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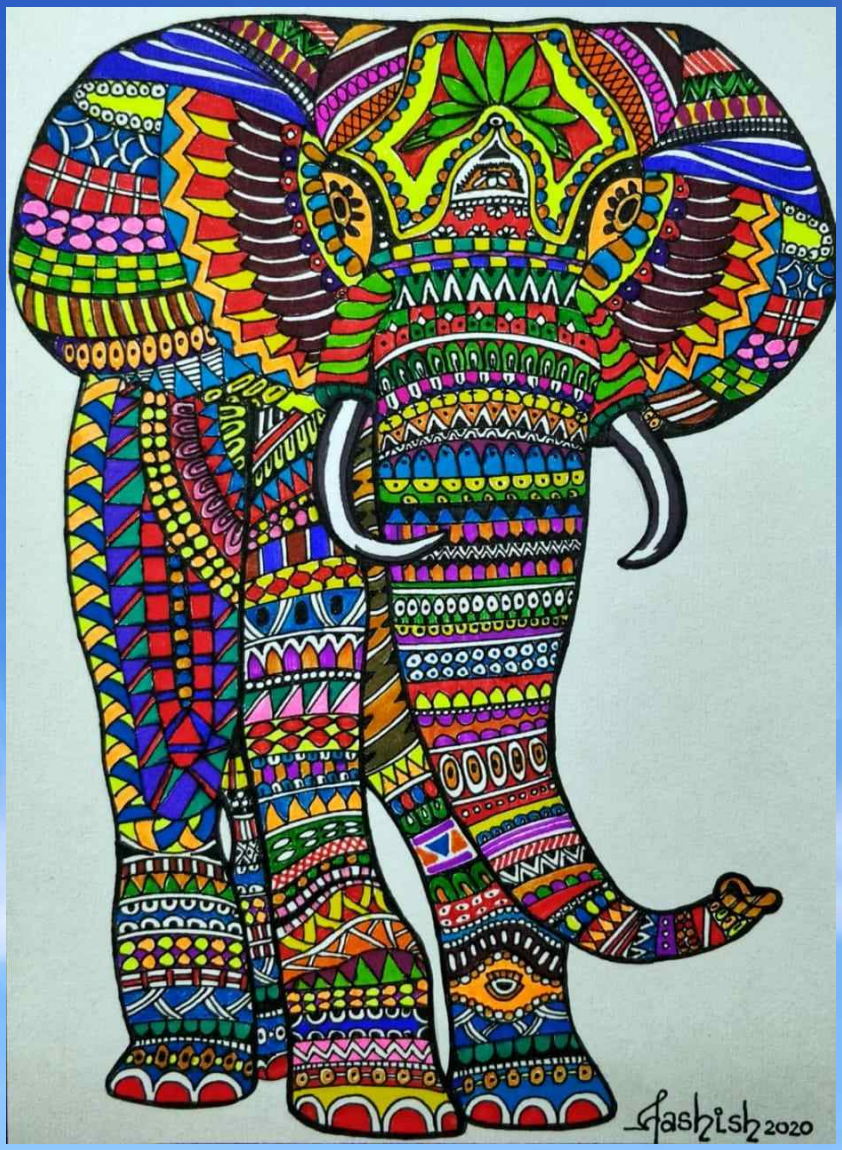
The GRASP

E - BULLETIN

NOVEMBER 2020



Corona Time Creation By
Dr. Aashish Mody

Official Publication of The Association of Medical Consultants, Mumbai.

With an Additional Supplement

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November 2020

EDIT SPEAK

Dr. Kritika Doshi

Dear AMCites,

It is with great pride and honour that I am writing to you as Editor of 'The GRASP' for the fourth consecutive year. I would like to warmly welcome you all to this first ever e-GRASP.

Holding a paper magazine in your hands, feeling the smooth texture of the pages as you flip them to read your favourite articles first, is one of the simpler pleasures in life. Many of our esteemed readers cherish the freedom to read The GRASP at their leisure. However, in recent times, this has become a luxury, considering the infection risks involved in handling physical magazines and the cost to the environment. On the other hand, the internet is a necessary part of our life and widely available to all our readers, sans any infection risks and environmental costs. The GRASP can be made available to all our readers at the push of a button on their smartphones.

The sudden lockdown in the face of the COVID-19 pandemic made it virtually impossible to co-ordinate with the printer's office, for publishing this edition of the GRASP. The staff member who would typeset and design the pages of the GRASP lives in Virar and is unable to work remotely. He does not have access to what we take for granted as daily necessities: he does not own a computer or smart phone; nor does he have unlimited internet or WIFI!

The Editorial Board had to plan a publication without the help of our regular (and essential) collaborators. Also, we could not ignore the risks associated with dispatching to our readers magazines that had been printed and packaged in highly crowded areas of Parel. It is for this reason, that the Editorial Board decided to publish an electronic version of the GRASP.

We hope you enjoy this electronic issue of the GRASP. This e-GRASP offers several added features - for instance, you will be able to navigate to web sites and sources referred in the articles in this e-GRASP with a single click. We have also added a quick survey for our readers to give us their feedback on their reading experience. On the basis of this feedback, the Editorial Board will evaluate whether future issues may also be electronic issues.

"Change is the law of life, and those who look only to the past and present are certain to miss the future" -John F. Kennedy

Over the course of this pandemic, we witnessed unforeseen changes; changes in our priorities, our working patterns, our reduced dependence on domestic support staff and our lifestyles, to name a few. Some of these changes have brought us joy, especially the work-from-home trend that allowed us to spend more time with our loved ones. At the same time, doctors had to face multiple challenges in the OPD, IPD work as also the challenge of keeping their family safe while continuing to be front line warriors.

We may soon face a change that we may find unpalatable. The Government has proposed a "One Nation, One Health System" scheme, to integrate modern medicine with traditional systems of medicine like allopathy, homoeopathy and Ayurveda, for medical practice, education and research. This policy, a brainchild of the Government's think-tank NITI Aayog, purportedly intends to create a"Integrative Health System", under which patients would get

treatment from any medicinal system, depending on what ails them and their current condition. This will be an unprecedented situation as no other nation in the world has ever faced this before.

In fact, the Central and State Governments have already begun promoting the agenda. The Government has been advocating the use of 'kadhas', 'yoga' and homeopathic pellets for the prevention of COVID-19. The AYUSH Ministry has also published protocols for various diseases, with the protocol for Diabetes being the most popular of them all.

Modern medicine and traditional medicine have, in the past, struggled to co-exist and be inclusive. Modern medicine argues that traditional systems of medicine are not "evidence based", and cannot be blindly relied upon. On the other hand, traditional medicine disparages modern medicine as being "reductionist", and focused primarily on treating the symptom and not the cause of the disease. However, in light of the Government's new policies as described above, the integration between both systems of medicine appears to be inevitable. It may be wise to revisit modern medicine's objections to traditional systems of medicine.

I have seen several patients, who vouched for the"healing" they obtained from Yoga, Ayurveda or other traditional methods, at a time when modern medicine was unable to help them. Yoga is popular the world over, and reports by several reputed practitioners and regulatory bodies around the world indicate that Yoga does indeed have observable physiological, psychological, psychosocial and spiritual benefits. It was this that made me curious about Yoga.

I had enrolled for a training course on Yoga at Kaivalyadhama, the institute primarily responsible for putting Yoga on the world map. The lockdown provided me with ample time to study both, the theoretical aspects and the practical aspects of Yoga.

It made me aware that there is a need for a restatement of Yoga, to dispel the frivolous image of the Yoga popularized by the West. Yoga is an eight-fold or eight-limbed path known as "ashthaang" Yoga. Yoga is much more than "asanas" or physical postures; it is a disciplined path to harmonize our physical body with our mental thought processes, and can help one to become spiritual (if one is so inclined). Yoga looks at the "person" suffering from the disease, with the knowledge that each part of the body (whether tangible or intangible) is ultimately a single, coherent system, and needs to be treated as such. Yoga is ancient, yet relevant today; it has survived centuries as also the test of modern medicine's scientific scrutiny. Yoga's psychophysiological effects have been validated time and again through multiple scientific studies, published by leading medical practitioners and researchers around the world.

Given the Government's apparent resolve to proceed with integrating modern medicine with traditional medicine, it is imperative for us modern medicine practitioners to be knowledgeable about our traditional systems of medicine. This will help be objective in judging the valid and not-so-valid claims of traditional medicine.

In this issue of the e-GRASP, we have our regular contributions by Dr. Lalit Kapoor and Dr. Suganthi Iyer, as well as Dr. S Nadkarni enlightening us on the "loot" by hospitals and technology. We have lost many of our members to COVID-19, and Dr. Aparna Govil and Dr. Divya Prabhat have penned heartfelt tributes to them. Dr Sunil Vaze has shared his priceless collection of antique medical equipment from his almost 100-year-old nursing home which he is unfortunately looking to shut down. Cyber expert Adv. Vicky Shah has written about being safe while transacting online. Dr. Sunil Vaze has portrayed a true incident as a story - it is sure to bring tears to the eyes of all.

Though, this pandemic has been tough time for everyone, I hope this issue makes it a little enjoyable while reading it. I do hope you enjoy this e-GRASP and I welcome your feedback.

kritikadoshi@hotmail.com

PRESIDENT'S PRECEPT

Dr. Deepak Baid

As I took over as the President of AMC, the pandemic was reaching its peak. Difficult times call for decisive decisions and I wondered if I was destined to lead during such difficult times.

Our first task was to support the initiative of MMC to arrange for doctors to man the various health posts in Covid units. Mr. Praveen Pardeshi, the then Municipal Commissioner brought all the stake holders together to fight the pandemic together thus resulting in protocols being created towards Dialysis and Pregnant ladies. The dedication of Nair Hospital towards Covid care was one such initiative. We built a prototype of Covid Beds Dashboard within 7 days and gave it to the BMC.

However, as the number of covid cases rose, there was a change in the behaviour and complete lack of communication from the new Commissioner. Various notifications were issued as a knew jerk reaction. And most had a language of threat like:

• The take-over of nursing homes by BMC without any protocols, the unceremonious removal of 72 nursing homes from covid duty and again re instating of 27 nursing homes for covid duty lacked vision and fore sight.

• There was threat to cancel the registration of a doctor over tele-consultation and virtual advice for covid testing. This decision was reversed at a later date.

• The capping of charges both for Covid and non covid care without consulting the stakeholders; as a result, AMC is now involved in the court cases filed against these orders in the Supreme court as well as in the ongoing High Court case.

• There is no protocol set till date for Covid suspect or HRCT positive cases who are RT-PCR negative.

• Lack of an Infection control Committee to analyze infections among Doctors, Policemen and other front-line workers. AMC strongly refuted a notification in a major Govt hospital who blamed the interns for getting infected.

• The outsourcing of Jumbo facility and payment of Rs 6000/6500 per bed with assurance towards 50% of beds was discriminating against the meagre amount given to private hospitals in the excuse of capping without any guarantee towards vacant beds. AMC opposed the same.

