fire and allied Perils including Earthquake, Robbery & dacoity	0.3
		Section-2B



4	All Risk Cover for Surgical instruments and Medical Equipments Loss or damage to Surgical instrument and Medical/ Dental equipments due to accident or misfortune.	8
Extra Coverage	Medical Equipments of other doctors working in hospital will also be covered.	Section-2C
5	Money Insurance Loss of money due to any accident or misfortune while in transit, in safe/ steel cupboard/ cash box or in till/ counter.	2 [^]
		Section-3
6	Fixed Glass Including Sanitary Fitting / Neon Signs / Glow Signs Accidental breakage to fixed plate glass in the insured building.	5
		Section-4
7	Fidelity Guarantee Direct pecuniary loss caused by Act of Fraud or dishonesty (Forgery, embezzlement, larceny) by insured's salaried employees.	5
		Section-5
8	Electronic Equipment Insurance: Physical Loss or Damage Loss or damage to the electronic equipments installation and data carrying materials.	8
		Section-6A
9	Electronic Equipment Insurance: Reinstatement of Data including programme Cost of reinstatement of lost/ damaged data	8*
		Section-6B
9	Electronic Equipment Insurance : Portable Computers Loss or damage to Portable Computer including data carrying materials	8*
		Section-6C
10	Additional expenses of Rent for Alternative Accommodation Covered	0.3
		Section-7
11	Personal Accident Death or bodily injury by accidental violent, external & visible means to self & employees along with weekly compensation during hospitalization.	0.6 + 20% for medical expenses, table II.
		Section-8
12	Break down of office's appliances upto 10 years Break down of office's electrical or mechanical appliances, apparatus, gadgets or any electrical or mechanical installation (not older than 10 years).	2
		Section-9
13	Baggage upto Rs. 10,000/- per person worldwide Loss/Damage to baggage of the Insured due to accident or misfortune whilst on journey anywhere in the world.	5
		Section-10
14	Liabilities : Public Liabilities Legal liability of the Insured to the public for bodily injury or accidental death and Insured's legal liability to his employees as per WC Act.	0.8
Extra Coverage	Out of Court settlement with amicable discussion AMC NoAH Cell and Oriental, Sexual/Criminal Liabilities covered, Accident & related liabilities in hospitals are also covered, Out Patient Liability Covered.	Section-11A
15	Liabilities : WC Workmen Compensation HIV Accident policy, On duty cover for medical practitioner / physicians / paramedical staff	0.8
Extra Coverage		Section-11B
16	Loss due to business interruption in respect of loss of Gross Income including accountant's charges etc.	0.75**
		Section-12A



17	Increased cost of working due to business interruption.	0.75** Section-12B
	Extra Coverage	
18	The single date policy issued from Insurance Company & renewals also from a single date.	
19	Cheque Collection & servicing to be done by AMC.	
20	More than one Hospital of single owner/spouse can also be covered under single policy.	
21	Provision for Addition & Deletion also available.	
22	Public Liability - out of Court settlement with amicable discussion with	
23	60% discount approved from Insurance Company for all above policies	
24	The Surveyors on this panel will be authorised to carry survey	
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DOs AND DON'Ts

WHILE TREATING PATIENTS WHO ARE DOCTORS THEMSELVES

Dr. Lalit Kapoor

I would like to share the contents of an e-mail which I came across in a medico legal group about 2 years ago. The mail was followed by animated and enlightening responses from the members of the group.

The mail was written by a doctor who was a faculty in one of the AIIMS' institutes in Delhi. His one and a half year old son had developed myopia as a complication of retinopathy of prematurity (ROM). Since the Ophthalmology Department in his institute did not have the necessary facilities for treatment of the condition, it was recommended to him that he consult a particular Pediatric Ophthalmologist of a private hospital with the requisite facilities. The Doctor phoned the Ophthalmologist who asked him to bring the baby on a particular date. A day prior, he sent his resident doctor to the reception desk to confirm his appointment. He was asked to report at 9 am and that is what he did the next day punctually.

He reached there with his baby and his wife who also a doctor. After standing for an hour in the hot and humid climate (there was no vacant chair available); he sent an SMS to the Ophthalmologist informing him of his presence. After getting no response to this for half an hour, and after observing that even those patients who had arrived after him were being led into the doctor's chamber, he questioned the staff at the reception who

asked him to first deposit Rs 750. He readily deposited this amount.

Meanwhile the baby was crying continuously because of the heat. Another hour went by and he was still not called in by the doctor. Unable to contain his anger any longer, he left the clinic without asking for a refund of the fees. At 2:15 pm he received a call from the doctor's office asking whether he wanted his child to be checked up by the doctor. To this he replied "No".

I now quote verbatim from the last part of his letter.

He wrote addressing the admin of this e-mail group :

"Sir, please help me to find my thought. Whether my expectation from this doctor was wrong? Whether other professionals like IAS, IPS, etc. behave in a same manner with their professional colleagues? Whether I wrongly interpreted the following lines of medical ethics: "I will treat my colleagues with respect and dignity." Sir, whether I am wrong to feel humiliated"

A number of doctors responded to this mail. The majority of them condemned the behavior of the Ophthalmologist and a few suggested actions which this doctor ought to take.

I do not wish to discuss the responses to the above mail.



But the larger questions that need to be asked are: Is good old Professional courtesy amongst doctors on the decline? Is this inevitable on account of societal changes and sheer increase in the number of doctors? We need to ponder.

Being called upon to treat a medical colleague or his or her family member is a common experience.

These situations have never really been analyzed nor have the various aspects been discussed objectively.

I'd therefore like to review some of the aspects of what I like to call : Doctor--'Doctor-Patient' Relationship!

The fact that another doctor chooses to consult you for a medical problem indicates his or her confidence in your professional abilities and is a sort of recognition. However, in its wake it also throws up a number of challenges. It is worthwhile trying to understand these.

Most of us are familiar with what is known as the 'VIP syndrome'. Put simply, it indicates that ironically, the more care one takes in treating an important patient, such as a medical colleague, the more often things somehow do not turn out as expected. Of course, there is no rational explanation for this but there are many who will vouch for this by their experience.

In order to minimize the occurrence of this strange 'syndrome', it would be instructive to consider the following very incisive tips by Schneck SA (published in JAMA Vol. 280, No. 23). They constitute invaluable guidelines when called upon to treat a doctor colleague :

1. Do not accept such patients (who are themselves doctors) if you are likely to

feel an excessive degree of anxiety from the responsibility of their care. Such anxiety may lead to indecisive actions.

- 2. History taking and physical examination should be as thorough as for any other patient. Do not avoid asking personal questions and when appropriate, do not omit examination of intimate parts such as breast, rectal or pelvic examination because of embarrassment.**
- 3. If it is a relative of the doctor, speak directly to the patient, as much as possible, without the interference or editing of the doctor-relative.**
- 4. Remember that the ill physician is as sick and frightened as any other patient. Ask for and consider the patient's self-diagnosis seriously. Discuss the diagnostic and / or treatment plan in detail even if the patient says it is not necessary.**
- 5. Avoid too much of a personal identification with the patient due to empathy or sympathy. Such feelings, while understandable, can interfere in diagnostic testing and therapy. Negotiation over testing can lead to too many or too few investigations. Modifying routine standard practices to save the patient time, trouble and money may result in poor medical care.**
- 6. Discourage the physician-patient from self-ordering investigations or ordering them for relatives.**
- 7. Discuss the issues of privacy, confidentiality, payment, etc early so as to avoid misunderstanding later on.**
- 8. Instruct your staff to treat the patient with courtesy and respect.**



Interestingly, the amended Code of Ethics published by the Medical Council of India (Year 2002) - called 'Regulations relating to the Professional Conduct, Etiquette and Ethics for medical practitioners', continues to restate the following decades-old homily to doctors :

"A Physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants"

To my mind, this clause deserved a more modern and contemporary amendment in keeping with present times. While these wordings were quite appropriate and achievable in the more gracious and less turbulent times of yesteryears, in the current competitive / materialistic / fast-track times, they may be little bit out of sync.

Several years ago, a very senior surgeon and a President of our Association made this very candid comment: "Whereas the expectation of a doctor when he consults another doctor is that he would get extra attention from his fellow-colleague, quite often exactly the reverse happens. I suspect, this is more to do with human nature than anything else. Understandably, 'rendering gratuitous service', after a certain point, can become a significant disincentive to highly efficient service."

It was precisely because of this that the Personal Health Insurance Scheme for members of AMC was created a number of years ago. As a matter of fact, it is my opinion, that the MCI code of ethics should state something on the following lines: "It would be advisable for all physicians to be covered under some Health Insurance Scheme so that the need to seek gratuitous service from colleagues does not arise"

In the USA, for example, the sentiments run along similar lines, reaffirmed in their common refrain of there being 'no free lunches in life!!'

Undoubtedly, once the embarrassment of monetary compensation is out of the way, the comfort levels of the treating doctor and doctor-patient are enhanced.

Going back to the excellent suggestions offered by Schneck to be followed when called upon to be a 'Doctor's Doctor', I would like to especially stress that the history-taking, examination, investigations & treatment of the physician - patient should be as thorough and diligent as for any other patient. Nothing should be taken for granted.

This cautionary advice is especially relevant and needs to be carefully borne in mind especially because there are at least half a dozen cases of complaints in the Consumer courts filed by 'doctor-patients' against their treating doctors !

Many of these cases are on-going, thus precluding specific discussion on them.

However, an interesting (and educative) allegation was pertaining to professional fees. When the defendant doctor said in his defense that not only did he treat the patient with diligence, he even didn't charge any professional fees as a professional courtesy, the plaintiff doctor submitted that perhaps that was precisely why he was casual and careless in the treatment!!

Never be under the assumption that just because the patient is a doctor, it is not possible that he or his family will ever make allegations of negligence against you or file a case against you should there be an adverse outcome of treatment.

