TOGETHER WE CAN
AND WE WILL
Association of Medical Consultants
AMC
Mumbai
The GRASP
E-Bulletin (June 2022)
For Private Circulation Only

A HEALTH APP FOR DOCTORS BY A DOCTOR

Ethical Search

Online Consultation

Appointment Scheduler

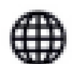
Red Flagging

Prescription Modules

Health Digilock

Doctor Assistant

Privacy and Security



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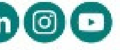

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KNOW YOUR OFFICE BEARER!

From this issue of grasp, we have decided to introduce our AMC members to the members of the office bearers and the office staff. This will be covered in a series of grasp issues.

M.S. (ENT), D.O.R.L, F.C.P.S. | Consultant Ear, Nose, Throat Surgeon | Completed Graduation & Post-graduation from the Prestigious Grant Medical College & Sir J. J. Group of hospitals. Mumbai | Associated with A.M.C.for last 25 years as a committee member | Served as joint secretary & treasurer | In trust board since last two years | Appointed as managing Trustee for the year 2022- 2023 | Practicing as consultant E.N.T. Surgeon in city of Thane since 1982 | Ex. Hon. Assistant Professor of ENT, Rajiv Gandhi Medical College, Kalwa, Thane | Past President, Secretary, Treasurer of AOI Thane branch | Was associated with Cancer Patients Aid association.

Hon. Managing Trustee

Dr. G. B. Kulkarni

MBBS, MD, DGO, DNB, LLB | President AMC 2022-23 | Secretary AMC consecutively for 2 yrs. Vice President AHPI | Vice President KMA | Founder member of "MUMBAI DHADKAN" Secretary "BEING DOCTORS" | Ex - Member of Medico legal committee FOGSI

Hon. President

Dr. Nilima Vaidya-Bhamare

MBBS MD DGO | Practicing Gynaecologist & Obstetrician since 1985 | Having Multi-speciality Hospital in Andheri East since 1990 | Honorary Secretary - AMC 2022 - 23 | Ex Assistant Honorary BMC Cooper Hospital | Associated with LIONS CLUBS INTERNATIONAL since 1992 – 1993 | Associated with Punarvas Special School Goregaon West since 1994 | District Governor of Lions District 3231A3 (2014 – 15)

Hon. Secretary

Dr. Hemant Dugad

ENT, ALLERGY & VERTIGO Specialist | Treasurer – AMC Mumbai | President – Dadar Medicos Brotherhood | Hon. Secretary, IMA Chembur | Governing Body Member, AOI | Executive Committee Member, AIRS

Hon. Treasurer

Dr. Vikram Khanna

AMC OFFICE STAFF

M.V. Pawar
Medicolegal Cell: On receipt of PI claim information from our member first & foremost duty is to verify about his membership, Validity of PI policy, and case summary. Appointment of the advocate is done, in consultation with officials of M.L. Cell wherever necessary. Then with a small write up case is referred to Oriental Ins. Co. for registration of PI claim.

Email: supportmlc@amcmumbai.org
Contact: 022-49765332, 022-26821109, 022-26844639, 9867450066.

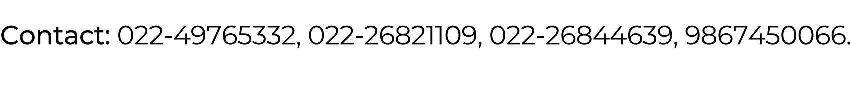
Pramila Bambarkar
Handling work related to The GRASP, Consultants Benevolent scheme & NoAH. Taking care of registration for the AMC events & application for MMC Credit points. Circulars of Notices, Minutes, Letters and all CME work for programs. Updating events on the website & Upload participants list on MMC site.

Email: office@amcmumbai.org
Contact: 022-49765332, 022-26821109, 022-26844639, 9867450066.

Tanvi Gaonkar
Looking after membership of AMC. Any queries related to membership can contact her on AMC Mobile. Updating website and software. Updating old data of membership. Preparation of PPTs for the events. Designing and forwarding Birthday Cards for the members.

Email: membership@amcmumbai.org
Contact: 022-49765332, 022-26821109, 022-26844639, 9867450066.

Kamlesh Sawant
Indoor and Outdoor work including meeting arrangements, and maintaining work premises. Coordinating repairing work, Bank work, and updating them periodically. Filing all account records & other documents, helping hand with arrangements during events, Courier work.



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Hon. President

Dr. Nilima Vaidya-Bhamare

A very good day to all of you my dear AMCites !

Hope all of you are having a fabulous time and are in the pink of health.
We start this year on a very sad note of losing a member of our fraternity, Dr. Archana Sharma, from Rajasthan to suicide. This sent shockwaves across our fraternity. We, at AMC, immediately got into action and contacted the husband and family and the local association to offer whatever help we could. We also wrote to all the authorities to take action against the culprits and put them behind bars at the earliest. This was followed by a few incidences in Maharashtra itself. We had worked on it extensively a year in a half ago and hence thought of reopening those negotiations with the concerned authorities. Accordingly, we took an appointment with Sri Vishwas Nangare Patil and reminded him of the SOPs that were to be sent to all the police stations in Mumbai. The go-ahead from the home ministry is yet awaited.

In the meanwhile, our petition to the Supreme Court is finalized, but we are awaiting the court to open up on the 11th of July after the summer break. We are asking the Supreme Court to look into the matter of ensuring that the guidelines laid down under the Jacob Matthews case are actually put in place and implemented well. We are working on the fire NOC, MPCB, and the service tax issue as well.

In all the issues that we are facing, a common thread that we see as a solution is unity. This year we plan to meet all of you in the various zones through the year to ensure that we all stay united and stay together to face the various problems that are cropping up. The new NMC bill has also thrown up new challenges in front of us. We had set up a committee to look into it in great detail and have now come out with a comprehensive document of our recommendations with reasonings taking into account the opinions of all the 13,000 members and other stakeholders and send it to the concerned authority on time. We hope cognition is taken to this painstakingly drafted document which will benefit our fraternity. I must acknowledge with gratitude the herculean task of final compilation by Dr. Sujata Rao & all others who contributed.

We started our year with our first zonal program in Zone F, with the nurses' training program, and followed it up with a unique live operative workshop streaming live from V N Desai hospital. We had our first webinar where we showcased the 8 cells of AMC that have been established to handle the different aspects of our work so as to enable us to efficiently solve any problems that may crop up. PROUD TO BE AN AMCite was a program designed for you to know your association better

On the 14th of June, we launched our first blood donation drive on the world blood donation day, which is celebrated all across the world on this day. It was held in the lobby of the Summit Business Bay, where we have our new office. We managed to collect 112 bottles of blood. 81 people got their eye testing done, about 200 got their blood sugars & pressures checked & 61 got their ECGs done. A definitely successful program in collaboration with the Summit Bay committee where we now have a proper corporate-style office. All of you are welcome to donate or conduct such drives as we shall be having many such drives through the year. This will be followed by Webinars to disseminate information regarding blood and blood products and organ donation. The ORGAN DONATION WEBINAR was scheduled for the 26th of June and was very well attended and appreciated for its impressive content. I felt that our fraternity needed to know more before motivating other people to donate. Leading by example is what I have always believed in. I was the first blood donor this year. I am encouraging my entire committee to register themselves as organ donors, like I have, to set an example for my fraternity. We also celebrated the world YOGA DAY on 21 June with the Art of Living instructor Dr. Shilpa Sabharwal.

The Doctor's Day program is scheduled for the 3rd of July. We begin with blood donation camps at Kalyan Rukmanibai Hospital and Cooper Hospital in the morning, followed by an entertainment program, the same day evening where you can come and rest and enjoy the musical evening with the bhajan king who will present his varied talent in other genres too!

This is the first edition of the grasp of my year as President. We have tried to get in new authors to write on various topics. I'm happy that our old contributors are still interested in staying with us with their enlightening contributions this year too. I'm thankful to the new contributors Dr. Rajas Deshpande, Dr. Harish Shetty, Dr. Jatin Shah, Dr. Anjali Bapat, Dr. Sayyed Muzzammil, etc. We are introducing new genres like poetry, paintings, photography, travelogues, etc. The flip format of the GRASP shall make it more interesting to read online...... it'll feel just like flipping the pages of a book. We're trying to make the grasp as varied, entertaining, and enlightening as possible. If you wish to keep a hard copy, please do not fail to subscribe for it at a nominal cost of ₹500 a year.

Hoping that you find this GRASP as interesting and engaging as I found it to be!
Congratulations for a fabulous GRASP to the Editor & his editorial team for coming up with this fantabulous first edition.

Happy Reading

Hon. Secretary

Dr. Hemant Dugad

Dear AMCites,

Greetings of the Day!

Let me first thank all of you from bottom of my heart for electing me unopposed as Secretary of our association. Also, I thank our President Dr. Nilima Vaidya Bhamare for reposing faith in me to work as Secretary 2022-2023.

Our Team's philosophy is, ' There is nothing called Darkness, it is just absence of Light. Similarly, there is nothing called Problem, it is just absence of ideas to find a Solution.'
With our Unity, maximum Participation from all of you & guidance of Seniors, we are confident of living up to the philosophy we have selected & accepted for this year.
From April 2022 till today,

We conducted Nurse's Training Program on 28th April.
Live Gynac Operative Endoscopy workshop on 28th April
Proud to be AMCite webinar on 22nd May
Zonal CME at Thane on 12th June
Blood Donation Camp on 14th June
21st June - International Yoga Day
26th June - CME on Organ Donation.
The icing on the cake will be the Doctors Day program on 3rd July.

Friends, we want everyone to adopt the Theme of My AMC - My Pride.
Pursue the motto of, AMC First.
With this, we will be able to spread across Maharashtra & bring strength to our organization.

Here I must Compliment Editor Grasp Dr. Alok & Editorial Board for a job executed fabulously!

Thank You Friends for your Patience, Dedication & Commitment !!
Here I end with a couplet from Munshi Premchand's poem,

ख्वाहिश नही मुझे,
मशहूर होने की
आप मुझे पहेचानते हो
बस इतना ही काफी हैं !
One among you as usual,
Think WE not Me,
Yours Truly.

Editor

Dr. Alok Modi

MD FISH FACP PGDL

Hello friends !I always write my editorials emphasizing a cup of coffee because it takes you to a different plane. One can also smell the coffee with the pages of a book turning fresh from the printer. GRASP is the name of our official AMC magazine. Every AMC member needs to grab this magazine, wake up from their slumber, pay attention to it when they turn the pages and get stimulated after reading the articles with a cuppa of hot coffee in their hands. I think GRASP has been doing that role very beautifully for a very long time. Since I've taken over the chair of the editor last year, I have tried my level best to match the lofty standards laid down by the previous editors who have done a fantastic job over the last many years. I am sure I will be able to reach those milestones with my sincere efforts with the wonderful editorial team.

We're very happy to welcome back Dr Nitin Rao, a very devoted past editor of GRASP in our editorial board this year. In this editorial I would like to thank each and every member of the editorial board for giving their wonderful contributions firstly Dr Vikram Khanna, that's my sounding board who gave me some very good personal and rock bottom advice which were extremely helpful. Dr Dnyanesh Belekar took the enormous responsibility in his hand of getting the advertisements for GRASP & has done a fantastic job at that. Dr Alpa Modi, another of my esteemed members and my heartthrob who literally took my hand and helped me at each & every step. Dr Hemant Dugad, our honorary secretary for always encouraging me to take the next step. Dr Reena Wani for her astute program reports. Last but not the least our president Dr Nilima Vaidya Bhamare for getting new authors to contribute. I would like to thank the president for reposing her trust in me and continuing me as the editor of GRASP from last year. I would like to thank all of them for their untiring tremendous efforts. If I don't talk about the contributions by our office manager Akshata & Pramila from the office who have been hobnobbing with me on a daily basis to take care of a lot of clerical work, I am not right. The lovely design and graphics that you see are thanks to Ayushi & Tulika, our wonderful printers and designers who have continued serving GRASP from last year. The backbone of any book or magazine are the authors and advertisers who have contributed so immensely and so richly.