• The Government did not arrange for any beds for the health care workers who were infected with Covid while the same was arranged for the police personal. AMC members came forward to voluntarily reserve beds for the doctors who turned positive in the line of duty.

• The Government did not honor its promise to give Private doctors dying of covid cause the 50 lacs compensation.

• Through a notification the BMC tried to enforce the admission of all covid positive patients who were above 50 years. AMC criticized the move and the same was withdrawn.

• There has been difficulty in getting high end

medicines for corona. AMC had suggested to make available the same at pharmacy level of each covid hospital to avoid patients lining up at Stockists.

• Due to difficulty in getting beds, AMC created a group of all covid nursing homes and hospitals so that there was better coordination in getting beds.

• AMC helped arrange for online consultation by Physicians and radiologists to help the quarantine centers.

• AMC helped advise and built Covid care centers at various locations.

• AMC opposed the forcible empanelment of our member hospitals in the Jyotiba Phule Scheme at Panvel by the Commissioner. Following our intervention, it was stated to be Voluntary.

• AMC opposed the statement of forcible discharge of patients by the Thane Municipal Corporation. Due to our intervention, the same was reversed and denied by the superior authorities.

• AMC condemned the working manner of political leaders who threatened hospitals during the billing process. The same was taken note by the Government and the incidence largely stopped.

• The notification of auditing of hospitals if Oxygen consumption in ICU was above 12 liters was also withdrawn after AMC along with other association opposed and criticized it.

During the pandemic, the KEM incidence brought to the fore that the Government did not instill confidence among the Health care workers by not standing by it when it needed it the most.

There has been significant distrust among the government and the doctors community, and the path of confrontation has led the citizens to disrespect the very health care workers who have struggled as well as laid down their life in the fight against the pandemic.

Our letters to the Head of the state has largely gone unanswered. And today the government seems to fight the disease without involving the stake holders.

AMC has lived up to its mission of looking after the welfare of its' members- All the various cells of AMC have offered extraordinary services:

• The Media and Communication cell helped AMC increase its social media presence by becoming active on Face book, Twitter, Instagram, You tube etc.

• The CBS cell announced a COVID death allowance without the waiting period.

• The H&A cell offered atop up policy of 7 lacs to all AMC members and made it free for its existing members.

• The NoAH Cell initiated the Raksha Policy for protecting the resident MARD doctors. The same was extended free of cost to the Resident Doctors with help of the Medico legal cell.

• The Noah cell made bulk purchases of PPE kits, sanitizers, masks, gloves etc and provided the same to our members at reasonable cost; these were also donated to Police stations and Govt Hospitals.

• AMC though the Medico Legal Cell successfully intervened in the capping of the N95 Charges.

• The Medicolegal cell helped many of our members who faced harassment from their society buildings.

• Various Webinars were arranged by the Program committee and the MMC cell of AMC.

• The Social cell helped organize blood donation and also educated our members and their staff via webinars.

• Dedicated Emails have been created for better communication with our members and vendors.

• AMC has helped its members as well as other

doctors by taking on itself the task of giving the QR code for traveling by train of our hospital and lab staff as essential services personal.

• The AMC office staff is helping implement members suggestions and grievances.

• The involvement of the various cell committee in its decision makings has helped bring new ideas and better implementation.

My plan to contribute as President AMC is:

i) to have a legal system wherein a member can directly choose a lawyer for representing them towards the various issues faced by them (violence, unpaid bills, Govt Notifications etc).

ii) to be more proactive in analyzing the various government notifications and draft proposals; issue a white paper on its implications and remedial steps.

iii) to have a panel of vendors whose help can be availed by our members, towards services and purchases.

iv) AMC should be self-sufficient in terms of finance and should not have to depend on sponsors to run its various programs. The interest generated from the funds of the various cells could contribute towards the various activities.

Friends, Mumbai has the best doctors across the world and they are our members. The need of the hour is for the Government to work together with the Doctors' representatives during this Pandemic.

It is imperative that the Government and our fraternity come together and help build a society where there is trust between the patients and the health care workers.

Thank you,

president@amcmumbai.com

SECRETARY'S REPORT

Dr Nilima Vaidya Bhamare

A very warm welcome to all the AMCites !!!

Since Feb 2020, when I last wrote as Secretary of AMC to date, once again I write to you as Secretary- for a second consecutive year.

This year has been about Corona, Corona and more Corona .....nothing else seems to be really on anybody's mind and, rightfully so, as medicos we are at the fore front.

A lot has happened since March 2020 as we watched our world change completely.

I attended a conference of ICHA, representing AMC at Delhi on 1stof March 2020.My previous visit to Delhi was a meeting with the health minister to represent the AMC SOCH White papers created last year.

It was at this time that all hell broke loose about corona.

I joined the IAP delegation to meet Shree Sharad Pawarji to impress upon him for a lock down. The lock down was initiated with a token 24 hour shut down. The originally intended few days shut down progressed to a 6 monthlong clamp down.

We, as a Nation were totally unprepared for this.

Our inadequate healthcare wasvisible to all…….and it crumbled in no time. It showed everyone in their truest avatars.

We were issued newer norms every day. It was complete chaos.

We, at AMC however set to work as ef ciently as we could, in these tough times:

I) We published the ICMR guidelines for members and nursing homes as none of us really knew what to do.

ii) We collected best practices to follow under the circumstances and circulated them

amongst members so that best service could be provided assafely as possible.

iii) We helped the members get essential safety equipment at cost prices – it was a big task as we had to screen various vendors, get samples tested, find the best value for money by bargaining to get the best deal. The transportation was another challenge – tremendous efforts personally taken to get the best quality sanitizers all the way from Aurangabad; as the vendor did not have transport. Wehired a vaccine van from a municipal hospital at Aurangabad with a promise to donate PPEs, face shields etc on the return train journey to save costs. Train services were restricted to once or twice a week. The Ward of cer at R/S ward was gracious to allow AMC to store the consignment at their facility. All this was done personally as staff too was unavailable.

iv) Repeated correspondence with the government with valuable criticisms and solutions to every problem faced by the doctors and the society at large.

v) We were working at ground level too - our of ce staff with the guidance of the NOAH cell and the Zonal Directors arranged to distribute the personal safety equipment to not our members but also to needy municipal and govt hospitals, despite stringent lock down restrictions.

vi) We offered a Covid top up policy of H&A policy, the CBS cover, the COVID kavach to our staff, the QR Code for train travel, also helping our members with the death insurance claim.

vii) We donated PPEs, HIV kits, N 97 masks, face shields, sanitizers, 3 ply masks and gloves to police stations and healthcare faculties.

viii) We conducted surveys on healthcare workers getting infected, prophylaxis used and insurance coverage so as to present authentic data to the appropriate authorities.

ix) AMC is also an intervenor in the capping of the prices of the N 95 Masks and the Nagpur case of questioning the jurisdiction of the BMC and govt on capping of charges on non COVID treatment. We have achieved a great victory in being successful to removing the cap on non COVID treatment and cap the prices of theN 95 masks.

x) We have contributed monetarily to the NAT health case in the supreme court for quashing of capping of COVID charges.

On a personal front, I established an unorganised group called Mumbai Dhadkanwhich worked on problems of ambulance availability, distribution of oxygen concentrators and are now working towards plasma donations on a very large scale .

I have had a very busy second year as Secretary of AMC. Hope all of you are doing well and taking care of each other as well.

At this time, AMC is currently working towards trying to get the capping on plasma bags removed and to get the Insurance death claims of private practitioners settled. We have met and given our suggestions to the appropriate authorities

PCC Report

Dr Vikrant Desai

• 17thMarch 2020, India goes into lockdown. No gatherings no meetings no movement. AMC installation of new committee stalled. In the mist of COVID 19 somewhere in early May the new committee was installed, first time ever on a digital platform

• Under the able leadership of Dr Deepak Baid and guidance and support from all seniors we faced the challenges and till date we could successfully conduct 4 major programs

• BETTER SAFE THAN SORRY on 27thJune: The panellist in this program were Dr NIRANJAN AGRAWAL, Dr VIKRANT SHAH and Dr Roy Sunil Patankar. The safety protocols for doctors as well as the nursing staff was taken in details and a lot of insight was provided as to how one should keep himself protected from Covid while on duty and off duty

• Medical and Financial impacts of Covid Era held on 28th June 2020. The Webinar was held on zoom and was attended by about 340 members. The panel discussion was moderated by Dr Nilima and Dr Vikrant and the Panelistswere Dr Shivkumar Utture (Chairman MMC) Dr Lalit Kapoor (Trustee AMC & Medicolegal expert)Dr Vishal Sawant (renowned Psychiatrist & Telemedicine expert).

The panel extensively discussed the medico-legal aspects in covid situation along with tele medicine and psychiatric care in the ongoing epidemic with very good take home messages

Ms Nehal Mota from Finnovate then introduced Mr Saurabh Mukherjee who gave a speech on how to manage your portfolio in the current situation and how to invest in companies which will survive majority of the crisis

• Global panel discussion on charting the way forward was held on 5 July 2020 with with many experts as panel list like Dr K K Aggarwal past president of IMA HQ, Dr Asha Rijsinghani Professor off maternal and fetal medicine USA, Dr Shashank Joshi Dean of Indian College of physicians, Dr DEBASHISH Ghosh Breast surgeon from London, Dr Shrikant SAPATNEKAR Epidemiologist and director of haffkine Institute at Parel and Dr Sajit Kumar professor and nodal officer of chief infectious diseases


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Sunday 5 th July 2020
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Dr Deepak Baid
President AMC
Dr Nilima Vaidya Bhamare
Hon Secretary AMC
Dr Vikrant Desai
Program committee chairperson
AMC
Dr Sujata Rao
MMC Cell Chairperson
AMC

ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI

MODERATORS

Dr Deepak Baid & Dr Niranjan Agarwal

EXPERT PANEL

Dr K K Agarwal

Cardiologist
Pres CMAAO
Padmashree Awardee
Honored with B C Roy Award

Dr Asha Rijhsinghani

Prof Mat and Fetal Med
Dept of Obgy Albany USA
Int. Ambassador, Society of Maternal and Fetal Medicine, USA

Dr Shashank Joshi

Dean Indian College of Physicians
PP of Asso of Physicians of India
Padmashri awardee
Maha Covid Task Force Memb

Dr Debashis Ghosh

Breast surgeon, Lon UK
Memb Pan London Strategic committee Covid 19

Dr Shreekant Sapatnekar

Epidemiologist
Director of Haffkine Institute at Parel (Govt)
Retd Dir Lilavati Hospital

Dr Sajith kumar

Prof & Chief Infectious Diseases Kerala
Nodal Officer Covid 19

Kerala. The session was moderated by Dr Deepak Baid and Dr Niranjan Agarwal. Due to this national and international faculty many of the Covid scenarios across the globe were discussed and logical conclusion of the best practises and what to expect further was made

• On 29 August 2020 amc in association with our Nisarg foundation which is an NGO came up with a program on biomedical waste management in Covid 19 pandemic this session was moderated by Dr Shyamalamani. Dr Lata Ghanshamnani explained the implementation challenges Covid waste management by the hospitals. Dr Sharafudheen who is the secretary of IMAGE which is run by IMA in Kerala Explained about the capacity challenges In the Covid waste management. Miss youthika Puri who is a scientist explained about the stress on existing BMW infrastructure. Then Dr Raju V who is the state technical advisor in UNIDO and ex-president of Indian society of hospital explained the role of associations in supporting Covid waste management. Mr Kiran Divghavkar who is the assistant commissioner of Dharavi took the topic of challenges and city level waste management. Community participation in hazardous domestic waste during the Covid times was explained by Miss Monica Khanna Gulati and miss Veena Padmanabhan who is RWA member Gurgaon. All the speakers gave an insight on the importance of reducing generation of Bio Medical waste and the current situation in Covid times

• All these programs had large audience and could be successfully conducted due to the support of the seniors and the AMC members

....Continued from page no.22

The road is undulating, the forest canopied, the kiss of the sun warm. A few parrots squeak as their red tails thrush through the air. I make my way to the hill with the lone tree.

