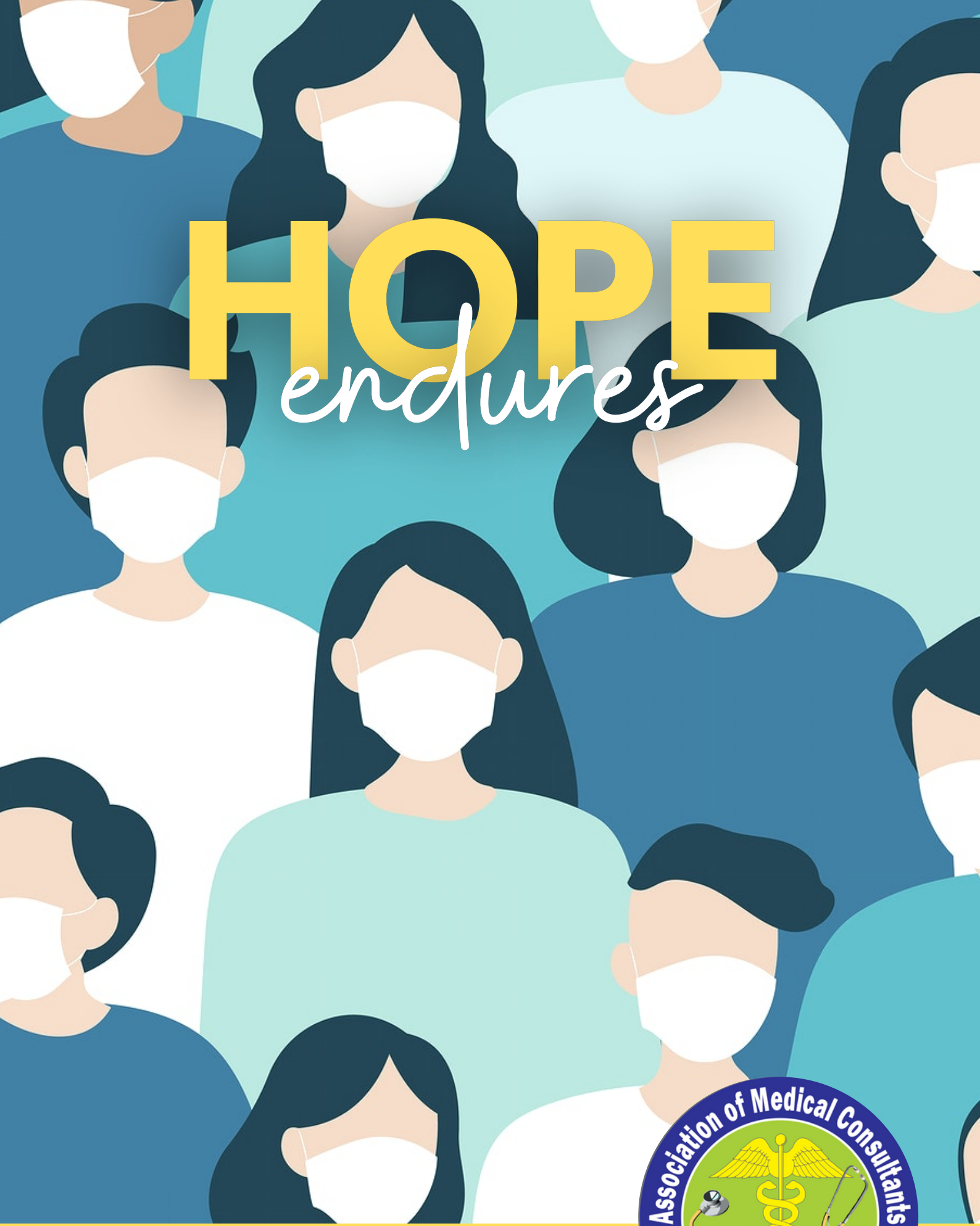

The GRASP

E-Bulletin (August 2021)

For Private Circulation Only

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AMC
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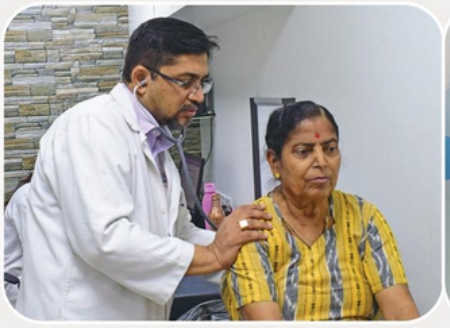

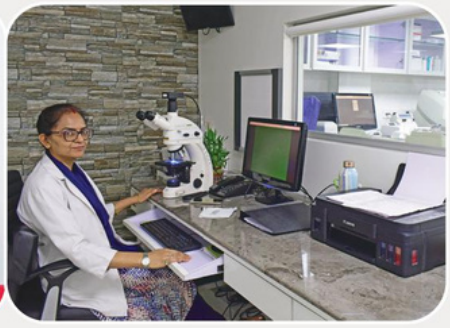

Dr. Kaushik S. Bhojani **Dr. Shubhada Kalke** **Dr. (Mrs.) Neelu K. Bhojani**

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THE GRASP *Editor*

DR. ALOK MODI

MD FISH(INDIA) FACP(USA)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST AND INTENSIVIST

First, a very warm welcome to all of you. It gives me great honor and pride to be part of this prestigious organization headed by numerous stalwarts over the years and consisting of members who are doyens in their respective specialties and superspecialists called the “Association of Medical Consultants”. I find myself shouldered with a very responsible position and I consider myself very fortunate and blessed that I've been asked to serve in the job of editor of the most prestigious publication of this organization called the GRASP.

It is indeed difficult a task for me as the bar has been raised by a body of phenomenal work done by my predecessors esp. Dr. Krutika Doshi who has done phenomenal work as an editor for the last couple of years for GRASP. We have all gone through very tumultuous times in the last two years due to the pandemic of covid 19, Life has shown its precariousness and the medical fraternity in the newly donned avatar of covid warriors has paid a heavy price. There have been a lot of capsizes and turns of events in the whole world esp in the medical fraternity and their families which have made it very difficult for the entire fraternity to survive but with the help of the wonderful policies of our AMC, we have led on. Not only that AMC and members of AMC have done yeoman service and work towards the community in these testing times and hence I am proud to be a part of AMC and I am sure you all are.

I would first like to extend a warm welcome to the newly installed management committee under the able leadership of president Dr. Sushmita Bhatnagar. We have wonderful contributions in this digital cauldron from stalwarts from our association in the likes of Dr. Lalit Kapoor Sir, Dr. Sugandhi Iyer, in this first edition.

There are many other rich contributions in this edition from other noted authors which I have not named here as I would like you to read them slowly, sip by sip (take rich ginger aromatised tea/dalgona coffee in your hand). Make sure that just as you infuse a nice drink with the right ingredients make it cavalier and succinct with the right blend and make your taste buds go bonkers, we have tried to infuse this edition with the right blend of humor, dedication, commitment to duty and values to make the issue reticent and hope to leave a signature tune to society in what we medicos do and how AMC makes us reach there. We have continued the tradition started by my predecessor Dr. Krutika Doshi what with the challenges of physical printing, we have continued GRASP to be digital, and not only that, but we have gone a step ahead by converting the digital to the flip format. The beauty of the flip format is that you will feel the magazine flipping the pages and images coming to life when you go through the magazine. I hope you enjoy this magazine; I hope you like the contents and I hope you can send me your constructive criticisms and suggestions in my email noted below Please pardon me as this is my first contribution as editor of GRASP. Please remember it is your magazine it is for you, it is by you, and it reflects the combined personality of all the members of the association, your contribution would go a long way to the richness of this magazine. Please do send your contributions and constructive criticisms to my email address listed below so that we can make it more proactive, productive, and richer in the months to come by.

Before I conclude I would like to richly thank our esteemed president Dr. Sushmita Bhatnagar for taking a keen interest at every stage of the development of the magazine and guiding me. The amount of hard work she has put in to collect articles, give them her organisational touches, and coordinate with the designer despite her very schedule as president and paediatric surgeon and shed a couple of weighty hours off my editorial shoulders it is my duty and responsibility to say a humble thank you.

I hope I have kept my editorial short and sweet as that is not the most exciting part of this issue and should not be. So dear readers, grasp a cup of tea and catch with what our AMC is all about.

Wish you all a warm, cuddly, rich, reverberant, and plangent reading of GRASP.

editorgrasp@amcmumbai.com

FROM THE DESK OF
PRESIDENT AMC

PROF. DR. SUSHMITA BHATNAGAR

MBBS, MS (Gen.Surg), M.Ch (Ped. Surg), M.Phil (Hospital Management), PGDMLS (Medicolegal systems)

Greetings of the day!

The Association of Medical Consultants is into its 50th year of inception, as a result of the dedication and commitment of a small group of young consultants for resolving the issues faced by Consultants.

It's an incredible feeling to address all the members of the Association of Medical Consultants as the 50th President. With this feeling of elation also comes the deep sense of responsibility, of the need to give the best, of the need to touch, create and transform lives by sheer committed engagement. A small peek into AMC which you must share amongst your colleagues and family, both medical and non-medical population as we are all proud AMCites, check and share this link - https://www.instagram.com/p/CQ3Zq6jpCId/

To create or transform anything, there must be an insight that has to be coupled with knowledge and acumen. There must also be a connection – atoms to atoms, ideas to ideas, people to people. At AMC, we create new knowledge by making connections between people, regions, and disciplines. What truly drives our progress is the connectedness we feel when every member of our community is invested in our mission.

Without consigning to oblivion, the core mission of AMC, the Mission for 2021-22 is to improve the quality of life of patients, their families, and also the medicos and their families through counseling, education, support, and advocacy. And to achieve our mission/s, the efficiency of the working has to improve as well as effectivity of communication is of utmost importance. With these basic concepts, the Team AMC 2021-22 has set off on a path of excellence and has achieved accomplishment on the following fronts:

WITHSTANDING COVID-19 AND ITS EFFECTS:

1. AMC had rapidly formed teams of our members for coping with Covid-19 in all aspects when the 2nd wave was raging like fire in our state. The team/group provided round-the-clock support regarding the availability of beds, medicines, oxygen, vaccinations, latest updates and guidelines from the Government, sharing and discussing research articles, and so on and so forth. The prompt action of participants of this group has saved so many lives while providing a boost to the mental health of all the medical professionals through their presence and willingness to go to any extent to encourage and stimulate each other in times of the worst crisis humanity has seen during the second wave of covid-19.

2 IMPLEMENTATION OF THE UPDATED LABOUR LAWS IN THE OFFICE:

Through a labour consultant Adv Mrs. Anupama Talekar, with the intent of safeguarding the rights of our staff (which was our prime concern since past many years), the latest clauses of labour laws have been effectively actualised as also a code of discipline has been laid down to maintain harmonious relations and promote the safe, healthy and peaceful working environment. The formation of the **Internal Complaints Committee** for AMC known as the Local Complaints Committee (LCC) in May 2021, aims to secure the settlement of disputes and grievances as per the guidelines laid down by the Government of India/Government of Maharashtra. A new Manager has also been appointed to supervise and co-ordinate the back office of AMC, to provide an advanced level of experience for our members.

3 IMPLEMENTATION OF UPDATED PROVISIONS OF IT POLICY:

Of the three approaches that were available for us to choose from namely a. Proactive b. Ongoing c. Reactive, we chose to be Proactive and hence have appointed an IT consultant and cyber expert Adv. Vicky Shah for the following, the work of which is ongoing:

- Information Security Audit Advisory, Inputs, and Compliance as per the Information Technology Act, 2000 for AMC Website and AMC Members having a website,
- Advisory, Inputs, and Suggestions for Email Security for AMC Domain Email id and AMC Members, Banking and Digital Payments Frauds Prevention and Security Advisory and Inputs for AMC Website and Members, Social Media Security, Advisory and Inputs,
- Secure and Free Payment Gateway setup for AMC
- Data Protection and Related Compliance and Regulations Advisory and Inputs with respect to DISHA Act, Personal Data Protection Bill, 2019,
- Cyber Insurance Advisory, Inputs, Suggestions and (work with Broker for underwriting clauses) for AMC, AMC Members and their family (using gadgets at home) and AMC Members Corporate Entity,
- Computer Related Offence Prevention and Awareness for AMC Members,
- Empanelment of a cyber specialist with AMC, so that members facing cyber-attacks in any form can get appropriate guidance and support to resolve their issues of Cybercrime faced by Doctors, Healthcare personnel for Prevention and Awareness,
- Avoiding Software Piracy and the use of unauthorized software at Personal Clinic/Consulting Office/Hospital/Nursing Home. Special pricing for Licensed Windows Operating System - E.G: MRP for Windows 10 OS is MRP 14999 for retail with a validity of 10 years. This can be made available for 50% or more discounted rates depending upon volume requirements across AMC Members,
- Techno Medical or Tele Medicine Regulations and Compliance related Advisory and Inputs,
- Litigation Cybercrime/Data Protection related at IT Adjudicating Officer's Court, TDSAT Appeal, HIGH Court, Supreme Court and Consumer Court (Banking Frauds related claims only),
- Special Educational Webinars for AMC Members Once in a Month for a nominal rate to educate staff/doctors on the latest trends, frauds, and prevention of Cyber Offences.
- Training to Doctors and Staff on secure configuration of computer/laptop/smartphones etc.,
- Use of Digital Signature to avoid identity theft and email spoofing/forgery related issues,
- Online Reputation and Defamation-related issues and Legal recourse.

4 WEBSITE & MOBILE APP OF AMC:

The up-gradation of the website to the latest version & to a responsive format is ongoing and you will be able to see the changes very soon which will not only be esthetically sound but also functionally robust and in sync with the Mobile app. The mobile app of AMC will serve as Direct Communication and Engagement with members, a platform for creating and sending out notifications and information to you in an instant, provide faster access to online registrations for both membership as well as for programs, event lists which are handy to you just with a click, the access to the Managing Committee of AMC, access to the cells of AMC and the details therein, access to e-grasp volumes, push notifications and instant updates, interactive engagement and much more.

5 BRAND NEW OFFICE:

AMC office will be shifting to a new location soon, the work of interior designing of the new premises is in process and AMC office shall soon be having a new address, new identity focused towards optimizing workspace layouts, maximize employee interaction for better output.

6 SOCIAL MEDIA MANAGEMENT:

In the world of today, social media has a huge role to play in the functioning of any Organisation/Association. With a view to optimizing the use of social media and its advantages to reach out to the general public, our own medical professionals, our authorities and liaison officers in both Government and private sectors, the handling of social media has been streamlined through a professional. You are requested to visit, subscribe, like and share the contents of the following social media handles of AMC and make our AMC more popular and more effective. This effort at your end shall be most cherished.

https://www.facebook.com/amcmumbai
https://www.instagram.com/amcmumbai/
https://twitter.com/amcmumbai
https://www.linkedin.com/company/amcmumbai
https://www.youtube.com/c/AMCCMEProgram

7 ON THE ACADEMIC FRONT:

With a resolve to promote learning, teaching, promoting evidence-based, structured scientific information, AMC has set up an Academic Committee with Convenor as Dr. Pradnya Kulkarni. Our first venture was to create a survey of post-vaccination complications with the goal of collating data of healthcare workers across the city, the state, and if feasible across the country so that we could provide some meaningful inferences to the authorities as well as the general public. 1802 healthcare workers participated in this survey. The maximum responses were received from the 51-60 age group which was 532 which makes it about 29.5%, the Male: Female ratio being 1.07, Speciality-wise analysis provided an amazing insight wherein maximum responses were from gynecologists followed by anesthetists and then all other specialties. 94% of the healthcare workers had been immunized with Covishield and 6% with Covaxin. With regards to the crux of this survey, about post-vaccination covid infection, it was found that 28 participants had infection after 1st dose and 108 had infection after the 2nd dose. The probable cause of infection was not studied in this survey. Post-Vaccination majority of the healthcare workers had a mild infection, about 0.9% had moderate issues, and after the second dose only 1 person had severe issues which makes it just 0.055% of severe post-vaccination complications, which is much less than the estimations and projections of Serum Institute of India.

Our 2nd project (which is ongoing), was to provide a foundation and establish a platform for the resident doctors which are the backbone of our healthcare systems. Multiple meetings with the MARD office bearers were initiated for reinforcement of our support for their health, finances, safety, and progress.