Talk of medicolegal, talk of experiences in the medical career, talk of paintings and cartoons we have such an elite bank of talent amidst our own AMC that this magazine is too small to do justice to the organization. We are now introducing a medicolegal quiz to enhance your medicolegal knowledge by one the most celebrated doyens of AMC, Dr Lalit Kapoor sir from this issue. As you turn to each page which is worth treasuring, each article is a sign qua non of AMC culture. I've had a wonderful time sifting through all the articles and I'm sure you will treasure this issue too. I've continued the tradition of flip format which I had incorporated since last year as my baby and it has been appreciated by one and all. I hope you will have fun reading your AMC magazine, letting it flip through on your mobile or on your laptop. Please make sure that you subscribe to the hard copy at a very nominal cost. GRASP is your own magazine, for you, by you and a part of you, so kindly contribute richly by means of articles and advertisements. Help AMC grow through GRASP and help GRASP grow through you by coming forward and contributing with your stories, paintings, artwork, experiences. So dear friends enjoy your linguistic, artistic, medicolegal cup of coffee. Have a great monsoon with AMC and pl remember to put in your constructive criticisms and suggestions at my official email ID which is editorgrasp@amcmumbai.org.

Without capsizing the editorial further & to conclude what Tom Cruise said in Top Gun, it's time to let go. So let go of your creative juices, put on your thinking caps and pour in your contributions for the next issue to make it richer & richer.

Bon Appetite !!!

Program Committee Chairperson

Dr. Reena Wani

Obstetrician & Gynecologist (MD, FRCOG, FICOG, DNBE, DGO, DFP, FCPS)
Program Committee Chairperson AMC 22-22
Professor & Head of Dept Obstetrics & Gynecology
HBT Medical College & Dr. R N Cooper Municipal Hospital
Chairperson FOGSI Perinatology Committee 2015-2017.
Core Committee Member FOGSI Violence Against Women Cell.
Managing Committee Member MOGS, UNESCO Bioethics
President MBPC (Mumbai Breast-Feeding Promotion Committee).
Section Editor, TIP; Peer Reviewer JOGI

"The old order changeth, yielding place to new
And God fulfills himself in many ways
Lest one good custom should corrupt the world"
KING ARTHUR, LORD TENNYSON

It's a privilege to be assigned to the position of PCC Program committee chair for the Golden jubilee year by President Nilima Vaidya Bhamare. It's of course our effort to maximize the variety, value and versatile versions of different types of events, and build up on what previous presidents have done.

Activities like blood donation, organ donation awareness and Doctors day will be the starting point, and of course AMCON will be a highlight of the year. Keeping in mind changing pandemic situation, we'll be having both physical and online programs as well as hybrid activities. We look forward to active participation from you all, dear friends as that is most important for successful programs!

TEAM stands for Together Everyone Achieves More- with able support from managing committee members and the OB Team I am sure that we're going to have a great year ahead! We promise to deliver a package of great academics, gastronomics and social activities in this Golden jubilee year for our association.

Looking forward to seeing you all,

Dr. Umesh Oza

M.B.B.S. M.S. M.C.H. UROLOGIST |DR.OZAS UROLOGY CENTRE
CHAIRMAN-AFFILIATE UNIT CELL, AMC

The Association of Medical Consultants is a unique organisation. It has gone beyond the medical curriculum to educate our members time to time on various important issues for the benefit of doctors, patients and our healthcare system. The topics addressed and discussed are different from pure academics but more important for our survival in modern days of medical practice. The visionaries of AMC took up the challenge to empower our community with the knowledge of various issues like Medicolegal Awareness, Problems of health insurance, Communication Skills, Small nursing home issues, Media interactions, Role of computers in healthcare sector. AMC also conducts awareness programs for benefits of the community. Blood Donation Drive, Organ Donation Awareness Program, Noise pollution awareness, Nurses and health workers' training classes, First responders training program, the list is unending. AMC programs also gives an opportunity to meet our own colleagues from different specialities. AMC also works tirelessly to help its members by communicating with the authorities in power to resolve many important issues for the betterment of healthcare system.

AMC Mumbai has also started so many schemes for its members like, Health and Accident Policy, Consultants' Benevolent scheme, Medicolegal support, Professional Indemnity Scheme, MMC cell, etc. These are unique schemes tailored for medical professionals to help our members in difficult time. A lot of effort has gone by our seniors and leadership to visualise , fine tune and implement these schemes with help of professionals of the respective fields.

This preamble is important to explain the formation of Affiliate Cell. Whenever we used to meet our colleagues from various cities and states, they were very impressed by the activities of AMC Mumbai. Some of them called the leadership to give them talks and guidance on the above topics in their own city. They also wanted to start their own units. AMC Mumbai also thought of expanding our wings and help others. Instead of repeating the same hard work in establishing the schemes and units, AMC Mumbai decided to offer our expertise and benefits of well thought schemes to other units in various cities and states. Today we have affiliate units at Mangalore, Bangalore, Pune, Nashik, Ratnagiri, Sindhudurg, Latur, Kolhapur and Goa. There are more units keen on joining as affiliate units. A minimum of 25 eligible Consultants with allopathic post-graduate qualifications from NMC recognised universities need to fists get together and understand and accept the need for such a group to be formed.

Two convener from this group can communicate with AMC Mumbai with the application.

On approval of the request, forms will be sent for the membership with all the details.

Membership fees will have to be paid.

Working committee of each unit will have to be formed locally with their own office bearers. A constitution has to be drafted.

There are a lot more details that will be discussed between the leadership of AMC Mumbai and Office bearers of the affiliate cell.

We must understand, the reason to form various units is to help our colleagues to form their own AMC with the experience, expertise and invested hard work by AMC Mumbai over years. We all understand that Unity is Strength. We hope more and more units take advantage of this concept and create an impact at the national level in framing various policies to help the Medical fraternity, Patients and the healthcare dispensation in our country.

Dr. Sujata Rao

ENT CONSULTANT | TRUSTEE | CHAIRPERSON-MMC INTERACTION CELL | HOLY SPIRIT HOSPITAL

It won't be an exaggeration to say that we live in uncertain times, rather conflicting timelines. MCI was dissolved by the President of India on 15 May 2010 following the arrest of the MCI President with charges of high-level corruption & abuse of power.
The National Medical Commission (NMC) was brought in to replace the Medical Council of India (MCI) through an ordinance issued in January 2019 by the President of India. The National Medical Commission Bill was re-introduced in the Lok Sabha on 22 July 2019. The bill was passed by the Lok Sabha on 30 July 2019 and by the Rajya Sabha on 1 August 2019. The National Medical Commission Act, 2019 finally came into force on 8 August 2019 despite, a slew of protests, rallies, and objections.
We have travelled a full circle this year-2022, when the CBI initiated a probe (once again), into cash-for-clearance allegations against top officials of the National Medical Commission, the apex body that regulates medical education and medical professionals in India.
Nevertheless, our apex body has been diligent to frame most meticulous guidelines for the Registered Medical Practitioner. A Draft of Regulations for Professional Conduct of RMPs was circulated by NMC by a public notice, for the purpose of inviting comments and suggestions from medical professionals, with a deadline of 1 month for submissions.

The draft as you all know by now is ambitious-an attempt to supervise every facet of an RMPO's life, be it professional, pharma related, social media, advertising, and some absurd demands for an RMP to provide affidavits! Amongst the list of Duties, Responsibilities of RMPs towards the patient/colleagues/ society etc, the draft has a uniform tone of mistrust towards the RMP, expecting their solemn promise to be honest, scrupulous & ethical, come rain or sunshine while fulfilling one's responsibilities to protect the Patient's Rights! Further, it has an elaborate description and treatise on Professional misconduct, attracting different levels of penalties.

The draft does mention that a RMP may report incidents of violence & abuse but falls short of creating a methodology to do so. Nor does it propose any mechanisms to curb violence on doctors with their sweeping powers of a Civil Court.

The draft leaves several unanswered questions
Will these Regulations be applicable to Allopathy RMPs alone or do we expect similar Regulations for other pathies?

Does the NMC feel, the ills of advertising in the medical world will vanish when a RMP is prohibited to indulge in personal advertising?

Will the ills of soliciting patients in society be cured by putting curbs on the RMP alone and turn a blind eye on the corporate hospitals/ online aggregators?

Will an RMP CME be facilitated by the proposed tortuous mechanism of CPD?

Will the widespread/ random sale of OTC drugs be regulated by guiding the RMP on rational manner of prescribing?

Are Generic drugs the complete solution to achieve affordable healthcare?
Why doesn't our parent body propose safety measures for an RMP in the event a patient refuses to pay him/ her, or files a spurious complaint, or verbally & physically abuses the RMP?

How long will a doctor be viewed as an isolated entity of the society, by its own parent body, the NMC?

Notwithstanding all the above sentiments, we at AMC remain committed to be proactive, positive and hopeful & hence provide constructive recommendations in order to facilitate a better future for the medical fraternity.

It gives me great pride & pleasure to share that, in its 51st year of existence, not only AMC Mumbai but our national body, Federation of AMC (FAMCI) was successful to invite suggestions from all it's Affiliate Units for this draft and the resulting list of Recommendations was an all inclusive & comprehensive document.
I thank President FAMCI, Dr Kapoor Sir & President AMC Mumbai Dr Nilima to take this initiative and impose faith in me to be the Coordinator for this mammoth task.

We have arrived at these suggestions/ recommendations after extensive discussions and meetings with our 13000+ esteemed members, in Maharashtra and other States as well. Our suggestions are well thought of and well-reasoned and surely merit a serious consideration of the EMRB of NMC.

Long live AMC!!!

Dr. Lalit Kapoor

MBBS, MS | Advisor - Medicolegal Cell,
President - FAMC Director - AMC India

DOS AND DON'T'S WHILE TREATING PATIENTS WHO ARE DOCTORS THEMSELVES

Let me share the contents of an e-mail that I came across in a medical WA group a few years ago. The mail was followed by animated and enlightening responses from the members of the group.

It was written by a doctor who was on the faculty of one of the AIIMS institutes in Delhi. His one-and-a-half-year-old son had developed myopia as a complication of retinopathy of prematurity (ROM). Since the eye department in his institute did not have the necessary facilities for treatment of the condition, it was recommended to him that he consult a particular Paediatric Ophthalmologist at a private hospital with the requisite facilities. The doctor phoned the Ophthalmologist who asked him to bring the baby on a particular date. A day prior, he sent his resident doctor to the reception desk to confirm his appointment. He was asked to report at 9 am and that is what he did the next day punctually. He reached there with his baby and his wife who is also a doctor. After standing for an hour in the hot and humid climate (there was no vacant chair available) he sent an SMS to the Ophthalmologist informing him of his presence. After getting no response to this for half an hour, and after observing that even those patients who had arrived after him were being led into the doctor's chamber, he questioned the staff at the reception who asked him to first deposit Rs 750/- He readily deposited this amount. Meanwhile, the baby was crying continuously because of the heat. Another hour went by and he was still not called in by the doctor. Unable to contain his anger any longer, he left the clinic without asking for a refund of the fees. At about 2:15 pm he received a call from the doctor's office asking whether he wanted his child to be checked up by the doctor. To this, he replied "No".

I now quote verbatim from the last part of his letter. He is addressing the admin of this e-mail group. "Sir, please help me to find my thought. Whether my expectation from this doctor was wrong? Whether other professionals like IAS, IPS, etc. behave in the same manner with their professional colleagues? Whether I wrongly interpreted the following lines of medical ethics: "I will treat my colleagues with respect and dignity." Sir, whether I am wrong to feel humiliated"

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

I do not wish to discuss the responses to the above mail. But the larger questions that need to be asked are: Is good old Professional courtesy amongst doctors on the decline? Is this inevitable on account of societal changes and the sheer increase in the number of doctors? We need to ponder.