As I wind down to the lush greens, I am joined by a few grazing goats. A couple of dogs guide me down till the very last, as I re-enter Ambewadi, and hop onto my car.

A dreamy feel of warmth and succour in the rains, has now to give way to the bustle of the city.

Platform : Zoom Meet

28th June 2020

MEDICAL & FINANCIAL IMPACTS OF COVID ERA

Time: 09:50 am - 01.30 pm

TIME	PROGRAMME
09.50 am - 11.00 am	**Panel Discussion:** Medicolegal, Telemedicine and Psychiatric Aspects in Covid Care **Moderators:** ***Dr. Nilima Vaidya Bhamare*** ***Dr. Vikrant Desai*** **Panelists:** ***Dr. Shivkumar Utture*** ***Dr. Lalit Kapoor*** ***Dr. Vishal Sawant***
11.00 am - 12.30 pm	How to Build a Covid Proof Portfolio of Consistently Compounding Companies - **Speaker:** ***Mr. Saurabh Mukherjea****, Co-Founder and Chief Investment Officer, Marcellus Investment Managers* **Moderator:** ***Ms. Nehal Mota,*** *Co-founder, Director -Finnovate Financial Services*
12.30 pm - 12.35 pm	AMC Covid Updates - ***Dr. Sushmita Bhatnagar***
12.35 pm onwards	Question and Answer on Finance

Dr. Deepak Baid
President

Dr. Nilima Vaidya Bhamare
Hon. Secretary

Dr. Vikrant Desai
Program Comm. Chairperson

Dr. Sujata Rao
Chairperson-MMC Cell

For More Details Whatsapp us on
98674 50066

Programme

Introduction of AMC & Rnisarg Foundation by
Dr. Nilima Vaidya-Bhamare & Dr. Lata Ghanshamnani

Chairperson / Moderator : ***Dr. Shyamala Mani***, Former Professor, National Institute of Urban Affairs & Advisor - Swachh Bharat Mission

Implementation Challenges in Covid Waste Management by Hospitals - ***Dr Lata Ghanshamnani,*** Ophthalmologist, Owner - Senses Eye & ENT Hospital,

Capacity Challenges in Covid Waste Management of CBWTF - ***Dr Sharafudheen K. P.***, Secretary, IMAGE (CBWTF run by IMA-Kerala)

Stress on Existing BMW Infrastructure - ***MS. Youthika Puri***, Scientist-D, CPCB

Role of Associations in supporting Covid Waste Management - ***Dr. Raju V***, State Technical Advisor, UNIDO & Ex-President - Indian Society of Hospital

Challenges in City level Waste Management - ***Mr. Kiran Divghavkar***, Asst. Commissioner, Dharavi

Community Participation in Hazardous domestic waste during Covid times - ***Ms. Monika Khanna Gulati*** and ***Ms. Veena Padmanabhan*** (RWA Member Gurgaon)

Closing Note by Dr. Shyamala Mani

Click to attend Facebook live https://bit.ly/34yKeFp

Association of Medical Consultants, Mumbai

In Association with

NGO, Rnisarg Foundation

Presents

Webinar On

Biomedical Waste Management in COVID-19 Pandemic

On Saturday, 29 August 2020, 6 PM

Dr. Deepak Baid
President

Dr. Nilima Vaidya Bhamare
Hon. Secretary

Dr. Vikrant Desai
Program Comm. Chairperson

Association with Mission and Commitment

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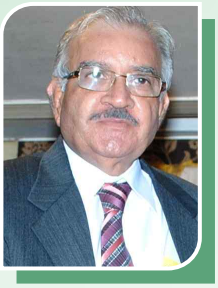


DOs AND DON'Ts

CAUTION: "COVID RELATED EVENTS"

Dr. Lalit Kapoor

I) TRAVAILS OF A GOOD SAMARITAN

A young anaesthetist conducted an emergency LSCS which concluded uneventfully. A couple of days later, he was informed by the hospital that the baby was transferred to a major pediatric and neonatal Trust hospital being pre term. He was also informed that the baby had tested positive for Covid, although surprisingly, the mother had tested Covid negative. He was advised to subject himself to self-isolation and get himself tested.

Accordingly, he got the test done at Metropolis Lab.

While awaiting the report, which had not come even 3 days later, he received an SOS call for a LSCS for a case of Obstructed labour from another Nursing home in that area stating that it was very urgent and they were unable to locate another anesthetist. Though he was reluctant, he accepted the call in the interest of the patient and the helplessness of the Obstetrician.

The LSCS was carried out with appropriate PPE and other precautions.

Co-incidentally, while concluding the surgery, he got another call from a nearby Nursing home for a delivery of a patient with meconium stained liquor, an emergency. This patient too needed an LSCS. The anesthetist rushed there to help conduct the delivery, which was done with the use of PPE and other prescribed protective measures. The surgery was uneventful.

Two days later, he learnt that his RT-PCR test for Covid 19 test was positive.

As per the then prevailing official protocol, he got admitted to the local Municipal hospital, and though asymptomatic, was in hospital for 9 days andlater in self-isolation at home. After nearly 3 weeks, he got himself re-tested for Covid-19 and was reported negative following which he resumed working.

About a week later, he received a call from the Police station in the jurisdiction of the Nursing homes where he had conducted the operations, informing him that there were 3 criminal complaints against him by the patients whom he had given anesthesia. Apparently, a local (anti) social worker cum press reporter had provoked the patients to file complaint on the ground that this doctor had endangered the lives of these patients by undertaking to give anesthesia to them despite being suspected of contracting Covid. An unremitting campaign against this doctor was started in print media and on You-tube channel making him look like a dangerous criminal. Of course, the local Collector tried to help and chastened the Police who then went slow on the complaint. Incidentally, none of the patients who had been anaesthetized by this doctor had reported Covid positive.

However, the woes of this doctor were not about to end. He now started receiving extortion calls and one telephone caller warned him escalation of the campaign against him unless he presented him with an AC and Fridge, following which he would help "settle" the matter. After a few days, he was offered another option viz. giving Rs. 1 lakh for closing the matter.

The member was advised to make a Police

complaint but was understandably reluctant in view of poor track record of Police. Member was counseled by AMC to not succumb to the extortion attempts. Local medical organization leaders too extended support. Attempts were made to establish contact with higher Police officers though they seemed preoccupied with more serious matters in view of the Pandemic. Meanwhile, the goons decided to give up and move onelsewhere to identify another victim.

The strong resolve of a member not to give in to attemptsof black-mail and the back-up role of medical organizations in such situations cannot be over emphasized.

II) STATE SPONSORED TERRORISM!

THE NARRATIVE: A Gynecologist completed her contract with a Civil hospital as per the agreed terms and conditions. Subsequently, a few months later she received a WhatsApp call from the Administrator of the hospital asking her to re-join the hospital on Covid duty. Whereupon, she replied by e-mail explaining the fact that she would not be able to join since she was all alone in her house with a 6-year-old son, her husband being away in a small town in the State doing Covid duty. In view of the lock down she was unable to get a care-taker for her child.

Despite this explanation, she kept receiving messages by WhatsApp and also email, ignoring her explanation and repeating the command that she must join or else serious action would be taken against her under the Epidemic Diseases Act and a host of other Acts.

She even personally met the concerned officers but was threatened very arrogantly that her child was not their problem and that she would have to join duty with immediate effect or else face the consequences.

Thereafter she approached AMC Medico Legal Cell. Our panel Advocate was consulted who drafted a reply, to be sent to them by email.

There was no response for about 8 to 10 days but thereafter she again started getting WhatsApp messages asking her to join or else. The last message asked her to report for duty at 9 am the next day otherwise legal action would be initiated. She was advised to not respond.

2 days later she started getting threatening phone calls from the Administrators – multiple times and was told that she should expect the Police to be at her door shortly. Being all alone at home she felt terrorized.

AMC then approached one our senior Advocates who advised making a Police complaint. Accordingly, a legal complaint was sent by an Advocates Notice to the local Police station alleging unwarranted intimidation by the authorities. A copy of the same was sent to the Police Commissioner. The inhumane behavior was cited in the notice. A complaint to Human Rights Commission was also considered. As a result, all threatening messages, e mails and telephone calls stopped thereafter to the great relief of our member.

AMC acknowledges its' grateful thanks to Advocates Raja Thakare, Bharat Manghani and Mohit Bhansali all of whom went beyond their call of duty to protect our member from this arrogant behavior of the hospital, undoubtedly on account of a colonial mind set.

III) "DELAYED COVID TESTING"- ALLEGATION OF NEGLIGENCE

A near full-term patient reported for Ante natal check-up in the Covid scenario. After her check-up, she was advised Covid-19 test and the doctor asked the patient to get the report as she was nearing delivery time. However, 4 days later the patient came with leaking with meconium stained liquor and an emergency LSCS had to be performed. Patient, however, had failed to do the Covid test citing some domestic reasons. The following day was Sunday and the hospital could not get the test done. The next day the lab promised to send a technician but failed to do so. The day after the patient wanted discharge (minimum hospitalization in Covid times} Patient was told to

get Covid test at the earliest and inform the report. However, 3 days later patient was brought to the hospital with breathlessness. She was referred to a Covid Municipal hospital. Covid test had still not been done by the patient. In the next 3 days it was learnt that patient had tested Covid positive and turned critical and succumbed to the illness.

A few days later the doctor received a call from the local police station in response to a complaint by the family that the hospital had failed to do the covid test and was hence responsible for her death. Statements of the doctors were duly recorded by the police and the matter is on going.

IV) Covid Positive post disposal of body

A patient was admitted in a critical condition to the ICCU for Myocardial infarction. The patient expired the next day. The physician had sent the patient's sample for Covid 19 testing as per current protocol that every patient admitted to ICCU was to be tested for Covid as was given to understand by local authorities. Unfortunately, the patient passed away before the report arrived. The physician was in a dilemma as to the next course of action. As it happened, the relatives of the patient were very aggressive and demanded that they be handed over the body immediately and it appeared that they could resort to violence. In any case, the physician thought, the patient had not exhibited any Covid-like symptoms and unlikely to test positive. Hence he agreed to hand over the body to the relatives for disposal.