.....continued on page no. 37

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Further information is available on request to Medical Sciences Division, Abbott India Limited, Floor 16, Godrej BRC, Plot No. C-68, BCC, Near MCA Club, Bandra (Q) Mumbai - 400 051. abbottindia@abbott.co Copyright © 2018 Abbott. All rights reserved. * Registered Trademark of Abbott Products Operation AG.



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EUTHANASIA & LIVING WILL - SUPREME COURT SPEAKS

Dr. Suganthi Iyer

Dy. Director - Hinduja Hospital, Mumbai

Euthanasia is the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma. The term is derived from the Greek word 'euthanatos' with "eu" meaning well and 'thanatos' means death. In ancient Greece and Rome, citizens were entitled to good death to end the suffering of a terminal illness.

Right to life includes right to die with dignity.

As per Mahatma Gandhi "Death is our friend. He delivers us from agony. I do not want to die of a creeping paralysis of my faculties - a defeated man." Mahatma Gandhi as early as 1928, made up his mind to end the life of an ailing calf in great pain in a painless way and thus advocated the first debate of euthanasia in India. Gautam Buddha after seeing a crippled man in agony and a dead body renounced the world to attain Nirvana.

Every person wants to lead life with good health and happiness and nobody wants any pain or suffering when his life comes to an end and has to meet death.

Two Supreme Court Judgments describe the validity of Euthanasia in India as is described hereunder :

I. ARUNA RAMCHANDRA SHANBAUG VS UNION OF INDIA &

OTHERS (Writ Petition (CRIMINAL) No.115 of 2009) :

Case Summary : Aruna Ramchandra Shanbaug, a nurse in KEM Hospital was attacked by a sweeper in 1973. It was alleged that due to strangulation by the dog chain, the supply of oxygen to the brain stopped and the brain got damaged resulting in cortical damage and brain stem contusion injury. It is alleged Aruna was in a Persistent Vegetative State and virtually brain dead.

Writ Petition was filed by Ms. Pinky Virani under Article 32 of the Constitution that as Aruna Shanbaug was in a state of PVS, life support measures be withdrawn and be permitted to die.

*The Supreme Court has made reference to **The AireDale Case :***

Antony Bland, 17 years of age went to Liverpool football Club on 15th April 1989. Due to a disaster, his lungs were crushed and supply to his brain was interrupted and there was irreversible damage to brain and he was in a condition called PVS for 3 years. The court held that in this state of affairs when no useful purpose would be served by continuing medical care and that artificial feeding and other measures to prolong his existence should be stopped, the medical men in charge of Bland supported by the



parents sought a declaration from the British Courts.

Held : If a person due to accident or some other cause becomes unconscious and is not able to give or withhold consent to medical treatment, in that situation, it is lawful for medical men to apply such treatment which in their informed opinion is in the best interest of the patient.

In the case of Anthony Bland, the following were of concern :

1. The question is whether it is in the best interests of the patient that his life should be prolonged by the continuance of this form of medical treatment.
2. The question also is whether doctor should or should not continue to provide his patient with medical treatment which, if continued, will prolong the patient's life.

Treatment which has the effect of artificially prolonging his life is not in best interest

Judgment in Airedale Case :

- Doctors have done their best.
- Distress of family is getting worse.
- There is strain on duration of medical and nursing staff due to care of a patient who will never improve.
- Nothing will be gained by going on and much will be lost.
- Hence Antony Bland should be allowed to die.

The Supreme Court held that as per above judgment, passive euthanasia is permitted only in a case of PVS. The guidelines are as follows :



- Every effort should be made at rehabilitation for 6 months after the injury.
- Diagnosis of irreversible PVS be made only at the end of one year after the injury.
- Diagnosis to be agreed by two independent physicians.
- Wishes of patient's family to be given weightage.

Procedure adopted by High Court on application filed :

1. Application filed by next of kin, or in absence of relatives by next friend or by doctors.
2. Chief Justice of High Court constitutes Bench of two judges.
3. Committee of 3 reputed doctors (neurologist, psychiatrist and physician) appointed who submit report.
4. Report of Medical Committee supplied to next of kin/next friend & then Bench gives verdict.
5. While giving verdict best interest of patient, views of relatives and report of committee of doctors to be given weightage.

II. COMMON CAUSE V/S UNION OF INDIA (WRIT PETITION (CIVIL) No.215 of 2005) :

The Writ Petition has following prayers

- a) Declare 'right to die with dignity' as a fundamental right within the fold of "right to live with dignity" under Article 21 of the Constitution.
- b) Suitable procedures to be established to

ensure that persons of deteriorated health or terminally ill should be able to execute "Living will".

Human dignity lays a foundation for all human rights and it is the central argument for the existence of human rights. Human dignity as a constitutional value provides meaning to the norms of the legal system. All rights given by the constitution is in the light of human dignity. **Human dignity as a constitutional value also influences the development of the common law.**

As per Article 21, **Protection of life and personal liberty** - No person shall be deprived of his life or personal liberty except according to procedure established by law.

Right to refuse treatment : Every human being of adult years and sound mind has a right to determine what shall be done with his own body and is entitled to take his decision about the continuance / discontinuance of life when the process of death has commenced and he has reached an irreversible permanent progressive state where death is not far away, thus ascertaining inherent right to die with dignity and a surgeon who performs the operation without his patient's consent commits an assault for which he is liable in damages. This is based on individual autonomy inherent in the right of privacy and fundamental right of liberty.

There is a difference between refusing life-sustaining treatment and demanding a life-ending treatment. A doctor who withdraws life support at the request of his patient to end his life also requires more than an intent to respect the patient's wishes i.e. it requires the intent to kill the patient. In the

former, the patient would die from underlying causes while the latter will cause the patient to die. The Court noted that the law recognized the difference between "killing" and "letting die".

When a terminally ill patient refuses to take medical treatment, it cannot be termed as either as euthanasia nor as suicide. Though both suicide and refusal to take treatment shall result in death. Yet, refusal to take treatment by itself cannot amount to suicide, since in the case of suicide there has to be self-initiated positive action with a specific intention to cause one's own death. A patient's right to refuse treatment lacks his specific intention to die, rather it protects the patient from unwanted medical treatment. A patient refusing medical treatment merely allows the disease to take its natural course and if, in this process, death occurs, the cause for it would primarily be the underlying disease and not any self-initiated act.

When a patient really does not know if he is living till death visits him and there is constant suffering without any hope of living, should one be allowed to wait? Should he be cursed to die as life gradually ebbs out from his being? Should he live because of innovative medical technology and should he continue to live with the support system as people around him think that science in its progressive invention may bring about an innovative method of cure? **Should he be 'guinea pig' for some kind of experiment? The answer has to be emphatic "NO"**

Passive euthanasia does not involve any kind of overt act on the part of the family



members or the doctors, but is an avoidance of unnecessary intrusion in the physical body of the person to facilitate smooth exit from life. It is a paramount for an individual to protect his dignity as an inseparable part of the right to life.

Advance medical directive is a "legal document" explaining one's wishes about medical treatment if one becomes incompetent or "unable to communicate"

When a competent patient takes an informed decision to allow nature to have its course, the patient is not guilty of attempt to commit suicide (S 309 IPC) nor is the doctor who omits to give treatment, guilty of abetting suicide (S 306 IPC) or culpable homicide (S 299 & 304 IPC). **If there is forced medical intervention, the doctor is "guilty of assault or battery" as right to self-determination is a fundamental right.**

Incompetent patients can beforehand communicate their choices which are made when they were competent. A competent person can express his choice to refuse treatment at the time when the decision is required to be made and would identify the persons who would take these decisions for the said individuals in the event he is unable to communicate his wishes to the doctor.

Safeguards for Advance medical directive as follows :

1. An adult of sound mind should voluntarily execute in writing as to when the medical treatment would be withdrawn or that no specific medical treatment shall be given which will delay the process of death.
2. It should be absolutely clear and

unambiguous and should indicate the circumstances for withholding or withdrawing the medical treatment.

3. It should be signed by the executor and 2 witnesses. The document has to be countersigned by first class judicial magistrate.
4. Copies of the document should be preserved in the office of the magistrate, District Court, Municipal Corporation or local government. The hospital where the executor is admitted should constitute a Hospital Medical Board who will form a preliminary opinion whether to certify or not to certify carrying out instructions of withdrawal or refusal of further medical treatment.
5. The Medical Board constituted by the government shall take a decision to withdraw the medical treatment after communication with the executor / guardian.
6. The High Court shall hear the application and render its decision at the earliest keeping in mind "best interests of the patient".

TAKE HOME MESSAGE

The **right** of a dying main **to die with dignity** in the case of terminally ill patient or PVS where there is no hope or recovery constitutes a **right to live with dignity**. Priority shall be given to Advance Medical Directive and the **right of self-determination**.

drsiyerin@yahoo.co.in



Condolences



Dr. Jawaharlal T. Shah
E.N.T. Surgeon
Passed Away : 21st February, 2018



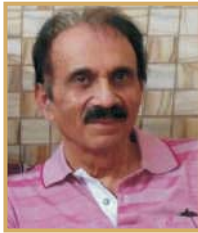
Dr. Gautama Ramakanthan
General Physician
Passed Away : 24th February, 2018



Dr. Vivian Bhagat
Ophthalmologist
Passed Away : 15th March, 2018



Dr. R. K. Gadgil
Pathologist
Passed Away : 19th April, 2018



Dr. B. J. Damania
E.N.T. Surgeon
Passed Away : 30th April, 2018



Dr. Avinash Sabnis
General Physicians
Passed Away : 5th May, 2018



Dr. Mukesh Shroff
Anaesthesiologist
Passed Away : 20th May, 2018



AGM Report

As per the tradition of AMC, the Annual General Body Meeting of the Association of Medical Consultants, Mumbai was held on 25th Mar 2018 between 5.00pm to 8.30pm at Club Millennium, Vile Parle (W). The elections were held online as well as on-site, and this was the first time when online elections (E-Voting) have been commenced in AMC. The online elections were from 17th till 24th March and onsite elections were held between 6.30 to 7.30pm on 25th March. The returning officers, Dr. Suhas Kate, Dr. Gurudas Kulkarni and Dr. Sujata Rao were proposed and ratified by the process of holding two AGMs held at interval of one month.