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

These situations have never really been analyzed nor have the various aspects been discussed objectively. I'd therefore like to review some of the aspects of what I like to call: the 'Doctor-Patient Relationship!'

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

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

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

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

Interestingly, the amended Code of Ethics published by the Medical Council of India (Year 2002) - called 'Regulations relating to the Professional Conduct, Etiquette and Ethics for medical practitioners', continues to restate the following decades-old homily to doctors :"A Physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants"

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

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

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

In the USA, for example, the sentiments run along similar lines, reaffirmed in their common refrain of there being 'no free lunches in life!!'
Undoubtedly, once the embarrassment of monetary compensation is out of the way, the comfort levels of the treating doctor and doctor-patient are enhanced.

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

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

ILLUSTRATIVE CASE

In an intriguing case a couple of years ago, a practicing surgeon, no less, underwent an ERCP followed by sphincterotomy and stenting for CBD obstruction. On account of pain a few days post-op, a CT scan was done and it revealed migration of the stent into the duodenum with an attendant perforation of the third part of the duodenum with peritonitis. A second surgery was performed at another hospital for this condition.

The surgeon filed a case in a Consumer Forum claiming damages against the Gastroenterologist. The court exonerated the doctor of negligence since expert opinions and a Medical Board had declared it as a known complication, though rare. However, the issue of informed consent, alleged by the doctor-patient, was upheld by the court and the doctor was faulted for the absence of it. Compensation was awarded to the plaintiff surgeon though there was evidence of standard consent.
Possibly, in view of the fact that the patient was a surgeon himself, due diligence in taking informed consent may have been thought to be unnecessary.

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

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

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

To conclude, professional courtesy among colleagues was a long-standing tradition. It creates goodwill and promotes fellow-feeling, especially in the current scenario where medical professionals find themselves to be a beleaguered lot. However, we ought to be sensitive and alert while treating 'doctor-patients' and adhere to the normal standard of care.

And as for every patient under our care, the treatment should not only be diligent but should also APPEAR to be so!

Dr. Suganthi Iyer

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EXPERT OPINION - SUPREME COURT VERDICT

While filing a complaint or defence, Parties generally include an expert opinion. An expert is a person qualified in a particular field and provides a scientific opinion on the subject matter and gives assistance to the Court to arrive at a reasoned decision. The expert opinion is an "unbiased opinion".

Though it is mandatory to file expert opinion in some cases, however, the same may not be relied upon in some instances as can be noted from some Supreme Court judgments illustrated below which reveals different views of the Supreme Court regarding the application of Expert Opinion.

III (2005) CPJ 9 (SC) Jacob Mathew Vs. State of Punjab

Complaint: When Mr. Sharma who was treated for Ca lung expired, a complaint was filed against the hospital that death occurred due to the carelessness of the doctors and nurses due to an empty oxygen cylinder being connected to the patient. An offence under sections 304 A/34 IPC was registered.

Held: The doctor submitted that, he was admitted only for nursing care being a terminal patient of cancer and that the best care was given by the doctors and paramedical staff.

- Cases of medical practitioners being subjected to criminal prosecution are on the increase. The investigating officer cannot always be supposed to have knowledge of the medical science whether the act of the accused medical practitioner amounts to a rash or negligent act within the domain of criminal law under Section 304-A of IPC. The criminal process once initiated subjects the medical practitioner to serious embarrassment and harassment and he has to seek bail to escape arrest. Even if exonerated, the loss suffered in his reputation cannot be compensated by any standards.
- Many a complainant prefers recourse to the criminal process as a tool for pressurizing medical practitioners for extracting uncalled-for and unjust compensation. Such malicious proceedings have to be guarded against.
- Simple lack of care will constitute civil liability but a very high degree of negligence beyond all reasonable doubt is required to be proved before criminal negligence is established. To draw a distinction between the blameworthy and the blameless, the notion of **mens rea** is to be understood

Hence the following guidelines

1. A private complaint may not be entertained unless the complainant has produced prima facie evidence before the court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on part of the accused doctor
2. The investigation officer should before proceeding against the doctor accused of a rash negligent act, obtains an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice.
3. A doctor accused of rashness need not be arrested in a routine manner just because a charge has been levelled against him
4. Unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigation officer feels satisfied that the doctor proceeded against him would not make himself available to face the prosecution unless arrested, the arrest will be withheld.

III (2011) CPJ 54 (SC) Senthil Scan Centre Vs. Shanthi Sridharan & Anr.

Complaint: The complainant made a claim for compensation against Senthil Scan Centre stating that the Centre did not detect the limb reduction deformity of the child in the womb. Consumer Commissions accepted the version of negligence on part of the doctor conducting USG that the deformity was not detected. The Commission noted that the fetus had only a stump below the elbow without any forearm and that such an obvious anomaly should not escape the scrutiny of a specialist and thus there is negligence on part of the doctor.

Held: The Supreme Court held that the complainant had not placed any material on record in support of her case and that the deformity could have been visualized between the 2nd and 3rd trimester. The earlier judgments were based entirely on the verbal assertion of the complainant that the detection of the deformity was possible. No expert evidence was available to show that the scans conducted were not as per medical norms or that the Centre was not properly equipped. The Commission also failed to appreciate that the USG is not a perfect defection of the fetus and the scan cannot be 100% conclusive as it is difficult to examine some fetal areas. In addition, maternal obesity could make sonographic evaluation difficult during pregnancy.

The true test for establishing negligence in diagnosis or treatment is whether the doctor has proved to be guilty of such failure as no doctor of ordinary skill would be guilty if acting with ordinary care. The complainant had no expert evidence to oppose the case of the Scan Centre about the doctor with regards to his qualifications, care, and diligence. There was no evidence to show a failure to detect the deformity was negligence. Hence, the appeal by the scan Centre was allowed by Supreme Court that there was no negligence by Scan Center, and the order passed by the Commission was set aside.

III (2010) CPJ 1 (SC) V. Kishan Rao Vs. Nikhil Super Speciality Hospital

Complaint: The patient was admitted for fever and then shifted to another hospital in critical condition and the patient expired. Hence a complaint was filed that proper treatment was not given. Though the patient was not treated for malaria, the death certificate revealed the cause of death as "cardiorespiratory arrest and malaria". The District forum held the hospital negligent since the case papers did not reveal any treatment for malaria and there were over writings in the records. It was noted that the treatment given was for typhoid. The hospital was told to pay compensation by the District Forum.

Held: The Jacob Mathew judgment is to be confined only to cases of criminal complaints and not for cases before consumer fora. It was accepted in J J Merchant vs. Chaturvedi III(2002)CPJ 8 SC that it has to be left to the discretion of the Commission to examine experts if required as the same is time-consuming. Hence the general direction for referral of all cases of medical negligence to a Committee of doctors specialized in the particular field in Martin D'souza 1(2009) CPJ 32 SC judgment of medical negligence is not consistent with the principle laid down in the larger bench of J J Merchant judgment.

There cannot be a mechanical or straitjacket approach that each and every case must be referred to experts for evidence. When the Fora find that expert evidence is required, the Fora must keep in mind the expert witness in a given case normally discharges two functions: The first duty of the expert is to explain the technical issues as clearly as possible so that it can be understood by a common man. The other function is to assist the Fora in deciding whether the acts or omissions of the medical practitioners or the hospital constitute negligence. Thus, the expert can throw light on the current state of knowledge in medical science at the time when the patient was treated

In the said case, the district forum rightly did not ask for expert evidence. Both the Commissions fell into error by asking for expert evidence, the Supreme Court sets aside the order of the Commissions and restores the order of the District Forum. Negligence is slapped on the hospital and the compensation is awarded.

I (2020) CPJ 3 (SC) Maharaja Agrasen Hospital Vs. Master Rishabh Sharma

Complaint: The baby born was pre-term at 32 weeks. There was no advise to have the ROP test done at any time during the treatment till discharge. Later, the baby was taken to an Eye hospital with complaints of vision. The tests revealed ROP stage 5 in both eyes with retinal detachment. Hence a complaint was filed against the hospital.

Held: There was no mention in the medical records or in the discharge summary of ROP tests. The National Commission had asked for **expert opinions** from AIIMS **which did not comment on details** of ROP screening. 64 lakhs was granted. **The court held that they are not bound by the evidence of experts since it is advisory in nature**. The **court must derive its own conclusion** after carefully sifting through the medical records and whether the standard protocol was followed during treatment. The Supreme Court taking various factors into consideration ordered compensation of 76 lakhs.

Take-Home Messages:

- An expert is a person qualified in a particular field and provides a scientific opinion on the subject matter and gives assistance to the Court to arrive at a reasoned decision regarding negligence and is an "unbiased opinion".
- In Criminal Cases, Negligence to amount to offence should have an element of a "mens rea" to be shown to exist. The investigation officer should before proceeding against the doctor accused of a rash negligent act, obtains an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice. A doctor accused of rashness need not be arrested in a routine manner just because a charge has been leveled against him
- Before the Consumer Fora and Civil courts, if any of the Parties want to produce expert evidence, the members of the Fora with due application of the mind to the facts and circumstances of the case and the material on record may allow the Parties to produce such expert evidence. Hence there cannot be a mechanical or straitjacket approach that each and every case must be referred to experts for evidence.
- The courts are not bound by the evidence of experts since it is advisory in nature. The court must derive its own conclusion based on principles of law.

Dr. Harish Shetty

MD DPM | PSYCHIATRIST | DR L.H HIRANANDANI HOSPITAL

THE LAST PATIENT OF YOUR DAY

(Dr. Harish Shetty is a Psychiatrist who has been involved in Disaster and Grief for many years. As of now, he runs a support group for those who have lost their loved ones due to the Covid epidemic. Those survivors who have lost their loved ones to Covid or self-harm can join the group at harish139@yahoo.com)

She was shocked! Her uncle blamed her for the demise of her husband. 'It's your karma and your past sins' he thundered! Her husband passed away a year ago fighting covid for two weeks! She did not know what to say and believed the statement. She withdrew from her family and shrunk herself till she received positive messages from those who were in a similar plight.

A 19-year-old in a similar situation retorted back at her and said, 'This is not true at all! There are so many awful people who never experience grief and don't believe them'. Many more from our online support group of those who lost their loved ones, suddenly or due to covid consoled her. Her daughter also shared, 'Mummy, do not become bitter, your kids will be unhappy. They watch your face and live. Maybe you are the strongest one that's why God has left you with kids.' The shower of love, care, compassion, and empathy came to her rescue from other members of the online support group that I conduct. She gathered her poise and stood up once again!

Many others in the support group helped her to understand the difference between tradition and superstition. In my experience, I have seen the woman in the house is blamed more often for the death of her husband, whatever the cause may be. That destroys the individual. Friends, nearly 200,000 have died of Covid recently and many will come to you for different reasons. Check if any of them had lost their loved ones! And if you meet any call them as your last patient and simply respectfully listen to their grief!

'Do not cry mom', said a young lad of 4 to his mother. He was watching her after her husband passed away all the time and was stopping her from crying. The joint family always told her not to cry and move on. The child picked up the cue! Her tears made all of them uncomfortable! One important simple aspect of grief is to understand that there is no shame in tears. A family that cries together heals together. The big myth is the head of the family has to stand rock solid and console everybody else. This is so wrong! A building does not stand on a single pillar but needs many pillars. Those who are uncomfortable with tears, probably have internalised the value that crying is a sign of weakness or they have not cried for long and are ashamed /afraid to naturally break down.