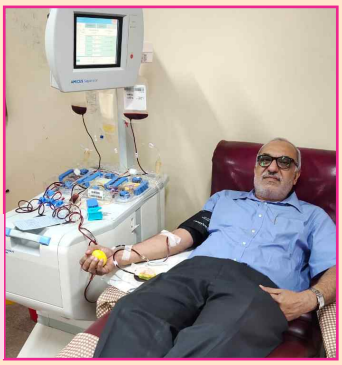
The next day the lab reported the sample to be Covid positive. Since Covid positive reports are reported to the Municipal authorities, the physician started receiving phone calls from the Ward office and asking for explanations for having handed over the body without informing them. He was told that severe action would be taken against him. The physician explained his dilemma to the Ward officers and the intimidation of the relatives. Eventually he managed to get himself off the hook but not before learning some lessons.

Incidentally, it is worth noting the frequency with which guidelines and protocols were being changed with occasional 360-degree turnabouts, is mind-boggling!

EPILOGUE: These are only illustrative cases, being a fraction of the medico-legal issues our members faced even during Covid times. Though, one would have expected a more grateful attitude from the public for the tremendous challenges the medical professionals were facing at great risk to themselves and their families.

Undoubtedly, as doctors we will continue doing what we have been trained to do selflessly, but it is urged to continue exercising caution and being medico- legally Safe than Sorry!

Dr. Pradeep Baliga Regularly donates Blood; Lockdown did not stop him from keeping this activity continous.



Dr. Ajay Hariani Donated Platelets at Tata Memorial Hospital in the middle of the Lockdown

THE QUEEN OF THE SAHYADRIS

Dr. Arun Sheth

The hike through the green grass and the misty moistness

It's a walk of joy. Up to where the hill Gods welcome you in a misty moistness, enveloped in a leafy green abode. With the rains playing their song, no walk atop the muddy mountains, carpeted in green grass could be less than magical.

It's the time of the year when life effervesces in green shoots, bubbly brooks, yellow starry florets and thunderous clouds throwing shards of nectar.The monsoon is here – a perfect time to savour the hike to One Tree Hill, Matheran.

The joy begins once you alight at Ambewadi – a tiny village bordering a vast lake created by a dam. The drive along the lake has been picturesque, the sea like lake waters lapping up the shores. A lone fisherman casts his net wide to paddle up his catch. Herons and white winged flamingoes fly low, casting a keen eye for the unsuspecting fish.

Ambewadi awakens the Earth man in you. Cows moo, chicks scatter and goats bleat as the kids make their way to the village primary. The women line up with loads of washing to the village well. The dogs bark away to strange new faces. A steaming cup of tea awaits to refresh the traveler at the village shop.

Soon, I am on my way upwards on mud covered tracks, with fields around. It is raining, and mud brown streams gurgle down the slopes, making my boots slosh. The green carpeted grass is crisscrossed by snaky tracks. Ridge upon ridge, I trek on like the Solitary Reaper, upon the highland grass.

An hour's climb up leads me to a small plateau, with views to die for. Within rolling blue clouds is a vast seascape, with hamlets scattered within a forested terrain. The breeze oxidizes every cell of my body to a heady recharge.

Can anything be more blissful to one whose beloved is nature?

The vast seascape from the top is a delight for weary eyes

As I near the hill of the lone tree, I hear it again. The music of the water, as it falls down a hundred feet, carrying with it the scents of Matheran – the woods-on-top. The striking water sprays me in a misty coolness, with the soul saturating fragrance

of the earth. I climb on the rocks, hewn through centuries of rain and shine. The lone tree atop is my guide, my beckon,as I raise myself for the last vertical.

The One Tree Hill

The trek of a couple of hours takes me to the evergreen delights of a town of an overpowering forest, pretty tiled cottages and red mud streets. The road straight ahead takes me to the bazaar and the railway station.

The Neral- Matheran is a heritage railway and was an engineering feat accomplished more than a hundred years ago by the Peerbhoy family.

From the stations, to the carriages and the rails, all are wonderfully miniaturised to suit the terrain and the passenger load. As the small blue carriages chug out into the winding mountain tracks, belts of smoke arise from the engine. The toy train hoots; its notes pierce the forest and startle the monkeys.

The Neral-Matheran is a heritage narrow gauge

Monkeys and dogs are the resident hosts here. Ever ready to pounce upon food, bags or a camera, I am cautioned for extra vigilance.

Why do I get that 'away from the world' feeling, every time I visit Matheran?

The place is a bliss grove for one who has grown world weary. For one who wants to get away from it all and recede into a cosy knock, while being well looked after. Several hotels, restaurants and shops abound to fulfil the traveller's needs.

Most alluringly, all automobiles are forbidden within Matheran. No jarring honks, nuisance jams and breath- halting carbon here!Instead, there are lovable bicycles, horses and foot- rickshaws here, creating a vintage charm. Horses abound here. With their keepers, they neigh through the vales and lanes of the town, providing sustenance to many. Indeed, Matheran would do an Amish or a Mennonite proud.

As I return to my hotel after a light dinner, the crickets liven up the cool air with their shrill notes. The lights flicker upon deserted streets as a line horseman tugs his horse homewards. The sleeping dogs lie.

A fine morning dawns, the sun rays kissing the woods in a light mist. As man and monkey begin their daily prowl, I venture out into the fragrant woods along roads less taken. Deep in the thicket,

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A fine morning
woods in a ligh
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the wind seems cloistered in the clotted trees,the canyon gushes with red water, the birds call out in succulent tones. The rains last week have uprooted a tree or two, which lie torso-bared in the tracks.A few villas stand mute witness to changing times; perhaps they remember their better days when Matheran was the destination of the rich folk of Bombay.

I am rewarded by the sights of the lovely white and purple flowers, plentifully lining the road. The Karvi blooms once in seven years; my lucky stars are smiling upon me.

The Karvi flower at Matheran blooms once in seven years

I walk further onto the Charlotte lake, which opens its broadside to me. The waters are overflowing over the dam, raising a pleasant jingle. A few newlyweds pose for photos. Steam rises form the chimneys of the vernacular houses of the natives. The sight is a deja vu from Mussoorie. Indeed, Matheran is the Queen of the Sahyadris.

A walk in the woods

The Charlotte Lake

....Continued on page no. 13

TRIBUTE TO CORONA WARRIORS

Dr. Aparna Govil Bhasker

In September 2020, a young lady doctor passed away. She was seven months pregnant. Every single day

we bury one of our own. Not a single day passes by when we don't hear of atleast one doctor succumbing to COVID-19.

While most people have the luxury of social distancing, doctors/healthcare workers have been on the frontline, sometimes even without adequate protective gear.

While people have been "in" to save themselves, doctors/healthcare workers have been "out" there to save others.

While work from home has meant family time for most, doctors/healthcare workers are not even supposed to hug their children after they get back home (and "if" they get back home)

And ...while a job related problem for others could mean a pink slip at its worst, for a doctor today it can mean losing her or his life.

This one is to all the doctors and healthcare workers who lost their lives on the frontline. May you all rest in peace and may your families have the strength to cope with these trying times.

And yes, you will not be forgotten. You will be remembered forever for your supreme sacrifice.

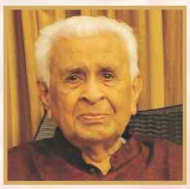
Condolences

Dr. Batukbhai Chandrani
Senior General Physician
Passed Away: 24th January 2020

Dr. Maya Lulla
Senior Gynaecologist
Passed Away: 19th February 2020

Dr. Nilesh Rangnekar
Urologist
Passed Away: 25th February 2020

Dr. Kirtikumar Desai
Senior Anaesthesiologist
Passed Away: 25th May 2020



Dr. L.N. Vora
Senior Orthopaedic Surgeon
Passed Away: 31st May 2020

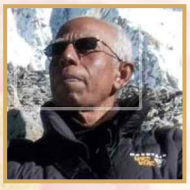
Dr. Chittaranjan Bhave
ENT Surgeon
Passed Away: 1st June 2020

Condolences

Dr. Parag Patil
Gynaecologist and Obstetrician
Passed Away: 21st June 2020

Dr. Bachu Sachdev
Senior Anaesthesiologist
Passed Away: 7th July 2020

Dr. Champa Nariani
Senior Gynaecologist and Obstetrician
Passed Away: 1st August 2020



Dr. Bibhuti Dasgupta
Senior General Surgeon
Passed Away: 8th September 2020

Dr. M. D. Shah
Senior Paediatrician and Neonatologist
Passed Away: 11th September 2020

Dr. Shekhar Divanji
Senior Anaesthesiologist
Passed Away: 26th September 2020

Condolences

Dr. Chitranjan Desai
Senior Anaesthesiologist
Passed Away: 29th September 2020

Dr. Nita Pradhan
Senior Cardio Thoracic Surgeon
Passed Away: 30th September 2020

Dr. Ramesh Singh
Senior General Surgeon
Passed Away: 8th October 2020

Dr. Narendra Rege
Senior Orthopaedic Surgeon
Passed Away: 11th October 2020

Dr. Manoj Sangoi
Senior Paediatrician
Passed Away: 13th October 2020

Dr. Meghasham Redkar
Senior Gynaecologist and Obstetrician
Passed Away: 16th October 2020

Tribute to Dr. Chittranjan Bhave

He will Always be missed

By Dr. Divya Prabhat

One who has the same friend at different stages of life is supposed to be blessed!

I am indeed fortunate to have known Dr. Chittaranjan aka Chittu since childhood. As I came to know him over time, my respect for him grew. The first time I saw him was in primary school. We were a small batch with a small number of students in a class, he used to come often to our class to meet his sister Anuradha; but I had never had an opportunity to speak with him in those days.

It was later in the secondary classes that I got to interact with him on the field during our hockey practice. After we passed out of school, there was little contact as probably both of us were immersed in our academic pursuits.

I was pleasantly surprised to meet Chittu in the GSMC college corridors on my first day of medical college. It was nice to catch up on the years we hadn't met after leaving Bombay Scottish School.

As history repeated itself, my next close interaction with him was at the Purandare stadium with our hockey sticks during the matches. Incidentally, Chittu and my elder brother Dr. Piyush were classmates and good friends in college (GSMC).

Just before I joined residency in the ENT department of KEMH, during the incoming week, it was Chittu again, the senior houseman who guided us into this new world of ENT.

For my second post, I joined Cooper Hospital where Chittu was the registrar. Our hostel rooms on the 4th floor were next to each other and practically every evening we had dinner together. As Chittu was exam going at that time, he was busy studying; but he used to teach me a lot either on rounds or at the dinner table. After completion of our MS, Chittu started his private practice at a few clinics while I joined KEM Hospital as a Lecturer.