Customarily, the house first paid respect to its departed members. AMC had lost 19 of its members this year and one minute silence was observed by the house to condole the sad demise of the members.

The minutes of last year's AGM and the minutes of the Special GBMs held throughout the year (which were sent to all the members by post) were ratified at the AGM. The AGM was attended by 61 members.

The AGM was conducted as per the agenda. And important part of the agenda was constitutional amendments and these were discussed in details by those present at the AGM and several of the amendments were accepted by the house. The due process of ratification will be followed. The AGM was

paused at around 6.30pm for the on-site elections. 2587 members voted online and about 41 members came for casting their votes at Club Millennium. The AGM resumed at 7.30pm and ended at 8.30pm. Free and fair discussion took place at the end of which everyone congratulated the President Dr. Smita Sharma of having conducted the AGM beautifully.

Dr. Sushmita Bhatnagar gave a brief about the achievements and events of the year 2017-2018, followed by the outgoing President's speech. Subsequently, Dr. Sushmita invited the President to felicitate the entire Managing Committee of the AMC as a token of gratitude towards them for their contribution throughout the year.

Each year following the AGM, the outgoing and the incoming President exchange the AMC President's medallion and this ceremony is fondly called 'Change of Guard' ceremony which took place with Dr. Smita Sharma handing over the medallion to Dr. Vipin Checker amidst lots of 'Dhols' and 'Nagadas'. The new President Dr. Vipin Checker addressed the gathering with his vision for the year 2018-2019.

The election results were announced by Dr. Gurudas Kulkarni and Dr. Sujata Rao and the new committee was welcomed on stage by President Dr. Vipin Checker. The evening ended with cocktail & dinner.





Chief Returning Officer's Report-1st Online Voting



AGM - Voting by show of Hands



AGM 25th March 2018



Voting at venue



Felicitation of Outgoing President by Dr. Umesh Oza Managing Trustee



Managing Committee 2018-19



Out going President Dr. Smita Sharma passes medallion to incoming President Dr. Vipin checker



Address by Incoming President



AMC staff with Incoming President



Felicitation of Returning Officer



Felicitation of Returning Officer



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Association with a Mission and Commitment



FAQ FOR DOCTORS AND NURSING HOME

By Adv. Vinod C. Sampat, Adv. Heena V. Sampat,
Adv. Dharmin V. Sampat & Adv. Mithil V. Sampat

6.1 DOCTORS AND NURSING HOME

1. APPROACH OF A HARASSED DOCTOR

Ques : A Doctor is being harassed by the Office Bearers of the Society. What should be the approachment of the Doctor?

Ans : As far as possible the issue should be settled amicably. The Doctor may politely inform the Society with regards to the ongoing irregularities in the Society. The irregularities / illegalities that may be going on in the Society may include :

- a) Not paying Income Tax;
- b) Not taking steps against the unauthorised construction;
- c) Not issuing passbook to the Members;
- d) No presenting receipts and payment Accounts;
- e) Not circulating Audit Report along with comments of the Auditors;
- f) Not submitting Audit Rectification Report to the Members;
- g) Not deducting tax at source of payment made to contractors;
- h) Not obtaining permission from the BMC for all major repairs and not paying dues towards water and debris charges for the major repairs;
- i) Not collecting simple interest from the defaulting Members;
- j) Not maintaining cash as mentioned in the bye-laws;
- k) Not taking out insurance of the persons, who are handling the finance of the Society;
- l) Not taking steps to ensure that unauthorised construction is removed;
- m) Not keeping the funds of the Society in Co-operative Bank as per the provisions of Section 70 of the Maharashtra Co-operative Society's Act.
- n) Not displaying important Circulars on the Notice Board of the Society;
- o) Collecting huge amounts at the time of transfer of premises. Basically the transfer is a contract between the Transferor and the Transferee. The transfer fee in the earlier years was Re. 1/, which with the passage of time increased to Rs. 50/- and now it is Rs. 500/-. The maximum amount that can be collected at the time of transfer is Rs. 25,000/-;
- p) Not repairing the terrace of the Society's building;
- q) Not making huge amounts by Account Payee Cheques;
- r) Not investing the amounts collected towards the Repair Fund and Sinking Fund in long term investment;
- s) Not conducting Managing Committee Meeting every month;
- t) Not taking steps to obtain conveyance of the Society;
- u) Waiving of certain amount of defaulting Members;
- v) Collecting Non Occupancy Charges in excess of the Circular dated 01.08.2001



issued by the Co-operative Department, which stipulates that the Non Occupancy Charges cannot exceed 10% of the Service Charges, etc.

Note : The views mentioned herein above are our personal views.

2. COMMERCIAL PREMISES SUB-LETTED WITH FURNITURE

Ques : An individual Member is having commercial premises with furniture and fixtures. He gives the same on Leave and License. Is Service Tax applicable?

Ans : Even if commercial premises with furniture and fixtures are given on Leave and License, in my opinion Service Tax is not applicable. However, if secretarial services like providing staff, upkeep of premises, security services etc, the same would become under Business Support Services.

3. DOCTOR SUB-LETTING HIS RESIDENTIAL PREMISES

Ques : A doctor having a residential Flat. He gives the same on Leave and License. Is Service Tax applicable?

Ans : In our opinion Service Tax Will not have to be paid by the doctor if his Flat is given on Leave & License and the license fee exceeds the taxable limit.

4. DOCTOR SUB-LETTING HIS COMMERCIAL PREMISES

Ques : An individual Member is having commercial premises. He gives the same on leave and licence to an individual. Is Service Tax applicable?

Ans : In our opinion Service Tax will not have to be paid by the Member if the premises are given on leave and licence to an individual and the same exceeds the taxable limit.

5. DEVELOPMENT CONTROL RULES RELATING TO NURSING HOMES

Ques : What are the DCR pertaining to Nursing Home in Co-op. Society?

Ans : The provisions of Development Control Rules 51 & 52 have to be considered which are reproduced hereunder.

51. Purely Residential Zone (R-I Zone) - Ancillary uses permitted : The provisions of Development Control Rule No. 51 clearly stipulates that apart from residential use medical dispensary or Dental clinic and ancillary uses to the extent of 50% floor space shall be permitted in buildings situated in purely residential zones and such types of activities are permitted with restrictions on Ground floor, or just above stilt or 1st floor.

- (i) Medical and Dental Practitioner's dispensaries or clinics, including pathological or diagnostic clinics with a restriction of one dispensary or clinic per building to be permitted on the ground floor, on the floor just above the stilts or on the first floor.
- (ii) Nursing Homes, polyclinics maternity homes and medical practitioners / consultants in different disciplines of medical sciences in independent buildings or independent parts of buildings on the ground floor, first floor and second floor with separate means of access / staircase from within the building or outside, but not within the prescribed margin open spaces in any case, and with the Special permission of the Commissioner.

52. Residential Zone with Shop Line (R-2 Zone) : The residential zone with shop line (R-2 Zone) in which shopping will be



permissible as indicated herein will comprise:-

- (a) Plots in a residential zone along roads on which the shop line is marked on the development plan.
- (b) Plots in a residential zone along roads having existing or prescribed width of and between 18.3 m and 31 m. in the suburbs and extended suburbs.
- (c) Plots in a residential zone along roads having existing or prescribed width of and between 24 m. and 31 m. in the Island City.

No new shops will, however, be permitted on plots in the residential zone with a shop line (R-2 Zone) which about and are along the following roads, even if a shop line is marked on such roads in the development plan except what is permitted by way of convenience shopping.

6. ENTRY OF PATIENTS AND VISITORS

Ques : Is your patient allowed to enter the Society with emergency problem in odd hours? Can the Society restrain patients coming to clinics at odd hours?

Ans : In our opinion the Society has got no right to restrain any patient coming to clinic at odd hours as necessity gives no option. Similarly in emergency one can be forced to approach the clinic. This is a matter related to health, therefore such type of restriction cannot be placed even it is not in the interest of persons residing in the Society itself.

7. ENCROACHMENT OF OPEN SPACE

Ques : A doctor has purchased two premises facing each other which are last two shops in

the building. There is an open space between the two shops which can be utilized by anyone. Does this give shop permission to encroach the open space?

Ans : In our opinion open space belongs to the Society. The Doctor has no right to encroach the open space.

8. FEE RECEIVED FROM DIFFERENT NURSING HOMES

Ques : A doctor is rendering services to six nursing homes and he is getting a yearly income of Rs. 1,00,000/- (Rupees One lakh Only) from each of the nursing homes. Will he have to pay Service Tax?

Ans : If a Doctor is rendering services to six Nursing Homes, he has to bill each of the nursing homes for Service Tax. The doctor is duty bound to pay the Service Tax. **In my opinion, if the Doctor does not collect Service Tax, then also he is liable to pay the same.**

9. FORMALITIES PERTAINING TO CHANGE OF USER

Ques : What are the formalities pertaining to change of user?

Ans : Change of User : For any Internal change in the premises of a clinic, nursing home the doctor is required to seek permission of BMC as well as the Society. In a number of cases even the report of Structural Engineer / Architect is also essential for change in the premises of the Society. If any Doctor wish to convert his clinic by using the adjacent room by pulling down bricks wall for that purpose also above referred premises are essential.

Sub Section 3 of the DCR 48 stipulates that advertisement board put up on the door or in front of shop shall be permitted. Shop



keepers have the right to use the open space in front of shop premises.

10. HARASSMENT OF DOCTORS

Ques : What should be done if the office bearers of the Society harass a Doctor?