So a 70-year-old can be consoled by a 15-year-old and a 40-year-old by a 20-year-old. Hence one needs many pillars to console one another. Also following a demise the family members may avoid talking about the deceased person with the thought that they may cause pain to each other. This is a myth.....Sharing feelings as it comes minimises the pain and accelerates healing. So if any patient coming for a hernia or a fever cursorily shares with you about a weeping person or a family, call them as your last patient of the day and let your clinic be a healing space where you deeply listen to and console others.

A young man in his 40s refuses to touch the cupboard of his wife who left him in covid. In one of the meetings he shared that he had stuck a note, 'I miss you dear', on the lock of the cupboard. In the next meeting, he said that he had found the key. Avoidance is a symptom one sees after a sudden loss. The survivor avoids objects, situations, and memories that remind him/her of the lost loved one. This is an unhealthy coping mechanism and behavior that protects them from pain in the short run but in the long run, destroys the individual. It's important to encourage the family members gently to open almirahs, touch clothes, and objects of those who had departed, and also visit places that remind them of their lost souls.

Some confront such situations easily. They wear the churidar and kurta of their loved ones who are no more and also their shirts and trousers. After the Great Mumbai flood years ago I found a family not traveling the road where they lost their son in the flood. We had to nudge them slowly to go to the place on the road where the son, choked to death in the waters. They conducted a small ritual and the troubling memories and fears slowly receded. There was some closure and they gradually could sit and share nice memories of their son in the family.

After the cyclone at Kandla where I spent a year, I saw a family of three, mom and two kids eating separately and not together. The lady had lost her husband and the sons their wives in the cyclonic storm. They did not eat together as they felt that they would simply cry. The only intervention was to help them face each other and let them experience the difficult feelings. As the tears found their route through words the calming of the tornado in the mind began. Repressing [showing the feelings below the carpet] can destroy the person. Locked minds are time bombs, Open it lest it explodes inside later.

If you meet someone like that Call him your last patient of the day and listen to his stories of avoidance with rapt attention

In my experience of the last many years where I have had my lessons in Disaster and Grief at different situations such as Latur Earthquake 1993, Kandla Cyclone 1998, Gujarat Riots 2002 Mumbai Floods and Mumbai Riots, I learned that rituals and culture helped treat grief. At Latur, me along with my colleague Umakant Honrao had organised a Man Swasthya Shibir on a day that coincided with the Pravachan of Murari Bapu on Ramayana. The survivors preferred Murari Bapu and not us. Ramdhun was the most popular method of healing.

Even after Covid most of the members of our support group rely on God and spiritual activities for healing. Yet we fully take precautions that they are not exploited by pseudo-religious quacks. A few days ago a family was told that the lady of the house passed away suddenly recently due to witchcraft. Here we had to intervene and dissuade them from believing such falsehoods. Distressed minds are suggestible and can be misled by quacks and those motivated by greed.

So dear consultants, if you don't understand what's happening to those who are in grief refer them to a mental health professional. Also, those who have serious depression, have sleep and appetite issues, feel worthless and useless, have thoughts of self-harm, have difficult thoughts that invade the mind or have abnormal behaviour refer them to a friendly neighbourhood Psychiatrist or a Psychologist. Some may need medications and/or counselling or psychotherapy.

Also if you see a number of survivors who are reasonably functional but are still grieving, then call them to your clinic as your last patient and listen to them intently. Deep listening will not only help them but also will open your hearts...to more self-awareness.

Dr. Rajas Deshpande

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SENIOR CONSULTANT | LILAVATI HOSPITAL MUMBAI

An Important Message For New Doctors

Dear New Medical Graduates,

Congratulations upon passing one of the toughest exams in the world, during one of the toughest times humanity has faced. You will remain heroes for life because you have completed your medical courses while simultaneously shouldering covid duties. I must share with you a few important tips for enhancing the great success that awaits each one of you. It is our duty to ensure that the brave and brilliant junior generation is protected from abuse.

Take your oath with pride. Do your best to resolve the suffering of every patient. Be fearless in your mind, but be wise in your speech. Be loving in your heart but be careful to protect yourself. Be confident in the face of complications, but never be overconfident when treating a patient. Never let finances affect your medical judgment.

Any oath that is formulated in the future for doctors should, along with best patient care strategies, be free of any bias or discrimination, and be inclusive of the best interests of safety, well-being, and good health of doctors too, as only a healthy and happy doctor will deliver the best healthcare. Anyone who advises doctors about their duties and responsibilities without also simultaneously speaking about their safety, rights, and well-being needs corrective treatment.

Every patient comes to us with immense fear, frustration, and anxiety. Please do not hold the patient or relative guilty for feeling so, try to wash away their anxiety and misunderstanding with your kindness, affection, and most importantly- by giving them the best healthcare advice. A well-dressed and polite, smiling doctor with patience and thoroughness is all that the patient expects. We do not cure everything, we cannot relieve everyone of their suffering and sadly, we cannot save every life. But we can definitely change our language and behaviour to let those patients know that we are their best associates and soldiers in health, not just dry medicolegal professionals.

There's no better option for being human than being a doctor, you have chosen the highest, yet most difficult, taxing line of your career. There will be many blessings, smiles, and gifts, but there will also be sacrifices, risks, threats, medicolegal cases, and other problems. The worst problem is an angry patient or relative. Please make sure that you treat everyone with a polite, humble, truthful, and compassionate attitude, and if someone is still angry, spend an extra five minutes to address their issues. A doctor should sacrifice his / her ego and anger when with the patient. That never means that you tolerate any abuse. If in spite of a sincere effort, someone is being rude, arrogant, or aggressive, invoke safety measures and involve counsellors, PROs, or security, without raising your voice.

In spite of this, some patients and relatives will be angry, upset, aggressive, and even violent. While you must never risk your life, you must also learn not to raise your voice, not to threaten or abuse, and not to get physical first. Insist on CCTV / mobile cameras and bouncers/ security guards and other security precautions wherever you work. Do not panic in case of adversity or mistakes, seek help. If anyone blackmails you in any way, share with your close friends, there are solutions for everything, you just need the right people with you. Our society and administrators have always ignored our needs and problems/ issues, we must stand up, help each other and speak when necessary.

A peaceful mind is paramount for a doctor. Please do not compare yourself with those blessed otherwise. A celebrity may have fame but it's only you who can use the defibrillator or intubate a dying child. A businessman may have billions but it's only you who can treat a heart attack, paralysis, or convulsion. A politician or an honourable Judge may have all the social-legal power but only you have the power to actually save thousands of lives and to relieve the suffering of millions. What a doctor does at the PHC and RH is as important as what an MP does in Parliament. Do not belittle your sacrifices by comparing yourself with anyone else. One cannot teach the art of peace and joy to others, only find one's own.

Besides saving patients, you have some other important responsibilities- you must save the greatness, nobility, and reputation of our profession. You have to fight and win against internal enemies like jostling, competition, malpractice, and cut practice. External issues like administrative incompetence and delays, some atrocious and impractical rules, pressure techniques, legal procedures, sycophancy, favouritism, and consistent defamation are truly trying, the only way to defeat those is to unite nationwide.

It is very essential that you save yourselves from the three worst epidemics affecting our profession right now-superficial knowledge, low-cost competition, and corporate exploitation. Prefer hospitals owned and run by doctors rather than businesses.

The medical profession is global in its very nature. We do not discriminate between humans. We have seen patients and relatives from different religions praying side by side, for their patients, for each other, and even for us doctors, outside almost all ICUs, in every hospital. A doctor should be above all that divides humanity. Politics and religion should never interfere with patient care. You have the duty to stand fearlessly by what is right, but please remember that you have to kill these viruses without hurting the patient- or yourself!

For great success, one must have good health, a clean, happy heart, and a passion. You must find at least an hour every day to meditate, exercise, do whatever you like, and rejuvenate. It is our family and children that bear the worst brunt in our profession because many of us carry their daily stress back home. Your family deserves the best possible care too, and being a doctor is not an excuse to shrug off family responsibilities.

Lastly, our brains are addicted to what we repeat. Excellence is one trait we must gift ourselves - with repetition and persistence. It should become our basic nature.

Dear new doctor, I wish you grand success, I wish you find more cures, I wish you save millions of lives, I wish each of your patients smiles in gratitude, and you are showered with patient blessings every day of your life. I wish you find inner peace and joy in life, I wish you wash away the negativity that affects the medical profession today. I wish that you unite and win every war against injustice. I wish you happiness, safety, and health too. I wish that when you pass this eternal torch of humanity to the next generation, you feel as proud as I do!

WHY female doctors do not reach their full potential?

Dr. Medha Bhave

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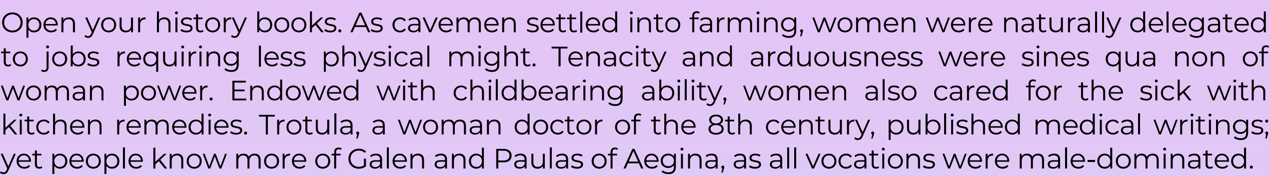
DIRECTOR, LASERCOSMESIS AND PARAM HOSPITAL AND ICU, THANE

*"Women are foolish to pretend they are equal to men;
They are far superior, and always have been!"*
William Golding

Then why at all are we discussing this issue?



Open your history books. As cavemen settled into farming, women were naturally delegated to jobs requiring less physical might. Tenacity and arduousness were sines qua non of woman power. Endowed with childbearing ability, women also cared for the sick with kitchen remedies. Trotula, a woman doctor of the 8th century, published medical writings; yet people know more of Galen and Paulas of Aegina, as all vocations were male-dominated.

Medicine as a profession crystallized only around 1400 A.D. Controlled by guilds that prohibited membership to females, women were reduced to working as midwives, infirmary assistants, and herbalists. University education became a compulsory requirement for medical licenses. Women, being barred from universities, came to be looked upon as nurses; acquiring glory only in the First World War, when the lady walked with the lamp of kindness and compassion. The barber-surgeon and apothecary guilds did slowly start admitting widows and daughters of deceased members to train and do apprenticeships. Margaret Bulkley practiced for 46 long years disguised as a man. Need to relinquish womanhood to be a doctor ended by 1700, when women were allowed in universities. Dr. Laura Bassi, heading the department of Anatomy at the University of Bologna, circa 1732 was the first qualified woman doctor. World War I facilitated the entry of women in medicine as men were recruited in the army and more (hu) manpower was needed to tend to war victims. Elizabeth Blackwell (USA) and Elizabeth Anderson (UK) were instrumental in establishing women's clinics and training institutes-----against rigid resistance. Anandibai Joshi, the first Indian woman physician, and Dr. Rukhmabai, the first practicing lady doctor took up the challenge against an orthodox society that pelted stones and hurled abuses at women going to school!

Fast forward to the 21st century---there is the feminization of medicine. Female candidates corner more than half the seats at entry-level in medical colleges all over Europe (70%), Australia (50%), and India (50.6%). Malala's Pakistan (60%) and Taslima's Bangladesh (70%) have statistics to prove the capability of the female brain. Yet the leaky pipeline phenomenon, noticed in Spain, has tightened the noose over lady doctors' careers across the world. The number of female practitioners proceeding to post-graduation, achieving senior positions, and becoming leaders and opinion makers in health care is abysmally low. Spain, despite the facility of paternity leave and flexible working hours, has significantly masculinized medical care with only 3-24% of women in surgical and trauma specialties. Australian women are struggling to break the glass ceiling despite the introduction of an equal opportunity policy. Time magazine reported in August '16 that female doctors in Medicare are paid 19,000/-$ less than males for the same work; in the country that dreams of equality and prosperity irrespective of gender! Only 17% Indian and 23% Pakistani are women among allopathic practicing doctors. Rural areas are worse off.