Our ongoing ventures are publishing relevant articles in the print media as awareness campaigns led by AMC. The several articles published and the interview executed with Free Press Journal can be accessed and circulated through these links as follows:

a. Myths and facts about covid vaccination:
https://www.freepressjournal.in/health/busting-myths-about-covid-vaccine

b. #Third wave: Here's how you can safeguard your children: https://youtu.be/Rydl2C-FGjI

c. Brush up your knowledge about masks: https://www.instagram.com/p/CR6QfUXJ3h6/

d. Tips for parents when children test Covid positive:
https://www.freepressjournal.in/health/has-your-child-tested-covid-positive-heres-what-you-should-do

Our all-time favorite Nurses Training programs were undertaken enthusiastically and diligently, initially in the virtual mode, the latest being in hybrid mode on 4th July 2021.

8 OUR SOCIAL RESPONSIBILITY:

AMC has been known to undertake the groundwork in the public interest and social causes. The several activities undertaken were as follows:

- During the peak of 2nd wave of Covid in our country, we created videos in public interest regarding the use of masks, double masking, quarantine basics which were widely circulated, the links of which are as follows:
  - #Maskupforlife - https://youtu.be/K49gYgZwn8E
  - Quarantine basics - https://youtu.be/DZP0WBs20a8
  - Concept of double masking - https://youtu.be/viv-Fbj5Cpw
  - Your fellowship in promoting these materials to the general public shall be highly appreciated.
- Rapid antigen testing was done free of cost for the general public n 26th May 2021.
- AMC marked the International Menstrual Hygiene day on 28th May by circulating posters and presentations prepared by the Social Service cell of AMC.
- On the 1st of July – Doctor's Day, several blood donation camps were organized and supported by AMC as well as the donation of masks to the general public. 8000 high-quality masks were donated at Andheri Railway Station to the general public which was much appreciated by the general public as well as the railway authorities. Do watch the response of the people through this responsive link https://bit.ly/3zLse6W and also https://youtu.be/OnTMTzY8NpY. Do click on the link, watch, and be honored to be part of AMC.
- AMC joined the global initiative that aims to eliminate the use of single-use plastic bags and replace those with paper or cloth bags on 3rd July 2021.
- Oxygen concentrator donated to AMC by Medscape India for use of our own members and their families during the period of crisis of covid infection, during home management, or awaiting bed availability in hospital.

9 SOLUTIONS FOR NURSING HOME OWNERS:

Nursing home owners are facing unique problems especially with fire compliances which were discussed threadbare in the CME organized for resolving issues and providing One-Stop solutions to Nursing Home owners. Following the CME, multiple meetings were held with Executive Health Officer, the Chief Fire Officer who has been extremely cooperative towards us to resolve the challenges faced by our members. Subsequent meetings scheduled for the next month will ensure progress as well as ease of functioning and transactions for our members.

10 FINANCIAL SECURITY FOR OUR MEMBERS:

Unique and unprecedented solutions are in the pipeline for you through Finnovate Financial Services, our financial partners. So, open up your wallets for more wealth and abundance.

11 VIOLENCE IN HEALTHCARE:

- In the PIL filed by Dr. Rajeev Joshi on the matter of violence against healthcare workers, AMC is an intervenor. The matter has been heard multiple times in the high court as well as in the Directorate of Health Services and as President, I have had the opportunity to represent AMC. The matter is ongoing, the entire Medicare Act is being remodeled wherein the existing act will be repealed. Multiple letters have been written to the Prime Minister, Chief Minister of GOM, and several other ministers to take immediate and prompt action for episodes of violence in the healthcare industry. Well, there is still a long way to go, and we will persist.
- Sunil Pal, a comedian, in collusion with the NBT channel, had posted a video on electronic media against doctors. This video was intimidating the doctors in the country and also was inciting and abetting violence against doctors in the country as the contents were poisonous, inflammatory, and intimidating corrupting the minds of the lay public, creating animosity and hatred against doctors. An FIR was lodged against him by AMC under sections 3 & 4. While the matter was ongoing, Sunil Pal applied for anticipatory bail, the hearings for which went on for a couple of months in the session court following which ABA was granted. The matter is still ongoing and AMC seeks to bring justice to the medical professionals of this country.
- Innovative solutions: AMC has also been working and leading from the front to create some easily adaptable and innovative solutions to decrease the incidences of this horrendous activity undertaken by the public. Your wishes and blessings will empower us to emerge triumphant in our attempts.

12 AMC PROGRAMS:

Beginning with Nari Shakti 1.0, there were 6 programs done by AMC since April 2021, a detailed report of which is provided by our Program Committee Chairman Dr. Vikrant Desai. Nevertheless, don't miss out on watching the excerpts on the fabulous Doctors' Day program with Nicolai Friedrich, go ahead click the link - https://youtu.be/NkmNOm7E_3Y. FINCON, the Financial Freedom Series shall be beginning from 15th August 2021 to provide you the control of your own finances and your life choices, and I am sure you will learn and enjoy every bit of it.

13 ONLINE COURSES:

AMC is launching online courses, starting with your own health and wellness. AMC in collaboration with Iyengar Yogashraya is launching yoga courses that will not only make us physically fit, but also make us look younger, more alert, and active. And, I speak with personal experience. Let's work on our bodies and minds with the best yoga teachers and work out under their guidance.

AMC Mumbai in collaboration with AMC Mangalore has launched the structured medicolegal course for all the medical, dental professionals, nursing, paraclinical staff, and all students which will kick off on 31st July and 1st of August 2021. Do register through this link https://medicolegal.vidocto.com/ and take complete advantage of this course with liver interactive sessions on legal issues in medical practice.

Dear colleagues, there is much more in store for you throughout the year and God willing we would be able to set up our Overseas Medical Conference too as soon as it is safe for us to travel.

I conclude with the quote which I believe from the depths of my heart and soul and strive for is;

"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."

- JOHN QUINCY ADAMS

president@amcmumbai.com

FROM THE DESK OF

PROGRAM COMMITTEE CHAIRMAN

DR. VIKRANT DESAI *MBBS, DMRE Radiologist*

Yet again the year 2021-22 started amidst the rising COVID 19 cases and we were compelled to have all the programs on the virtual platform.

Our first program 'Naari Shakti" season 1 was conceptualised by our President Prof. Sushmita Bhatnagar. The program was for the woman, by the woman and maximum attendees were women. Prominent speakers like Dr. Rujuta Mehta, Dr. Geetha Balsarkar, Dr. Purnima Mhatre gave excellent talks related to the health aspects of women. Ms. Nehal Mota gave an insight into how to become financially independent. This was followed by talks given by Celebrity Mr.s. Kanchan Adhikari shared her Lessons of life. Prominent Celebrity Lawyer Advocate Mrunalini Deshmukh gave a talk on how to confront Patriarchy and it was concluded with a healthy audience interactive Session.

The second program was on COVID 19 updates and was held on the 2nd of May. It had MMC accreditation and was attended by more than 1800 Members. Myths and facts of COVID 19 vaccination were explained by COVID Task force member Dr. Vasant Nagvekar. It was followed by a talk on "Freedom from COVID: The way ahead" by Dr. Shashank Joshi who is also an active member of the COVID Taskforce group. After this, the executive director of Serum Institute of India Dr. Prasad Kulkarni gave a talk on COVID-19 vaccines and gave all the statistical data of the efficacy, side effects, and post-vaccination infection incidence. These talks were followed by an interesting panel discussion with esteemed panelists Dr. Gautam Bhansali, Dr. Vasant Nagvekar, Dr. Prasad Kulkarni, Dr. Mandakini Megh, Dr. Nilam Sathe, and Dr. Neel Tandon. Later on, it was joined by Dr. Sushmita Bhatnagar and other members of AMC office bearers. The entire panel discussion was very well moderated by Dr. Alok Modi and Dr. Pradeep Baliga. Thereafter Dr. Ritesh Agarwal and Dr. Pradnya Kulkarni concluded the Session with Questions and Answers from the audience which was very interactive.

The third program was primarily a NOAH cell initiative and was based on the fire issues in a nursing home with MMC accreditation points. The program was held on 23rd May and we had members from the affiliate cells namely Dr. Nilesh Naphade – SECRETARY – AMC Ratnagiri, Dr. Chetan Mhaske -Executive committee member AMC Pune, Dr. N.Nanivadekar AMC KOLHAPUR, Dr. Mayur Sarode Treasurer – AMC Nashik, and Dr. Pravinkumar Mundada Secretary – AMC Udgir-Latur giving a brief of the situation in their area concerning the fire issues. This was followed by a talk given by Mr. Rajesh Dubey on structural audit, Miss Bhagyashree Varma on the electrical audit, and Mr. KV Hirwale who is the chief fire officer on the current situation of safety protocols of fire in a nursing home and he was also joined by Mr. Hemant Parab who is the deputy chief fire officer. This was followed by a panel that was well moderated by Dr. Niranjan Agarwal and Dr. Ashok Shukla. The panel was also joined by Dr. Suresh Rao Chairman of the NOAH cell. The program reached its conclusion with a satisfactory question-and-answer session.

The fourth program was a community program which was held on 6th June and focused on “Corona se Muqabala”. We had with us Dr. Sanjeev the head of Covid task force Maharashtra, who gave a brief of working of the Taskforce, Dr. Mangala Gomare Executive health officer of MCGM, who explained the work done by the municipal corporation during the pandemic, and Dr. Mahesh Reddy DSP Andheri who shared the problems and adversities faced by the police and how they managed to overcome the same. Thus all of them shared experience of Covid from their respective work arena with the doctors and the general public attending the program. They were part of a panel discussion which was also joined by Dr. Ashesh Bhumkar from Maharashtra mucormycosis task force, Mr. Shashikant Modh the district governor of Lions Club, and Mr. Sunnil Mehra the district governor of Rotary club. The session was well moderated by Dr. Sujata Rao and Dr. Rajeev Agarwal. A lot of Covid related information including the safety protocols, vaccinations, etc. were discussed and were shared with the general public to help create awareness and keep them safe.

On 20th June we celebrated International Yoga day in association with Iyengar Yogashraya which was the fifth program. The convenor of the program was Dr. Rajendra Chawhan. The introduction was given by Mr. Birjoo Mehta and Dr. Manoj Naik gave the practical demonstration. This was followed by a panel discussion on the experience and evidence on the efficacy of Yoga. The panellist were Dr. Sushmita Bhatnagar, Dr. Anand Parihar, Dr. Viraj Tambekar, Dr. Rajvi Mehta and Dr. Taral Nagda. The Panel was moderated by Dr. Devdat Kapadia and Dr. Smita Sharma. The panel discussion was followed by an excellent audience interaction session.

All the audience highly appreciated the program which had excellent practical tips and also the importance of incorporating the Yoga practice in daily life was well explained.

We celebrated the doctor's day program on 4th July. The program was convened by Dr. Bipin Pandit. Many Celebrities extended their gratitude towards the work done by the doctors, especially during the Covid Pandemic. We got video greetings from Television actress Mrs. Jayati Bhatia, Producer Mr. Bharat Dabholkar, Singer Mr. Hariharan, Mr. Sanjeev Kapoor famous for khana khazana, and actor Mr. Ananth Mahaderan. We also had a very senior surgeon Dr. V. N. Shrikhande as the Guest of honour for the program. The Members who had Lost their lives in the Covid Pandemic were appreciated and the families of these COVID martyrs were invited to the program and presented with certificates. Then we had with us the famous mentalist Mr. Nicolai Friedrich who performed Live online from Germany and interacted with the audience who were mesmerized with his jaw-dropping mentalism show and left all amazed. We also had a lucky draw with many prizes and a Question answer session.

The show was complete entertainment and left the audience pondering over the magical tricks for many days after the event!

As always we are trying to take up issues pertinent to current scenarios faced by our members in day-to-day practice, plan and execute well-designed sessions and discussions involving the concerned authority with crisp to the point take-home messages. Requesting you all to attend the forthcoming programs and keep yourself updated. Thank You

program@amcmumbai.com

UPCOMING PROGRAMS

ASSOCIATION OF MEDICAL CONSULTANTS & IYENGAR YOGASHRAYA

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Special Online Introductory Iyengar Yoga Session for Medical Consultants

75 MINUTES EACH DAY
6 DAYS

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MEDICOLEGAL CORNER

MEDICAL ETHICS AND LAW

COMPLEMENTARY OR CONFLICTING?

DR. LALIT KAPOOR

Advisor - Medicolegal Cell, President - FAMC, Director - AMC India

Since the evolution of mankind, efforts have been made to regulate the behavior of individuals and groups of individuals in society by voluntarily enunciating a code of ethics for their respective members. Ethics has been defined as a science of moral principles. In fact, ethics is something that has to do with your conscience. It is a code of conduct, a way of behavior, almost a way of life. For all practical purposes, the words "ethical" and "moral" are interchangeable. At one time, it was like advice from a father to a son. There are some who believe that ethics cannot be taught, it can only be inculcated, especially by example. The oldest code of ethics for medical practitioners was the Hippocrates oath which formed the basis for a self-inflicted code of conduct.

We have to understand the relationship between Medical Ethics and Law before we try to answer the question – Are the two complementary or conflicting? The link between Ethics and Law has been very neatly summed up thus:

Law cannot reach where enforcement cannot follow. Hence, ethics begins where the law ends or cannot reach.

The fact of the matter is that Ethics cannot be considered in isolation of Law or vice versa. Ethics and Law are cognate i.e. "related to or descended from a common ancestor." Hence, there is considerable overlap between Ethics and Law. They cannot be taught separately, and undoubtedly, they are complementary. Historically, as we said earlier, the code of conduct was self-inflicted. However, with the passage of time, the evolution of society, tremendous scientific progress, and rapid industrialization there was a sea change in the social and cultural behavior of the people. The number of physicians increased greatly and the relations between physicians were wedged by several interacting forces – politics, government, law, media, etc. It became necessary to frame statutory measures enforcing the principles laid down in the code of ethics and that is how Medical Councils were born.

The mind-boggling advances in Medicine and Technology keep aggravating the dilemmas of doctors and society and the margins between Ethics and Law become more and more hazy and the common lineage between the both becomes more evident. How does one determine where Law ends and Ethics begins It is true that Law is lagging hopelessly behind, the advances in Medicine-not having kept pace with progress in Medicine. Genetics, Prenatal testing, organ donation, stem cell applications, abortions, end-of-life issues, surrogacy are all areas that have thrown up numerous challenges which are unaddressed by law and have created painful predicaments for doctors. It must also be recognized that though Medical Ethics and Law can be considered complementary, there are areas of dissonance and conflict.

For example, under the Code of Ethics, a medical practitioner gives a solemn declaration: "I will maintain the utmost respect for human life from the time of conception". And yet, every day doctors are terminating human life by way of abortions since they have the force of Law with them. Thus, terminating a life-in-the-making could be Legal, though unethical. This could of course vary from geographical region to region. The same act could be both illegal and unethical in a country like, say, Ireland but not so in India. In other words, an act could be illegal but ethical and yet, on the other hand, an act could be legal yet unethical.

An example of the latter pertains to the dichotomy of professional fees. There is no Law or Statute in India, not even an Income Tax law, which is violated in the case of fee-splitting. However, what can be invoked is the violation of the Code of Ethics which specifically prohibits such an act. Hence, fee-splitting is not illegal but it is unethical!

There is another area of conflict, which is worthy of note. The Medical Code of Ethics states unequivocally: "In an operation which may result in sterility, the consent of both husband and wife is needed. "This is in direct conflict of the Law which emphasizes that, for a sterilization operation, consent of the spouse is not essential! Where does this leave the poor doctor? Does he follow his Code of Ethics or should he follow the Law? And consider this from the Code: "6.6. Human Rights: The Physician shall not aid or abet torture nor shall be a party to either the infliction of mental or physical trauma or concealment of torture inflicted by some person or agency in clear violation of human rights" Where does this leave the jail doctors and the doctors being part of a team executing a capital punishment?

It is hence amply clear that though Medical Ethics and Law are supposed to be complementary: there are areas of conflict which need to be resolved. Also, with the rapidly changing healthcare scenario in this country, the relevance and applicability of the Code of Ethics need to be re-looked into and made modern and more in sync with the times. Undoubtedly, the principles enshrined in the code of ethics are extremely noble and the spirit of these should never become irrelevant. However, we need to re-visit this Code. I am afraid, if this is not done, it might soon become anachronistic and a historical document. Apart from the unprecedented advances in Medicine, our Society itself has undergone a tremendous metamorphosis. Materialism, greed, and self-centeredness is the order of the day and our sense of right and wrong is totally blurred. Exemplary, unselfish behavior is no longer looked upon as a model to be followed but on the contrary, has become a target of ridicule and derision.

Industrialization and rapid urbanization have led to the depersonalization of human relationships in all walks of life—whether between students and teachers, children and parents, employees and employers. In such a milieu is it realistic to expect the doctor-patient relationship to remain an exception and to remain insulated from the changing equations all around?