It was a few years later that we again met at our alma mater- Bombay Scottish school where our kids (his daughter Shraddha) happened to be in the same class as my son!

As time passed, I started interacting with him during football practices and often joked that it seemed as though that our kids were eager to go to school only because it gave them an opportunity to play football!

Soon after I started my private practice at Dadar, we would again meet often- interacting within a small group of ENT surgeons (called ENT masti group) after our clinic timings.

Co-incidentally, both of us joined Raheja Fortis hospital, where occasionally we would help each other in some surgeries.

We also travelled together and I have wonderful memories of our trips together to Germany, Dubai, Singapore, Bhubaneshwar, Goa etc.

Another place for our bonding and having a great time was on the 2nd floor of the Dadar Club (both of us are members).

Bumping into each other at social gatherings was also very common, where he was always accompanied by his ever smiling wife Sujata.

Chittu was a very social, humble, soft spoken,

sincere person and an extremely dependable friend.

Just last month we had a long discussion on how to go ahead and practice during the lockdown period.

We all missed him on the 18th May 2020 Webinar where he was to be a co-panelist; and the next day when I spoke to him was the last time we spoke after which he was afflicted with Covid .

Truly a friend, philosopher and guide; our camaraderie kept on growing like a banyan tree for over half a century.

Om Shanti Om!

Useful Links

1) LINK TO ENROLL FOR AMC MEMBERSHIP
https://amcmumbai.com/choose-type-of-membership/

2) LINK TO ENROLL FOR CONSULTANTS BENEVOLENT SCHEME
https://amcmumbai.com/cbs-membership-form/

FORMS TO DOWNLOAD:

1) PROFESSIONAL INDEMNITY:
https://amcmumbai.com/wp-content/uploads/2019/02/PROFESSIONAL-INDEMNITY-FORM.pdf

2) HEALTH AND ACCIDENT
https://amcmumbai.com/wp-content/uploads/2019/02/HEALTH-ACCIDENT-PROPOSAL-FORM.pdf

3) *SUPER TOP UP FOR COVID:
https://docs.google.com/forms/d/e/1FAIpQLSfeUL8iAWrxWd5EG2nx3Vj_8OzpHR7zkH5fIKu51UMsDqi0wA/viewform

4) CONSULTANTS BENEVOLENT SCHEME
https://amcmumbai.com/wp-content/uploads/2019/02/CONSULTANT-BENEVOLENT-SCHEME-PROPOSAL-FORM.pdf

5) AMC-NoAH
https://amcmumbai.com/wp-content/uploads/2018/06/AMC-NoAH-PROPOSAL-FORM.pdf

TELEMEDICINE ----LEGAL ASPECTS

Dr. Suganthi Iyer
Dy. Director- Hinduja Hospital, Mumbai.

Some time back, judgments mentioned that medical consultation and advise through telephone was unsafe and expressed limitations of such mode of communication in healthcare practise. Following this, doctors were inhibitory in render of telephonic consultation and advise due to the deterrent effect of law. However, the same has been legalised on 25th March 2020 due to the pandemic. Thus, telemedicine is now the new normal custom for medical consultation and advise and is a boon to patients as well as doctors to render care and cure. However, there are limitations to this mode of consultation and medical professionals need to be aware of the same.

Telemedicine is regulated by **Indian Medical Council Amendment Regulations 2020**

Telemedicine is the delivery of healthcare services using information and communication technology for exchange of vital information for the diagnosis, treatment and prevention of disease

Telehealth is the delivery of health and health related services including medical care using information and communication technology

The advantages of telemedicine are saving of costs and effort as patients need not travel long distances especially rural areas and thus provides faster and timely access. It also reduces the inconvenience to the family members and care givers. It is important when the patient necessarily need not physically see the RMP as in routine check-up, monitoring, and follow up. In telemedicine, there is higher likelihood of maintenance of record and documentation and ensures legal protection to doctors. It also ensures health safety of patients especially in situations like pandemics and disaster management for provision of healthcare.

Exclusions: Telemedicine is excluded for remote surgical/ invasive procedures, patients outside India, in emergencies and complex clinical situations when in person consultation is needed and when there is incomplete information

Tools: The various tools used for Telemedicine are Telephone, video, Internet, mobile, chat platforms like Facebook, Whats App, messenger, skype , mail, fax and mobile apps. Mode of communication depends upon **professional judgment** of the RMP.

Identification:

There has to be no anonymity in Telemedicine and both RMP and patient have to identify themselves. Patient's identity is confirmed by name, address, age, mail ID, contact phone numbers and other modes of identification. Age is relevant for the prescriptions. RMP should display the registration number.

Types of Consultation:

First consultation is a new consultation. Follow up consult is when the patient comes for follow up within six months of first consult and for the same purpose. If however, the subsequent consult is after six months, for a different purpose or the RMP fails to recollect the details then the subsequent consult is treated as the first consult. Telemedicine consultation is best avoided in emergencies except

if life saving advice is to be given or counselling or referral. In emergency situation, in person consultation is ideal and should be advised

Consent

If the telemedicine consultation is initiated by the patient, then there is implied consent by the patient. In all consultations, a consent for the consultation by telemedicine need to be obtained from the patient. A simple consent should suffice. Consent should be explicit when consent is obtained from Care giver, Health worker or RMP. Modes of consent are by email, video, text, audio, phone in simple words

Informed consent should contain terms and conditions mentioning limitations of telemedicine consultation as an added caution. Record of consent should be entered in records or preserved if audio/video/any documented format

The principles of consent should be in adherence to the Supreme Court Judgment Samira Kohli Vs Prabha Manchanda (Dr.) & Anr.

If the patient is an adult, i.e. 18 years of age and above, is mentally sound and conscious, then the patient himself has to give consent. The question of any other person giving proxy consent on behalf of such patient does not arise.

Consent given is for the said procedure of teleconsultation only and should mention the limitation of teleconsultation. Besides, it should be explained in the language understood by the patient and the consent form has to be signed by the patient with signature of an impartial witness.

Patient Management

The following are the types of patient management

• Providing Health Education like disease prevention, dietary, physical activity, rehabilitation, immunization, infection prevention, hygiene measures, food habits, lifestyle modifications, etc.

• Counselling like food restrictions, do's and don'ts for various diseases like cancer, heart disease, use of hearing aids, home physiotherapy, advise for new investigations, etc.

• **Prescription of Medications:** This is done only when the RMP is satisfied that he has gathered adequate and relevant information about the patient's medical condition. The categories of medicines that can be prescribed area;

ã **List O:** Medicines used for common conditions like paracetamol, ORS solutions, cough lozenges, ointments, eye drops, etc.

ã **List A:** This would contain medication which low potential for self-abuse

ã **List B:** This contains medications during follow up and chronic conditions like conditions of renal, heart, etc.

ã **Prohibited drugs:** These cannot be prescribed through Telemedicine and include NDPS, drugs under Schedule X of Drugs & Cosmetics Act and other drugs liable for abuse.

ã Drugs used in **Psychiatry** practice such as phenobarbitone, clobazam and clonazepam as first consult and as well as follow-up

• **Prescription Format:** This should be on a prescription letter head as described in the Code of Medical Ethics. Photo of the signed prescription should be sent in **PDF** Format

Documentation and Records includes Medical Records (History, Examination), Investigations (Lab/Xray, USG, CT, MR/His to pathology, cytopathology / Fundus exam), Digital Component (Text, Images, Sounds, Video clips, Wave Forms, video conf.), RMP Records (Prescriptions) and Receipt of fees

Telemonitoring (Home Health Care): This includes Blood glucose monitor, Blood pressure monitor, Pulse oximeter, Peak flow meter, Sleep apnoea monitor, Heart rate monitor, Replace nurse visit by video and Patient Education

Duty Of RMP:

• Those under Code of Medical Ethics/IMC Act

• Compliance with Data Privacy and protection framework

• Confidentiality, Security and Integrity of patient records including conversation, correspondences in technological manner. Only authorised persons should have access to Medical Record. Integrity implies that the records are not tampered with and any corrections should be in adherence to an established policy for the same. Security refers to protection of the record. Physical records need protection against fire, rodents and pest control. Electronic records need to have a proper back up system.

• Retention of records of telemedicine practice (Three years as described in the Code of Ethics)

• Communication of nature of illness with prognosis and Counselling at every stage of consultation

• RMP to use **professional judgment** in context of Telemedicine and not compromise quality of care

Documentation includes the following:

• Medical Records (History, Examination)

• Investigations (Lab/Xray, USG, CT, MR / Histo, cytopathy / Fundus exam)

• Digital Component (Text, Images, Sounds, Video clips, Wave Forms, video conf.)

• RMP Records (Prescriptions)

• Receipt of fees

Telemonitoring (Home Health Care) Records consist of:

Blood glucose monitor/Blood pressure monitor/Pulse oximeter / Peak flow meter/Sleep apnea monitor/Heart rate monitor/Replace nurse visit by video/Patient Education

Acts Of Misconduct

• RMP using Telemedicine when patient willing for in-person consult

• RMP misusing patient data/images

• RMP prescribing without provisional / appropriate diagnosis

• RMP prescribing from Prohibitory List

• Soliciting/advertising about Telemedicince

• Consultation outside India

Penalties:

• As under Code of Medical Ethics (warning to RMP/ suspension of name of RMP from register/erasure of name from Register)

TAKE HOME MESSAGES:

Do's of Telemedicine:

• Be familiar with the system

• Adequate light, dark background and quiet room

• Dress appropriately

• Be on time/introduce yourself/before starting confirm if patient can see and hear you

• Prescribe safe medication- no harm or abuse

• For first consult- prefer video consultation

• If physical examination mandatory, ask for in-person consultation

• Take consent

• Practise within India

• **Proper history** goes a long way in making teleconsultation easier. The **history could be discipline specific using a template** and could be obtained **prior to consultation.** E.g. For ophthalmology, a template with following headings could be obtained

HISTORY CHART—OPTHALMOLOGY

• Loss of vision/Curtain/Blurred Vision

• Acuity/Field/Flashes of light

• Floaters/ Colour Vision/Vision Charts

- Amblyopia/Trauma (Physical, Chemical, etc.)
- Redness/Pain/Previous Surgery/ H/o Medication
- Comorbidities / Travel History/ h/o contact with Covid
- Any other as decided by RMP of particular discipline

Don'ts of Telemedicine:

- Don't try new application for first time
- Avoid Dark room, background bright and noisy location
- Don't wear loud clothes
- If patient unable to understand you, have a care giver who can speak on behalf
- Avoid telephone for first consult
- Don't prescribe medication without diagnosis
- Don't prescribe Schedule X/NDPS drugs
- Don't use any device that cannot store or record consultation
- Don't solicit for Telemedicine through advertisement
- Don't practice outside India

drsiyerin@yahoo.co.i

MATRIMONIAL AVAILABLE / REQUIRED

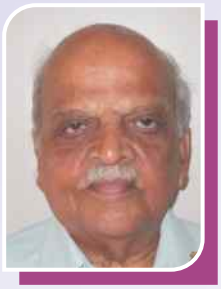
Mumbai based doctor family seeking alliance for their daughter M.D. Dermatology, 1990 born, from P.G. Medico boy. Contact: 98202 06044

Fully equipped and functional 16 bedded Maternity and Nursing Home available for sale in Goregaon East. It is registered with Brihanmumbai Municipal Corporation and includes all the statutory permissions.