Most women who proceed to post-graduation gravitate towards obstetrics, pediatrics, and pre-clinical specialties. Male bastions like trauma, surgery and intensive care are less woman-friendly terrains.

It is convenient to dismiss the question by stating that women entered the profession late, and are waiting to arrive. I would not buy that. The forces that clipped her wings for centuries under the pretext of licenses, university education, etc. would conjure up new hurdles with petty excuses.

Times of India in Jan 2016 reported a study from AIIMS.
Dr. Chaddha and Mamta Sood decipher the mystery of male dominance and the leakage of female doctors from the practice. They blame the long hours required for medical practice which become a handicap for a woman who has to struggle and juggle the profession with household responsibilities. Comments about the article show bitter bias; one accuses women of becoming doctors only for better marriage prospects and wasting medical seats!! How parochial!

Behind every so-called wasted talent, there is a lazy orthodox family that shuns housework- and absentee servants. A woman CAN devote time to her profession, but for the aloofness and ego of the husband who wants an earning wife who cooks, cleans, and manages children and HIS parents first. A woman qualifying as a doctor through open competition is no stranger to long hours of work. Being shackled at home, a compassionate, meticulous, and talented doctor is unable to carve a trailblazing career.

Indian families are to be blamed for over-pampering the male offspring, not training boys in basic household chores, and expecting a daughter-in-law to cover both fronts. Mothers of lady doctors tend to be biased towards 'Jamairaja' in household tasks. "Wife" is expected to take a back seat. There sprouts guilt in the mind of the lady doctor about falling short in her duty. The Indian woman's plight- of social injustice, dowry, insecurity in traveling and working at night, and difficulty in dealing with male vendors from various fields- is directly extrapolated to highly educated lady doctors. Under given circumstances, they have done great work, as social sensibility is slowly unfolding. That a lady surgeon addressed as "sisterjee" comes to be called "sirjee" respectfully after a successful outcome indicates change but respect for muscle ultimately!

A woman venturing into masculine branches fits in only if she behaves like a man; assertive and strong. Many women are not comfortable with these stereotyped images of a surgeon or orthopaedic surgeon or CEO. The male bonding over drinks and informal talk alienates the lady or restricts opportunities harnessed by 'shoulder tapping' – networking is still a common method of getting lectures in conferences or employment even incorporating the hospital sector. A man seeking leave for household engagement is admired for his dedication to family while a woman's plea is treated as an excuse. Successful women are often taunted for being single or childless or reaching "there" illicitly. Very few men are open-minded enough to admire female colleagues or work under female bosses leave alone seek help or make a team with them. Men can be as vicious gossip-mongers as women!

The fact that BMJ carried Marie Bismark's article on the under-representation of women in medical leadership roles speaks volumes about the need for improvement. This study noted that a woman heading the unit improves prospects for achievements of lady doctors.

PET scan studies show that women and men think and function differently. Accepting this fact and letting lady doctors be themselves can rejuvenate the profession and inject fresh thinking. Women have an active prefrontal cortex that bestows upon them qualities like empathy, collaboration, and intuition. A woman doctor can plan well, involve available human resources, pick up and correct errors, identify problems and seek solutions quicker than men. The ideal executive attitude of softness and strength is their second nature.

The same attributes can create problems by excessive focus on errors, proneness to anxiety/ depression, and neglect of self-care, thus reducing efficiency. The lady needs to understand and overcome the shortcomings of the chosen job. Many ladies have doubts about their own capability; the self–doubt is augmented by colleagues, society, and stereotypes. Having a woman around for menial jobs is comfortable so that others can reach further without acknowledging the stepping stone.

The lady herself must develop capability and capacity culminating in credibility as a doctor; not ignoring the fact that the social evolution is slow and needs to percolate in all strata from cleaners to cab drivers to heads of departments and neighbouring aunties. No matter if women doctors have to work ten times more than men to be perceived as competent and reliable.

When my surgery teacher warned me not to use menses as an excuse to evade work, I chose to notice his kind eyes and grey hair. Both of us did not repent. Understanding men as colleagues and bosses, adding a feminine touch to improvise upon established methods, not giving up on legitimately available opportunities, and not using femininity as a tool for wrongful gains would be the keys. Be professional, overcome guilt, and delegate work; that is the mantra for life.

I do believe that psychological gender has a wide spectrum beyond physical gender. Everyone should make a conscious effort to redefine gender stereotypes and look upon individuals as human resources that can be beneficial to society. Everyone must re-work their own mentality---not just for women doctors to reach their potential but for society's benefit from skilled human beings.

Reaching full potential is a utopian concept; the divine has bestowed upon us many seeds of possibilities. Which to prune and which to nurture is an individual prerogative and comfort zone. Lady doctors fulfill their potential as human beings through the attainment of work-life balance. The culture of any society can be judged by whether women fall short just because of gender and social issues, notwithstanding their talent and efforts.

Mr. Golding, please be informed that women do not wish to be superior to men! They only wish to surpass their former selves and teach their children to do the same. Thanks anyway for rekindling our lost self-esteem.

Dr. Sayyed Muzammil

MBBS (MRCP UK Internal Medicine) PGDCC (Cardiology)
Consultant Clinical Cardiologist & Physician
UDAI OMNI HOSPITAL HYDERABAD & APOLLO HOSPITALS HYDERGUDA

Want to share a patient story...

She was a young girl.. recently married..

She was Primi.. and developed shortness of breath post parturition..at a small nursing home..
Her SPO2 started to drop with low BP.
She was immediately sent to Apollo hyderguda for further management ..
I saw this young girl in ER..

She was in respiratory distress.. tachypnoeic .with SPO2 of 89% on Room Air.
We immediately started her on OXYGEN inhalation later NIV..
We were not sure what's wrong .. is it PERIPARTUM CARDIOMYOPATHY or PULMONARY EMBOLISM..

did ECHO and found that her LV was dysfunction with Global LV Hypokinesia..
So.. it was PERIPARTUN CARDIOMYOPATHY
Its a disease and morbidity some time mortality. Whose price is paid by woman to become mother..

She was accompanied by her Husband mother father and in-laws..
We explained the situation to family. And risk to her life..

She started to improve gradually in hospital. We kept her in Cardiac ICU for few days . Gave her Diuretics anti heart failure medications.

Her Husband was suspicious since the beginning. He was in impression that this girl was affected with cardiac disease before marriage. And he was cheated by marrying her..
All Doctors including Cardiologists Obstetricians explained that How peripartum Cardiomyopathy develops . And actually this girl has risked her life to give birth to your kid..

But still he didnt agree..
Girl's father and mother were in tears. Her brother bore the expenses of her hospital stay..

And her Husband did not turned up to pay the hospital bill.. nor to see the baby..
She was discharged in 1 week

She came for follow up to us . Her LV function gradually started to improve.. and she was improving day by day physically .

But emotionally she was devastated.. her Husband abandoned her and baby..

We counselled her . And gave her courage to stand on her own feet .

She was a well educated girl with BSC BED qualification..

After adequate improvement in her heart failure.. she gave interviews in various colleges in hyderabad.. and got selected in one reputed college as Lecturer..with good salary..
Her baby is too doing fine ...

Recently she came to Apollo hospital for a routine checkup...

She was too happy with shining eyes and a bright smile.. as she is now an empowered independent woman.

I did her Echo. And asked how she is doing..

She said with smile "acchi hun sir . Meri zindagi me mere bacche ke sath khush hun""

I said "Aapka heart function improve ho raha hai .. that's nice"

With curiosity, i asked "are you living alone? Where is He ?"

She said "sir jiske liye mein ne apni zindagi daw par lagayi.. usne musibat me mera sath nahi diya . Nahi bacche ko dekhne aaya... Ab mujhe acchi salary ki job lagi hai . To wapis mere sath rehna chahra.. ab kya fayda.. mere pas paisa aya to mein acchi aur uski !! Aur jab mein bimar hun to mein buri aur nere maa baap ki ?"

This girl had a point.

This is our Indian society .. we want to Marry someone to get a benefit..but if the same person becomes ill and becomes a liability. We want to immediately abandon and stay free"

Marrying someone to progress in life and start a family and future is all ok.. but once you marry someone at the same time you have to bear in mind that this person's good and bad all I have to handle.. it's my responsibility.

Her husband abandoned her in times of crisis... but once she became healthy and earning. He again wants to come to her.. so opportunistic behaviour..

In Indian Society rarely reverse of this happens...

Still, we have to do lots of social evolution to avoid such suffering...

Good thing is that.. she was educated and she stood on her feet...

Dr. Milan Balakrishnan

CONSULTANT PSYCHIATRIST
BOMBAY HOSPITAL AND MASINA HOSPITAL

Doctors Burnout: The Next Pandemic

The death of Dr. Archana Sharma in Rajasthan shook the entire community but this isn't just a one-off event, there have been a minimum of 3 deaths of doctors by suicide in the first 15 days of May 2022 itself as per media reports and 3-4 deaths every month reported.

This is a worrying trend and this is a powerful reminder to all of us to remember that taking care of yourself is as important or more important than taking care of your patients.

The issue of burnout and depression amongst us is something we ignore almost completely. We doctors are very reluctant to talk about burnout, the major reason being that we fear being seen as weak if we discuss these there is even a fear of losing work.

Burnout is a constellation of symptoms characterized by exhaustion where physical energy is zapped, the emotional energy is lost and you no longer enjoy work. There is a lack of efficacy and feel hopeless about work. Burnout is a form of subclinical depression.

I see close to 3-4 doctors a month, almost one a week, and all my colleagues also report similar figures. This includes consultants and residents and since the stigma about mental health issues is extremely high in our fraternity we all know this is only the tip of the iceberg (remember the iceberg phenomenon in PSM)

We know the western countries identify burnout and studies on this topic are frequent with The British Medical Journal (BMJ) identifying it as being present in health systems all over the world and the percentage is around 25%, in India very few studies have been done and the few studies report almost 40-50 % burnout. India may be different one because of our huge population and the burden of both infectious and non-communicable diseases. The other big factor is violence and fear of violence against doctors and now the added fear of litigation.

Our medical education and the rigors of it actually make us very prone to burnout by encouraging these character traits:

- Workaholic – Your only response to challenges or problems is to work harder,
- Superhero – You feel like every challenge or problem sits on your shoulders and you must be the one with all the answers,
- Perfectionist – You can't stand the thought of making a mistake – ever – and hold everyone around you to the same standard,
- Lone ranger – You must do everything yourself and end up micromanaging everyone around you.

I am sure many of us identified with these and along with this directive that: the patient must always come first. The other more unconscious directive is that: we must not show weakness. Ask any doctor are you tired /exhausted and the first response would be No, not at all. These characteristics compounded by these directives contribute in a large way to burnout.

How to prevent burnout?

Just as we educate our patients about the prevention of illnesses we must focus on the prevention of burnout in our personal and professional life. We must work towards promoting well-being on a physical, emotional, psychological, and spiritual level.

Personal strategies

- Identify personal and professional values. Do some soul searching. What brings joy to your life both inside and outside of work? Focus on how to find more of these things and weave them into your daily routines.
- Focus on building friendships and relationships beyond our fraternity alone.
- Learn to say No and you need not take up every responsibility, learn to delegate, and even automate.
- Pay attention to your personal life. Find things that give meaning to life outside of work. Strive for a calmness and sense of well-being. Schedule time off.
- Spend time with family, and friends and engage with a supportive partner and with children.
- Exercise regularly. Make time to care for your own physical health.
- Engage in religious or other spiritual activities that comfort you.