Healthcare is now a multi-billion dollar "industry" and growing by the day. Healthcare is now a marketable commodity. The mind-boggling advances in Medicine and Technology keep aggravating the dilemmas of doctors and society and the margins between Ethics and Law become more and more hazy and the common lineage between the both becomes more evident. How does one determine where Law ends and Ethics begins. It is true that Law is lagging hopelessly behind, the advances in Medicine-not having kept pace with progress in Medicine.

In such a milieu, the elaborate prescribed code of medical ethics is bound to take a back-seat. Whereas in earlier days, medical students were exhorted to master the art and science of Medicine, it is now inevitable that they master the art, science, and commerce of Medicine!

However, it is precisely in such circumstances that there is a heightened need for auto-regulation so that Medical Ethics can truly complement the Law. But this can only happen if the provisions in the present Code of Ethics are re-visited. We may need to delete, revise, modify, modernize, and even rationalize some of the provisions. The Medical Council Act is a flawed piece of legislation and needs re-crafting. The Medical Councils need to get greater autonomy and be freed from the interference of politicians. When a wealthy philanthropist in the USA made efforts to have endowed in his name a Chair of business ethics at the Harvard Business School, his offer was politely refused by the Dean of the institute on the ground that there was no such thing as ethics in business! This is precisely what happens when there is an awesome mushrooming of the various kinds of peddlers of the medical commodity resulting in unabashed and virulent marketing.

To sum up, we have a situation in which there is blatant Commodification of healthcare, Commercialization of medical education, Consumerisation of the patient and Corporatization of hospitals -----and the picture is complete!

In such a scenario, ethics, complementary to Law or otherwise, can easily be relegated to the back burner and ethics will then truly become a matter of your conscience!

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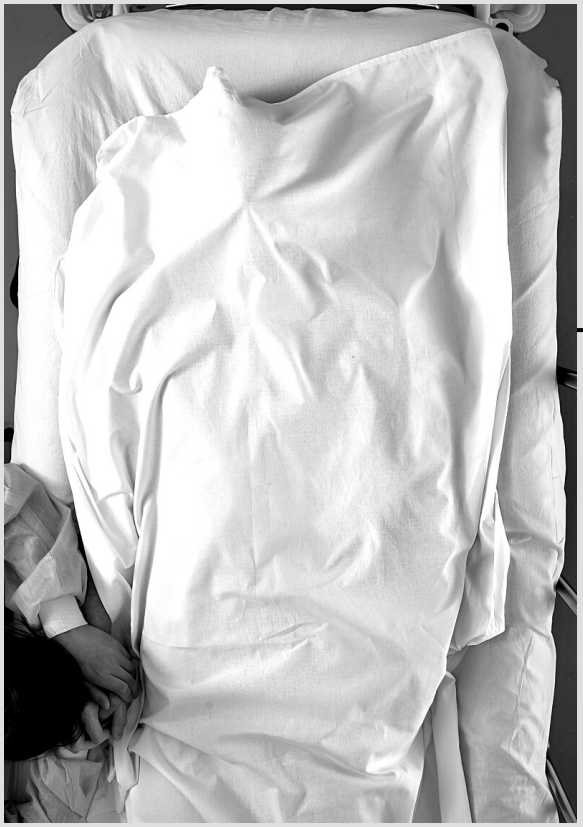

ERROR IN IDENTITY OF THE DEAD IS **NEGLIGENCE**

DR. SUGANTHI IYER
Deputy Director-Hinduja Hospital

Release of Dead body needs to be handled with extreme care. The identity of the deceased needs to be established with care prior to hand over to the relative. The last journey and performance of rites as per respective religion and family carry a high emotional value and hence any error on this part amounts to deprivation of the rights of the next-of-kin causing mental agony and negligence.

CASE 1: II (2020) CPJ 121 (NC)--E Medical Centre & Anr v/s Jayashree & Anr. arising from Appeal in the matter of I (2017) CPJ 168 (Kerala)

Complaint:

Late Purushothaman was undergoing treatment in Nephrology Department in E Medical Centre for around 3 years. He was undergoing dialysis twice a week. On 30/12/2009, he developed a cardiac problem during dialysis and expired at 8.45 p.m. The dead body was kept in the mortuary attached to the hospital as demanded by the relatives, the box containing the name slip.

Lt. Col. A. P. Kanthy was admitted to the same hospital with breathlessness on 28/12/2009, he died while undergoing treatment at 6.55 a.m. on 31/12/2009. At the request of his relatives, the dead body was kept in the mortuary, the box containing the name slip.

On 31/12/2009, relatives of deceased Kanthy came for claiming the body. They mistakenly identified the dead body of Puroshothaman as that of the deceased Kanthy and the Patient Relative Officer handed over the dead body to them, which was cremated.

On 01/01/2010, the relatives of deceased Puroshothaman came to the Hospital and pointed out that the dead body in the mortuary was not of Puroshothaman. The hospital authority contacted the relatives of Kanthy to come over who after initial reluctance accepted the mistake and admitted that the dead body in the mortuary was that of Kanthy. Thereafter the dead body of Kanthy was released to their relatives and the cremation formalities were done for the second time. As both the deceased were in their late 70's and had lean faces with a white beard the mistake occurred. The ashes of the deceased Puroshothaman were handed over to their relatives.

As per the hospital, the hospital authorities have not deliberately committed the said mistake. They have released the dead body of the Puroshothaman to deceased Kanthy for cremation. It was only subsequently when relatives of Purushothaman came, the mistake was identified.

Relative of deceased Purushothaman filed a complaint that was total irresponsibility and deficiency on the part of E Medical Centre for releasing the dead body of their father to a third party and depriving them of their rights for performing the last rites of their family member thus causing mental agony and claimed the compensation of Rs.1 Crore.

Held:

The hospital testified that the band is put on their hand on the dead body showing the name, sex, age of the deceased and the freezer contains the name tag. The whiteboard in the mortuary would show the name of the deceased and the freezer number. The register kept in the mortuary reveals the entries of keeping and releasing the bodies. In spite of all these, the mistake has happened due to inadvertence and the hospital could not explain how the mistake happened. As per the hospital, apparently, the dead body of Purushotham was shown to the relatives of deceased Kanthy and released to them. Later on, when the mistake was identified the relatives of the deceased Kanthy apologised the mistake and handed over the ashes.

The State Commission allowed the complaint and directed the hospital to pay compensation of Rs.25 lakhs as there was clear negligence on part of E Medical Centre in releasing the dead body of Purushothaman to a relative of Kanthy.

The appeal was filed in National Commission by E Medical Centre on the grounds that the body of Purushothaman was kept in the house of relatives of deceased Kanthy and none of the relatives expressed any doubts and the body was cremated as per Hindu rites and ashes handed over. Also, there was no ill intention as the relatives of Kanthy bonafidely believe that it was the body of Purushothaman.

It was held by the National Commission that releasing a dead body by a hospital to an unrelated third person unquestionably constitutes a deficiency in service and Rs.25 lakhs were awarded.

CASE 2

Mirror dated November 28, 2020, had headlined "Dead Covid-19 patient back home after family cremates his body".

In the above-mentioned case, there was a hospital mix-up between Banerjee and Mukherjee behind this bizarre incident.

On November 04, Mr. Banerjee and Mukherjee, both of them septuagenarians, had been admitted to Seva Mandir Hospital in Kolkatta. Later the condition of Mr. Mukherjee deteriorated and was send to Barasat Hospital. However, the hospital authorities transferred all papers related to Banerjee. The hospital authorities took Mukherjee to be Banerjee and when Mukherjee died on November 13, informed the relatives of Banerjee of his death, while in fact, Banerjee's condition was improving at Seva Mandir Hospital.

The family of Mukherjee was regularly informed that the condition of their patient was improving. On November 16, the family was informed by the Seva Mandir Hospital authority that Mukherjee was discharged. However, when the family reached the hospital, they saw a different person handed over to them.

The family of Mukherjee lashed out at the hospital authorities and enquiry was initiated, which revealed that Mukherjee had been transferred with the wrong papers of Banerjee which led to the entire confusion.

Mukherjee's son alleged that due to the wrong papers of Banerjee, wrong treatment was given to his father, who had died of utmost negligence.

Apparently, the Banerjee family made a mistake in the identification of the body and consented to the cremation of another person since due to Covide-19 protocols, bodies are shown to the family members from a distance. "It is possible that because of the distance of a few feet and due to mental state, a close look was not given", said a hospital official.

The Banerjee family had performed all the rituals. Later on, hearing the news they went for the discharge of their relative. The Mukherjee family has filed a case of alleged medical negligence.

The establishment of patient identity is of utmost importance and crucial at various stages of the administration of treatment of the patient. This is an important aspect of patient safety. Patient identity has to be established at various stages as during:

- Process of Admission
- Prior to the performance of Diagnostics
- Prior to procedure and surgery
- Prior to administration of anesthesia
- Prior to medication administration
- Prior to blood transfusion
- During discharge
- Process of billing
- Handing over deceased, etc.

Various methods of identification are established for ensuring patient safety such as:

- ID band
- Photo ID proof
- Unique hospital ID number
- Patient name, etc. can be used.
- Confirmation of name by addressing the patient by name prior to performing any procedure/diagnostics does help in identification and prevent errors besides establishment of rapport

Take-Home Message:

- The establishment of patient identity at various stages of management of the patient is mandatory
- Establishment of patient identity should be done by at least two identifiers for all stages to ensure patient safety
- The establishment of patient identity ensures patient safety
- Error in patient identity is negligence

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COVID RESEARCH PROJECTS

A PROJECT TO DEAL WITH BACTERIAL AND VIRAL DRUG RESISTANCE WITH SPECIAL REFERENCE TO COVID 19

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Introduction: Antibiotic resistance developed by micro-organisms is getting scary day by day. WHO estimates that if no action is taken, then drug-resistant diseases could cause 10 million deaths each year by 2050 and damage to the economy as catastrophic as the 2008-2009 global financial crisis. By 2030, antimicrobial resistance could force up to 24 million people into extreme poverty. Initial research, looking only at part of the impact of antibiotic resistance, shows that a continued rise in resistance by 2050 would lead to 10 million people dying every year and a reduction of 2% to 3.5% in Gross Domestic Product (GDP). It would cost the world up to 100 trillion USD.

To deal with this upcoming disaster, I started my own research to find out cheap, effective alternatives for antibiotic and antiviral drugs which will be effective against vast number of bacteria, viruses and hopefully free of drug resistance. Following are the therapies I developed for the above purpose.

Ozonated air therapy for the treatment of upper and lower respiratory tract infections as a potential therapy for prevention and treatment of COVID19 infection

Introduction: In India and worldwide, there are millions of cases of acute respiratory infections annually killing hundreds of thousand people. It also has billions of dollars of losses worldwide. There are frequent outbreaks of deadly infections such as severe acute respiratory syndrome (SARS) in 2003, caused by a novel coronavirus (SARS-CoV), the novel swine-origin influenza A (H1N1) virus in Mexico in March 2009, Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012 and the current pandemic with Novel Corona Virus -Covid19. I did my research to find a common effective, safe, and cheap therapy named as Ozonated air inhalation therapy (OAIT) for respiratory infections.

Materials and methods: In the last one year, I treated 21 patients (group A) with upper and lower respiratory tract infections (URTI and LRTI) with 0.1 ppm Ozonated air inhalation therapy (OAIT). OAIT was given as a monotherapy. In the same time period, 36 patients (group B) were given conventional treatment in the form of antibiotics, anti-histaminic and analgesics kept as control.

Results: In group A, for URTI, the average time of recovery of most symptoms was 26.7 hours compared to 123 hours for group B. The average time of recovery for LRTI in group A was 38.2 hours compared to 171.9 hours, as in group B. Both variables came as statistically significant. ($P < 0.05$) The therapy group A patients, had a few and mild side effects. Three patients (14.2%) had mild cough, five patients (23.8%) had a mild headache and only one patient (4.76%) had throat irritation.

Discussion: Ozonated air inhalation therapy (OAIT) is described for the first time in the medical literature. It involves breathing Ozonated air of 0.1 parts per million (ppm) concentration by a mask for 15 minutes in adults and 5 minutes for children. Ozone is a safe gas that kills all bacteria, viruses, fungi, and molds in 60 seconds in concentration of 0.04 to 0.1 ppm, whereas the toxicity for small animals is 3 to 12 ppm. Ozone is a potent modulator of the immune system; it creates mild oxidative stress, which makes the immune system produce a large number of Interferons, agents that attack micro-organisms, and kills them. It also increases tumor necrosis factor and interleukin-2. Ozone disrupts the integrity of the bacterial cell envelope by a process of oxidation of the phospholipids and lipoproteins, and thus kills bacteria, viruses, fungi, yeast, and protozoa. Ozone therapy stimulates the oxygen metabolism, causes an increase in the red blood cell glycolysis rate, and also activates the Krebs cycle, and increases the production of ATP. The OAIT is safe as it utilizes an Ozonized air of 0.1 ppm for 15 minutes. It is far below the toxicity level set by the FDA and OSHA. Ozone is used in medicine since a long time, particularly by naturopathic and homeopathic doctors in European countries for the treatment of various viral and bacterial infections, knee arthritis treatment by Intra-articular Ozone therapy, for slipped vertebral disc and periodontal diseases. There are numerous publications on medical Ozone therapy in indexed international journals. The OAIT is very cheap. The machine for treatment costs only USD 200 and the cost per therapy sessions is just few cents. The therapy is going to be effective against the vast majority of infectious respiratory illnesses such as Influenza, novel swine-origin influenza A (H1N1), novel coronavirus (SARS-CoV), (23) Middle East respiratory syndrome coronavirus (MERS-CoV), (23) and the current COVID19 viral infections. It will also be effective against pulmonary tuberculosis and its multi drug-resistant variant. The therapy can be immediately tried on new unknown species of micro-organisms before anything is known about them until a specific vaccine or treatment is developed.

Conclusions: OAIT is a safe, effective, cheap therapy that is readily available to the masses, particularly at the time of epidemics for upper and lower respiratory infections. We need more research and a larger number of patients to know more about it. The therapy has the potential to save many patients worldwide from a variety of respiratory infections.

Keywords: Ozonated air inhalation therapy (OAIT), OAIT for respiratory infections, OAIT for COVID 19 Ozonated air therapy for the treatment of upper and lower respiratory tract infections as a potential therapy for prevention and treatment of Covid 19 infection

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Pharyngeal Ultra Violet Light Therapy (PUVLT) which illuminates pharynx of the patient with a C band UV light for the treatment of variety of upper respiratory tract infections including early Covid 19 infection.

Introduction: In India and internationally, the acute upper respiratory tract infections (URTI) and lower respiratory tract infections (LRTI) are extremely common. In India, about 26.3 million cases of ARI were reported in 2011, with an incidence rate of about 2,173 cases per lakh population. ARI contributes to 15-30% of all under five deaths in India and most of these deaths are preventable.

The principal object of the invention is to develop a cheap, easily available treatment option for the upper respiratory tract infections such as Covid 19 which will act against viruses and bacteria and still be free from drug resistance. Now a days, a lot of upper respiratory tract infections are causes by bacteria which are resistant to the antibiotics. A lot of respiratory tract infections are also caused by viruses. Although there are antiviral drugs but not for all viruses. They are extremely costly and have severe side effects, hence are not recommended for a lot of infections. It means we have to leave a lot of viral diseases to be taken care of just by the patient's immune system. I have developed a low cost, safe and effective therapy with its device to solve the above-mentioned problem. The therapy is named as Pharyngeal C band Ultra Violet Light Therapy (PUVIT).

Brief description of accompanying drawings:

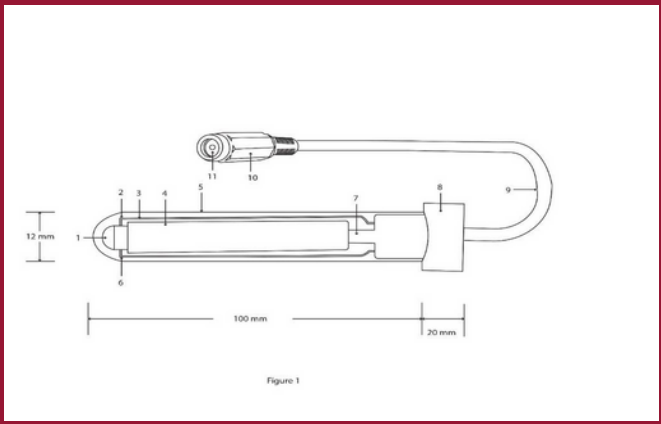


Figure:1 showing the outer side view of C band Ultraviolet LED Device for Pharyngeal Ultra Violet Light Therapy (PUVLT)

1.C band ultraviolet LED 2. Cathode 3. Electric wire 4. Square shaped metal heat- sink 5. Quartz test tube 6. Anode 7. Back support for heat- sink 8. Plug made up of Delrin (polyacetal) 9. Two core electrical wire 10. Female DC power pin 11. Pin of female DC power socket.

