गुरुर्ब्रह्मा ग्रुरुर्विष्णुः गुरुर्देवो महेश्वरः ।
गुरुः साक्षात् परं ब्रह्म तस्मै श्री गुरवे नमः ॥

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HON. PRESIDENT

Dr. Nilima Vaidya Bhamare

Welcome to the second edition of GRASP, The "Teachers Day" Special.

We have released the E -Edition of the first GRASP on the auspicious occasion of Dr's Day, 1st of JULY 2022 & released its printed version on the day we physically celebrated Dr's Day at Rang Mandir on 3rd July 2022.

What grand day that was! Music & singing by Sameer & Dipalee Date was outstanding. The auditorium was house full. A big THANK YOU for the overwhelming response! Our own heroes,

Dr. Himmatrao Bawaskar & Dr. Suresh Rao, were ceremoniously honoured.
We announced the launch of 3 Projects that day:
1) The **TREE PLANTATION** drive with GLOBAL PARLI
2) The **ORGAN DONATION**
3) The **AMC CLINICS**

We have so far planted more than 4000 trees till date & distributed Tree Certificates to our members on their birthdays. By the year end, we shall have planted a tree in every member's name. Please put up your tree certificates on your social media handles with the hashtag #BreatheWithEase.

We conducted organ donation awareness program for doctors (26th June) & for public on 15th August 2022. We are also encouraging healthcare facilities having Operation theatres 7 ICUs under one roof to register as **NTROCs** (Non-Transplant Retrieval Organ Centres). Please post your certificates on your social media handle with the hashtag **#BreathAfterDeath.**

The AMC Clinics are yet to start but we are working on the nitty gritties. We have arranged for vendors for the B form & Electric audits to help you in your Fire compliance issues. We are in touch with authorities to resolve the MPCB issue as a long-term solution. Please bear with us.

I hope you enjoyed the VANDE MATARAM song put together by the AMC women power, Dr. Suman Bijlani, Dr. Anita Bapat Patel & Dr. Pooja Bandekar. The super editing by Dr. Rajesh, made the song more melodious & super charged with patriotism. This was released on the 15th of August to celebrate the Amrutmahostva of Indian Independence in our own unique way. We have announced two international tours (one to Ireland & Scotland in September 2022 & another to ARCTIC SCANDINAVIA in March next year. We cannot forget our own Motherlands 75th year of Independence. We are hence having a tour planned in October to "IS ZAMEEN KI JANNAT……… KASHMIR "With none other than the masters themselves …THE RAJA RANI TOURS.

The AMC FINCONs start in September. These will help our members be financially stable & help them grow their wealth with passive income. We are starting paid financial OPDs where Finnovate shall handhold you and guide you to plan & put in place your family financial goals. They will help you trace all your scattered finances & guide you in nominations etc

The much-awaited AMCON is slotted for the 27th of November. If budget permits, we may have a two-day event. We are scouting value for money venues. The MLCON is slotted for January. The ITCON for 13th February.

Meanwhile, we are beginning work on the amendments in our constitution. Kindly go through the draft of the existing constitution and send your suggestions to office@amcmumbai.org with cc to president@amcmumbai.org & ecretary@amcmumbai.org

We also shall be starting work on a fresh AMC directory. The last published Directory was in 2018. We have added about 4000 members since then. So, a lot happening at AMC. Looking forward to your active physical participation in all events for increasing your knowledge & encouraging us to do better.