Ans : First and foremost a polite reminder should be sent to the Managing Committee Members regarding the harassment or nuisance at the hands of any of the Managing Committee Members. Thereafter a legal notice should be served on each of the Managing Committee Members. The said legal notice must also stipulate that the present Managing Committee Members have not submitted Indemnity Bond in form M-20 as per directive of the Co-operative Department. Practically very rarely Managing Committee Members of the Co-operative Societies submit Indemnity Bond in form M-20. Doctor can also pin point various irregularities of the Managing Committee Members or office bearers to get rid of harassment meted out to him. In case no proper response is received then he can approach the Court of Law. If the doctor is a Member of the Society then in our opinion the Jurisdiction lies with the Co-operative Court. The doctor should claim for damages from the Society and/or from the Managing Committee Members for their various acts of omission and commission.

11. ITEMS NOT INCLUDED IN FSI

Ques : Which are the items that are not included in FSI ?

Ans : Niche, drying space or flower bed area utilized for the business activities is not include in FSI calculation. In our opinion the above said area cannot be utilized by doctor business activities by converting the Niche /

flower bed area for business related activities.

12. LEGAL POSITION OF CLINIC IN A BUILDING

Ques : What are the legal position of a clinic in a residential building?

Ans : Answer to this question will depend upon the Development Control Rule 51 and bye-laws of the Society. As per Development Control Rules (DCR) of the Mumbai Municipal Corporation Act, 1888 Rule No. 51 Purely Residential Zone (R-I Zone)- Ancillary uses permitted. Relevant clauses of DCR 51 are reproduced as under.

51. Purely Residential Zone (R-I Zone) - Ancillary uses permitted : The provisions of Development Control Rule No. 51 clearly stipulates that apart from residential use medical dispensary or Dental clinic and ancillary uses to the extent of 50% floor space shall be permitted in buildings situated in purely residential zones and such types of activities are permitted with restrictions on Ground floor, or just above stilt or 1st floor.

- (i) Medical and dental practitioner's dispensaries or clinics, including pathological or diagnostic clinics with a restriction of one dispensary or clinic per building to be permitted on the ground floor, on the floor just above the stilts or on the first floor.
- (ii) Nursing Homes, polyclinic's maternity homes and medical practitioners / consultants in different disciplines of medical sciences in independent buildings or independent parts of buildings on the ground floor, first floor and second floor with separate means of access / staircase from within the building

or outside, but not within the prescribed margin open spaces in any case, and with the special permission of the Commissioner.

As per the provisions of bye-laws in Housing Societies it is the discretion of the Managing Committee and/or General Body, if anyone wish to convert a shop or residence into a clinic or nursing home. It is necessary to apply to the Society for granting permission and after the approval of the Managing Committee and/or General Body the said person can run a clinic in the vicinity of the building.

But as of right, he cannot claim so because in the Co-operative Housing Societies an important issue has to be considered with regards to pollution, Nuisance if it is in a purely residential Zone. If the clinics of such nature creates pollution and nuisance then in that case the Society is justified in objecting starting of such clinic or nursing home.

Further more, Housing Societies can get their bye-laws amended to this effect if such things are required in the interest of the Society at large. There is a recent trend in the judiciary to permit change of user in circumstances but in the Housing Society's discretion lies with the General Body to allow a person to run a clinic in the vicinity of the said Housing Society.

The Development Control Rules only provides for permission to run a clinic in a residential zone. But the provisions of DCR cannot over ride the provisions of Maharashtra Co-operative Societies Act, 1960 being a special enactment. However, with the consent of the Society's through its Managing

Committee or General Body such problems can be looked into in the interest of the person concerned. This is the legal position of a clinic in a residential building.

13. OPEN SPACE IN FRONT OF DISPENSARY

Ques : Can the Doctor use open space in front of his dispensary?

Ans : Open space in front of the shop belongs to the Society. In our opinion it is the Society who has a right to put restriction with regards to utilization of open space in front of the premises.

14. PRECAUTIONS TO BE TAKEN BY DOCTOR BEFORE PURCHASE OF PREMISES FROM BUILDER

Ques : What precautions one should taken by doctor when purchasing premises from a builder?

Ans : Elementary Precaution that requires to be taken by a Doctor while purchasing the premises is same as that by any other purchaser. The Purchaser has to ensure that the builder has got necessary permission from BMC Authorities and also obtained Occupation Certificate from BMC Authorities. Only thereafter he should start the clinic.

The purchaser should get a certificate from the builder that the builder is authorized by the person in whose name the piece of land belongs. It will be in the interest of purchaser to ensure that title of the property with the seller is clear and marketable and the builder has authority to sell the premises. The relevant IOD copy should be checked before purchasing the premises.

It will be also in the interest of the purchaser

to take help of professionals like Lawyer, or The purchaser should also proceed with the transaction after obtaining written advise of the professionals specialized in the property related matter. The purchaser should also insist for a certificate from the builder as regards carpet area of the premises. There have been many instances where higher amount has been collected from the purchasers but less area has been allotted that what has been booked. It needs to be emphasized that type of property should also require investigation if the property is situated in Collector's land i.e. B-I category then permission from Collector is required absence of which can result substantial financial loss to the purchaser at a later date. It would be in the interest of the purchaser to give public notice in two local newspapers before acquiring the premises. The purchaser should also take search of the property. Stakes in property is always high. It is advisable to take Title Clearance Certificate from an Advocate before proceeding with the transaction. If the doctor is purchasing the premises for Nursing Home, then requirement as regards change of user should be complied with by the parties. The doctor should make it a point to insist upon the builder to inset a clause that the builder will at his cost obtain the change of user of the premises. If the builder is not willing to insert such a clause in the Agreement, then it would be in the interest of the doctor to take an Undertaking from the Builder that he Will ensure that the formalities pertaining to change of user will be complied with by the Architect within a span of ? months, failing which the Flat purchaser has a right to cancel the Agreement and the builder will refund the entire amount collected from the Flat

purchaser. It needs to be emphasized that if the transaction is cancelled, then the parties have a right to claim back the Stamp Duty paid by them within a period of six months from the date of payment of Stamp Duty.

15. PAYMENT OF ADDITIONAL MAINTENANCE BY DOCTOR

Ques : Does a doctor or person carrying out professional activities have to pay higher maintenance?

Ans : Bye-laws of the society stipulate that maintenance charges should be recovered from the allottee of the Flat. The definition of Flat is reproduced hereunder :

Definition : In this Act, unless the context otherwise requires -

(a) "Flat" means a separate and self-contained set of premises used or intended to be used for residence, or office, or show-room or shop or godown [or for carrying on any industry or business] (and includes a garage), the premises forming part of a building [and includes an apartment].

Explanation : Notwithstanding that provision is made for sanitary, washing bathing or other conveniences as common two or more sets of premises, the premises shall be deemed to be separate and self contained.

There is no difference between a residential Flat or shop or the premises utilized for activities of medical profession. In view of the same the Society is not within its right to recover additional amount from the Members, higher maintenance charges. Of course the Society has every right to differentiate between residential use and commercial use as are charged by the

Municipal Authorities like Property Tax and Water Charges.

Attention is drawn to the judgment delivered by the Bombay High Court in the case of *Sunanda Janardan Rangeekar V/s. Rahul Apartment No. 11 Co-operative Housing Society Limited*, wherein it has been stated that irrespective of the use of the premises, the Society has no right to charge additional amount towards maintenance. In view of the above, the Society has got no right of whatsoever nature to charge additional amount from the doctors towards maintenance charges. The Society was not entitled to levy maintenance charges twice the rate of the residential premises.

16. PARKING OF VEHICLES BY VISITING DOCTORS

Ques : What should be done if the Society is not allowing visiting doctors to park their vehicles in the Society's premises?

Ans : It needs to be emphasized as per Table-15 of Development Control Rules 10% of the parking space has to be compulsorily left for visitors visiting the building.

17. SIGN BOARD OF DOCTOR

Ques : Can a doctor affix sign board in the Society compound?

Ans : Yes doctor can affix the sign board with the written consent of the Society.

Provisions of Development Control Rules are reproduced hereunder :

48. Signs and Outdoor display Structures -

- (i) Residential Zone (R-I) The following non-flashing and neon signs with illumination not exceeding 40 Watt light.
- a) One Name plate with an area not exceeding 0.1 sq. m. for each dwelling unit.

b) For other users permissible in the Zone, one identification sign or bulletin board with an area not exceeding 10 Sq. m. provided the height of the sign does not exceed 1.5 m.

c) "For Sale" or "For Rent" signs for real estate, not exceeding 2 sq. m. in area provided they are located on the premises offered for sale or rent.

(ii) Residential Zones with shop lines (R-II) : Non-flashing business signs placed parallel to the wall and not exceeding 1m. in height per establishment.

(iii) Commercial zones (C-1) and (C-2) : Flashing or non-flashing business signs placed parallel to the wall not exceeding 1m. in height provided such signs do not face residential buildings.

Prohibition of advertising signs and outdoor display structures in certain cases-Notwithstanding the provisions of sub-regulations (1) and (2), no advertising sign or outdoor display structures shall be permitted on buildings of architectural, aesthetical, historical or heritage importance as may be decided by the Commissioner, or on Government buildings, save that in the case of Government buildings only advertising signs or outdoor display structures may be permitted if they relate to the activities for the said buildings' own purposes or related programmes.

The Commissioner may, with the approval of the Corporation, add, alter or amend the provisions in sub-regulation (2) above.