The device consists of a C band ultraviolet light emitting diode (LED) of 5-watt power emitting ultraviolet light of 254 NM. The dimensions of the LED are: Total diameter 8.04 mm, Diameter with anode and cathode is 17 mm, Height with dome lens is 5.1 mm, diameter of metal plate behind for heat sink is 6.1 mm. Type is 4 chip type LED, Power 5- Watt, Voltage 3.7 Volts, Foreword current 1400 mA, Life 5000 hour, Viewing angle of lens 140 degrees. Wavelength of UV light 254 NM.

Procedure for application of the device in patient is as follows: The patient sits on a chair in front of the physician. The tube is switched on and the LED lights up. The patient is made to open mouth and made a noise to raise glottis. The physician directs the device into the mouth above the tongue and beyond the uvula and places the tube just 1 cm proximal to the posterior pharyngeal wall. Now the patient is asked to close mouth over the tube. The tube is kept in the pharynx for 5 minutes. After 5 minutes, the tube is removed, cleaned with Dettol solution and sent for sterilization. The tube is sterilized by putting in Formalin chamber or by Ethylene Oxide gas.

Discussion: Pharyngeal Ultra Violet Illumination Therapy (PUVIT) and its device is reported for the first time in the medical literature. The UV light of 200-400 NM kills all bacteria, viruses, fungi in the pharyngeal space. The light also trans- illuminates the tissues up to 10 mm thus killing micro-organisms into the tissues as well. The 140- degree dome lens attached over 4 chip LED scatters lights in 140 degrees to cover maximum area of the nasopharynx. Ultraviolet light kills or inactivates microorganisms by destroying nucleic acids and disrupting their DNA, leaving them unable to perform vital cellular functions. Wavelengths between about 200 nm and 300 nm are strongly absorbed by nucleic acids. The argument of safety of my device is as follows. The UV light produced is a cold light, the LED does not heat significantly and temperature does not go beyond body temperature of 37 degrees centigrade, hence can not burn the tissue in mouth. The device works on 3.7 Volt and 1.4 Amp electrical supply and 5- Watt power. Although the glass tube ruptures inside the mouth of the patient, he or she cannot be electrocuted as voltage is just 3.7 V and current of 1.4 Amp with power of 5 Watt which can-not harm human beings. Ultraviolet light of 254 NM is safe and is a non-ionizing radiation. Ionizing radiations start at 100 NM and below and are harmful to the body which are not used in this therapy. It takes thousands of hours of exposure to UV light to develop cancer. Here, therapy time is just 5 minutes which is far less than that. Since blood is flowing in rectal vessels with a speed of 25 ml per minute, the blood cells are exposed to UV light only for few seconds. There are studies now which show that when human wounds were exposed by UV light to kill the micro-organisms in the wound and the cells of the wound showed no damage by UV light of 254 NM wavelength. (13) Narrow-Band Ultraviolet-B Therapy for Vitiligo (4) is safe and already approved by FDA for therapy. The 1903 Nobel Prizefor Medicine was awarded to Niels Finsen for his use of UV against lupus vulgaris, tuberculosis of the skin.

Application: Pharyngeal Ultra Violet Illumination Therapy (PUVIT) is effective for the treatment of variety of viral, bacterial, fungal upper respiratory infections in children and adults. The device can also be used for the infections of external auditory canal and Otitis media. The therapy is extremely affordable and the running cost per therapy sessions is only pennies. Hence it has a potential to have a huge positive impact on public health worldwide. The application of the device requires minimal skills and even a staff nurse can apply it on the patient. Hence it can be used in epidemics to be applied on large number of children and adults.

Rectal Ultra Violet Light Therapy (RUVLT) which illuminates the rectum of the patient and subsequently illuminate the blood flowing around the rectum by ultraviolet light of 254 nm wavelength. The therapy can be effective for a variety of bacterial and viral infections.

Rectal Ultra Violet Illumination Therapy (RUVIT) with its device placed rectally, illuminates the rectum with UV light of 254 NM which is absorbed by the blood circulating around it. The device is made up of a double core quartz tube cold cathode folded in 180 degrees with its driver circuit and is powered by a 300 m Ah 3.7 v rechargeable lithium ion battery. The device is sterilized by Formalin chamber or Ethylene Oxide gas. It is commercialized for a reasonable cost of Rs.15, 000. This therapy is going to be effective against vast number of viral infections such as HIV- AIDS, COVID 19, Swine flu, Dengue fever, Japanese encephalitis, Rabies, viral diarrheas etc. It will also be effective against bacterial septicemia, tetanus, meningitis, Diphtheria and against Methicillin-resistant Staphylococcus aureus (MRSA) etc. It will also be effective against systemic fungal infections and molds.

Brief description of accompanying drawings:

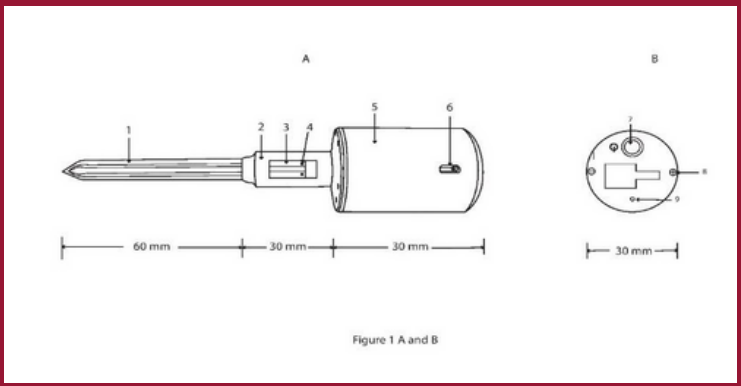


Figure: 1 A and B showing outer view of various parts of C band Ultraviolet Cold Cathode- A Device for Rectal Ultra Violet Light Therapy (RUVLT)

Discussion: Since time immemorial, sunlight is killing micro-organisms and saving us from them. The sunlight is 10 % ultraviolet by volume which has antimicrobial activity. Out of total sunlight, only 1% sunlight is C band ultraviolet which as maximum antimicrobial activity with wavelength of 100–280 nm. Maximum antibacterial and antiviral activity of C band ultraviolet light was found in the wavelength of 254 nm. Hence it is used in my device to kill micro-organisms. Ultraviolet (UV-C) light kills or inactivates microorganisms by destroying nucleic acids and disrupting their DNA, leaving them unable to perform vital cellular functions. Wavelengths between about 200 nm and 300 nm are strongly absorbed by nucleic acids. The absorbed energy can result in defects in pyrimidine dimers. These dimers can prevent replication or can prevent the expression of necessary proteins, resulting in the death or inactivation of the organism. My device uses a low-pressure mercury lamp that effectively generate UV radiation at 254nm wavelength. Even today ultraviolet in sunlight kills micro-organisms as efficiently as before. Viruses like HIV die within 8 seconds of exposure to ordinary sunlight. Micro-organisms and sunlight both are present since millions of years. Still micro-organisms could not develop resistance to the ultraviolet light. The 1903 Nobel Prize for Medicine was awarded to Niels Finsen for his use of UV against lupus vulgaris, tuberculosis of the skin.

Application of UV light to kill micro-organisms in the human body is challenging. There are type types of sepsis, one is localized tissue infection and the another is generalized septicemia where the micro-organisms are present in the blood. The micro-organisms in the blood need to be killed immediately as it is far more dangerous than tissue infection.

For killing micro-organisms in the blood, I got an idea from Ultraviolet water purifiers. In them, water moves through a transparent glass tube with a speed of 100ml per minute. Around this glass tube an ultraviolet tube light with 254 NM, 20 Watt is placed. As water is exposed to UV light 99.99% micro-organisms are killed. [8] Dosages of UV light for a 90% kill of most bacteria and viruses range from 2,000 to 8,000 µW·s/cm

To kill micro-organisms in the blood, I must use the UV device on that part of the body which has good blood supply and one which is transparent enough for the illumination of light and one which is easily accessible. The only such area of human body is rectum. Rectum has excellent blood supply receiving about 3 % of total cardiac output. The rectum receives arterial supply through three main arteries: Superior rectal artery, terminal continuation of the inferior mesenteric artery. Middle rectal artery, branch of the internal iliac artery. Inferior rectal artery, branch of the internal pudendal artery. Its mucosa is highly transparent and it is highly accessible from outside.

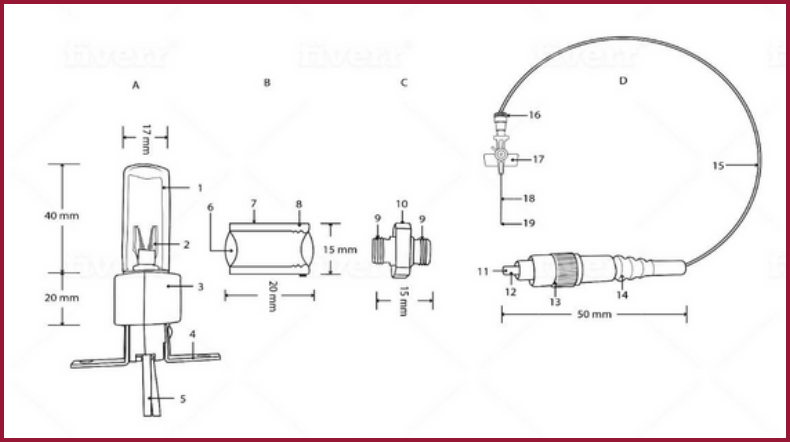
The procedure of applying the device is as follows. The patient is given good enema to evacuate stools completely. Otherwise, the fecal matter will interfere with the illumination of rectum. Now the device is put into the rectum as thermometer and kept there. As rectum receives about 3 % of total cardiac output, in about 30 minutes the entire blood will circulate through the vessels of rectum. That is why, the therapy time is 30 minutes once to be repeated 12 hourlies if necessary. The blood flows through peripheral circulation with a speed of 25 ml per minute which is 4 times slower than the water purifier. It means the blood will be exposed to UV light 4 times more than water making it 4 times more effective. The physics of light tells us that the light is absorbed best by the opposite color. The red color of blood is almost opposite of ultraviolet. That makes the blood absorb maximum UV light making the therapy super effective. With exposure to UV light, bacteria and viruses in your bloodstream absorb five times as much photonic energy as do your red and white blood cells. Ultraviolet Blood Irradiation (UBI) is a procedure that exposes the blood to light to heighten the body's immune response and to kill infections. The technique involves removing approximately 3.5 mL/kg venous blood, citrating it for anticoagulation, and passing it through a radiation chamber and reinfusing it. Exposure time per given unit amount was approximately 10 seconds, at a peak wavelength of 253.7 nm (ultraviolet C) provided by a mercury quartz burner and immediately re-perfused. In this technique, only a small amount of blood is treated instead of entire blood volume. My therapy is superior to that as it exposes the whole blood volume of the patient.

The light of 254 NM splits the 2% dissolved Oxygen in the blood and converts it into molecular Ozone O3. Ozone is a non-toxic gas and kills all micro-organisms like bacteria, fungi, viruses and molds in just 60 seconds. It is effective in little concentration as 0.04 ppm and human toxicity starts at 3 ppm indicating a huge safety limit. No resistance is reported to Ozone making it a never-failing solution to micro- organisms. Application: This therapy is going to be effective against vast number of viral infections such as HIV- AIDS, COVID 19, Swine flu, Dengue fever, Japanese encephalitis, Rabies, viral diarrheas etc. which kill millions of people yearly worldwide. It will also be effective against bacterial septicemia, tetanus, meningitis, Diphtheria and against Methicillin-resistant Staphylococcus aureus (MRSA) etc. It will also be effective against systemic fungal infections and molds.

Intravenous Ultraviolet Light Therapy (IVUVLT) in which a UV light of 254 nm is illuminated into a peripheral vein by a PMMA fiber for I describe a C band Ultraviolet fiber Optic Device for Intravenous Ultraviolet Light Therapy (IVUVLT) in which a UV light of 254 nm is illuminated into a peripheral vein by a PMMA fiber for the treatment of variety of viral and bacterial infections including Covid 19 Device for Intravenous C band Ultraviolet Light Therapy (IVUVLT) is made up of a 3- Watt quartz light bulb,

a power supply, an air- cooling fan, a lens with its holder, a two- way female FC connector, a male FC connector and a PMMA fibre. IVUVLT is going to be effective against vast number of viral infections such as HIV- AIDS, COVID 19, Swine flu, Dengue fever, Japanese encephalitis, Rabies, viral diarrhoeas, rabies etc. which kill millions of people yearly worldwide. IVUVLT will also be effective against bacterial septicaemia, tetanus, meningitis, Diphtheria and against Methicillin-resistant Staphylococcus aureus (MRSA) and systemic fungal infections and molds including on unknown organisms leading to pyrexia of unknown origin (PUO).

Brief description of accompanying drawings:



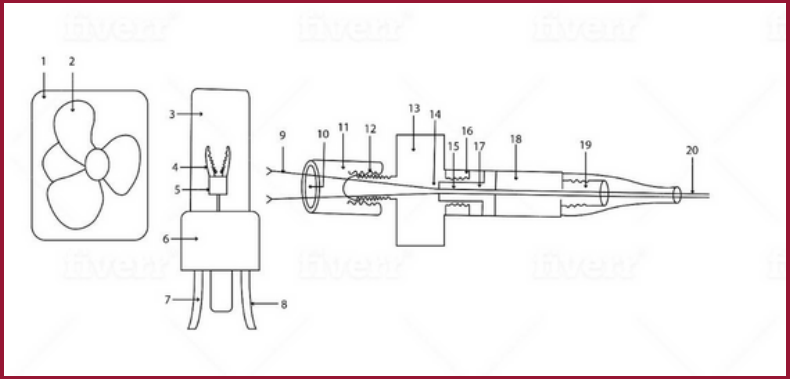


Figure: 1 A, B, C, D showing the various spare parts of the C band Ultraviolet Fibre Optic Device for Intravenous Ultraviolet Light Therapy (IVUVLT)

Figure: 1A 1. Ultraviolet light bulb of quartz material 2. Filament of UV bulb 3. Holder of UV bulb 4. Metal clips for fixation 5. Electrical wires

Figure: 1B 6. Biconvex lens 7. Lens holder 8. Threads for focussing

Figure : 1C 9. Threads of female FC connector 10. Female FC connector

Figure: 1D 11. Tip of PMMA fibre 12. Metal ferrule of male FC connector 13. Male FC connector 14. Boot of male FC connector 15. PMMA fibre 16. Plastic stopper 17. Angio-catheter 18. Sheath of angio-catheter 19. PMMA fibre coming out of angio-catheter

Figure:2 showing the schematic diagram of the C band Ultraviolet Fiber Optic Device for Intravenous Ultraviolet Light Therapy (IVUVLT)

1 Air cooling fan 2. Fan of cooling fan 3. Ultraviolet bulb of quartz material 4. Filament of UV bulb 5. Holder of the filament 6. Holder of the UV bulb 7. Wire for anode 8. Wire for cathode 9. Rays of UV light 10. Biconvex lens 11. Lens holder 12. Threads for focusing UV light 13. Female FC connector 14. UV light concentrating on tip of PMMA fiber 15. PMMA fiber in the ferrule 16. Threads of FC connector 17. Ferrule of FC male connector 18. Male FC connector 19. Rubber support of FC connector 20. PMMA fiber coming out of FC connector.

The device is made up of a 3- Watt quartz ULTRA Violet light bulb, an air- cooling fan, a lens with its holder, a two- way female FC connector, a male FC connector and a PMMA fiber and a DC power supply.

Discussion: The UV light of 254 nm wavelength kills all bacteria, viruses, fungi and molds in 60 seconds. PMMA material is non-reactive to blood and already FDA approved for use inside human body. The device for IVUVLT is commercialized for a reasonable cost of Rs. 15,000. The probe of the device is reusable, detachable and sterilized by ETO gas or by putting in Formalin chamber for 30 minutes. IVUVLT and its device are reported for the first time in medical literature.

IVUVLT is a potentially safe, cheap, and effective therapy for septicemia secondary to vast majority of viral and bacterial infections including Covid19. We need more research and a greater number of patients to know more about it. The therapy has the potential to save many patients worldwide from a variety of infections. The therapy can be used as an immediate measure in epidemics and pandemics for new infections with unknown micro-organisms even before a specific vaccine and treatment are developed.