Professional strategies

- Analyse your practice situation and attempt to restructure things in a way that makes you feel empowered and ready for success.
- Find meaning in your work and set limits.
- Identify and routinely spend time with a mentor, a senior whom you identify as someone with a work-life balance.
- Develop adequate administrative support systems.

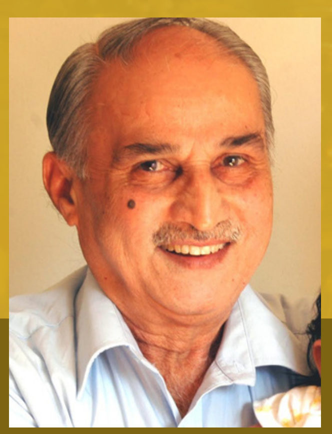
In addition to working to identify and prevent burnout in our own lives, we have a responsibility to ensure that our trainees and future colleagues do not suffer burnout. Early mentorship programs in medical school and PG programmes are essential. I believe that the concept of burnout should be discussed regularly with trainees so that all can be proactive in prevention and prevent more serious issues among our fraternity in the future.

Dr. C. H. Kale

MBBS, MS, GENERAL SURGEON
JUPITER HOSPITAL AND KAUSHALYA MEDICAL HOSPITAL

What hasn't changed is the struggle!

When I joined medical college 52 years ago most of us came from a middle-class background with financial constraints. After completing the internship more than 30% of our classmates migrated to US or UK for a better future. Many of my classmates who were more meritorious than me opted for general practice most probably because of the financial needs of the family. Some of the backbenchers like me joined the post-graduate studies postponing our decision to enter the Frey. Getting postgraduate registration wasn't difficult getting registration in our institution. The only hurdle those days was clearing the exam which used to be tough with institutional rivalry adding to our woes. On entering the practice we had to depend entirely on word of mouth publicity from our happy patients and general practitioner friends. This would take a long time to settle with increasing family responsibilities. The stress of practice and family would sometimes become unbearable. Some of our enterprising friends took additional Stress of establishing their own nursing homes. Some of us preferred freelance. As far perceptions of our seniors towards us that except for a few we were good for nothing and were unethical. Unfortunately, this tradition continues and we feel the same about our junior colleagues never realizing the struggle they go through to enter practice. Their struggle starts before they join the medical college going through entrance exams one after another. They probably survive through this because of better family support. Once in practice, they face intense competition. They have to use new support systems like PRO, Google reviews, Uber, and Ola like aggregators of health services to promote their careers. I personally feel that our generation shouldn't frown on these things. In short, everything has changed except the struggle. We as seniors should be more supportive than critical.



Dr. Yeshwant Oke

MBBS [BOM], DCH [LONDON],MRCP [GLASGOW,UK]
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, GLASGOW, UK
FOUNDER SECRETARY, ANTI NOISE POLLUTION COMMITTEE, MUMBAI, 1984.
SR.CONSULTANT PAEDIATRICIAN, ANDHERI.

COMBATING CACOPHONY

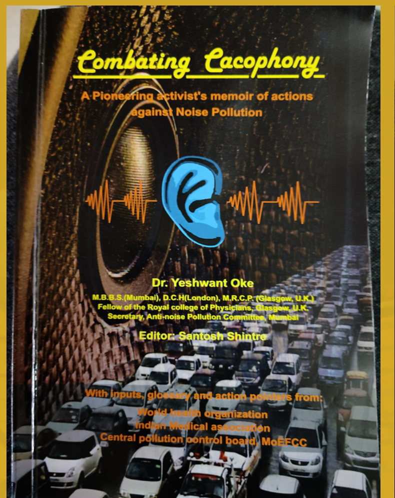
The Founder of the Anti Noise Pollution Committee, Dr. Oke, has been a pioneer in establishing significant Laws against Noise Pollution in India. It gives me great pleasure to share a review of his book "Combating Cacophony".

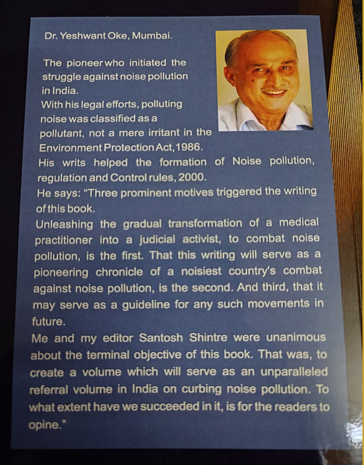
Dr. Oke has chronicled a moving saga of his trials & tribulations since the 1980s to get judicial respite as regards Noise pollution. While doing so, he has portrayed the tortuous Judicial system and the vagaries of the Police and the Politicians in that decade.

At the outset, he provides a gripping tale of his judicial battles with the erstwhile mafia, builders, and corrupt officials, to oppose industrial encroachment in his residential area (1979 -1986). This was to be his training ground for the much bigger purpose in life - his quest to quieten the din in society. A paediatrician by profession, after returning from overseas, he was amused by the utter disregard people gave to noisy environments, loud activities, and the health effects they produced. He realised that with the evolving urbanisation of new India and its technological revolutions, we needed some regulations to reign noise & its harmful effects on the health of humans as well as the non-human world. It is to his credit that Noise was first identified as a "Pollutant" in 1989 & not a nuisance as it was known then.

His fierce determination, courage, and medical knowledge served the cause in good measure in the 3 Writ Petitions he filed in the High Court with the Association of Medical Consultants Mumbai. It is a matter of great pride that our AMC member has been the guiding force to restore some measure of calm in the society today, though much more needs to be done in this digital age, as he mentions in his last chapter. This passionate account of his mission is a must-read for all ages and will serve to instill faith in persons committed to bringing positive changes to society. He truly personifies Ross Perot's quote which appears before the preface of this book, "The activist is not the man who says the river is dirty. The activist is the man who cleans up the river"

We congratulate & express gratitude to Dr. Yeshwant Oke for his yeoman services to society.





Dr. Yeshwant Oke, Mumbai.

The pioneer who initiated the struggle against noise pollution in India.
With his legal efforts, polluting noise was classified as a pollutant, not a mere irritant in the Environment Protection Act, 1986.
His writs helped the formation of Noise pollution, regulation and Control rules, 2000.
He says: "Three prominent motives triggered the writing of this book.
Unleashing the gradual transformation of a medical practitioner into a judicial activist, to combat noise pollution, is the first. That this writing will serve as a pioneering chronicle of a noisiest country's combat against noise pollution, is the second. And third, that it may serve as a guideline for any such movements in future.
Me and my editor Santosh Shintre were unanimous about the terminal objective of this book. That was, to create a volume which will serve as an unparalleled referral volume in India on curbing noise pollution. To what extent have we succeeded in it, is for the readers to opine."

Dr. Vivek Sheth

MBBS, DA

THE JOYS Of PRACTICING.........IN RURAL INDIA

Having done my PG in anaesthesia from one of the most prestigious institutions in the country, I had never even considered the possibility of administering anaesthesia to any patient in conditions less than perfect! Conducting a case, even under regional anaesthesia, without the comforting presence of a Boyle's machine at my side was unthinkable! But that is precisely how I started my practice.

This is not a tale from prehistoric times! The year was 1995, in rural Konkan. Except for two senior surgeons, no one in the area had a Boyle's machine in their OT. Forget Boyle's, some had difficulty in understanding why they needed even an anaesthetist in the first place! Having got along splendidly without one, all these years! In that sense, I am probably the only doctor whose practice was saved by the CPA!

I had heard about "open ether" as a historical oddity in the folklore of anaesthesia. But the only person I have seen actually practicing it was a surgeon's wife, a trained nurse who had taken the efforts to train herself as an anaesthetist (and quite a competent one, I might add). It wasn't stinginess, it wasn't to cut costs. There was no qualified anaesthetist available so she did the only thing she could to help out her surgeon husband; and saved countless lives in the process.

To be honest, I didn't know how to administer GA to a pt without using Boyle's. I went back to my teachers in KEM. My PG guide told me, "You can't buy Boyle's for everyone but you can surely buy a good monitor for yourself & carry it around." So I came back with a standalone ether vaporizer and the best monitor my money could buy at the time.

It was funny in a way. Here I was, doing all sorts of complicated cases with air & ether but monitoring the patient with a most advanced monitor! Yes, "Air & Ether"! Oxygen was scarce, more precious than gold, to be used sparingly, maybe at the beginning & end of anaesthesia, and in emergencies!

Again, it wasn't stinginess. We were not callous. It isn't as if we didn't know the value of Oxygen. In fact, we appreciated it more than most! The difficulty was practical. Oxygen cylinders & refills were available only in Mumbai & Pune. Transportation, roads everything was a problem. So then you rationed your oxygen and preserved it only to save a life in danger! It was that simple!

So, I learned as I went along.

I learned that my anaesthesia and my precious time were often being wasted by small stupid things. This was particularly true in small nursing homes run by local GPs in remote villages, where I would accompany the surgeon. Unavailability of a Ryle's tube, a Foley's, or particular suture material, and the surgery would be held up till it was obtained from the chemist. At night it would mean sending somebody to fetch the chemist from home to open his shop. And I would be sitting there for 30-40mins twiddling my thumbs. I once had to sit around at one such hospital for two hours because the "sister" had forgotten to autoclave the linen!

A sudden power outage with the OT thrown into total darkness in the middle of a surgery, Abgel (synthetic gelatin) not at hand when the surgeon is screaming for one, a long-expired bottle of Haemaccel when the pt is bleeding on the table, all these were increasing my risks and danger to the pt. Apart from putting me under a lot of stress! I have once attended an LSCS, (at a government hospital, no less) at 2 am with the only illumination provided throughout by two candles and a kerosene lantern! There was no one to hold the torch we had!

So I learned to carry a separate bag with me. It held all sorts of things. Suture materials, intracath canulae of various sizes, common size RTs & Foley's, packets of Abgel, a set of disposable sterile plastic drapes, a set of plain red rubber catheters of different bores, a bottle or two of Haemaccel, and of course a complete box of all the emergency drugs. It also held a powerful torch (generators & inverters were not so common then), a spanner & hammer (to open the oxygen cylinder in a hurry!), and even a portable foot operated suction machine!

In those early days, I didn't have a vehicle. I used to go around attending my calls in an autorickshaw! With three bags, my anesthesia equipment & accessories in one, pulse-ox in another, and the third bag with all the odds & ends; I must have looked like someone setting out for a trip around the world!

I have once traveled 60kms in an auto in heavy rains to attend two tonsillectomies. When I reached there, it turns out one kid had severe RTI & another was having a hearty meal because according to the mother 'how long can the poor child remain hungry!'

Remember, there were no mobile phones in those days. Even the landlines were iffy and at the mercy of the local operator. One harsh word, one impatient comment and he would literally pull your plug in the telephone exchange! Then, no telephone service for a day or two till you do penance for your sins with proper apologies and 'homage'! On quite a few occasions I have had policemen knocking on my door in the middle of the night to convey a message of emergency surgery, a message received on their wireless because the phones were down!

Power in rural areas is a problem even today. I remember a particularly weird experience. There were heavy rains, in the middle of the night, the power was out and we had a primi with severe fetal distress. An urgent LSCS was needed. A string of relatives was posted, one each at the OT door, the hospital door, and at the foot of the streetlight pole. Her father was a lineman with MSEB. He climbed up the pole and stayed perched up there in torrential rains. Every time the power went out, the lookouts would relay the news to him and he would fix the shorted fuse!

And I am no exception and no Superman! Thousands of specialist doctors practicing in the villages all over India could tell you countless similarly funny stories from their fields. But that would be missing the point. Because the point isn't the difficulties we faced. The point is how we overcame them.

For example, to the surgeons' credit, within a year of my arrival, they all bought a Boyle's for their OTs. Before, there was no point in having a Boyle's, because there was not a single trained anaesthetist available within miles to use it. Now, most have OTs equipped with at least one monitor, defib, and enough oxygen supply to allow me to breathe easy, the works.