In our opinion the doctor cannot as a matter of right of necessity of affixing

sign board in the Society compound. However, the doctor, while purchasing the premises from builder should take precaution from the builder that he has every right to put up sign board in the compound of the Society. Permission of the builder should be obtained in writing because open space belongs to the Society and for displaying such type of sign board written consent of the Society is also essential if the Society is also registered. As on today there are number of Doctors who have displayed their sign boards in the vicinity of Housing Society's without permission of the concerned Society's but it is presumed that every Managing Committee Member is aware that Doctor has displayed such board in the vicinity of the Society. In case Doctor feels that display of sign board is essential for his profession, he should make a request in writing to the concerned Society to get permission from the Managing Committee. Maharashtra

Co-operative Societies Act, has cast burden on Managing Committee Members to look into the welfare of the Society and if the Society feels to point out advise of Advocate at initial stage then it cannot set to have a right to the Society objection of the Member that he violates aims and objects of the Society. It is an implied consent of the Society if the Society allowed the Doctor to display signboard for a number of years.

18. UNAUTHORISED CONSTRUCTION

Ques : There has been some unauthorised construction done in the building. What is the best way to regularize the same ?

Ans : It needs to be emphasized that if the premises are Society then the best alternative for the Society and/or its Members is to purchase of TDR. If the Society and builder consent for regularizing, then revised plan should be submitted to BMC. By this way occupant will have mental peace and can find a lasting solution to the problems of unauthorized construction.

DOs and DON'Ts continued from page no.17....

The doctor - 'doctor-patient' relationship thus needs to be specially defined and some kind of protocol established as it is indeed a delicate relationship. One of the most ugly and acutely embarrassing situations is a doctor and doctor-patient spat. It is most damaging to all concerned and sends a lot of undesirable signals all over. It is a situation we can do without and we need to ponder on it and do everything possible to avoid it.

To conclude, professional courtesy among colleagues was a long-standing tradition. It

creates goodwill and promotes fellow-feeling, especially in the current scenario where medical professionals find themselves to be a beleaguered lot. However, we ought to be alert while treating 'doctor-patients' and not take it for granted that we are immune from malpractice action in these cases.

Better to be Safe than Sorry !!

drlalitprabha@gmail.com

To,
The Editor,
GRASP

Sir,

In his article 'DOs and DON'Ts....REUSE OF SINGLE USE DEVICES - MEDICO - LEGAL IMPLICATIONS', Dr. Lalit Kapoor has rightly pointed out that the need today is to find solutions to problems within the limitations of our resources.

The lure to reuse single-use devices is due to cutting costs for a large number of our patients, who find them prohibitively expensive. Clearly, if the supply (of money) met the demand for these devices adequately, there would be no reason to do what is forbidden by common sense and also by the law.

Taking this logic further, it is obvious that our huge, out-of-bounds population numbers preclude any world class, ideal and expensive system of healthcare, (or for that matter, any care) for each and every Indian, simply because the common man cannot afford it.

Indeed, if good food, water and air are the cornerstones of good health, two out of three Indians is denied this very basic birthright- there isn't healthy food, air or water for them. An expensive, single-use medical device is almost asking the moon !!

The only permanent solution to the problem of scarcity is to limit the demand. In our case, it means to limit our population. The best will come only if we learn to spread our



legs only as far as the blanket stretches..... any more will necessarily leave us bare.

Very little is being done either by the government or other agencies to educate the common man on the obvious advantages of having a small family with, say, not more than two children per couple. Although contraceptive methods are common knowledge, this doesn't seem to be translating into reduction in population numbers, which can make a great difference to the economy and therefore, the well being of our nation. Common sense, unfortunately, is lost in the quagmire of hyperbole, one-upmanship and petty mindedness.

No solution is possible till the time that the demands are curtailed to lesser than what we can, as a nation, freely supply to one and all. Till then, either the patient pays for himself for the best quality, or compromises with 'reuses'.

Sincerely,

Dr. Arun Sheth
arunsheth25@gmail.com

AMC News

Team AMC 2018-19 have initiated the members outreach program where AMC will come to your area and reach out to its members for interaction and understand local issues. This is a weekly program to be held at a different place every week.

1) 5th April 2018 : Wockhardt Hospital, "Chalo-Mira Road".

The first CME of Team 2018-19 started on schedule with talks on multiple issues like: Doctors' Role - Judicial Activism'; 'Basics of



bone marrow transplant'; 'Doc, are you listening?' (aimed at improving communication skills with the patients); 'Using medical apps in medical practice'; 'How to avoid Medicolegal mishaps'; 'Current trends in constipation'. The program ended with a Panel discussion on 'Solve your concerns with experts' with case discussions on Medicolegal issues. The CME had 2 MMC credit points and was attended by 155 delegates and faculty.

2) **19th April 2018** : As a part of AMC social responsibility, the Jagruk beti program was conducted in Bhiwandi by Dr. Supriya Arwari. This program entails creating health awareness among adolescent girls and addressing common problems faced by them including those related to health, hygiene and menstruation. 60 girls were educated on Adolescent health.

3) 20th April 2018 : Hotel Manthan; "Chalo-Nallasopara" West

This was a half day CME with 91 Members attending and 1 MMC credit point.

The talks included were details of various AMC schemes; records keeping and patient safety; Medical Apps in medical practice; Irritable bowel syndrome; the importance of communication in our practice and various



modes of Communication. The CME concluded with a panel discussion on real life Patient / Doctor / Hospital situations which we face in our day to day practice.

The moderators and panellists gave insights about various difficult case scenarios and audience also participated in the discussion.

4) 4th May 2018 : Hotel Sarovar Boisar; "Chalo Palghar"

A half day CME with awareness about AMC schemes; talks on BT, CT, PT in medical communication; "How to be a better spouse" and "Recovering Unpaid Bills".

The CME concluded with the panel discussion on "Medicolegal and Nursing Home Issues in Clinical Practice" in which the moderators and panellists gave insights about various acts and issues related to health establishments including PCPNDT. Invited



guests included 3 high ranking Police officers and one noted advocate who graced the program with 53 delegates. 1 MMC point was sanctioned for this program.

5) **4th May 2018 : ANC Camp :** The MMR in India at 164 is high. The majority of rural women get themselves registered at primary health centers which lack specialist care. The careful periodic antenatal check up by a Gynecologist is essential to help identify early various risk factors in the antenatal period. They can also refer to higher centers if needed.

Dr. Rajendra Tiwari conducted an antenatal check up camp in Gholwad - PHC near Dahanu where 41 patients were examined. 6 high risk patients were identified & appropriate management done along with advice to some patients to register themselves at higher center.

6) **6th May 2018 :** Nurses Training held at Zaika Banquet Hall, Bhayander.

Nurses training program is an on-going project of AMC organized by Dr. S. N. Agarwal. This program was attended by 116 nursing staff working in various specialties.

The topics covered were of common interest to nursing staff.

7) **10th May 2018 : IMA Hall, "Chalo-Thane"**

82 consultants attended the program after a packed mini lunch. The topics included were very informative, educative and useful for the delegates like the dual role of Nursing Home Owners; use of Medical apps in Medical practice and the Technical as well as Communicative skills that all doctors must possess.

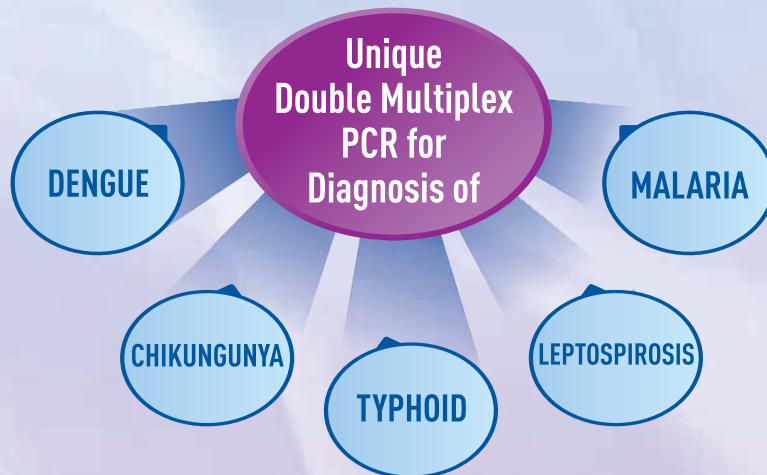
The most interactive session of the AMC Connect program was the panel discussion on MTP, PCPNDT & POCSO.



AMC Congratulates Dr. Atul Shah, our member for his contribution in Plastic Surgery., The Vice President, Shri M. Venkaiah Naidu presented the International Gandhi Award 2017 to Dr. Atul Shah for his humanitarian services to alleviate the suffering of leprosy-affected persons, in Sewagram, Wardha, Maharashtra on February 25, 2018. Dr. Atul Shah has devised many new simple techniques of reconstructive surgery for prevention of disability. He was also President of Indian Association of Leprologist and recipient of Lifetime achievement award. New York Times columnist Mira Kamdar has tweeted congratulating Dr. Atul Shah.

<https://indiaeducationdiary.in/vice-president-presents-international-gandhi-awards-2017/>

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Doctor's Day

Dear friends,

The Managing Committee of AMC Mumbai 2018-2019 has planned a series of unique AMC Connect programs this year to connect to each and every member of AMC. These programs are to be held each zone of AMC Mumbai - a total of 42 AMC connect programs. At the time of going to the press, we have already conducted 8 AMC connect programs with a tremendous response by AMC Members. AMC connect program is half day CME on many subjects pertinent to our day to day practice with renowned speakers as faculty. All AMC connect programs are having MMC approved credit points.

This year we had a unique first time program- "Sexplora" on 20, May 2018 which was based on different aspects related to Sex. Various renowned faculties graced this program and gave insights on the topics related on this topic. It was a very successful program attended by a full house.

This year we are planning a very unique Doctors Day Program on 01 July 2018 - the theme is to search and promote the talent of

AMC members in cultural activities. For this, we have invited AMC Members to participate in various types of cultural activities and it will be a show of Doctors Talent on the stage. We have received an excellent response from our talented members who are interested to perform in this program.

We appeal to you to please attend this program and make it successful.