Area- 2000 Sq.ft Approx.
Location- Goregaon East (Near OberoiMall)
Facilities Available - Fully equipped Operation Theatre, Labor Room, Photo Therapy Warmer, Special AC room, Semi Special rooms and general ward.

For details, please contact:
Dr. Alka Jain - 9870371118
Pooja Jain - 9833246491

Doctor consulting room available for Dermatologists, dentist, Orthopedic, Cardiac Surgeons etc. Slot basis. Location Bandra West, Opera House near Charni Road Station. Call 9920120158.



Technology & Hospitals Loot-Not Doctors!

Dr. S. V. Nadkarni

Former Dean, LTMC, Sion, Mumbai.

"Doctors loot" "doctors mint money" and everybody nods "agreed".

The highly publicized case of the 8-year-old girl suffering from Dengue in (Noida Hospital) is shown as a "clear Proof"; she was admitted to a five -star Hospital, Intensive Care unit, died after 8 days, and the bill?

A whopping Rs. 14 lakhs!

What more proof is needed to show that "doctors swindle"?

In everyday life, too, patients experience exorbitant charges, (unnecessary) costly investigations, and operations with modern technology at a cost reaching the skies. But doctors point out that, in the Noida case of the child for example, 4 specialist doctors collected only Rs. 90000 for their 8 days intensive efforts—an average of Rs. 20 to 25 thousand for each of them.

The rest of the bill was HOSPITAL CHARGES.

So, what is the truth?

Health Care Service is a very complex subject. One must understand the economics of this highly complex industry where both the giver and the receiver are human beings whose behavior is so unpredictable at all times.

Let us begin…..

Medical practice was an ART for ages. Science got added in the nineteenth century, when Gray described the whole anatomy, Harvey and Cushing described the whole Physiology. When microscopic germs were discovered (Leeven hock) and later proved to be the cause of most infections (Robert Koch), Lord Lister established the modern technique of "antiseptic and aseptic" surgery. A dentist (Horace Wells) had already shown that pain can be removed by inhalation of Nitrous Oxide and the stage was set; between 1880 and 1920, surgery made rapid advances.

After the discovery of anti-bacterials, blood transfusion etc, there was an immense improvement in medical management, too, and clinical practice added a substantial component of "Science".

"Commerce" had always existed for ages.

Now, clinical practice became a beautiful mixture of Art, Science and Commerce—the components cannot be identified separately.

But so far, there were only two parties – the patient and the doctor. There was faith and intimacy and because of Intimacy, the doctors offered services that the patient could afford. Hence the "swindling" was minimal.

The situation changed drastically around 1980 onwards when MODERN TECHNOLOGY entered clinical practice. It created wonders. Now every part of the body at any depth could be visualized, reached and remedied. The Heart could be repaired, narrowed vessels could be widened, babies could be developed "in vitro" and new tissues could be developed or transplanted when deficient.

"Spare part" surgery became a day-to-day affair. The world was spellbound. But technology was/is costly and needs large space; and industrialists entered the field, built large hospitals and installed

the modern equipment.

Health care service became health care industry.

With the industry came the principles of ADVERTISEMENT and PROFITS. The technology was widely advertised first by technology manufacturers and later by hospital owners. and made far more glamorous than what it really is. The modern technology expanded, it spread its tentacles so wide that – like the proverbial camel in the tent—it occupied the whole field of medical practice -including the public sector; IT DISPLACED THE DOCTOR TO A SECONDARY POSITION and occupied the prime position.

When the doctor was primarily responsible for the care of the patient, service was the main object and earning was essentially for his own needs. He gave service AND earned for himself.

Now that the industrialist has occupied the prime position, the prime object of the modern high technology hospitals has changed to earning PROFITS on the investment.

So, now, hospitals give service TO EARN profits- irrespective of whether the patient really needs it or not.

But this is done through the specialist doctors, who are employed by them or are totally dependent on them for their own earning. So, the doctors are blamed and cursed when the patient is forced to pay exorbitant charges. Does he not earn, too? Yes. The small percentage of super-specialists attached to the hospital do earn better but the remaining 90% of the doctors suffer miserably. The rising demands for prescribing these services makes them to order these costly investigations and costlier procedures wherein they earn nothing but curses. On the contrary, the rising costs shrink their population-base, as many just cannot bear the rising costs of modern management. There are less and less patients attending their clinics; their earnings are reduced and many doctors are getting frustrated, developing heart attacks or committing suicide.

Unfortunately, **society refuses to understand that the doctor and the hospital are two distinctly different entities – with (sometimes) conflicting interests.** While blaming the doctors, the same society continues to demand more and more of this modern technological approach, little knowing that it is the root cause of exorbitant rise in the costs of health care services- even in the public sector hospitals. The Noida child's bill was more than Rs.14 lakhs but the four specialist doctors got Rs.90000. The hospital earned Rs. 13 lakhs or more. Let us understand how the Hospital costs rise.

Take the example of a modern operation theatre. The cost of an operation table is Rs. 6 lakhs, the multi-dome light Rs. 4 lakhs, the anaesthesia machine- Rs. 4 lakhs, the Cautery machine—Rs. 2 lakhs. The multi-channel monitor Rs. 5 lakhs, some sort of air purifiers Rs. 3 lakhs – a minimum cost of about Rs. 24 lakhs. The general rule for all to understand the economics is—**AT LEAST ONE THIRD OF THE COST MUST BE RECOVERED EVERY YEAR-JUST TO RECOVER THE INPUT COSTS.** Therefore, the owner must earn about Rs. 8 lakhs every year just to recover the costs of all the machines. Presuming that the hospital works for 300 days, it must earn about Rs. 2670 per day only to recover the equipment costs alone. All consumables, medicines, costs for extra trained staff and nurses, and costs of space, electricity, water etc are separate and profits thereafter. How can the total bill be other than costly? Earlier, the equipment was simpler and the system relied more on the "skills" of the doctors. The equipment costs were one tenth (or less) than those at present.

For comparison, let us look at the costs involved in a public hospital.

Lokmanya Tilak Hospital- popularly known as Sion Hospital- is a major municipal hospital reputed as the hospital for the poor. No

commercialization **but unfortunately equally influenced by "modern technology".**

In 2018-19, it spent around Rs. 400 crores on 72000 indoor patients, with nearly 100 I.C.U beds, and 1200 general beds. The hospital performed 32000 operations in that year and the average stay of the patients was 7.6 days (probably the lowest in the country), showing how economical its services are.

Considering that the costs are 8 times in I.C.U.s compared to the costs in general wards, the hospital spends Rs. 7500 per day on general ward patients and Rs. 60000 per day on patients in I.C.U.s. This is only running cost; no question of profits, no consideration for initial investment on land, structures and equipment. Is the bill of Rs.1 to 1`20 lakhs per day "exorbitant" in the private sector in a 5-star hospital? The general public feels it to be exorbitant because they do not pay in public hospitals—the incurred costs are borne by the State. THE ROOT CAUSE OF RISING HEALTH CARE COSTS IS BLIND ACCEPTANCE OF MODERN TECHNOLOGY. Modern technology has immensely benefitted 10% of the patients who were suffering from (previously) incurable diseases but is causing immense financial hardships for the rest of the 90% of the patients who were getting similar relief by previous method of treatment at a much lower cost.

Now the doctors are divided in three major groups. The first group is small (could be around 10%) but determined to stick to the morality of the service. There are still many doctors – mainly in semi-urban areas—who depend on old clinical methods and refuse to ask for unnecessary investigations and procedures. Late Dr. Tongavkar was a shining example. They are very popular in the middle class and lower-class population but are silent. The second group-the largest (more than 60%)-are those who meekly follow the trend; they do not wish to antagonize the "powerful", even when they know that it will not help the patient much.

In Marathi, Ramdas-swami advised "don't take the difficult path often—follow the rest" (Dhopata marga sodu nako). Why take the risk and get beaten up or sued?

They cannot be blamed as Looters.

It is the third group which is truly "looters"; they take every opportunity to prescribe the modern technological approach -for a price, of course- and make money. Undoubtedly, this group is growing and could form about 15 to 20% of the doctors. They are bringing disreputation to the medical profession. The people are losing faith in doctors due to this group; though most people still have faith in their own doctors. "luckily, we have a good doctor" they would say. Overall doctors have NOT lost their conscience and try to do their best, under the circumstances. After all it is unfair to expect the doctors to be very moral when the society in general is hopping mad to earn unscrupulously. George Bernard Shaw rightly said – a 100 years ago- "as far as conscience goes, doctors have it just as much as all other sections of the society—not a little more, not a little less"

How can we improve the situation?

Public sector expansion & cost / Benefit Analysis

Once we realise that doctors are displaced by investors and profits have gained over service, the solution appears simple. DISPLACE THE INVESTOR AND BRING BACK THE DOCTOR IN PRIME POSITION. This can be done only by EXPANDING THE PUBLIC SECOR AND MAKE IT COMPETITIVE to the private sector. At present, public sector is NOT competitive. It serves the population not needed by the private sector-- the poor, the disabled, "risky" emergencies, and similar sections. The affordable are dissuaded not go to the over-crowed public sector hospitals or "neglected" Primary health centers. This must change and the public sector health care centers must become more easily approachable and more useful to, at least, the middle class even if they have to pay reasonable

charges. The middle class will readily pay, because they are the worst affected by the extra-ordinarily exorbitant charges in the private sector due to gross abuse of Modern Technological approach. Unfortunately, the reverse is happening.

The government is going for "privatization" and getting rid of its responsibility of providing health care by handing it over to Insurance companies and the private sector.

EVEN THE GOVERNMENT OWNED INSURANCE COMPANIES WORK FOR PROFITS ONLY.

So, the investors and the insurance companies now work hand in hand and offer services wherein THERE ARE PROFITS AND NEGLECT THOSE WHICH AFFECT MAINLY THE POOR AND/ORWHICH GIVE LOW RETURNS- even if essential.

We are waiting for disaster to strike!

Instead, if the public sector hospitals were to reserve about one third of the beds and O.P.D. time for the semi-affording middle class- WITH REASONABLE (CALCULATED) CHARGES – It will create a revolution. The middle class will be happy, the hospital will collect revenue and will therefore, expand further. Even at present the government is spending hardly 1`1% of G.D.P. on health and the people are spending 2`9% from their own pocket on health care services. Now some of this personal expenditure will be spent in public hospitals and that will help the public sector.