Application: IVUVLT is going to be effective against a vast number of viral infections such as HIV- AIDS, COVID 19, Swine flu, Dengue fever, Japanese encephalitis, Rabies, viral diarrheas, rabies, etc. which kill millions of people yearly worldwide. It will also be effective against bacterial septicemia, tetanus, meningitis, Diphtheria, and against Methicillin-resistant Staphylococcus aureus (MRSA), etc. It will also be effective against systemic fungal infections and molds. The therapy will work against unknown organisms leading to pyrexia of unknown origin (PUO). I do not claim to know everything about IVUVLT. A lot of research and numerous clinical trials will be necessary to know about its exact mechanism of action, dosages, and indications. This is only the beginning of this kind of research. The therapy can be used as an immediate measure in epidemics and pandemics for new infections with unknown micro-organisms even before a specific vaccine and treatment are developed.

INTRAVENOUS C BAND ULTRAVIOLET LIGHT THERAPY (IVUVLT) AS A TREATMENT FOR BACTERIAL AND VIRAL INFECTIONS INCLUDING COVID 19. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH. | May-2020 | PRINT ISSN No. 2277 - 8179 | DOI: 10.36106/ijsr

Lifetron Therapy- Therapy with electrons necessary for the life-Theoretical considerations

Introduction: Many ancient scriptures mention that there is an energy in the air which is essential for the human body called Chi, Qi, Prana, Mana, Baraka, Bioplasmic energy, Orgon energy, Lifeforce, etc. Unfortunately, in absence of any scientific evidence, modern medical science ridiculed the idea calling it a pseudoscience. This article reports for the first time in the medical literature that the electrons in the air are the Chi or Prana energy that gets attached to Oxygen, hence Oxygen was labeled as Prana Vayu in ancient scriptures. I have invented a new therapy which is labeled as Lifetron therapy, which supplements the human body with electrons by various methods.

Materials and methods: The lifetron therapy involves giving electrons to the patient by following means.1) Through a disposable Oxygen mask with oxygen 2) Through a disposable Oxygen mask with air 3) Through skin over a radial artery by ECG electrode 4) Intravenous by a stainless-steel wire put through angiocath 5) Through water charged by electrons.6) Through wall mount air ionizers. An electron generator produces electrons which are delivered by carbon brushes to ionize air and Oxygen to be inhaled by the patient by a mask. Same electrons are delivered over the radial artery through an ECG electrode. Air ionizers can be used in bedrooms, offices, and cars to get electrons through the air we breathe.

Discussion: Oxygen molecule has a natural affinity to electrons which gets coupled to 4 electrons in air and becomes a negative ion. Electrons in the air can be measured by an air ion meter which is objective evidence of energy in the air. Oxygen unsaturated with electrons in fact acts as a free radicle producing oxidative stress and damage to the human body. The same Oxygen when saturated with 4 electrons acts as a primary antioxidant neutralizing free radicles and reducing oxidative stress. Lifetron therapy is a cheap, effective, and safe therapy that will be beneficial in ischemic heart diseases, diabetes, cancer, arthritis, vasculitis, glomerulonephritis, lupus erythematous, adult respiratory diseases syndrome, stroke, intestinal ischemia, hemochromatosis, infectious diseases, acquired immunodeficiency syndrome, autoimmune diseases, hypertension and preeclampsia, a neurological disorder (Alzheimer's disease, Parkinson's disease, muscular dystrophy), alcoholism, smoking-related diseases, SIRS, etc. The therapy works by stimulating the Vegas nerve which leads to metabolic homeostasis. The Vegas nerve stimulates the hypothalamic pituitary adrenal axis leading to various health benefits. The therapy leads to the anti-inflammatory effects through efferent Vegas nerve-mediated control of immune function and pro-inflammatory response via the cholinergic inflammatory reflex. Lifetron therapy has a potential to save many lives worldwide. We need many clinical trials to understand its exact indications, dosages and duration and exact mechanism of action in various disease conditions.

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OXYGEN THERAPY

Is it a Double edge sword???

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INTRODUCTION:

Oxygen(O2) is essential to sustain life and is one of the frequently prescribed therapy in critical care scenarios. Where hypoxia can cause irreversible tissue damage hyperoxia can cause oxygen toxicity & free radical tissue injury. Unfortunately, in the present critical care scenario, as much importance is given to preventing hypoxia, the same doesn't hold true towards targeting to prevent hyperoxia. Also, there are lots of discrepancies in defining hyperoxia in various studies as compared to hypoxia.

O2 TRANSPORT(1)

O2 is transported from the atmosphere to blood via alveoli across the concentration gradient. The O2 content of arterial blood is the sum of the oxygen bound to haemoglobin (Hb) and O2 dissolved in plasma where the amount of oxygen dissolved is proportional to the partial pressure exerted by oxygen on the plasma at a given temperature (Henry's law) and additional oxygen supplementation adds little to total arterial oxygen content (Fig 1)

Under healthy conditions, blood O2 content only modestly increases upon switching from air to pure O2 breathing due to the near-complete arterial hemoglobin O2 saturation (SaO2) at PaO2 of 90–100 mmHg. However, any hyperoxia-related rise in blood O2 content may at least in part be counterbalanced by a hyperoxia-induced fall in cardiac output resulting from decreased heart rate and increased systemic vascular resistance, the latter being particularly pronounced in the cerebral and coronary vasculature

What is Hyperoxia and how does it affect the body.

Hyperoxia involves the administration of high concentrations of inspired oxygen to the lung. Hyperoxemia reflects high levels of oxygen in the blood. In general, a PaO2 >100 mm reflects hyperoxia. Hyperoxia leads to the development of reactive oxygen species (ROS).

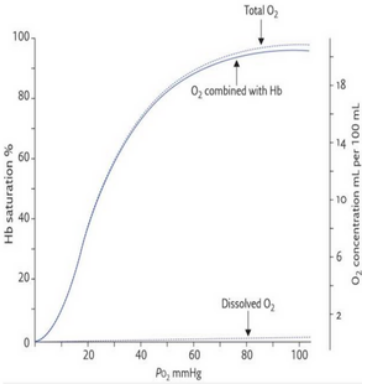

Fig1:oxygen dissociation curve

EFFECTS OF HYPEROXIA ON DIFFERENT ORGAN SYSTEMS:(2)

Prolonged exposure to above-normal oxygen partial pressures (chronic oxygen toxicity) or shorter exposures to very high partial pressures (acute oxygen toxicity), is associated with multiple effects in different organ systems. It can directly damage tissues via the production of reactive oxygen species (ROS) in excess of physiological antioxidant defence capabilities causing cell death by apoptosis and increased release of endogenous damage-associated molecular pattern molecules (DAMPs) that stimulate an inflammatory response and vasoconstriction, likely as a result of reduced nitric oxide levels

PULMONARY EFFECTS:

The phenomenon of pulmonary toxicity is commonly referred to as the Lorraine Smith effect. Lorrain Smith first noted congestion and consolidation of the lungs in mice and larks after inhalation of high oxygen partial pressure at various levels in 1899. Most of the human data is from healthy individuals. Alveolar collapse (absorption atelectasis) can present as early as within 24 hours of breathing pure oxygen. Patients may present with pleuritic chest pain, substernal heaviness, coughing, and dyspnea secondary to tracheobronchitis which can lead to pulmonary edema. Pulmonary symptoms typically abate 4 hours after cessation of exposure in the majority of patients.

In patients with chronic obstructive pulmonary disease (COPD), status asthmaticus, weakness of the respiratory muscles (e.g., from polyneuritis, poliomyelitis, or myasthenia gravis), oxygen toxicity can cause carbon dioxide narcosis secondary to a loss in the hypoxemic drive.

CENTRAL NERVOUS SYSTEM (CNS) EFFECTS:

The CNS effects secondary to oxygen toxicity are known as the Bert effect. Clinical presentation is often variable, but the twitching of peri-oral and small muscles of the hand is a consistent feature. Patients may also present with tinnitus, dysphoria, nausea, and generalized convulsions.

EYE:

Premature babies may develop retinopathy of prematurity and retrolental fibroplasia, retinal edema. Cataract formation is seen after long-term exposure.

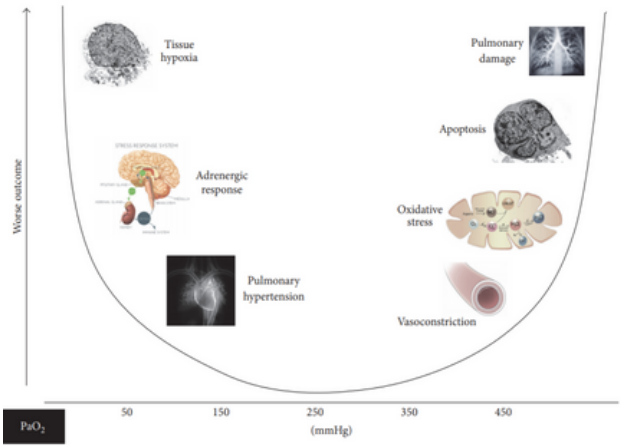

Fig2: de Jonge et al. reported a U-shaped relationship with increased mortality rates at low and high PaO2 (3)

Clinical entity	Intended benefits of O2 therapy	Harmful effects of O2 therapy	Evidence/Trials
STEMI	supplemental oxygen may increase oxygen delivery to ischemic myocardium and hence reduce myocardial injury	reduced coronary blood flow, increased coronary vascular resistance production of reactive oxygen species contributing to vasoconstriction and reperfusion injury.	DETO2X-AMI(4): The Determination of the Role of Oxygen in Suspected Acute Myocardial Infarction (DETO2X-AMI): no 1yr mortality benefit , AVOID(5):(Air Versus Oxygen in Myocardial Infarction) showed that in patients with STsegment elevation myocardial infarction but without hypoxia, supplemental oxygen therapy may increase early myocardial injury and is associated with larger myocardial infarct size at 6months.
TBI/stroke	Reduced cerebral oxygenation after brain injury is associated with impaired mitochondrial function and reduced metabolic rate, increased risk of secondary brain damage	Free radical injury, ROS, cerebral vasoconstriction	Stroke oxygen trial(6): No benefit with oxygen in stroke patients, perhaps more harm. No mortality difference.
SEPSIS	formation of reactive oxygen species to boost bacterial killing. dysbalance between tissue O2 supply and demand leads to tissue hypoxia, which in turn triggers hyper-inflammation that is aimed to clear pathogens	Atelectasis, coronary and cerebral vasoconstriction	Hyperoxia and hypertonic saline in patients with septic shock (HYPERS2S)(7): significant doubling in the number of patients with intensive care unit-acquired weakness, atelectasis in hyperoxia group. However the study was stopped prematurely for safety reasons.
Surgical Site Infections (SSI)	formation of reactive oxygen species to boost bacterial killing is one of the body's anti-microbial auto-defense mechanisms.	heightened free radical production, cellular dysfunction, protein and DNA damage, increased lipid peroxidation, apoptosis, necrosis,cell death,	The PROXI trial: (Perioperative Oxygen Fraction– Effect on Surgical Site Infection and Pulmonary Complications After Abdominal Surgery)(8) perioperative administration of a high fraction of inspired oxygen (FiO2) can increase long-term mortality, Hyperoxia doubled incidence of SSI and ICU LOS(length of stay)(9)

Clinical entity	Intended benefits of O2 therapy	Harmful effects of O2 therapy	Evidence/Trials
Mixed ICU population	Maintain adequate oxygenation of peripheral tissue	Adsorption atelectasis, Free radical injury,	OXYGEN-ICU(10): ICU mortality significantly lower in conservative oxygen group (target spo2: 94-97%)compared to standard(target spo2: 97-100%). incidence of shock, liver failure , bacteremia was significantly lower in conservative group.
VAP	prevent hypoxia and improve the oxygen supply to the different organ system	hyperoxic acute lung injury (HALI). inhibition of surfactant production impaired mucociliary clearance and the antimicrobial action capacity of macrophages and immunecells, atelectasis	PaO2 >120 assoc with higher incidence of VAP(Critic care. 2016;20:195) Deliberate pre-ICU hyperoxia was an independent factor for VAP.(11)

TREATMENT/MANAGEMENT OF O2 TOXICITY:

Treatment for oxygen toxicity is mainly symptomatic, thus it is imperative to monitor for early recognition of signs of oxygen toxicity. The lowest possible concentration of oxygen that alleviates tissue hypoxia should be administered. Use of restrictive Oxygen strategy that involves targeting SpO2 of around 94-96% in patients would limit the toxicity The sudden stoppage of oxygen at the onset of toxicity may at times aggravate symptoms.

Oxygen-induced seizures are usually self-limited and do not increase susceptibility to epilepsy. Oxygen toxicity seizures during hyperbaric therapy can be curtailed by the introduction of "air breaks" (intermittent air-breathing while in the hyperbaric environment). (2)

Exogenous antioxidants, notably vitamin E and C have been found to lower the prevalence of retrolental fibroplasia in premature infants on hyperoxic therapy. (2)

CONCLUSION:

Providing supplementary oxygen can increase oxygen delivery in hypoxaemic patients, thus supporting cell function and metabolism and limiting organ dysfunction, but, in patients who are not hypoxaemic, supplemental oxygen will increase oxygen concentrations into non-physiological hypoxaemic ranges and may be associated with harmful effects. Thus oxygen should be prescribed like any other drug, in the right amount (concentration) and for the right duration. Excess can lead to toxicity. In intensive care patients to keep Oxygen targets lower will help improve patient outcomes.

KEY MESSAGE

- Hyperoxia can increase mortality and morbidity.
- Patients without hypoxia should not receive routine oxygen supplementation.
- The therapeutic use of hyperoxia should be limited to special conditions, such as, for example, carbon monoxide intoxication.
- The current recommendations for the target range of oxygen therapy depend on the respective primary disease.
- To improve patient outcomes, a conservative oxygenation strategy accompanied by training measures should be implemented.

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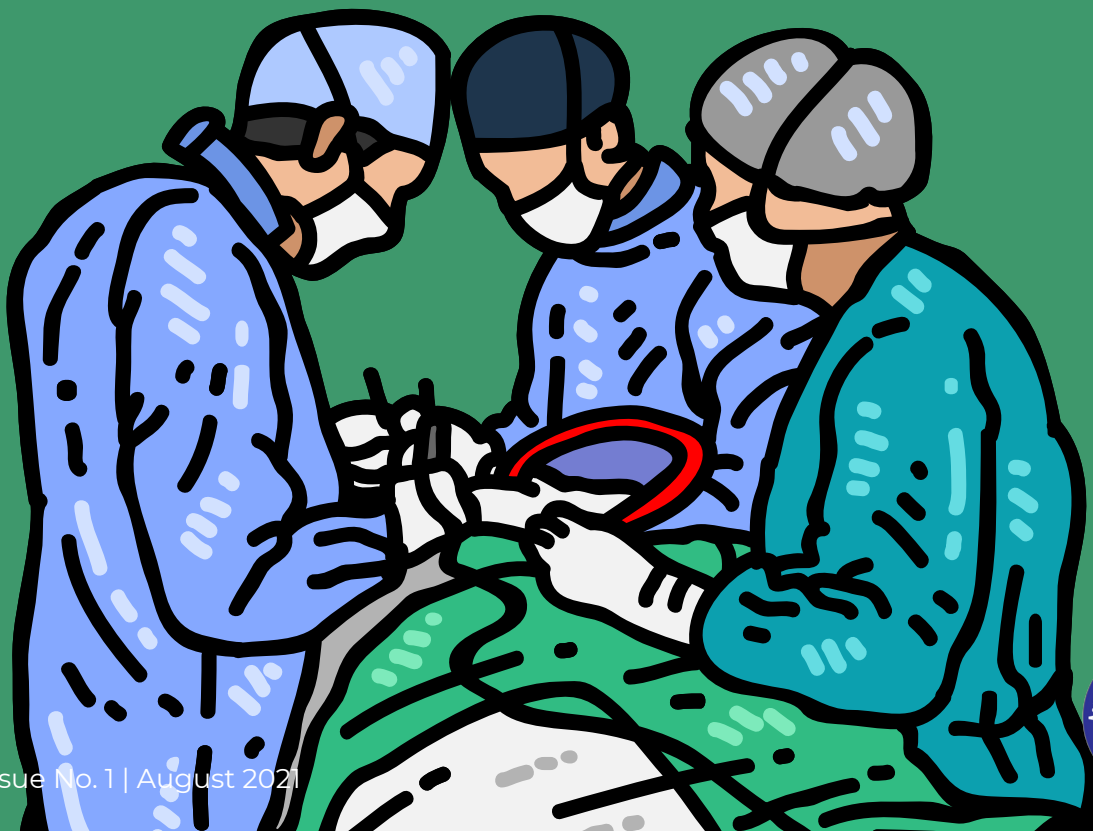
OUR COVID WARRIORS



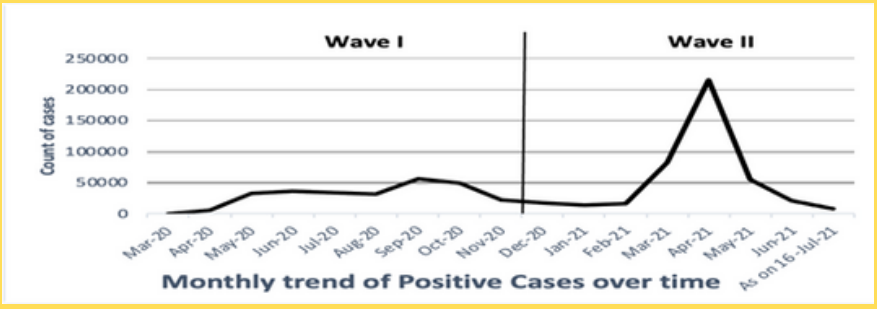
DATA MANAGEMENT

INDISPENSABLE TOOL FOR PUBLIC HEALTH DEPARTMENT

DR. MANGALA GOMARE

Executive Health Officer

Municipal Corporation of Greater Mumbai (MCGM) is one of the largest corporations of India serving a population of 1.3 Crore. The Health Department of MCGM caters to the wellbeing of its citizens through 425 primary, 21 secondary, and 5 tertiary level health care facilities. Mumbai has been one of the heavily affected cities during the COVID-19 pandemic having 7,32,741 cases(1st wave- 2,93,436, 2nd wave- 4,39,305). These cases are managed by our motivated staff of 3 lakh plus healthcare workers who have been working relentlessly since the beginning of the pandemic.