We have also planned a full day CME in collaboration with FOGSI on "Adolescence": on 24th June at GCC Club Mira Road in which topics related to the Adolescent will be discussed in depth.

It is going to be a very happening year in 2018-2018.

We appeal to you to participate in various programs of AMC and make them successful.

Thanks
Regards

Dr. Vivek Dwivedi
Program Committee Chairman

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July 2018
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DOCTOR'S DAY CELEBRATION

Monday 2nd July, 2018

Hinduhridaysamrat Balasaheb Thackeray Medical College &
Dr. R.N.Cooper Hospital & Hinduhridaysamrat Balasaheb Thackeray Trauma Hospital.
Department of Obstetrics & Gynaecology and Blood Bank presents:

BLOOD DONATION DRIVE

In Collaboration with Association of Medical Consultants (AMC), Mumbai Obs. Gyn.
Society (MOGS) & IMA Students Wing of HBTMC

Time: 10:00 AM-03:00 PM

Venue: Blood Bank, 1st Floor, F Block, Cooper Hospital Building, Juhu.

“Blood is meant to circulate. Pass it around.”



“रक्तदान को बनाइये अभियान।
रक्तदान करके बचाइये जान॥”

Felicitation of Dignitaries: 02:00PM at Dean's Board Room, 1st Floor, E Block.

CONVENORS

Dr. Reena J. Wani (HOD, OBGY)

Dr. Manisha Khare (HOD,
Pathology)

Dr. Dilip Naik (Zonal Director)
CDO Mr. Rupavate

COORDINATORS

Dr. Komal Bhangale
(Asst. Professor,
OBGY)

Pranjal Rai (Illrd
MBBS)

PATRONS

Dr. Vipin Checker (AMC President)

Dr. Bipin Pandit (MOGS President)

**Advisors : Dr. Ganesh Shinde Dean HBT Medical College and Dr. R.N. Cooper Municipal
General and Trauma Hospital
Dr. Rajesh Sukhdeve MS HBT Medical College and Dr. R.N. Cooper Municipal
General Hospital**



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The building is conveniently located within walking distance of the Mumbai-Pune Highway, the Vashi train and bus stations, the New Orbit mall, shopping centers, and a taxi and rickshaw stand. The building is located right next to Apna Bazaar and the famous Tanishque Jewelers. There are many commercial offices located in the building.

Serious inquiries only, please.

Please contact : Dr. Pratibha Utage directly at **98212 32195** or via email at pratibhautage@yahoo.co.in.

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FROM THE PRESS

Dr. Pradeep Baliga

Editor's Note : Media reports relating to Doctors and Healthcare have increased and it is not possible to publish details of all. The author can be contacted if more details are needed.

Feb 19, 2018 : Children will undergo bone marrow transplant

Mumbai : The thalassemia treatment centre at Borivli which is run by the BMC, will now offer bone marrow transplant - a permanent solution for the disease - to 15 children who are undergoing treatment at the clinic.

Feb 21, 2018 : 3 private hospitals earn huge margins on drugs

New Delhi : NPPA came out with a price analysis of three unnamed private hospitals in the city that showed huge margins on MRPs kept by these hospitals on drugs and consumables, ranging from 2112 to 116 per cent.

Feb 22, 2018 : 36 diplomas derecognised by Centre

Mumbai : The Ministry of H&FW has derecognised 36 medical post graduate diplomas granted by CPS by a notification.

Feb 23, 2018 : Graduates without domicile can seek PG seats

Mumbai : Coming to the aid of PG aspirants from outside state who have done MBBS in Maharashtra, the Bombay high court quashed rules introduced by the state last November making such students ineligible for admissions in government, civic and

private institutions.

Feb 24, 2018 : Quack who practised in village with no doctor gets acquitted

Mumbai : Upholding order of an additional sessions judge at Gadhinglaj in Kolhapur, 384km south of Mumbai, the Bombay high court acquitted a woman who practised medicine without registration.

Feb 24, 2018 : House panel opposes bridge course for Ayush specialist

Mumbai : The parliamentary panel on health wants the government to scrap its proposal for a bridge course to allow Ayush practitioners practise allopathy, two panel members said on condition of anonymity.

Feb 24, 2018 : 286 MD/MS seats in jeopardy across India

New Delhi : 38 medical colleges may risk losing 286 seats in speciality courses if they fail to submit documents required to raise the intake of MD and MS students according to the Ministry of H&FW.

Feb 24, 2018 : 2 crore screened for oral cancer

Mumbai : As many as 2 crore people were screened as a part of an ambitious month-long oral cancer detection program in the state.

Feb 25, 2018 : 100 doctors set up immuno-onco society

Mumbai : An innovation by IIT-Bombay may help reduce the cost of a type of immunotherapy used to treat blood cancer to a tenth of that in the US. Clinical Trials for IIT-B Therapy to be held in Tata Memorial Hospital.

Feb 25, 2018 : Doctors on bikes rush first aid before ambulance arrives

Mumbai : The service is a pilot project of Maharashtra Emergency Medical Services, which runs the 108 ambulance service, to provide first-aid faster in the traffic-worn Mumbai.

Feb 26, 2018 : Doctor to pay for tweaking record to hide negligence

Mumbai : The state commission inspected the original implant box and discharge card, and found the doctor guilty of attempting to cover up negligence by preparing another discharge card.

Feb 27, 2018 : Insurance can't exclude genetic disorders

New Delhi : The Delhi high court held that it was illegal for health insurance policies to exclude genetic disorders from their scope of coverage.

Feb 27, 2018 : Domicile, X and XII from state must for MBBS

Mumbai : Only students who have cleared classes X and XII from Maharashtra and possess a domicile certificate will be eligible for MBBS/BDS seats in the state's medical colleges this year.

Mar 01, 2018 : Malaria cases in city diagnosed negative incorrectly

Mumbai : At least 591 malaria patients were incorrectly diagnosed negative for the

disease in Mumbai in the past five years, according to data accessed under the RTI, indicating the underreporting prevalent in the city.

Mar 03, 2018 : Seven Hills admin office sealed

Mumbai : Adding to the ongoing woes of Seven-Hills Hospital, the BMC sealed and attached its administrative office over non-payment of Rs. 9 crore property tax.

Mar 04, 2018 : Cardiologists say statins a must after debate resurfaces

Mumbai : City's cardiologists are upset with a talk against cholesterol-reducing medicines, better known as statins, given by a senior doctor at the just concluded APICON 2018.

Mar 04, 2018 : Regulator keeps private medical education fee hike under 10%

Mumbai : In a relief to parents of private medical college aspirants, the Fee Regulating Authority has not allowed a steep hike in tuition fees for the forthcoming academic session.

Mar 07, 2018 : State, civic medical colleges add 74 PG seats

Mumbai : Maharashtra state got an approval from the central Ministry of H&FW to add 74 seats to the existing pool, taking the overall PG seat count to nearly 1,500.

Mar 08, 2018 : Doctors mustn't waste time to excise tumour

Mumbai : Tata Memorial Hospital's cervical cancer trial involving 633 women has found that the five-year disease-free survival rate of second-stage patients who received a combination of chemo and radiotherapy was 77% as compared to 70% in those who were given chemotherapy followed by surgery.



Mar 09, 2018 : India fails deaf surgery plan test

New Delhi : Despite a free scheme for treating children with hearing impairment by the central government, few hospitals are conducting the surgery.

Mar 09, 2018 : Doctor-patient ratio far from satisfactory

Mumbai : The economic survey report of 2017-18 shows that the estimated doctor-population ratio is 1:1,365 in the state, against the WHO-prescribed 1:1,000.

Mar 10, 2018 : SC legalises passive euthanasia and living will

New Delhi : In a milestone verdict expanding the right to life to incorporate the right to die with dignity, the Supreme Court legalised passive euthanasia and approved 'living will' to provide terminally ill patients or those in a persistent and incurable vegetative state a dignified exit by refusing medical treatment or life support.

Mar 11, 2018 : Loopholes, grey areas a worry

Mumbai : A day after the landmark ruling legalizing living wills and passive euthanasia, city doctors and lawyers hailed the Supreme Court but expressed fear that the mandatory procedure laid down is "unclear" and may make things "unworkable".

Mar 13, 2018 : Allow cornea sharing to stop wastage

Mumbai : Parel's Eye Bank Coordination and Research Centre, the biggest in the state, is overflowing with corneas to such an extent that many are getting wasted. In the past six months, 84 therapeutic corneas have found no takers.

Mar 13, 2018 : ICMR defines passive euthanasia

Mumbai : Three days after the Supreme Court legalised 'passive euthanasia' and creation of living wills, Indian Council of Medical Research released a document explaining terms and rules relating to end-of-life care.

Mar 14, 2018 : Thane doctors let off in patient's death case

Thane : Four Thane doctors who had been tried for medical negligence leading to a woman's death in 2003 were acquitted of all charges by the district court. In the court order, additional sessions judge said the prosecution failed to prove charges against the doctors.

Mar 14, 2018 : Heart-attack patients likelier to survive if the doctor's away

Mar 15, 2018 : Endorsement of dying declaration is not a must

Mar 17, 2018 : Lab fined for wrong report which led to breast removal

Dehradun : Almost 15 years after a woman's breast was removed by surgeons who went solely by a wrong pathology lab report that the patient had cancer, a consumer court has ordered close to Rs. 19 lakh in compensation for the "victim of gross negligence".

Mar 17, 2018 : Tata doctors to give cancer training

Mar 18, 2018 : State's cure for biomedical waste

Mumbai : As the state recorded a 14% rise in bio-medical waste generated between 2014 and 2016, the MPCB has decided to rope in general practitioners and small clinics to ensure they treat their daily biomedical waste safely.



Mar 19, 2018 : Change of the Policy terms

Mumbai : Policy terms cannot be changed to the detriment of the insured at the time of renewal.

Mar 20, 2018 : Indian doctors oppose new diabetes norms

Mumbai : A new set of global guidelines on managing diabetes that aim to replace those followed for over three decades has stirred up a row within the medical community.