Most important - - **when health conscious, knowledgeable class joins the hospital and pays for the services, the standard of the hospital automatically improves. The service providers become more accountable. Hospitals for the poor remain poor, inefficient and never improve. We need to make the public sector competitive.**

Strangely, it will benefit specialists in private sector. It will ABSORB at least one third of the present specialists in the Private sector and re-distribute them in the lower middle class and poor strata in the slums and semi-urban areas, thus causing an expansion of the population base and re-distribution of the specialists into areas -thinly covered at present. A little competition will force them to improve their own nursing homes. All in all, medical services will improve.

But how can we reduce the undue influence of the technology in public sector? Without that, the costs will not be reduced substantially.

Another area for Technology to help- Computerization and data analysis.

At present, patient registration, purchase and distribution of drugs and medicines, all investigations are recorded computerized. If the clinical records of the patients are also computerized, it will be VERY EASY TO MAKE THE BILL (let us call it COST ESTIMATE) FOR EACH PATIENT. Such a "bill", if given to each patient as also to the doctors who have treated that patient, will go a long way in creating COST-CONSCIOUSNESS among all—the patients, doctors, the administrators and the corporators/ M.L.A.s the political masters.

Not more than 1% of extra budget will be required for this "Department of Data Analysis".

Once the cost becomes known, everyone will know what health benefit he/she got at what cost. Some specialists (if not all)will be motivated to try to reduce the costs by avoiding unnecessary investigations, unnecessary procedures, and unnecessary costly medicines and GIVE SAME OR IMPROVED RESULTS AT MUCH REDUCED COST.

When such data is published in medical journals, it will receive universal acclaim as the whole world is looking for reduction of health care costs. Administration will now be in a position to question others why they cannot reduce the costs and over the time, promotions and salaries could be based on Merit of performance-Not on seniority. THERE WILL BE ANOTHER REVOLUTION.

To-day, nobody knows the costs of management of any patient- neither the dean, nor the specialist nor the resident doctors- least of all, the patients and the politicians. When the cost is not known, how can you reduce it? It is also easy to accuse medical services as "looters". Cost-consciousness is essential. It will initiate the most important question, "WHAT ACTUAL HEALTH BENEFIT AT WHAT COST?" Technology will get a jolt.

The biggest obstacle to such an effort is the present strain in the relationship between patient and the doctor. Till the 1980s, the patients had immense faith in the doctors. Things did go wrong even in those days and possibly the patient or the relatives did get angry or emotionally disturbed. But in the end, they adopted a fatalist attitude of" Will of God" "our misfortune" "fate" – but the faith in the doctors, in general remained unshaken.

FAITH IS A GREAT HEALER. A peaceful, optimistic mind helps the body to fight the disease and get well. On the other hand, a suspicious mind causes severe anxiety; that produces adrenalin—which increases pulse rate, blood pressure, causes distention of the stomach, and sleeplessness which, in turn, makes things worse. More investigations are called for, more medicines and further increase in the cost of treatment. The doctors, too, get more anxious and, in the present atmosphere of assaults, destruction of property, and law-suits, they rapidly go defensive. They call more specialists, shift the patients to I.C.U.s, and /or prescribe the "latest" costly medicines or costly modern procedures by super-specialists. As explained earlier, in the end, they lose too. Their day-to- day practice dwindles.

RESTORING FAITH IN THE DOCTORS IS URGENTLY NECESSARY, in the interest of patients, doctors and the society, in general.

The biggest obstacle in this, is Consumer Protection Ac, made applicable to the medical profession. **Basically, it destroys faith.** It supports an attitude of suspicion, of "fighting against the wrong" done by the doctor. It creates enmity- at least – antagonism. Strangely, it does NO HARM TO THE CONCERNED DOCTOR. He has to pay a compensation for which he can easily make adequate provision. Presuming he sees just 3 patients a day for 300 working days in a year, he can insure against such litigation by adding Rs.40 in his fees for each patient equal to an annual Rs.36000 – the annual premium for Rs. 50 lakhs. He has already increased his fees by Rs.100 – making "profit"—but he is not happy. **It is very important that the society, activists of patient-rights in particular, join hands with the medical professionals to demand abolition of consumer protection act against medical profession. It is harming all. Instead, a "no fault compensation" could be given to the "bread earner" if he is crippled for life or dies.**

It does not mean doctors should be given a free hand to do what they please. The decisions taken by the doctors are legally "expert opinion" and expert opinion cannot be challenged. Hence, C.P.A. provides that the complaint must be supported by another expert. But medical field is very complex; the decision to treat the same illness by a certain protocol may not be valid for another patient with totally different circumstances. Therefore, the expert treating the patient of upper strata may be totally irrelevant to treat the patient in lower strata. In actual practice, the treatment ought to be specially "tailor made" for each individual. HENCE, THE DECISION SHOULD NOT BE CHALLENGEABLE BUT THE BEHAVIOUR CAN BE AND MUST BE. Was he qualified OR did he have previous adequate experience? Is the hospital /Nursing home duly certified? Did he attend in time, write notes, did he explain the salient aspects of the illness and the plan of action (he must keep that in writing with witnesses from the patient's side). Did his team attending time when the condition worsened? Norms could easily be formulated and if the doctor has followed the standard norms, he cannot be charged with negligence. Yetan other criterion would be the cumulative data of his performance. What were his

results in the last few years for similar cases? If the outcome of his method of management was comparable to the average outcome in the region/ state, he must be exonerated. This will make it imperative for all doctors to maintain very good records AND THAT ITSELF WILL LEAD TO SUBSTANTIAL IMPROVEMENT IN THE PROTOCOLS HE ADOPTS. The present distrust will be minimized and Faith will be restored; that will help in reducing the healthcare costs -still maintaining the standard of healthcare services.

This is a big challenge but worth fighting for. Money, power and influence are with the modern technology. Yet the modern technological approach must be resisted as it strongly supports commercialization. It must be curbed—without losing its fantastic advantages to the few (previously) untreatable patients.

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Digital Payments Frauds Prevention

An Awareness and Education for FAMCI-AMC Members

Advocate Vicky Shah

The Demonetization in 2016 saw the slow increase in online and digital transaction; and now in the COVID-19 Pandemic - the need for Digital Mode of Payment has become necessary. Even the most reluctant person has been forced to accept it for daily use!

One can now pay the Tea Stall, Auto, Taxi, Cab, Vegetable Vendor, Milk Vendor, Maids, etc… using 'non-touch' digital means-this frequent online involvement has increased the probabilities of various digital payment frauds. Hence, we need to be aware of safety measures to control and prevent the same.

Taking advantage of the **#COVID-19** situation perpetrators have adopted innovative ways of defrauding citizens at large across India-There has been an exponential rise in,

1. Online Frauds,
2. eCommerce Frauds,
3. SNS (Social Networking Sites) Platform Frauds,
4. Whats App, FB-Messenger, Facebook, Instagram, Twitter, etc Accounts Takeover
5. Search Engine Frauds and Scams,
6. Payments Service Providers Frauds,
7. Wallet KYC Fraud/Debit Card KYC Fraud/Re-KYC online due to COVID-19 fraud,
8. Insurance Fraud,
9. OTP Fraud,
10. Remote Access Application Frauds
11. Money Transfer,
12. Purchase of Gold through Apps and selling of the same,
13. UPI Collect Feature Fraud; UPI Receive Feature Fraud,

And many more!!!!!!!

Recent Incidents / Cases include a person who tried to sell furniture, another person who tried to buy Groceries, a person who tried to buy alcohol online and even people who tried to buy medicines online- all ended up losing money! And there are many such incidents/cases.

Is it possible to protect oneself against such Digital Payment Frauds, Scams and Schemes? YES

I have received around 50+ calls since March 29, 2020!I have helped persons to recover their monies, helped others to register an FIR and provided tips for safety and future Prevention to others.

How and why do cyber-attacks/ frauds in digital payment take place?

➤ Perpetrators have become tech-savvy and are constantly innovating new ways to play with the mindset of users

➤ They obtaining your personal information from online/offline sources

➤ They pose as authentic representatives (of banks/credit card companies/insurance companies etc) and contact customers asking for sensitive information; then use it to steal personal data

A common Modus Operandi/popular form of attack is by way of : phishing, vishingand smishing:

i) PHISHING - Email or WhatsApp / SMS Link:

Your inbox receives an Email which appears to originate from a legitimate company, and the victim might be asked to click on a link or an attachment. However, on clicking the link, the data could get stolen via computer/mobile contaminant (Malware).

The perpetrator also asks for Debit Card details linked to your Saving Account. The perpetrator calls to receive OTP under the disguise of KYC Activation or Debit Card Extension and on receipt of OTP the money is siphoned off.

ii) VISHING - Voice Phishing –The information is collected through a Fake Caller ID The number displayed on the screen of your phone will reflect the Institution. Never share or disclose personal identifiable or personal information on the call.

iii) SMiShing - SMS Phishing.

Through SMS or Whats App or Facebook Messenger message is received for KYC activation or verification of account details. Never share or disclose the information asked through Links. Verify the same by visiting the Bank Branch in person.

How to prevent yourself from becoming a Victim?

1. Never share confidential details - PIN - OTP - CVV - Expiry, UPI PIN, etc...

2. If someone asks to share sensitive information (Date of Birth, PAN/Aadhaar/Driving License/Passport/Voter ID/Electricity Bill/MTNL Bill/etc…) they should be told to send an email from the official email id of the Institution.

3. Users should not give his/her email id as the same would be already registered with the Institutions

4. Respond only to emails from the official domain of the Institution; users should be alert and know the correct domain of their Institution.

5. Check the SPAM warning that your email would receive as an alert when suspicious activity is observed

6. Transact only with Trusted and Secured Merchants. Look for **"https" and "Pad Lock Sign/Symbol"Golden/Green in colour.**

7. Keep track of your Email, SMS and WhatsApp messages.

8. Set up and configure for Transaction Alerts.

Additional safety:

• Use good Paid Anti Virus Software for both Computer / Laptop and Smart Phones.

• Encrypt the Data in both Computer/Laptop and Smart Phones.

• Never, never share your OTP and/or PIN! Under RBI Consumer Liability Circular dated July 06, 2017, you do not have any protection.

• Use Browser with Script and Pop-Up blocking feature.

If unfortunately, you do become a victim…

1. Report it immediately on https://www.cybercrime.gov.in

2. Register a written complaint with all details possible at the Local Police Station for FIR (First Information Report)

3. Approach Consumer Court / IT Adjudicating Officer Court / RBI Ombudsman depending on nature or incident.

With the proliferation of digital initiatives and the push by the Central Government encouraging digital payments, digital frauds are going to increase and it is essential that you the 'cream of society' should take care that all precautions are taken.

As doctors, another digital danger you need to be aware of is the upcoming Law **'DISHA'** Digital Information Security Health Act which would be enacted in few months to come.

Further Information:

To know more you can download the app "Cyber Crime Clinic" from Google Play Store.

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THE VISIT...