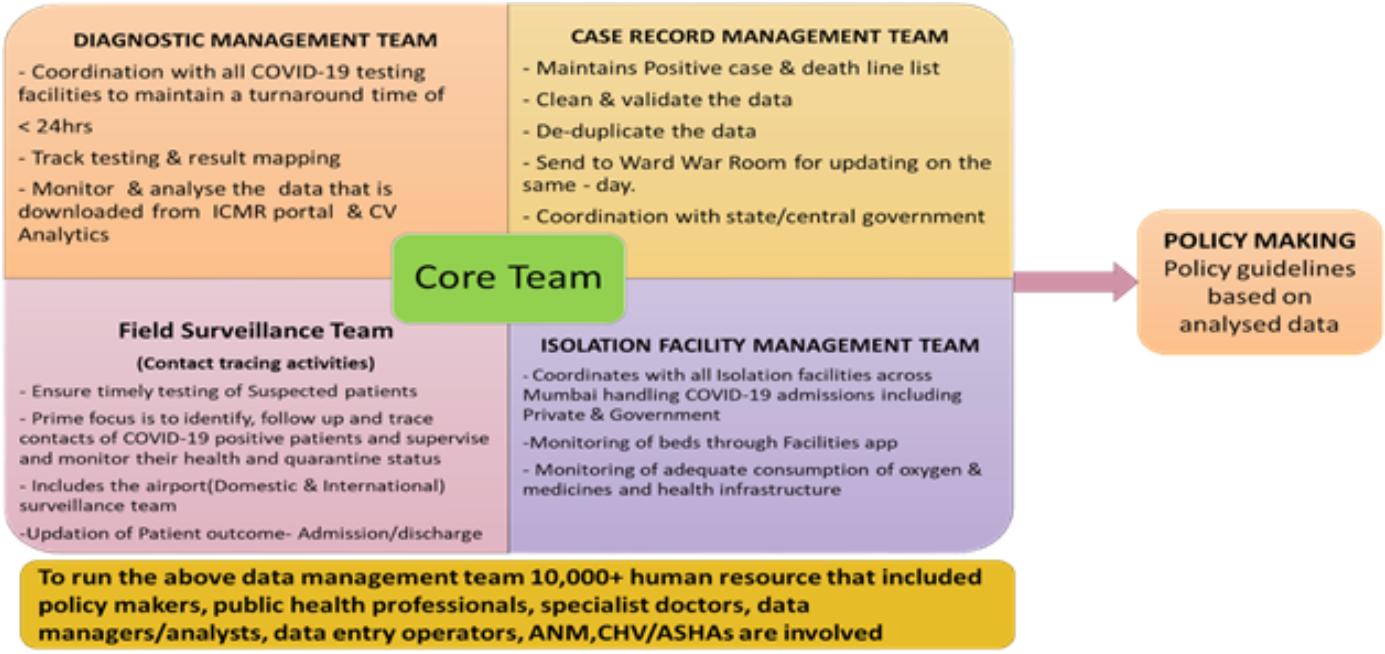
Monthly trend of Positive Cases over time

MCGM has always practiced data-driven decision making for its public health action. Though an existing system for data management was in place, it did not meet the demand for real-time data collection, monitoring, and analysis, to enable effective morbidity and mortality reduction and dynamic policymaking.

Also, the involvement of the private sector was also of utmost importance. There was a need for instantaneous gathering and timely communication of a large magnitude of data, with too many stakeholders at one time. Using the vision of the National Digital Health Mission as a guiding force, the organization focused on building a digital ecosystem focusing on timeliness, efficiency, accessibility, and safety of data.

DEVELOPMENT OF CORE TEAM

The city has a dedicated Epidemiology cell in the Public Health Department, responsible for the collection, handling, and reporting data related to all communicable diseases from different health units. COVID-19 pandemic necessitated the expansion of the role of the cell laterally and vertically which the corporation was quick to understand. Four Core teams were created headed by Deputy Executive Health Officers in order to decentralize and streamline the process. They were responsible for supervising the process of timely data gathering, compilation, and dissemination.



THE SEQUENCE OF DATA FLOW

It is crucial to have a perpetual and seamless influx of data, hence, varied data flow systems were created to ensure free data flow to and from the sources and the Headquarter. Data generated from labs, hospitals, and the community is received by the central core team which then cleans, validates, and analyses this raw data and sends usable data back to the field teams and policymakers for decision making. This even helped in virtual but real-time monitoring of the database.

I. Core Team

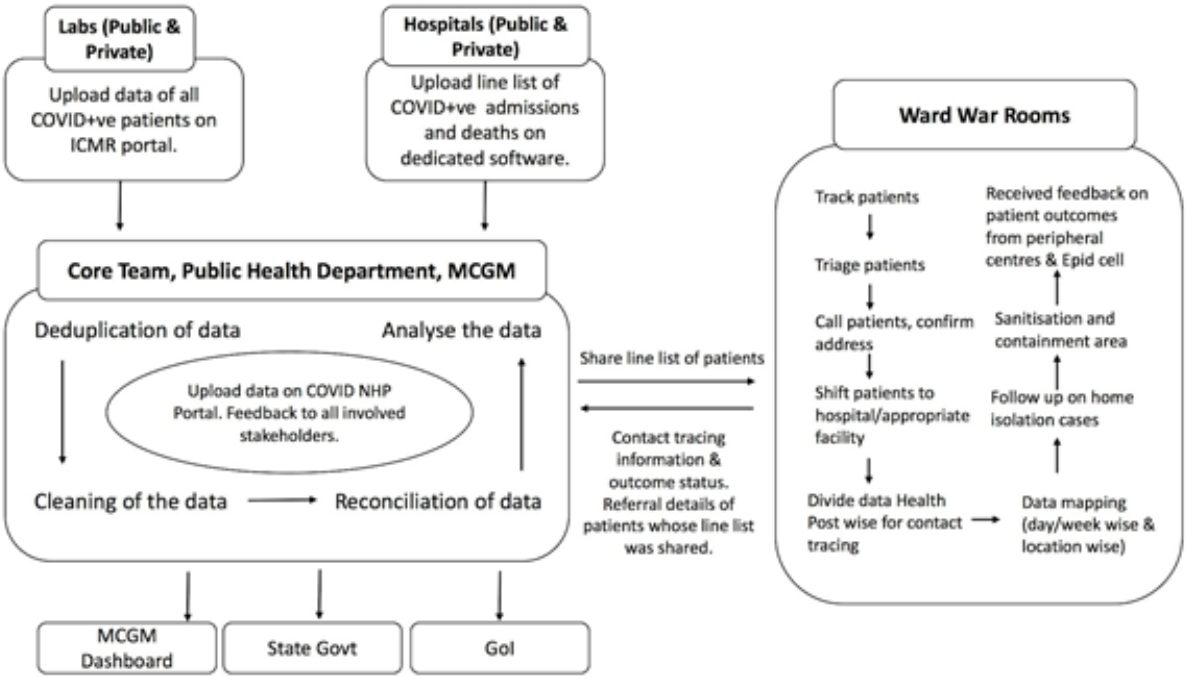
The Diagnostics Management Team ensures that the positive patient line lists are uploaded by all private/public laboratories. Subsequently, the Case Record Management Team cleans the data and uploads it early morning, daily in order to disseminate them to the Ward War Rooms and Field Teams. The wards ensure that the detailed line lists are circulated in their respective Health Posts for further action.

II. Field Teams

The Field Surveillance Team of 4000+ CHVs, ASHAs, and ANMs carry out house-to-house surveys based on the positive line list. Patients are triaged by Medical Officers and based on their symptoms, patients are home isolated or referred to a DCHC, DCH, or CCC. The contacts are further traced by the field team. The action taken report is relayed back to the Headquarters for further planning and action.

Another data source is all the public and private hospitals which upload the line list of admitted patients, including isolation wards, screening OPDs, ICUs, and casualties. Simultaneously a daily death line list is also maintained for a real-time update of COVID-19 deaths.

Managing the entire cascade of data to and from the Public Health Department and its field representatives requires dedicated and round-the-clock team effort. It involves more than 10,000 dedicated medical, paramedical, data managers, data operators, and senior-level stakeholders.



Meaningful Use of Data -
Analysis of the collected data is equally important to make meaningful interpretations that aid in policymaking and evidence-based decision-making. A dedicated team of public health officials and consultants, analyse the data to forecast various health-related parameters, identify outliers and formulate protocols.

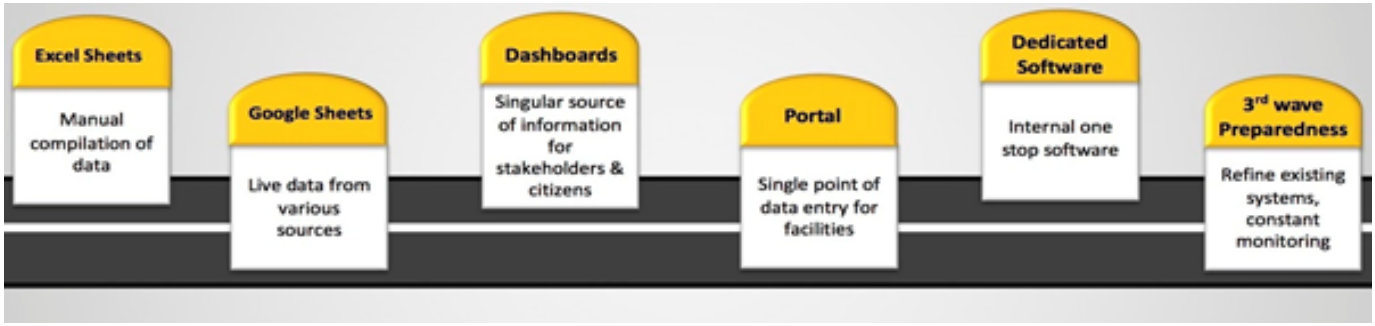
Social Media: Timely communication of health information, new guidelines, and changing protocols is done through the use of Twitter, Instagram and stopcoronavirus.mcgm.gov.in website.

INNOVATION AND ADVANCES
Newer concepts were introduced, tested, and implemented in order to ensure that the robust data system runs smoothly and effectively.

- The concept of Ward War Room - Multifunctional data machinery, functioning as a helpline, bed management utility, tool for triage of positive cases and follow-up of home isolated patients.
- The development of dedicated software exclusively as a COVID-19 data repository has been a fortuitous result of the pandemic management.
- MCGM with several independent institutes and private entities led to the creation of epidemiological models, case predictions, and data analytics using AI. MCGM was able to make tactical & strategic decisions, introduce timely practical interventions, optimize patient care, make critical allocations of resources, and carry out efficient planning for the future.
- Containment zone plotting on GIS map on StopCoronaVirus website and Google maps, where one can geographically view the locations of containment zones, DCH, DCHC, CCCs.

- Three Dashboards were designed which helped create transparency and show real-time scenarios to the administrators and implementers.
  - Bed management dashboard displays bed status in all facilities thereby aiding ward war rooms to track & admit patients as per needs, alleviating admission time for critical patients.
  - Dialysis management dashboard allots dialysis slots for kidney disease patients
  - The cemetery management dashboard allots slots to perform last rites in a dignified and respectful manner by preventing overcrowding at the crematoriums.

EVOLUTION OF DATA MANAGEMENT SYSTEM



IN CONCLUSION

Whilst dealing with an extraordinary situation like COVID-19, one has to cross several unknown territories. In such unpredictable circumstances especially when the onus of the wellbeing of almost 1.3 Crore people is at stake, in addition to clinical management of the affected, efficient and timely data management serves as a guiding light. Along with the warriors with stethoscopes, this new breed of warriors with laptops analysing data needs applauding. From physical records in the pre-Covid era to excel and Google sheets to developing software and further leveraging AI, data handling has progressed by leaps and bounds. Insights from the data-driven analysis have led to a decline in positivity rate 12% in wave I to 7% in wave II and the death rate from 4% to 1%.

The Data Management system has not only helped in social accountability and transparency but also given way for applying these processes to other health programs.

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1 The National Digital Health Mission (NDHM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of the Healthcare ecosystem through digital highways.

POLICE CAMPS

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Covid 19, originated from one part of the world had taken the shape of **"Pandemic"** by February'2020. India was not any exception either. The virus made its entry in India and with the speed faster than expected, it started spreading in the whole country. The debates about the origin of the virus and then the way different countries (including India) handled it in the beginning and failure to curtail its spread will continue and may not reach any conclusion.

It was clear by February/March 2020 that the virus has made its entry in India and was finding it very easy to spread in the community **(thanks to the social, religious, cultural, and Festivals gatherings).** Finally, the Government had to impose a **"Lockdown"** to curtail the spread of the virus. After that, we all have witnessed how the sequence of events folded and unfolded.

From there the term **"COVID - WARRIORS"** was coined by the Government. It was an attempt by the Government to boost the morale of the frontline workers to fight the pandemic (but without any privileges). When I am quoting this phrase **"without any privilege"**, then I really mean it and I am sure most of you would agree with me.

With an altruistic tag of "Covid - Warriors", the Doctors, Paramedics, and Police Personnel were emotionally and morally instructed to fight the pandemic risking their lives and at their own cost (for Expensive personal protective kits, Equally expensive tests, and more expensive treatments).

I am again not using the word "Motivated" here because the Doctors, Paramedics, and Police Personnel were already deeply motivated inside to fight this epidemic. They didn't expect any motivational speech from the people sitting in the government.

What these “Covid Warriors” needed was a gesture of love and care from the government in form of their own protection (PPE Kits), Diagnostics, and Treatment. I am sorry to say our caretakers (government) failed in providing this needed care at that point in time. A single PPE kit was costing more than INR 2000/- and the Covid test (RT PCR) was costing more than INR 4000/-.

The tests were happening free of cost in designated government centers but taking a lot of time and there was no provision of collection from the site.

So, practically the “Covid Warriors” were told to “fight the war” with no ammunition. As the pandemic was growing rapidly, there was no time to complain of what we were not getting but that was the time to do whatever we could do beyond our own capacity and we were there on the battlefield. **As it was a “war with a strong enemy”, the Covid Warriors were also losing lives as “Martyrs”. It’s another sad story that Government refused to call these “Covid Warriors” who lost their lives while fighting this war as “Martyrs”.**

The news of the “Covid Warriors” losing their lives was coming daily. The Doctors, Paramedics, and police personnel were dying daily. The toll was increasing day by day. One of the reasons for this loss was the delay in screening and testing. The work pressure was on the rise. The work timings had gone up. The exposure was increasing. At that time what COVID Warriors needed the most was a **“gesture of care”.**

Till that time, we had conducted few activities like a free medical camp in my clinic, Distribution of Food/water, and PPE kits but there was something lacking in our efforts too. So, I decided to reach to one group of “Covid Warriors”, the “Mumbai Police” at their doorstep and do something for them.