Mar 20, 2018 : 14,000 new leprosy cases across the state

Mumbai : In a worrying development, the Maharashtra government has now detected more than 14,000 new leprosy cases in the state. The numbers have been recorded through a special drive conducted in the state over the last two years.

Mar 20, 2018 : Stop illegal sale of abortion kits on net

Mumbai : Drawing attention to the rampant illegal sale of abortion kits through websites, the Maharashtra State Chemists and Druggists' Association has written to the FDA demanding an immediate crackdown on such virtual entities.

Mar 21, 2018 : Genetic disorders to hike health premiums?

Mumbai : Insurance companies say that they might need to go to the regulator and seek higher premiums if inclusion of genetic disorders increases their claims outgo. The IRDAI directed insurers not to reject any health insurance claim based on exclusions related to 'genetic disorder'.

Mar 23, 2018 : 2,000 TB patients drop out of treatment every year

Mumbai : Every year, around 2,000 TB patients in the city drop out of treatment,

according to the latest data from the municipal public health department. The reasons are social, economic and personal, say experts.

Mar 24, 2018 : State doctor gets 3 years in jail for illegal abortions

Aurangabad : Beed district and sessions judge sentenced a medical practitioner from Beed, to three years rigorous imprisonment for illegal termination of pregnancy, but discharged him of all other charges. He was convicted under Section 3 of the MTP Act.

Mar 25, 2018 : India's first survey on drug susceptibility testing

New Delhi : One out of every four patients, who are grappling with Tuberculosis, has developed resistance to at least one of the thirteen drugs available, the NDRS has concluded.

Mar 25, 2018 : ICMR sends proposals for trials of two new TB vaccines

Mumbai : The ICMR, the country's apex body for biomedical research, recently sent proposals for clinical trials of two new tuberculosis vaccines to various states as well as BMC.

Mar 28, 2018 : Govt files cases against seven hospitals

Mar 29, 2018 : Cabinet drops bridge course provision for Ayush doctors

New Delhi : The Union Cabinet decided to remove the provision of a bridge course in the NMC bill.

Mar 30, 2018 : Bariatric doctor accuses senior surgeons of abuse

Pune : A prominent bariatric surgeon has lodged a complaint with the Samarth police in Pune accusing six senior surgeons of attempting to extort Rs 20 lakh from her,



besides criminally intimidating, defaming and roughing her up, and insulting her modesty.

Apr 01, 2018 : ZTCC turns 18, charts way for faster process

Mumbai : Organ donation is set for a digital makeover with the Zonal Transplant Coordination Centre unveiling its new website and an app.

Apr 02, 2018 : Six-month course after MBBS must to perform sonography

Apr 03, 2018 : Cross-subsidy may lower private medical fees

Apr 05, 2018 : Test tube baby's birth certificate

Mumbai : The Bombay high court directed the BMC to issue a birth certificate to a test tube baby after keeping the space meant for the biological father's name blank.

Apr 05, 2018 : No need for domicile for PG medical seat in state

Apr 06, 2018 : MMC suspends licences of guilty

Mumbai : The licences of 20 specialists in the medical profession in the state, including surgeons, paediatricians, radiologists and gynaecologists, have been suspended for fraudulently obtaining post-graduation degrees by paying an amount of Rs5-10 lakh.

Apr 06, 2018 : SC cancels 180 MBBS admissions

New Delhi : The Supreme Court stayed the ordinance by the Kerala government that sought to regularise admission of 180 students in two medical colleges which the apex court had earlier declared illegal.

Apr 07, 2018 : Layout design dangerous for health

Mumbai : Slum-dwellers dumped in tightly-packed towers with poor light and ventilation are susceptible to a higher rate of tuberculosis, a new study commissioned by the MMRDA's Environment Improvement Society has revealed.

Apr 12, 2018 : 6 medical teachers in trouble

Mumbai : The medical education department served a show-cause notice to the dean of Kolhapur Medical College after at least half a dozen teachers were found practising in private hospitals.

Apr 14, 2018 : Ward assistants responsible for MRI death

Mumbai : A BMC preliminary report has found that two ward assistants were primarily responsible for the MRI machine death at Nair Hospital, in which a man lost his life.

Apr 16, 2018 : Govt defines stem cells as drug, seeks to regulate use in therapy

Apr 17, 2018 : Psychiatric, lifestyle ailments most common

Apr 18, 2018 : Doctors under scanner for fake PG certificates

Mumbai : Fifty-three doctors could lose their right to practice if allegations that they produced fake certificates of PG diplomas and fellowships offered by the CPS turn out to be true.

Apr 18, 2018 : Check misuse of stem cell therapy

Apr 19, 2018 : Civic hospitals to soon give low-cost private care in ICUs

Mumbai : The BMC's standing committee approved the major portion of a proposal by the civic administration to appoint a private agency to manage ICUs at nine civic



hospitals in the suburbs, though not without debate.

Apr 20, 2018 : Having drug-resistant TB centres a must

Mumbai : Opening centres to treat drug-resistant tuberculosis could soon be made mandatory for medical colleges applying for recognition.

Apr 21, 2018 : CPS's e-learning contract raises eyebrows

Apr 21, 2018 : High fees in private medical colleges account for low-quality intake

Apr 21, 2018 : Study suggests tab on IVF

Apr 22, 2018 : 53 doctors summoned by MMC

Mumbai : For a probe into suspected fake certificates of PG diploma and fellowships offered by the CPS, the MMC had summoned 53 doctors for questioning.

Apr 22, 2018 : The medical bodies write to PM

Mumbai : The IMA and AMC (Mumbai) have expressed disappointment over PM's statement in London where he had highlighted alleged nexus between doctors and pharmaceutical firms and said that doctors attend conferences abroad to promote these companies.

Apr 23, 2018 : Fish bacteria can resist drugs

Mumbai : A new study by the department of biotechnology at the University of Mumbai and the BARC, has found that bacteria in fish widely consumed in Mumbai were resistant to antibiotics that are used to treat gastroenteritis, tuberculosis, urinary tract infection, and malaria.

Apr 24, 2018 : Experts dub doctor's stem cell technique flawed

Apr 25, 2018 : Doctors booked for negligence

Mumbai : Five years after the death of a 35-year-old pregnant woman at an unregistered hospital in Govandi, the Shivajinagar police registered a case of death due to negligence against two doctors who were running the facility.

Apr 25, 2018 : Senior's PDA with colleague makes doctor uncomfortable

Apr 26, 2018 : Medical college dean sacked

Apr 26, 2018 : Doctors spread awareness on noise pollution

Apr 26, 2018 : Law to punish pharma cos that bribed doctors dormant

Apr 27, 2018 : Free diagnostic tests scheme fails to take off

Mumbai : More than a year after the BMC announced a scheme to make free diagnostic tests available at municipal health clinics by roping in private laboratories, the scheme is facing shutdown even before it could take off.

Apr 27, 2018 : Civic hospitals cite satisfaction over efficacy of generic drugs

Mumbai : The state chapter of the IMA launched a scathing attack on the government's flagship generic medicine project Jan Aushadhi, days after the PM implied that an unholy pharma-doctor relationship perhaps obligates doctors to prescribe branded medicines.

Apr 28, 2018 : Health ministry bans import, sale of oxytocin

New Delhi : The government has banned import and over-the-counter sale of the 'cuddle hormone' oxytocin and restricted its manufacture to public sector units to check



misuse by the dairy industry to extract milk from livestock and to promote early puberty in trafficked girls.

Apr 28, 2018 : PG-NEET aspirants opt out, lose deposit

Apr 29, 2018 : Guards for doctors leave poor in lurch

Apr 30, 2018 : Funds for security of govt hospitals released

Mumbai : The state finance department has released Rs. 137 crore to end a nearly six-month-long cash crunch at 20 government hospitals. The crunch arose due to hiring of security personnel.

May 01, 2018 : Form panel to frame rules for civic hospitals

Mumbai : The Bombay high court has directed the state government to constitute a committee to come up with a SOP to avoid incidents of adverse drug reaction among patients admitted to civic hospitals in Mumbai.

May 02, 2018 : Ten doctors stand to lose licence for private practice

May 02, 2018 : HC slams norm of giving grace marks to aspiring doctors

May 03, 2018 : HC stays GR, asks institute to file reply

Mumbai : In a significant interim relief for students fighting against "high fees", the Bombay high court stayed till June 13 a government decision allowing a medical college in Palghar run by a private company to charge Rs. 14 lakh as fees.

May 03, 2018 : Tata Memorial, IIT-B tie up

Mumbai : The Indian Institute of Technology-Bombay and Tata Memorial Centre, the city's two premier scientific hubs,

will conduct joint research in the new sphere of proteogenomics to identify cancer mechanisms and effective treatment modalities.

May 04, 2018 : SHRC raps BMC for failing to take adequate steps

Mumbai : The state human rights commission has asked Shatabdi hospital, to cough up compensation of Rs 2 lakh each to three patients who were bitten by rats while undergoing treatment at the civic-run healthcare facility last year.

May 05, 2018 : Doctors' letter does the job

Mumbai : The Cardiovascular Thoracic Surgery department of civic-run Nair Hospital has finally received a host of new equipment that it has been demanding since 2016 after the angry cardiothoracic surgeons shot off a letter to the dean, saying that the section would shut down if necessary infrastructure and adequate number of doctors were not provided.

May 05, 2018 : 24 women die during birth-control surgery

Mumbai : It's a surgery that should be a simple procedure, but in the past five years, 24 women have died after undergoing a tubectomy in Mumbai.

May 05, 2018 : Patient's valid consent is a must for surgeries

May 05, 2018 : Nair Hosp patients won't have to carry hard copy of reports

Mumbai : With an aim to maintain all case papers of patients neatly, Municipal Hospitals in the city are getting ready to introduce a 'Hospital Management Information System'.