And that is the point the commentators and "activists" miss when they judge us and condemn us out of hand, for treating patients in 'less than ideal' conditions.

It is easy to sit in judgment with perfect 20:20 hindsight. It is easy to pass sanctimonious comments about 'risking the lives of the patients', and 'violating the consumers' rights'. Instead, I would request them to appreciate the fact that we went where literally angels feared to tread! We did, and are still doing a job that needs to be done and the government has failed miserably to do it. A job that isn't lucrative enough for the corporate sector. We may not have chosen this path out of pure altruism. All of us cannot be Prakash Amte or Abhay Bang! But that doesn't negate our achievements.

We start our career in some godforsaken spot by choice. No infrastructure, no funds, no trained manpower, no sort of help from the government, nothing. But as we learn, and understand the needs of our practice, and as we earn some money, we upgrade, we adapt ourselves and our practice as much as we can, and continue to fight the good fight. We are the spearhead of medical services in the rural areas and are usually the only recourse in emergencies. And in spite of all our deficiencies, and at times hilarious compromises we are forced to make, we are there when it matters, we do good more often than harm, and we have all of us saved thousands of lives. That has to count for something, in the ultimate analysis!

Dr. Sangita Agarwal

MBBS, DGO, MD, FRCOG, DNBE GYNAECOLOGIST & OBSTETRICIAN
BHATIA HOSPITAL AND BREACH CANDY HOSPITAL

Dear Friends,
It was Turkey calling after corona times and AMC made it possible through Smart Travel Solutions. The excitement started even before the 30th of April i.e. the date of departure for this wonderful group of 19 members and Ravi Koul.

The famous song (as follows)
Kaise bataayein
Kyun tujhko chahe
Yaara bataa na paaye
Baatein dilon ki
dekho jo baaki aake tujhe samjaayein
Tu jaane na aa.. Tu jaane na.. Tu jaane na aa.. Tu jaane na..

Was shot in Turkey in Pammukale with Ranbir Kapoor and Katrina Kaif. In spite of our travel weight restrictions, we too carried our black gowns to pose on the water terraces... Hum bhi kisi se Kam nahin.

We started this trip by flying into Cappadocia. The panoramic view of the fairy chimneys in Goreme valley, the spectacular extraordinary rock formations, and the underground City were marvelous. A visit to the monk's valley Pasabaglari was unique and a feast to the eye. Weather played the spoilt sport for the Hot Air Balloon ride in the morning but we managed to do the same in Pammukale and that was some compensation.

The next day we visited Ephesus. The ruins of this ancient city are so well preserved and the whole history is very fascinating. Walking through the entire complex felt as though we relived that era.

A visit to the ancient city of Hierapolis was the icing on the cake. The uphill walk in the perfect weather with a tinge of chill was soooo romantic. The picturesque ruins and a visit to the Cleopatra pool added up to make the journey worth it.

The cotton palace (Pammukale) is a natural phenomenon. The landscape is unbelievable. It is a must on the itinerary of anybody traveling to turkey. A hot air balloon ride over this unbelievable landscape was mesmerizing. Later in the day, a chance to pose with our black gowns on the water terraces and to dip our legs into the calcite-laden waters had the whole group merry-making to the peak and nobody wanted to leave.

We then drove down to Antalya, a 4-hour bus ride which was the best bonding time, and the journey was so pleasant that we did not want it to get over. We not only got to know each other but also played games with the enthusiasm of children.

The stay at club Sera a beach resort on Lara beach was luxury in the superlative. Crystal clear waters of the Mediterranean Sea, sea swimming pools, luxury rooms, and free flowing alcohol 24/7: wow I could not ask for more!!!

A visit to the old town of Antalya and the spectacular Duden waterfalls only left us wanting more.

Finally, we reached the final destination Istanbul, a very fascinating city built on two continents divided by the Bosphorus strait. It is a very fine amalgamation of European modernity and the traditional eastern culture. The multicultural texture gives you the best of both worlds.
The monuments (The Blue Mosque, Hippodrome, Hagia Sofia, and Topkapi palace) are a must on any itinerary. An additional visit to Miniaturk was value-added.

Ample time at the Istiklal street, Spice Bazaar, and Grand Bazaar was the only thing in the whole trip that reminded as of the devaluation happening due to the war times and fluctuating stock market.

We set back for home on 8th May 2022 with our bags loaded with ceramic items, souvenirs, and leather; our heads full of wonderful memories, our hearts full of the bonhomie that we enjoyed with the co-travelers and a plan to get on the next trip with Smart travels through AMC as soon as possible.

I would like to dedicate the following poem to AMC and Mr. Ravi Koul from Smart Travels.

I enjoyed my Turkey trip
All because of my AMC membership
Smart travels managed everything with a professional grip.

Be it Antalya or Cappadocia
I had so much fun
I recommend smart travels to everyone.

Dear Ravi
The fairy chimneys at Cappadocia
Gave me euphoria
Posing in the water terraces of Pamukkale
Was absolutely balle balle
Booking us at Lokus River
Was very clever
and I am your fan forever
Their thermal pool was very very cool
And doing every international trip with you is the new rule.
Going up in the hot air balloon
Was like going to the moon.
And I am waiting to do the next one with you soon.
At Hotel Club Sera
We got unlimited madira
without paying for it in Turkish lira
Wow...You are a real Heera

In Istanbul
You arranged the guide
To be by my side
So that I can have my joyride
Has left me tongue-tied.

Therefore I express my gratitude in amplitude
Sending you a thank you in multiples of twenty-two

I would also like to say a few lines for my co-travelers.
It was a pleasure to meet the Rocking Rathod brothers,
The ravishing Rachita
and the stunning cop Sayali
whose stories made us fall in love with her madly.

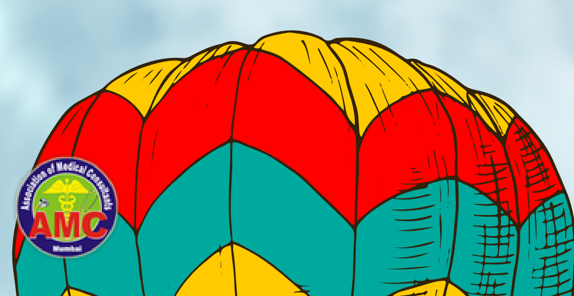
Mr. Bhatt was busy with the stock market
but Nalini had shopping as her target

रितिका और गायत्री की क्या पट गई
दोनों एक दूसरे की कंपनी बन गई

नीता और रीटा की चंचलता
फाल्गुनी और रत्ना की सुंदरता
कैसे कोई संभलता
हर एक का था अंदाज अपना अपना
समीर का शायराना अंदाज
और रमेश जी की आवाज
दोनों थे क्या रंगबाज

नितिन का कैमरा
और हम सब की अदा
फिर तो क्या कहना
हजारों फोटो हमारी है खींचना

संजय तो बस कैमरा के पीछे लग गए
और हम उनकी तस्वीरों पर वाह-वाह करते रह गए.
mil jaaye aisi sangat toh har trip mein rangat hi rangat.



CHECK YOUR SCORE WITH **DR LALIT KAPOOR'S** MEDICO-LEGAL MCQs

Tick one correct answer to the following MCQs.
Assessment:
5 or below correct answers: **Poor**
6 correct answers: **Fair**
7-8 correct answers: **Good**
9-10 correct answers: **Excellent**

Q1. MTP records must be preserved for :
1. 1 year
2. 5 years
3. 10 years
4. indefinitely

Q2. If the allegation against a doctor is having caused the death of a patient due to a rash and negligent act, the following section of the IPC can be applied:
1. 302
2. 304 (II)
3. 304 A
4. 320

Q3. Vicarious liability means liability on account of:
1. Complications occurring in a case where consent was not taken.
2. Negligence of your Employee
3. Negligence of your fellow consultant colleague.
4. False allegations

Q4. Contributory negligence indicates:
1. Negligence of your assistant
2. Negligence of your employee
3. Negligence of the patient himself or herself
4. Negligence of the Administration of the hospital.

Q5. The Specialty at highest risk of malpractice litigation is :
1. Pediatricians
2. Critical care Physicians
3. Obstetrics/ Gynecologists
4. Anesthetists

Q6. In legal terms Respondent means:
1. A person who gives evidence in support of the complainant.
2. A person who is primarily the affected party.
3. A person who has to defend himself against allegations.
4. A person who gives expert evidence.

Q7. Retroactive Date in a Professional Indemnity Policy stands for:
1. The date when you first renewed your Policy.
2. The date when you first filed a Claim under the Policy
3. The date when you first took the Policy and renewed it uninterruptedly thereafter.
4. The date when you switched your Policy from one Company to another.

Q8. Vexatious litigation means legal action:
1. In more than one court.
2. By multiple complainants
3. By your own colleague.
4. Which is brought solely to harass you.

Q9. 'Actuary' means:
1. An expert who calculates the compensation payable to a complainant in court.
2. An official of the court who sends summons to witnesses.
3. An expert who uses statistical data to calculate insurance risks and premiums.
4. A technical expert who assists the judge.

Q10. Sub Judice means:
1. The case has been dismissed.
2. The matter has been referred to a higher court.
3. A case that was filed in the wrong court.
4. The matter is in Court.

FOR CORRECT REFER PAGE NO. 57

Creative Corner
BY AMC MEMBERS

Dr. Nilima Vaidya-Bhamare

President AMC 2022-23

Dr. Anjali Bapat

MD, DGO, FCPS | CONSULTANT GYNAECOLOGIST AND OBSTETRICIAN AT MAHIM
PD HINDUJA HOSPITAL KHAR AND RAHEJA FORTIS HOSPITAL MAHIM

anjali
18-1-20

@AnjaliBapat

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Dr. Jatin Shah

MD, DGO, Gynaecologist and expert in IVF and assisted reproduction

Jatin P. Shah

Dr. Vikram Khanna

GLOBAL HOSPITALS, PAREL | FORTIS RAHEJA HOSPITAL, MAHIM | SIR S R MEHTA (KIKABAI) CARDIAC HOSPITAL, SION | LION TARACHAND BAPA HOSPITAL, SION

JUST LEAVE IT Principle:

Try convincing a person once or twice.
If he or she refuses to get convinced
Just leave it
When the children grow up and
make their own decisions, do not impose
Just leave it
Your frequency doesn't match with everyone in life.
If you can't connect with someone
Just leave it
After a certain age if someone criticises you don't get upset
Just leave it
When you realise that nothing is in your hands,
stop worrying about others and the future
Just leave it
When the gap between your wish list and
your capabilities increases, stop self-expectations
Just leave it
Everyone's path of life, size of life, and quality of life
are different, so stop comparing
Just leave it
When life has given you such a wonderful treasure of experience,
stop counting your daily earnings,
Just leave it
If this does NOT Appeal or Apply to You...
Just leave it

Dr. Alok Modi

EDITOR AMC

जो दिखता है वो कभी कभी सच नहीं होता।

कुछ मुस्कानों के पीछे बहुत आग होती है।

दुश्मन लाखों में पैदा होते हैं जहां में।

किंतु दिल लगानेवाला यार यूं ही नहीं मिलता।

यूं तो हसीं चेहरे पर दिखती है यारों।

इंसान बहुत देखे पर इन्सानियत से भरा इंसान नहीं मिलता।

दोस्तों की महफिल सजी हो तो जाम छलक जाया करते हैं यारों।

पर पास मैं बैठ कर आसूं पोछने वाला नहीं मिलता।

जो दिखता है वो कभी कभी सच नहीं होता।

जो दिखता है वो कभी कभी सच नहीं होता।

महफिल सजी है शराब एक ही होती है तो क्या हुआ ।

जाम सबके अलग और नशा भी सबका अलग होता है।

रिश्ते सब निभाते हैं लेकिन अहसास सबका अलग होता है।

जिंदगी का उसूल है जीता हर पल हर कोई है।

लेकिन जीने का अहसास किसी किसी को ही होता है।

इश्क की लड़ी किसको नहीं लगती है।

लेकिन मुहब्बत का दर्द हर किसी को नहीं होता।

जो दिखता है वो कभी कभी सच नहीं होता।

कुछ मुस्कानों के पीछे बहुत आग होती है।

जो दिखता है वो कभी कभी सच नहीं होता।

कुछ मुस्कानों के पीछे बहुत आग होती है।

कत्ल करनेवाले कई खड़े हैं बाजार में लेकिन जो अंदर के शैतान को मारे वो खंजर नहीं मिलता।