After analyzing all the facts, it was decided that we will go to every police station and screen them for the signs and symptoms of Covid 19 and get the RT-PCR test of the suspected people done from the private lab at our own cost. To our luck, the cost of the RT PCR test came down from INR 4500/- to INR 3500/- and then subsequently during the camp to INR 2800/- per test. It was indeed a relief cost-wise.

After getting the necessary permissions from the "Office of Commissioner of Police, Mumbai", we started our "Medical and Covid 19 Screening and Testing Camps" for Mumbai police. The whole exercise was divided into 2 phases with the target to cover 47 police stations in each phase (total 94 police stations). The first phase was scheduled from 13th June 2020 to 12th July 2020 and the second phase was scheduled from 18th August 2020 to 17th September 2020.

I, along with my team of 4 nurses, 8 data entry operators, 2 supervisors, and 1 Driver started the camps on the scheduled date of 13th June 2020 from Kandivali police station. In the next one month, a total of 47 police stations were covered with the screening of more than 3500 police personnel and RT PCR testing of all the suspected cases. Each and every police personnel attending the camp were personally seen by me (with no exception). As we were going to their doorsteps (police stations), we decided to extend our screening to screen for Hypertension, Diabetes, and Obesity also. The data of the same has been submitted to few indexed journals for publishing.

With the support of the Commissioner of police and the Station In-charge of all the police stations, the camp went successfully very well. The speed with which the lab collected the samples from the homes of the suspected cases helped us to achieve our targets more fruitfully. Timely diagnosis of Covid 19 infection helped many police personnel to reach for proper management (including quarantine).

After the completion of phase 1 successfully (47 police stations) on 12th July 2020 at BKC police station, phase 2 was supposed to start on 18th August 2020 but due to some unforeseen circumstances the phase 2 couldn't start. There is no regret that phase 2 couldn't be conducted because by then the speed of testing in Mumbai had already peaked and the cost of the RT PCR test also came down significantly making it easier for the police personnel to get themselves tested timely.

The key observation from the medical camps:

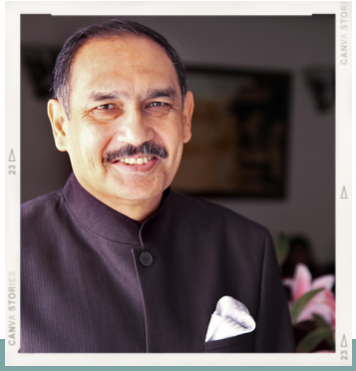
- A significant number of police personnel were found to be Covid 19 positive after the testing of the suspected cases.
- It was found that the Covid 19+ police personnel were discharged from the hospital(s) without getting their repeat Covid 19 testing done. They were simply assumed to be Covid 19 negative and asked to resume the duty without any explanation and briefing. This approach of the authorities had created lot of insecurity and discontent in the police personnel who had suffered the Covid 19 infection. They were feeling that this approach had brought their family members and other associates at work at risk to contracting the infection.

- Many police personnel in all the police stations were found to have Hypertension and/or Diabetes Mellitus. The irony is that most of them were unaware or negligent about their Diabetes and Hypertension status. The prevalence of Obesity was also found high. All these police personnel were advised by me to contact their respective doctors for proper management of Diabetes/Hypertension/Obesity. This would improve the overall health and productivity of the police department.
- It was observed that there were many police personnel who had already contracted Covid 19 and had recovered. We discussed “Plasma Donation” but found the lack of motivation towards Plasma Donation in them.
- The outlook of the Police Personnel towards their health was found to be very pessimistic.
- Police personnel seemed to have accepted that they are bound to get these diseases like Diabetes, Hypertension, and Obesity. They seem to voluntarily neglect their health.
- It is evident that the authorities have kept their eyes closed towards the General Health of the Police Department.
- The working conditions of the Police personnel are very bad. No better word than “Pathetic Conditions” can be used for their working conditions.
- The Police Personnel are completely deprived of “Sleep” and the rightful “Rest”. This might be one of the reasons for their failing health conditions.
- The Food Eating Pattern among Police Personnel needs to be completely overhauled.
- There should be the provision of proper Food Supply, Optimum Sleep, Hygiene, Sanitation, and Timely health care to Police Personnel.
- There should be a hygienic Canteen and a small medical care dispensary in each police station. The visiting doctors can visit these dispensaries.
- The pessimistic attitude of the police personnel towards “Health and Wellbeing” needs to be changed and they need to be more vigilant about their health.
- The working environment of the police department needs to be modified and some efforts should be taken by authorities to alleviate the “STRESS” of the police personnel and lift their morale.

drdeepakchaturvedimd@gmail.com

SCALING UP THE LAST MILE

How can India achieve 10mn daily vaccinations?



DR. HARSH MAHAJAN,
President NATHEALTH and Chief Radiologist Mahajan Imaging

To address the concern about supply-side challenges and availability of vaccines in India during the second wave of the pandemic, Hon PM centralized the procurement of vaccines for all eligible age groups on June 7, 2021, bringing it under the responsibility of the Sovereign Republic of India. The Government of India recently announced that they are looking at vaccinating the remaining eligible population by December 2021. There have also been discussions about ramping up vaccine delivery to 10 million per day- a 2-3 time increase from the peak vaccination volumes achieved during early April 2021, and a nearly fivefold increase from current baselines. Does this look ambitious? YES. Is it impossible? No! In order to achieve the above goal, India will need to truly liberalize the delivery landscape, while retaining smart control on the supply chain and ensuring unlimited vaccine availability on the tap to anyone who needs it. Thus, the policy regime should be geared to create a network multiplier effect and move beyond the current equity and risk-linked age stratification strategy alone. This is possible by seamless integration of Public and Private Sector efforts.

As of June 4, 2021, there are 38,887 sites authorized to conduct vaccination (as per the COWIN website). Only 1,371 or 3.5 percent of the total are private sites authorized to do vaccination. This data tells us something – the total public hospitals authorized to undertake vaccination is nearly the entire universe of the public sector.
https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1539877

For the Private sector, the current site utilization is around 3%, if we were to conservatively assume around 45,000 formal sector private hospitals across the country (https://www.statista.com/statistics/1128425/india-number-of-public-and-private-hospitals-estimated/), excluding the smaller nursing homes which, if included, will take up the number manifold. If we add private sector diagnostics labs, physicians, pharmacies, and other providers like home care, there exists the tremendous capacity to ramp up vaccination. Hence, it's of paramount importance that we have the right recognition of priorities.

The first order of priority is to supply vaccines on the tap at a set price at different locations where the private sector can pick up its 25 percent allocation. The Government is in the best position to buy vaccines in bulk and make them available to both public and private sectors in quantities such that surplus is always maintained. India's private sector is not homogenous and scaling up vaccination requires procurement know-how, working capital, volume commitments from suppliers which a centralized procurement with an integrated supply chain can accomplish for all players. Only the sovereign can secure vaccines required on the tap from the global supply pool. Economics of vaccines and the sovereign ROI for even the slightest delay has unimaginable implications on both lives and livelihood of the citizenry and the country as a whole.

The Second-order of priority for the Government is to define the environment in which safe vaccination is possible as per standard protocols. Thus, when a hospital comes to an RWA and vaccinates the residents, they create certain standards. Presumably, the same standards can be created by the RWA itself or a dispensary/clinic, or a diagnostic lab or a home care provider, as long as they are interested and the economics allow it. By bringing in these numerous players and having them participate in vaccination, we will unleash true entrepreneurial spirit and fortify the nation. Thus, it's less important who does it, as long as it's done safely as per a certain standard.

Third-order of priority will be to identify geographical areas where neither the private sector nor public sector is adequately represented. That's where Public-Private Partnerships come in. Large-scale PPP programs like 108, 104, and 104 FDHS models allow mobile medical units and emergency ambulances in grid coverage. With certain planning, each of these community-based programs can be repurposed to deliver large-scale vaccination by using the buffer capacity- as the manpower, infrastructure, and command and control modules already exist. Where static infrastructure is required, it's possible to locate a police station or a post office even in the villages, and seamless coordination with other government agencies can be mobilized for mass vaccination.

The fourth-order of priority is for the center to frame a common set of guidelines for private sector engagement, which all states can follow. If every state comes up with its own rules of engagement, we won't have a uniform national supply chain and private sector efforts to pool their resources and delivery models will get fragmented. This is not in the interest of any of our citizens. In addition, the Government should clarify the roles and responsibilities of different agencies that will engage with the private sector on behalf of the Government. Ideally, establish a single window for the private sector to procure vaccines and reimburse costs to ensure uninterrupted supplies.

Finally, it will only take 15-20 crore single-shot vaccines to vaccinate the top 20 cities in India. This is where the caseload is highest, the mutation is maximum, and lives and livelihoods are at risk, as they coincide with concentrated economic nerve centers. The private sector is strong here and there could be a 90-day universal vaccination drive if we want to lock out the transit corridor for the virus and isolate it before the expected third wave. Even with our supply constraints, it's possible, and with increased availability of vaccines in the next 1-2 months, eminently doable.

A recent patient study was conducted by NATHEALTH with IQVIA on the "Impact of COVID-19 on patient behavior towards accessing healthcare facilities." This study demonstrates that the pandemic has led to major changes in patients' treatment plans due to restrictions in accessing healthcare facilities. On an overall level, 57%, that is more than half of the surveyed patients, canceled/ postponed/ rescheduled their treatment plan during the period of March-December 2020 and 100% of the elective surgery patients canceled/ postponed/ rescheduled their surgeries. Of the patients who canceled/ postponed their treatment, 62% patients believed that their health condition has been negatively impacted.

Therefore, there is an urgent need for India to be prepared for future COVID waves while clearing this massive backlog of non-COVID patients that have built up during the pandemic. Vaccination is the fastest and most economical way to achieve this. With the right prioritization, sequencing, and flawless execution by public and private sectors, it is a goal that could be achievable by end of 2021

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WE DOCTORS
The Warriors In Apron

DR. SUNITA DUBE
Team Medscapeindia

Medscape India started its journey 18 years ago when I was a PG student. It started with the Save the Girl Child Campaign. Later it held various campaigns like, HIV Go away- HIV awareness, Million smile, Doctor's Handwriting campaign in 2012, Women empowerment program, preventive medical camps, Fit India Movement which has been running for 7 years, MedscapeIndia National Awards first awards for doctor's since 10 years and many relief camps as well. In 2011 we brought 21 Medical Specialty on One Platform for the First time and now the number has increased to 42 which includes; Radiology, Cardiology, Homeopathy, Ayurveda, Physiotherapy, Dental, Ophthalmology, Gynaecologist, Dermatologist, and many other nationally acclaimed associations.

Being a radiologist by profession, and being in this medical fraternity for many years, I started this organization with an aim of helping society & to give a platform for good work of the medical fraternity as a foundation but this pandemic gave altogether a new dimension to work for mass especially in rural areas & the underprivileged community. Giving Hope a New Meaning.

When the world was getting hit by the pandemic, COVID-19 it made me think that as a doctor what can I do to save their lives apart from giving them treatment, how can I help them by serving the nation during these harsh times, moreover how maximum people can be aided by healthcare warriors.

The need of an hour was such that giving only medical treatment was not enough, it was more necessary to help the people equip with various precautions, as said, ' Prevention is better than cure.

On 10th March 2020, we took our first step by giving PPE Kits, sanitizers, and masks to the doctors and other health care workers because when the pandemic hit India we were not fully equipped with the basic necessities, so that's when we decided to start the cause on a very small scale by giving out the precautionary things which our doctors and all the warriors needed.

Soon this small step within few months turned into one of the biggest campaigns for covid 'We Doctors' where around more than 12700+ doctors joined hand together average patients 30 – 40 patients a day per doctor in this cause to serve and save humankind. The campaign was then not only restricted to giving PPE kits, sanitizers but included the distribution of meals and rashans, screening of fever, O2 saturation check along with the medical distribution with BMC, Modular ICU, distribution of IR temperature guns to the doctors residing in slum areas to make the process of screening and checking the patients fast. During those difficult times of COVID, we even took the challenge of distributing 1 million masks to the less privileged family who couldn't afford to spend 10-12 Rs for a simple mask made out of cloth, so our goal was to distribute to the vast underprivileged population of Mumbai to help them in preventing the pandemic & distributed to Police. We are even running a COVID-hospital named Aryan Hospital for the last 17 months in fact as we are losing our doctor's life's we proposed Government to make hospital for the doctors & their families and also have been spreading the awareness through various webinars to guide them on how to play their respective roles. Currently, we are also Felicitating globally COVID warriors under the name "Warriors in an apron" to encourage the real Hero.

We proposed the Government of Maharashtra set up of Covid War Memorial to inspire future generations & remember the fallen soldiers in this period by making first of its kind in the World in our own state of Maharashtra.

The work didn't stop here, we set towards working on another road while traveling relentlessly the previous as well, we set on a mission to reach the rural areas and underdeveloped places where people, as well as doctors, were struggling for their lives due to poor health care facilities.

We set up Tele Medicine and Tele ICU in the areas like Bhiwandi, Jalna, Gadchroli Gangotri, Akola, and many other places so that the people can get timely accessible & affordable health care to save a life. Currently, we are operating in many states which includes Maharashtra, Uttar Pradesh, Tamil Nadu, Delhi, Rajasthan, Calcutta, Jharkhand, Karnataka & Assam.

This journey of 17 months where we worked relentlessly for society has changed my entire perception toward life and its need, it made me realise how the doctor's community is suffering emotionally and mentally more than the ordinary human. The casualties we faced during the entire pandemic of not being able to reach remote places, poor healthcare facilities, infrastructure, lack of awareness and education among the society, and also lack of research put me in deep thought.

After many brainstorming sessions and 8 months of collaborative thinking, the realisation came as to what we can give to the government to help them to fight the future pandemic, that's when I came up with the idea of the Statue of Immunity to which will be the world's first scientific, technology-driven global monument in India, Immunity for humanity having a research center, research academy of its own and will also be an educational hub to educate the people as well the doctors to be ready for any future pandemics.

As a doctor, we cannot stop giving our services be it in any kind of situation. India needs revamping, reform in medical heath. Our doctors themselves need to rethink & recreate the platform of leadership for our medical doctors as to how they can deal with multi-facet facet professional, social demand & looking after their well-being & family.

Personally, I feel Doctors are great administrators due to our methodical study. We are good executors & we all have a natural inclination to serve humanity. Every doctor should be proud of being a doctor as it's a profession with a special mission, devotion & one of the finest creations of God. It calls for involvement, respect & willingness to help others irrespective of the circumstances. Beyond our specialization or localization, we all should unite for care to serve the nation.

aryanhealthindia@gmail.com

OUR TEAM
AMC CORNER

How to track your mutual fund portfolio?

MS. NEHAL MOTA *Director - Finnovate Financial Services*

Dear Reader,

As much as we all love investing in Mutual funds, after all the recent hype around it, doing so is just half the job done. The other half of the job involves tracking your mutual fund performance and knowing if they are on the right path to achieve your investment objectives.

When you invest in a mutual fund, your job is not just to invest and later forget your investments. It is a continuous process of investing, tracking, removing/adding units, and the process repeats. Even though in today's well-regulated investment industry, you need to track your investments, not just mutual funds but other investments too.

You might wonder now why is it so important to track your mutual fund portfolio?

You see, mutual funds go through a lot of changes. At times, these funds may change their investment objectives, which probably may not go down well with you. They may change their portfolio holdings, add more mid or small-cap stocks which again increases the risk. In a worst-case scenario, they may even change the fund manager or probably underperform the markets.

A minor change in your portfolio will have a consequent impact on your risks and return components.

After knowing why it is important, the next question that comes to your mind is what do you exactly look at when tracking mutual funds?

Nowadays, there are several mutual fund products available for tracking your investments. It might confuse new investors. The key to looking out for the best suitable product is—Authenticity of that product!

There would be various products to track your investments but usually go for what is published by authorized, well-known institutions and regulatory bodies. Anything published on regulatory bodies material is in the favour of investor protection.

Apart from this, make sure you tick all the boxes while tracking your investment.

1) FUND PERFORMANCE:

Check out the performance of the scheme. Compare them with their benchmark indices. Along with that, perform peer analysis. How has the scheme/fund performed against its peers? Not to forget, do time analysis too. Check for the performance monthly, quarterly, semi-annually, and annually. This will help you understand the consistency of your scheme/fund.

Analyse the performance of your mutual fund investments not just in the recent past, but over different market cycles.