May 06, 2018 : Delhi likely to put a cap on hosp profits



New Delhi : The Delhi government is likely to come out with a policy to cap profit margins for hospitals this week - a first for any state in the country.

May 08, 2018 : Finally, state's medical colleges to be graded

May 08, 2018 : 240 seats added to state kitty

Mumbai : Maharashtra has received a total of 240 post-graduate medical seats from the central counselling round after no takers were found for the same. The DMER allotted 50% of these seats to the open category and the remaining half to various quotas.

May 10, 2018 : High-risk drug packs must carry bold warnings

New Delhi : In a move to enhance consumer awareness and accountability of pharma companies, the health ministry has made it mandatory for high-risk medicines to carry warnings prominently on drug packs from November 01.

May 10, 2018 : High BP ails one in every 8 Indians

Mumbai : Around one of every eight people in India have high blood pressure, according to a health ministry preventive health program that screened 22.5 million adults across 100 districts in India in 2017.

May 13, 2018 : Court orders drive to fill hospital posts in state

May 13, 2018 : State to get 42 more pharmacy colleges

Mumbai : The All India Council for Technical Education has granted permission to set up 46 new technical colleges in Maharashtra in academic year 2018-19, 42 of which would be pharmacy colleges.

May 13, 2018 : AIIMS doctors replace hip joint using 3D implant

New Delhi : Doctors at AIIMS Delhi have successfully performed a hip joint replacement surgery using a 3D printed medical implant.

May 14, 2018 : Abortions in city rise, health experts dub it a 'positive' trend

May 14, 2018 : National panel treats FB posts as proof

New Delhi : The National Commission said that making wild, unsubstantiated and reckless claims does not help the complainant and is also against consumer interests.

May 15, 2018 : WHO wants trans- fat eliminated

New Delhi : Trans fats, often found in Indian snacks and baked products, are responsible for over 5 lakh deaths worldwide each year and must be eliminated from the global food supply. Indian cooking involves lot of frying and re-heating of same oil which produces trans fats.

15 May 15, 2018 : Chemists too will notify TB patients to BMC

New Delhi : The central government has come up with a notification that besides health advisors, pharmacists, chemists, and druggists also have to compulsorily notify the Municipal Corporation upon detecting TB patients.

May 16, 2018 : Marketing of hazardous breast-milk substitutes continues

New Delhi : The International Code adopted by World Health Assembly in May 1981, followed by Indian laws ban any kind of promotion and sponsorship by health workers of baby food, infant milk substitutes and feeding bottles.

May 16, 2018 : New machine to reduce tissue damage while treating cancer



Mumbai : Bhabha Atomic Research Centre, a premier nuclear research facility in Mumbai, has developed a new machine to reduce complications in cancer patients undergoing radiotherapy.

May 17, 2018 : Hypertension cases rise in state

May 18, 2018 : AI detects stroke, dementia from brain scans

Mumbai : The technology can help clinicians to administer the best treatment to patients more quickly in emergency settings.

May 18, 2018 : Doctor posts patient's pic on social media

Mumbai : After an activist complained against a south Mumbai - based plastic surgeon who posted a patient's picture on his Facebook account, the MMC has asked the doctor to provide an explanation.

May 19, 2018 : Cama radiotherapy facility to reopen despite safety worries

Mumbai : The wait for cancer patients undergoing expensive radiotherapy in private centres is likely to end soon as the facility at Cama and Albless Hospital may restart next week.

May 19, 2018 : Extra MBBS seats likely this year

Mumbai : Students aspiring to join the MBBS course this year are likely to see an addition of 100 seats in the pool of government seats. The government medical college in Jalgaon may get the nod to start operations.

May 20, 2018 : Doctors go on indefinite strike

Mumbai : At least 400 doctors from city hospitals went on sudden, indefinite strike to

protest an assault of three doctors at JJ Hospitals by a patient's attendants earlier in the day.

May 22, 2018 : NEXT may become mandatory

New Delhi : Foreign medical graduates keen to practice in India may have to clear the National Exit Test instead of Foreign Medical Graduates Exam from next year, in an attempt to streamline medical education and maintain uniformity in quality of doctors practicing in the country.

May 23, 2018 : JJ doctors call off stir

Mumbai : State-run JJ Hospital's 400-odd resident doctors, who stayed away from work for three days to protest against an assault on colleagues by irate relatives, called off their strike after receiving a positive reaction from the state government about their security concerns.

May 23, 2018 : Cannot complain after settlement

May 23, 2018 : Modicare to offer treatments at less than CGHS rates

New Delhi : The government-sponsored National Health Protection Scheme will offer common treatments such as coronary bypass, knee transplant and C-section at a rate which is around 15-20% lower than the CGHS.

May 24, 2018 : 1.2L children in India found with TB

Geneva : With an estimated 1.2 lakh detections, India reported the highest number of childhood TB cases (0-14 years) in 2016, according to a report presented by the International Union Against TB and Lung Disease at the ongoing World Health Assembly in Geneva.



May 24, 2018 : Nipah contained, no need to panic

Kozhikkode : The highly contagious Nipah virus, which has claimed 11 lives in Kerala, has been contained and there was no need to panic, the Union health ministry and the state government reiterated.

May 25, 2018 : Healthcare ranking of India

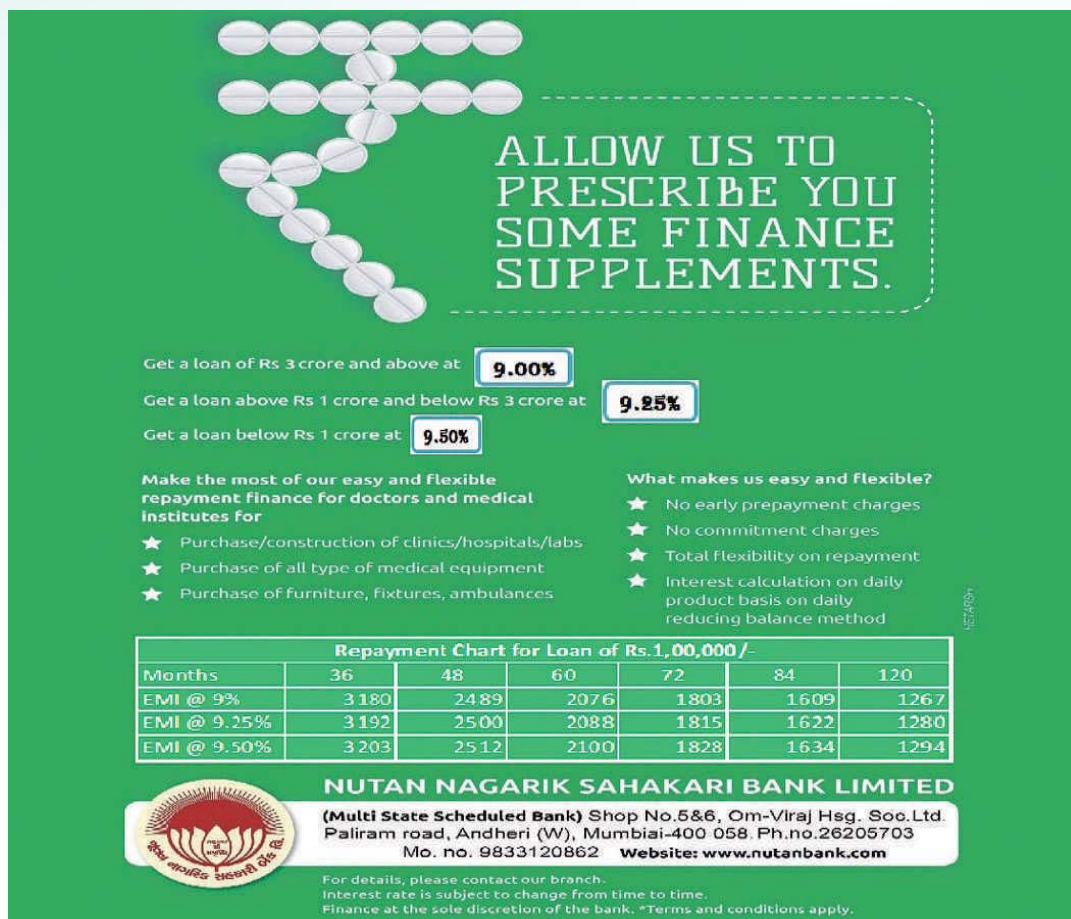
Pune : India ranks a lowly 145th among 195 countries in terms of healthcare access and quality in 2016, as assessed in a Global Burden of Disease study published in the Lancet.

May 26, 2018 : Ayushman Bharat a game changer?

New Delhi : The Modi government's health-for-all scheme finally took shape in the fourth year of its rule with the announcement of the Ayushman Bharat programme, which assures a health insurance cover of up to ₹5 lakh per family per year to 500 million poor and vulnerable persons.

(Sourced from various agencies)

drpradeepbaliga@yahoo.com



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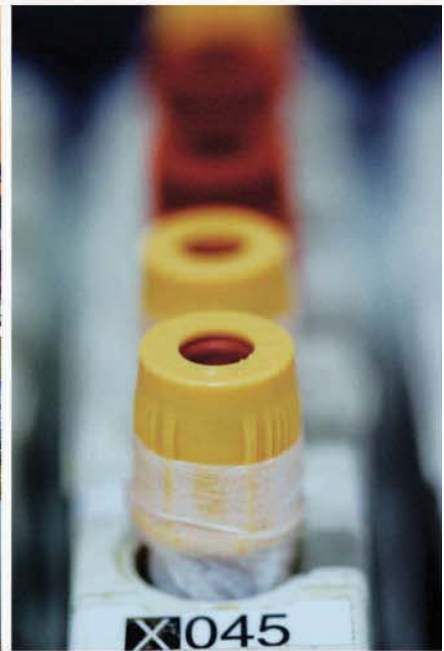
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