दुनिया अक्कलमंदो से भरी है जो राह भटकाते हैं

लेकिन जो दिल की दिल्लगी से समुंदर पार करा दे ऐसा मूर्ख नहीं मिलता।

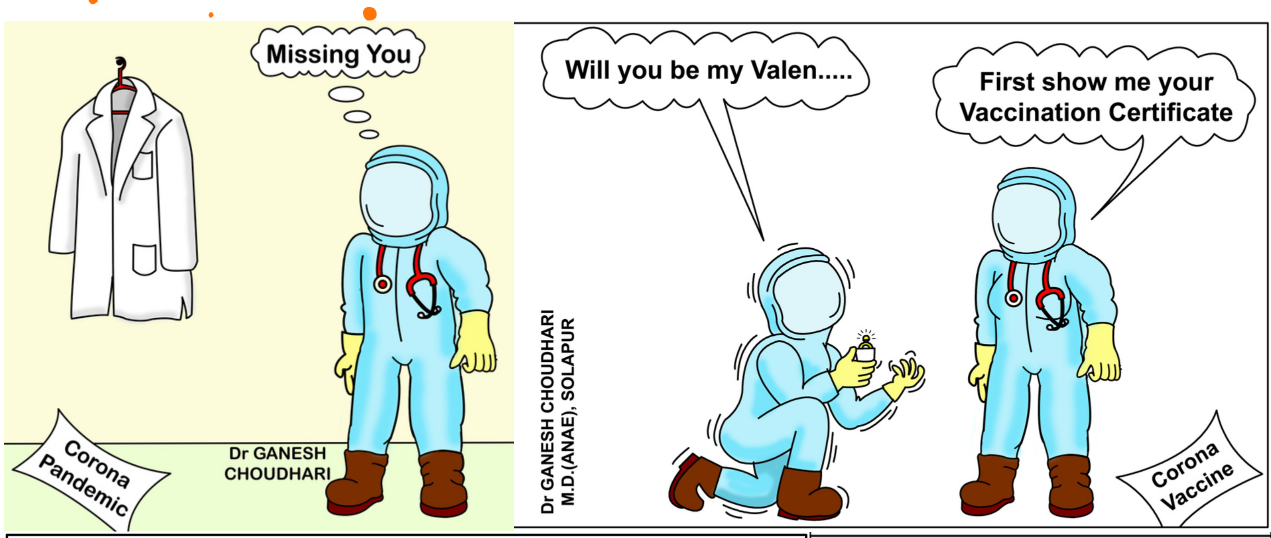
दोस्ती यारी वफा रिश्ते नाते सब किताबों के पन्ने सजा दिया करते हैं खुशियों के सैलाबों में

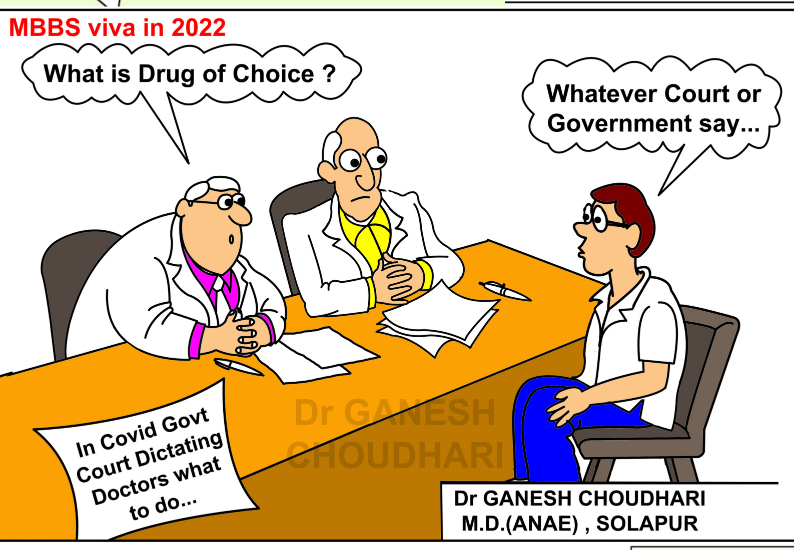
लेकिन असल जिंदगी में, पल दो पल ही सही, कंधे से कंधा मिला दे ऐसा यार नहीं मिलता।

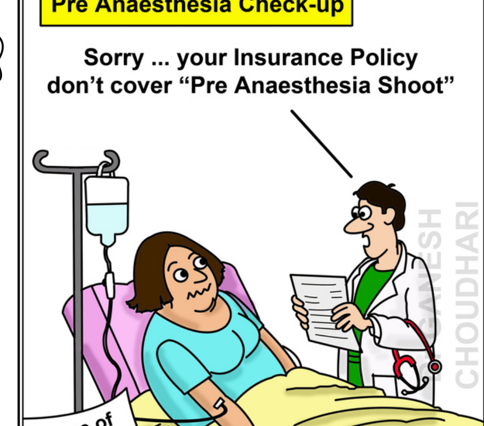
कुछ मुस्कानों के पीछे बहुत आग होती है।

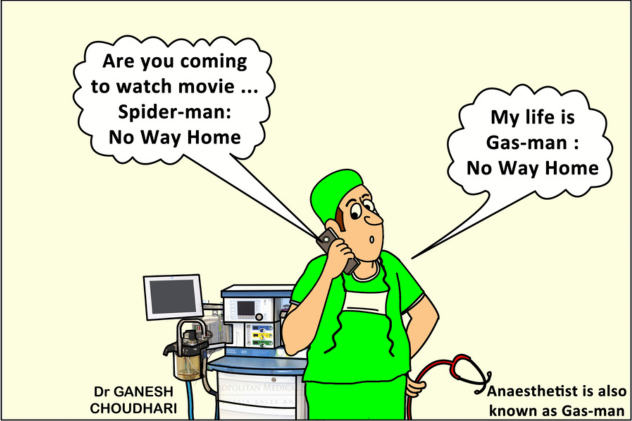
Dr. Ganesh Choudhari

MD ANAESTHESIA
SHRI MARKANDEYA SOLAPUR SAHAKARI HOSPITAL, SOLAPUR









VIRTUAL
CLINIC

SURGEON

Dr GANESH
CHOUDHARI

What is this Doctor ? In this Metaverse Era , for Operation you want me to come to Hospital PHYSICALLY ???

World going Metaverse

Dr GANESH CHOUDHARI

We got Gold medal in Javelin throw !!!

Dr GANESH CHOUDHARI

I dedicate this Spinal to that Gold

Dr GANESH CHOUDHARI
M.D.(ANAE), SOLAPUR

Sit properly , I can't give Spinal in Pushpa Position

Movie: Pushpa
Song : Srivalli

मै झुकेगा नही

Dr GANESH CHOUDHARI
M.D.(ANAE), SOLAPUR

After few Pricks ...

मै झुकेगा

Dr GANESH CHOUDHARI

ANSWERS FOR MEDICO-LEGAL MCQs

Q1. 1 | Q2. 3 | Q3. 2 | Q4. 3 | Q5. 3
Q6. 3 | Q7. 3 | Q8. 4 | Q9. 3 | Q10. 4

Condolence

DR. SHREENIVAS TARE
ANAESTHESIOLOGIST
10.01.2022

DR. CHANDNI ALWANI
GYNAECOLOGIST & OBSTETRICIAN
23.01.2022

DR. VIMAL JAIN
ONCOSURGEON
06.03.2022

DR. MANMATH VAISHNAV
ORTHOPAEDIC SURGEON
06.03.2022

DR. SHRIPAL DOSHI
CARDIO VASCULAR THORACIC SURGEON
17.04.2022

DR. SHYAMLAL KHANNA
PSYCHIATRIC
04.05.2022

DR. PRADNYA SAMANT
ENT SURGEON
07.05.2022

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MEMBERSHIP

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1548 Members under CBS Scheme

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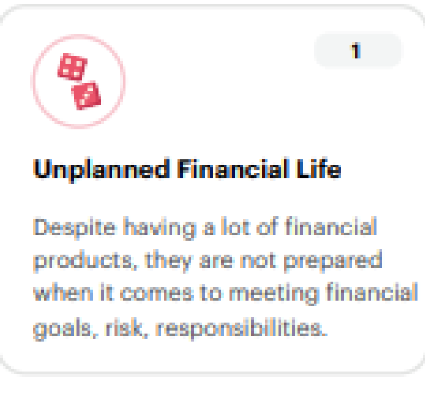
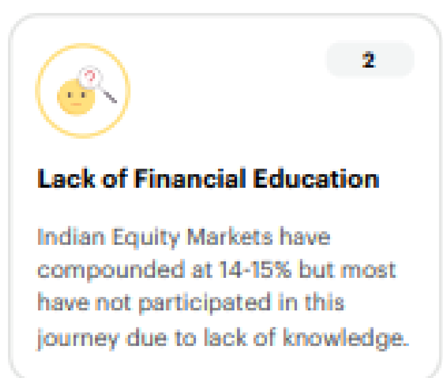
3 Major Challenges faced by Doctors



1

Unplanned Financial Life

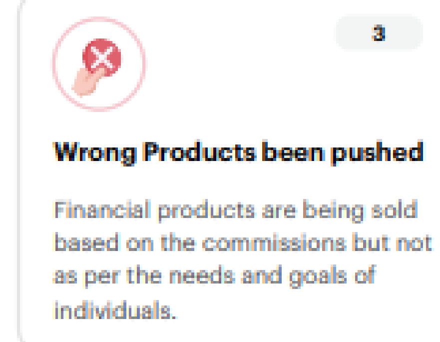
Despite having a lot of financial products, they are not prepared when it comes to meeting financial goals, risk, responsibilities.



2

Lack of Financial Education

Indian Equity Markets have compounded at 14-15% but most have not participated in this journey due to lack of knowledge.



3

Wrong Products been pushed

Financial products are being sold based on the commissions but not as per the needs and goals of individuals.

SOLUTION: "FINANCIAL LIFE PLANNING"

OFFERED THROUGH FINANCIAL OPD

WHAT IS FINANCIAL OPD ?

Cohort of doctors seeking financial freedom by creating wealth the right way, doing the right things; so that YOU can be a blessing to your family as well as our society.

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The answer lies in 4 simple words: **Learn. Plan. Transact. Track.**

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2	Through Financial Life Planning	PLAN
3	Transaction Support - Helping save time	TRANSACT
4	Tracking your entire financial life at one place	TRACK

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- We provide **U**nbiased, **H**olistic, **P**ersonalized Financial Plan and Advice
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✓ Its Free

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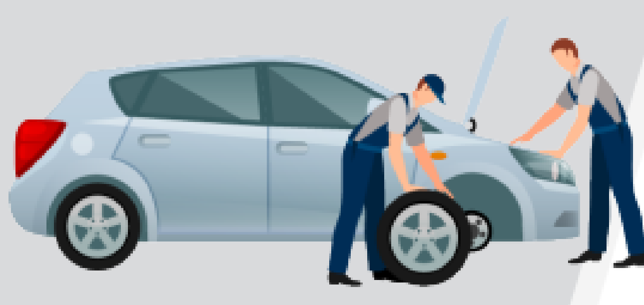

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