Dr Sunil R Vaze

"No act of kindness, no matter how small, is ever wasted"
.... Aesop, The Lion and the Mouse

It was a Tuesday morning. I had finished my breakfast and was getting ready to leave for the Hospital. Just as I got into the car, I got a phone call from Dr Shilpa*, the house physician in the Department of Oncology, informing me about a reference on the ninth floor regarding a young girl, Kusum Sharma*, who had abdominal pain.

I entered the gates of the Hospital, parked my car and headed straight to the ninth floor. I knocked on the door and entered her room on the North side. I introduced myself and greeted everyone who was present. I saw Sarla*, Kusum‟s mother, braiding Kusum‟s hair.

"Late jao Kusum, doctor saab aye hain, unhe der hogi,", said Sarla.

"No, no, no! koi baat nahi, mujhe bilkul jaldi nahi! Aramse honey do," I told her.

I waited for a few minutes, gazing into nowhere towards the Sea link, and after they both were done; I gave my best smile to Kusum and said "Hello Kusum!"

Kusum Sharma was a pretty and petite twelve year old from a middle class family, the only child of her parents. The family hailed from the industrial town of Kanpur. Her father Vishwanath Sharma* was a teacher in a primary school and her mother, Sarla, was a homemaker.

Kusum was a bright girl, doing well in her academics and the family was very content and happy.

Their quiet, smooth sailing life had, however, been abruptly shaken up. The child had been diagnosed having Lymphoma. Let me tell you one thing. The "C" word, the moment it is announced, is quite terrifying and frightful for the patient and the family. The world around the Sharmas seemed to have been devastated, shattered and collapsed. Vishwanath and Sarla, for the sake of their beloved child, had to summon their courage, their fortitude and needed to be ready to face the daunting reality of their daughter‟s health with tenacity and determination.

They had heard about the reputation of our Hospital as a Center of Excellence in Medical Oncology. The parents had, after a lot of research, chosen the Raheja Hospital for Kusum‟s chemotherapy.

During her admission and after two cycles of "Chemo", Kusum complained of some abdominal pain. I was therefore called in to

see her as a surgical referral.

Before I begin with the history taking, and which is followed by subsequent clinical examination, I always make it a point to generally talk to the patient and the family, the life that they lead, the town that they stay in; it is a small talk, it is like a little prelude or a preamble before getting down to professional business. It goes a long way to allay the fears, the apprehensions, and the anxieties, and helps in calming down the jangled nerves. Besides that, it also serves to break down the barriers in communications with the concerned doctor, and especially when the family is faced by an unknown doctor for the first time. After this kind of an interaction and reassurance, a comforting rapport is therefore swiftly established.

I examined her; there was really nothing surgical about her and what the anxious family needed was a kind talk, some soothing words of encouragement and cheer. I suggested some baseline tests after which I got talking to Kusum and her family.

Well, I came to understand that she was in 8th grade in Kanpur, and was a fairly good student.

"Kusum, padhaike alawa aur kya karti ho?" I asked.

"Mai gana seekh rahi hoon Sir"

"Bollywood?"

"Nahi doctorsaab, classical seekh rahi hai," interjected her mother.

That sounded very, very interesting. My eyes lit up. It is rare to find young boys and girls taking lessons in Classical music these days. And, I find that very delightful. As the conversation went on, I enquired about her Guruji and ragas she was learning. She told me that she had passed the first examination in music. She would attend music classes twice a week and she just loved what she was learning.

I smiled at her and asked, *"Kya kya seekh rahi ho? Bhoop, Bageshri, Bhimpalas? Kuch sunaogi phir? Kya sunaogi?*

She smiled and glanced at her mother.

"Gao beti, aapne jo Bhimpalas seekha hai, useeko sunao."

She sang a popular piece in Bhimpalas "Jaa jaa re apne mandirwa." How beautiful was her singing and with such devotion. It wowed me. The confidence and poise with which she sang was very impressive. She carried herself with humility and a respectful demeanor of a small town girl.

"Jaa Jaa re apne mandirwa" is a melody which has been popularized by that erudite and the learned Dr Ashwini Bhide-Deshpande.

Next day, I called Ashwini. I narrated the girl"s story to her and politely enquired with her if she would care to meet this girl and her parents.

"The little girl will be ecstatic by your gesture. Truly", I told her.

Without hesitating even for a moment, Ashwini agreed.

"Will I be able to bear to look at her?" she asked. She was perhaps imagining a delicate girl, post Chemotherapy, hair loss and all that, and with a look of a sick child. I assured her that Kusum was quite in good spirits and

Ashwini‟s presence would go a long way to elevate them.

“When will it be possible for you to visit?‟ I asked Ashwini. “Tomorrow at ten, is it possible?‟ she replied.

It was then decided that Ashwini would come to the Hospital Lobby at ten in the morning and call me from there.

The following day, Ashwini was at the Hospital at ten sharp and she called me. I went down to the Lobby, we exchanged pleasantries and we took the Hospital elevator to the ninth floor. After a little tap on the door, we walked into Kusum‟s room.

Ashwini smiled warmly. The family stood stunned, overwhelmed and dazed. I had not informed them about the visit by Ashwini. They couldn‟t believe what they were seeing and what they were experiencing. To the Sharmas it seemed like a dream, as if it was one of the finest occasions in their lives. Tears of gratitude started rolling down their cheeks.

Ashwini asked my permission to hold Kusum. She took her in an embrace and softly spoke some encouraging words to her. She spent a few moments with the family and made gentle enquiries about them. Throughout this interaction, Vishwanath and Sarla stood with their palms locked, stupefied and in a trance. After blessing the girl, and a polite Namaste to her parents, Ashwini prepared to leave. And, before she left, she presented two of her autographed Music CDs to the girl. It was a moving and a poignant moment for all those present in the room.

That is the story of the visit; **“The Visit”** by Dr Ashwini Bhide Deshpande, humane, compassionate, and magnanimous!!

I met Kusum’s parents about six months ago. Kusum is now studying in second MBBS in Government Medical College, Kanpur.

Personally speaking, it was very heartwarming and gratifying for me to be a part in connecting a stalwart, Dr Ashwini Bhide Deshpande of the Jaipur Atrauali Gharana and little Kusum and bringing a few moments of joy and bliss in the lives the Sharma family.

“Sometimes it takes only one act of kindness and caring to change a person’s life.”…. Jackie Chan

Dr Ashwini Bhide Deshpande

Bhide-Deshpande holds a Masters degree in Microbiology and earned a doctorate in Biochemistry from Bhabha Atomic Research Centre, a Sangeet Visharad from the Akhil Bharatiya Gandharva Mahavidyalaya Mandal and a Masters degree in music.

“Ashwini Bhide is not only a music scholar but is also blessed with a beautiful voice. I have personally known Ashwini since her early teens and it makes me so happy to see her blossom into such a wonderful Khayal singer. She has earned the reputation of being one of the top young artists of India... Having learnt many old compositions, she has been able to retain the spirit of the tradition through the dialects she has used as well as pay attention to the subject matter!” Pt Ravishankar

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*(Names change to protect Patient Identity)

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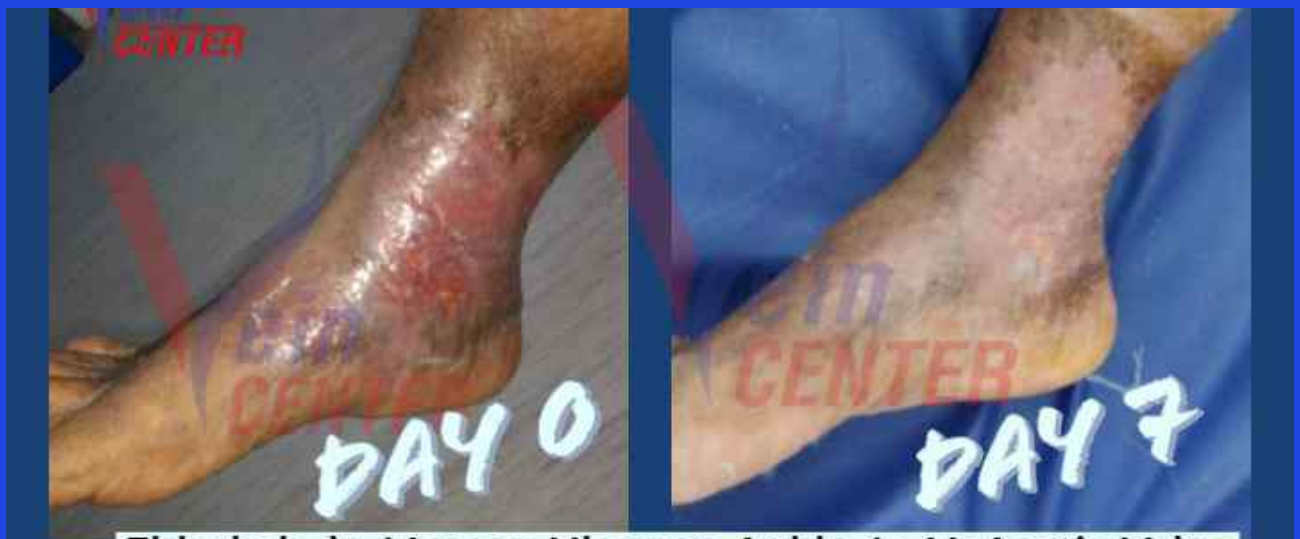

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INTRODUCES

3 Types Of Sepsis Panels

1 Sepsis Screen
Identifies micro organisms
(Table 1)

2 Sepsis (MDR)
Detects Drug Susceptibility
(Table 2)

3 Sepsis Complete
Identification + Drug Susceptibility
(Table 1 & 2)

Identify blood infections in ICU patients along with multidrug resistance with **multiplex PCR** in just **3-5 hours**.

Sample Type: 1 EDTA Blood sample or Body fluids [Pleural fluid, Synovial fluid, Pericardial Fluid, Ascitic Fluid, CSF]

25 Organisms Detected *(Table 1)*

Staphylococcus species	Klebsiella species
Staphylococcus aureus	Proteus mirabilis
MRSA [femA, mecA]	Serratia marcescens
Vancomycin resistance Staphylococcus aureus [vanA, vanB]	Citrobacter freundii
Streptococcus species	Pseudomonas aeruginosa
Streptococcus pyogenes	Acinetobacter baumannii
Streptococcus agalactae	Listeria monocytogenes
Streptococcus pneumoniae	Candida albicans
Entercoccus species	Candida glabrata
Enterococcus faecium	Candida parapsilosis
Enterococcus faecalis	Candida krusei
Enterobacteriaceae	Candida tropicalis
Escherichia coli	

13 Resistance Genes Targeted *(Table 2)*

vanA for Vancomycin resistance	MCR1- for Colistin resistance
vanB for Vancomycin resistance	MCR2- for Colistin resistance
mecA for Methicillin resistance	GES-CPO for Carbapenemase production
mecC for Methicillin resistance	
blaKPC for Carbapenemase production	blaVIM for Carbapenemase production
blaOXA48- for Carbapenemase production	blaNDM for Carbapenemase production
AcOXA for Carbapenemase production in Acinetobacter	

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