Also, the factsheets shared by the fund houses can shed light on the performance of the scheme. Several online portals from research companies also provide data or tools you can utilise to track your mutual funds online.

2) PORTFOLIO CONSTITUENTS:

Make sure you are looking closely at the constituents of the overall portfolio, especially, its top holdings. If the proportion of any one stock is too high it may be a sign of high risk. Similarly, if the proportion of holding is low, it indicates too many holdings in the portfolio, which may be a sign of over-diversification.

If you have opted for a debt fund, the credit quality, duration, yield to maturity, and tenure of security will determine your risk and return components. If it is a hybrid fund, then look out for the asset allocation among different asset classes.

3) RECENT CHANGE IN SCHEMES OR FUNDS:

Ensure that you are aware of the changes in the fund. Like the change in fund manager, investment strategy, goals, investment objectives, changes in exit load, etc. This will help you monitor the quality of the portfolio of schemes other than the quantitative aspects of the schemes.
Regulatory changes like the re-categorization of funds which happened back in 2017 disrupted the performance of the funds as new categories were introduced. This changed the overall risk profile of the funds and many funds were re-categorized from large caps to mid-caps and vice versa.

Situations like these could affect the overall growth of your portfolio. Hence it becomes vital for you to be updated with any regulations that are being introduced via circulars, press releases, etc.

4) READ FUND FACTSHEET:

Basically, a fund factsheet is a document that gives you the details of schemes that an AMC sells. All AMCs publish it monthly.

Key points to the lookout in a fund fact sheet:

The expense ratio, month-end NAV, benchmark performance and scheme performance, dividend history, Fund manager, etc., Along with that, check out for the quantitative and volatility measures and SIP returns.

5) CHECKOUT THE CONSOLIDATED ACCOUNT STATEMENT (CAS)

This document provides a consolidated view of all mutual fund investments across the fund houses made under one PAN number. It is issued to every investor monthly, showcasing the details of all transactions and valuations of all your investments as of the end of the previous month. You will receive this statement via email or physical delivery of statements.

6) ONLINE PORTALS:

There are various excellent sources of online portals that can track your investments. They provide the latest details of all mutual fund schemes.

Here are few online portals where you can track:

a. CRISIL

b. Morning Star

c. Value Research

However, before investing/making any financial decisions based on information available on these sites, ensure that you consult your investment advisor.

Finally, you should know that tracking your Mutual funds does not mean you do it every day or every week. Investing is a long-term process. Tracking your funds every once in six months is a much better option. Tracking daily performance may tempt you to make decisions that may not be in your best interest.

If you need assistance in helping you track your Mutual fund performance, do feel free to get in touch with us.

Share this newsletter with your friends on WhatsApp, Facebook, or LinkedIn

nehal.mota@finnovate.in

CONSULTANTS BENEVOLENT SCHEME (CBS)

Financial Safety for the family of a member

Dr. Shrikant Badwe *(Chairman-CBS).*

AMC is a unique association concerned with the betterment of its members. Associations various projects and activities for the betterment of the members like H&A Cell, Medical Indemnity – PI Cell, Nursing Homeowners – NoAH Cell, and many more cells are actively rendering good services in the various spheres of consultants day to day life.

In August 2004 during the presidentship of Dr. Sudha Sheth, Dr. P.N. Rao & few conceptualized and launched this brilliant scheme called Consultants Benevolent Scheme. This is to help the family of the consultant when they lose the consultant and are in real need of some social and financial help. In the first year within 4 months period, more than 1500 members enrolled the scheme.

This is a unique scheme that has multidimensional aspects like Investment, Term insurance policy & more important it gives financial support to the family when a beloved member of the family passes away. This AMC is always with the member during his active professional life and also after death like what LIC says 'Jindagi Ke Saath Bhi Aur Jindagi Ke Baad Bhi'.

Another unique feature of the scheme is any member of AMC can become a member of the scheme along with their spouse even if he or she is not a medical professional. There is no medical check-up needed before joining the scheme.

Initially, the death benefit to the family was in the tune of 3 to 3½ Lakhs. However, from 2020 the death benefit is more than 11 Lakhs.

Member at joining pays joining fee according to the Age group he falls in plus Advance Contribution of Rs. 6000 only. Every year the member has to pay a contribution to the Benevolent fund depending on the number of deaths that occur during that financial year.

Member pays Rs. 1000 per death till 25 years. Thereafter the CBS takes responsibility to pay on his behalf.

Member has the right to nominate a single beneficiary or more than one with percentage distribution to the nominees. He also has the right to change the nominee wherever he wishes to.

The benefit of the Benevolent amount can be rendered to the member who has a total disability also.

If a member does not pay the annual required contribution after repeated reminders he obviously would be terminated after final notice.
The benevolent amount is given to the family in the shortest possible time after submission of the Death certificate and Bank formalities. Member is eligible for the Benevolent amount after being in the scheme for one year.
In the last 16 years, CBS has disbursed appx. 4.5 Crores to about 72 deceased families.

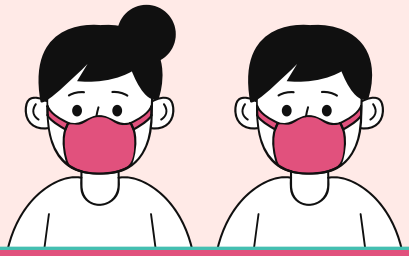
The opinion of renowned Accurist has been taken for the viability of the scheme.

CBS gives a unique opportunity to the member to give financial securities to his family and also help his professional colleague's family also.

drbadwe@yahoo.com

COPING WITH COVID-19:

HEALTH AND ACCIDENT CELL OF AMC



DR. SUHAS KATE, *Chairman-Health & Accident Cell*

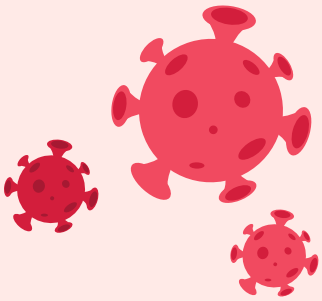
Health and Accident Cell of AMC is a jewel in the crown of AMC. This scheme was started about 25 years ago by our then President & Managing Trustee Late Dr. Mahendra Sheth and Past President & Trustee Dr. Prabhakar Rao. Their herculean efforts resulted in the formation of this invaluable asset for AMC.

This is a tailor-made policy to suit the needs of our esteemed members. Unlike the common mediclaims, the following features are significantly attractive for our members.

1. No preinsurance health check-up is required.
2. Fresh membership is allowed at the age of 79 years and if unbroken continues for life.
3. Costly investigations i.e. MRI, CT Scan, etc. are honoured without hospitalization.
4. Daycare procedures are taken care of.
5. Procedures to correct functional disability are covered.
6. Bed charge 1.5% inward and 2.5% in ICU is permitted for CSI of 5 Lakhs and over.
7. Anti VEGF injections are reimbursable to some extent.
8. No claim Bonus is available in premia to some extent.
9. No co-payment till the age of 55 years.
10. No loading after the claims in your premia.
11. The decision of the scrutiny committee of H&A is final in claim settlements.

However, due to constraints and to avoid misuse certain cases like joint replacement, kidney problems, morbid obesity, and robotic surgery have certain capping for the expenditure.

All preexisting diseases are covered after a waiting period of 2 to 3 years after joining.



Capital Sum Insured is permitted up to 15 Lakhs. Cashless services are readily available.

Domiciliary treatment is not covered except in few cases. Nursing charges are payable if administered by a qualified degree holder nurse, as advised by the physician. Physiotherapy charges during hospitalization and in physiotherapy institutes are covered up to 5% of CSI.

Cataract surgeries are covered to a high charges level as per the CSI.

Our premia at all age groups are comparable to most insurance companies. Premia is much lower for Senior Citizens as a gesture of our social responsibility.

Accident cover is allowed multiple times lakhs for minimal premia.

Dedicated staff in the AMC office and over 18 agents are available round the clock for service to our members.

Non-medical dependents are also covered with reasonable premia.

To combat and provide support to our members, the capital sum insured was increased to 7 lakhs per head and provided to all the 5800 members free of cost for 16 months as part of social responsibility. Non-members were also provided a covid cover policy on a pro-rata basis.

We look forward to you joining, if you haven't joined already, and availing of this stupendous facility offered by AMC to safeguard you and your family's health.

TEAM H&A CELL – AMC MUMBAI

suhas_kate@yahoo.com

CORONA RAKSHAK

ROLE OF AMC

DR. SUDHIR NAIK
Chairman Medicolegal cell
Convenor AMC NOAH cell

AMC took several initiatives to help members, their staff, and other frontline healthcare workers during the COVID pandemic.

When COVID 19 first broke out Resident Doctors in our Municipal and Government Medical colleges did not have N95 Masks! AMC immediately procured and distributed over 1500 masks to our Resident doctors. Again during the 2nd wave in April 2021, we provided 1000 N95 masks to Tata ATREC Kharghar at their request.

We also arranged for PPE Kits, Face Shields, and Sanitizers for the government hospitals and also our own members and their staff at discounted rates.

For our Members, our H& A cell provided a free Top-up health policy of 7 lakhs to all its members.

In addition, AMC NOAH (Network of AMC Hospitals) and Medicolegal cell took the initiative to provide Corona Rakshak policy to Nursing home staff on payment from the Nursing homeowners wherein the number of persons covered was 1425. We also provided the policy free of cost to almost 750 Resident doctors from Municipal medical colleges and Grant medical colleges. This was a benefit policy that provided 1 lakh rupees to the doctor/staff on diagnosis and hospitalisation of Covid-19 for 3 days.
While we are sad that there were 123 claims, we are glad that 99 of them were cleared and payment of almost 99 lakhs cleared for our resident doctors. The details of Corona Rakshak are provided in Tables 1 & 2.

TABLE 1: CONTRIBUTION OF AMC

Sr No.	Contribution	Amount
01	NoAH Cell	8,16,086
02	Medico Legal Cell	8,16,085
		16,32,171

TABLE 2: CLAIMS STATUS OF CORONA RAKSHAK POLICY

Claims Status	No. of Claims	Total Claim Amount
Outstanding	4	4,00,000
Paid (Settled)	99	99,00,000
Queried	14	-
Rejected	6	-
Grand Total	**123**	**1,03,00,000**

This was money certainly well spent by AMC.

The Policy since then has been closed by the insurance company. Almost 90% of the claims were from the resident doctors. We are glad that we were able to be of some help to our junior doctors.

Overall AMC stood out as an organisation that cared for its members, their staff, and also for our fraternity working in the government and Municipal hospitals during the difficult period of the pandemic.

sgnaik67@yahoo.com

DR. VAISHNAVI DEO
General Surgeon
Passed Away On 30.Oct.2020

DR. KISHORE RAMCHANDANI
Cardiologist
Passed Away On 05.Nov.2020

DR. SIDDHARTH KAMAT
Paediatrics
Passed Away On 17.Nov.2020

DR. PRAMOD KULKARNI
Dermatologist
Passed Away On 27.Nov.2020

DR. TRIVIKRAM URSEKAR
Ophthalmologist
Passed Away On 05.Dec.2020

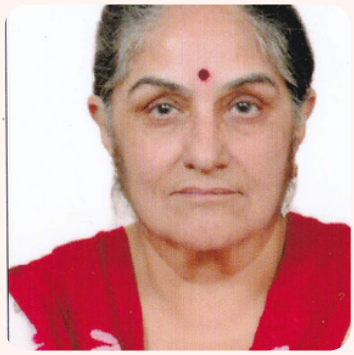
DR. MANHAR DESAI
General Surgeon
Passed Away On 10.Dec.2020

DR. MAHENDRA SHETH
Paediatric Surgeon
Passed Away On 25.Dec.2020

DR. VIJAYKUMAR GUPTA
Pathologist
Passed Away On 25.Dec.2020

DR. PRAKASHCHANDRA BHATT
General Physician
Passed Away On 27.Dec.2020

DR. SHASHANK SHAH
Gynaecologist & Obstetrician
Passed Away On 17.Jan.2021



DR. SHEBANI HINDLEKAR
Gynaecologist & Obstetrician
Passed Away On 29.Jan.2021

DR. TULSIO GWALANI
Radiologist
Passed Away On 31.Jan.2021

CONDOLENCES

DR. AMIT LOTLIKAR
Gynaecologist & Obstetrician
Passed Away On 06.Feb.2021

DR. VIMLA PAWAR
Gynaecologist & Obstetrician
Passed Away On 21.Feb.2021

DR. YOGESH ACHARYA
Paediatrician & Neonatologist
Passed Away On 17.Mar.2021

DR. SANJIV SHAH
Ophthalmologist
Passed Away On 22.Mar.2021

DR. NAREN SHETH
Paediatric Surgeon
Passed Away On 11.Apr.2021

DR. ASHISH SAKPAL
Psychiatric
Passed Away On 19.Apr.2021

DR. PRAVIN VORA
Orthopaedic Surgeon
Passed Away On 26.Apr.2021

DR. ASHOK MULGAONKAR
Gynaecologist & Obstetrician
Passed Away On 31.May.2021

DR. MARIONETTE PEREIRA
Paediatrics
Passed Away On 10.Jun.2021

DR. ARVIND PANDYA
Gynaecologist & Obstetrician
Passed Away On 14.Jun.2021

DR. MISHRILAL SINGHI
General Surgeon
Passed Away On 08.Jul.2021

CONDOLENCES

Classified Advertisements!

BMC registered 1000 sq feet seven-bed nursing home on rent in Sakinaka (Andheri east). It has a consulting room, waiting area, space for OT Good for gynecologists, physicians, surgeons, Pediatrician, diagnostic centers.

Contact 9820401531 between 11 am to 10 pm.
Email : bipinghanghurde@gmail.com

2,000 square feet (usable area) Ground floor Hospital.
With separate entrance from the main road for outright sale in Daulat Nagar, Borivali East
Fully equipped ICU +2 Consulting rooms, Total 15 beds +waiting area +Pantry +Autoclaving +Separate Medical store, license up to 2022.
C form up to march 2022 | MPCB June 2025 | NABH up to July 2022.
Whatsapp 9967222240

Good News!
Started Polyclinic near Andheri Station. Interested doctors, please contact **Vidya Dhume (9324273493, 9082492410).**

Settler, Com. B. S. Dhume Charitable Trust, Chandiwala Enterprises, Ghanashyam Patil Bldg., Opp. Andheri Municipal Market, S.V. Road, Andheri (West), Mumbai – 400058. **Email id: vidyadhume@gmail.com**

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5603

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1544

Members under CBS Scheme

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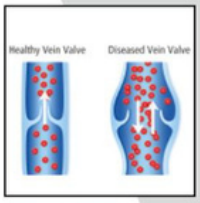
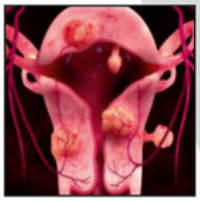
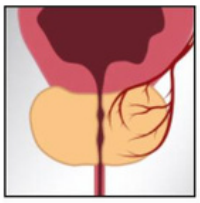


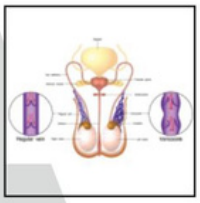
VenaSeal Closure System
Treatment for Varicose Veins



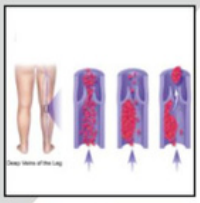
Uterine Fibroid Embolization
Treatment for Fibroids of the Uterus



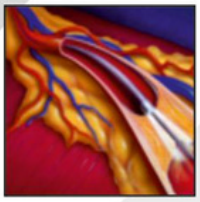
Prostatic Artery Embolization
Treatment for Benign Prostatic Hyperplasia (BPH)



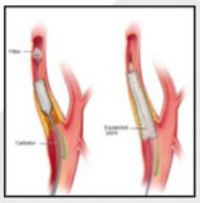
Varicocele Embolization
Treatment for enlarged veins of the testes



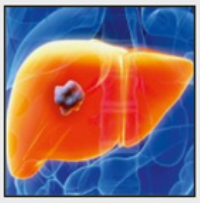
Mechanical Thrombectomy
Treatment for Deep Vein Thrombosis



Balloon Angioplasty And Stenting
Treatment for Peripheral Arterial Disease



Carotid Angioplasty And Stenting
Treatment for Carotid Artery Stenosis



Trans-Arterial Chemoembolization
Treatment for Hepatocellular Carcinoma

OUR TEAM

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MD

Dr. Santosh B. Patil
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Dr.Rahul Arkar
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Spike Protein Test_Artwork { 21 cm (W) x 29.7 cm (H) }