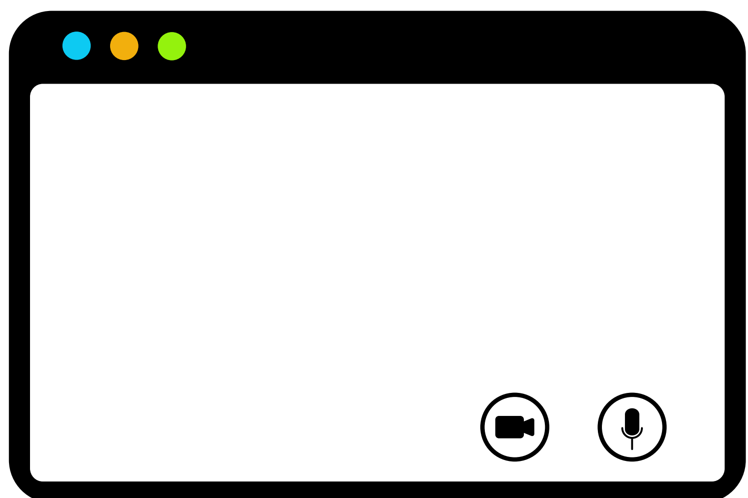
Wishing you all a very happy teachers' day!

LEARNING FROM YOUR OWN MISTAKES, IS SMART
LEARNING FROM OTHERS MISTAKES, IS SMARTER
BUT, LEARNING WHAT NOT TO DO IS SMARTEST!
BE YOUR OWN BEST GURU!!

GURUR BRAMHA, GURUR VISNU,
GURUR DEVO, MAHESHWARAHA.
GURUR SAAKSHAAAT PARABRAMHA,
TASMAIN SHREE GURUVE NAMAHA!!

A very big Thank You to the entire editorial board, under the able leadership & guidance of Dr. Dnyanesh Belekar, to have put in a lot of efforts to bring out this beautiful 2nd edition of the GRASP.

Hope you all enjoy this edition too!



Dear AMCites,

Greetings of the festival season!

Team AMC 2022-23 has come halfway. Past five months have been full of action.

We grew in numbers. As on 31st August our membership strength is 12000, add to it about 1437 members of our affiliate cells. But it is not sufficient. We need to grow & grow fast. Please invite your consultant friends to be part of our family. Our office staff (contact number 9867450066) will be happy to help them. Also do visit our website w.w.w.amcmumbai.org

Second quarter of our tenure started with a Big Bang on 3rd July 's Doctors Day Celebration. Blood Donation Camps & webinar on All About Blood was a stupendous success. Azadi ka Amrit mahotsav was celebrated by organising Public Awareness Webinar on Blood & Organ Donation.

To help our members owning Nursing Home, we have appointed vendors to provide B form Compliance & Electrical Inspection & Audit who will charge very nominal fee.

We have also approached MPCB to mitigate hardship experienced in obtaining Combined Authorization Letter. Very soon we will have positive outcome on it.

Our president Dr. Nilima has planned many more programs for remaining 6 months. Team AMC 2022-23 need your active participation in all the activities of our organization.

Friends, all of you are Shining Stars of medical world. Your association need more members to come forward to contribute in the growth of AMC.

There are many unfinished tasks & there will remain many to be accomplished. Together We Can & Together We Will complete it.

Alone I can 'Say' but together we can 'Talk'
Alone I can 'Enjoy' but together we can 'Celebrate'
Alone I can 'Smile' but together we can 'Laugh'
That's the beauty of coming together.

I appreciate & salute to the efforts of Editorial Board for successfully coming out with this 2nd edition of Grasp.

Before I sign off let me say,

'Micchami Dukkadam' to all.

Let's try to be a Creative Person motivated by desire to achieve & not by desire to beat others.

One among you as usual. Yours truly!

MANAGING EDITOR

Dr. Prof. Dnyanesh Madhukar Belekar

Dear All,

It gives me an immense pleasure to pen down about the second issue of GRASP in year 2022.

Dr. Nilima Vaidya Bhamare, President – AMC gave me the responsibility to complete the task of releasing this second issue of GRASP in the span of 1 month after being earlier in its Editorial Board.

It was quite a challenging one but fortunately, I had previous experience of the execution of a Medical Journal which helped me in the quick organization of all remaining tasks like proofreading & editing all articles, contacting the respective authors and compilation of various different types of articles, images, cartoons, and poem too.

As this is a very special issue getting released on Teacher's Day, 5th September, so we are very excited to present to you a dedicated section of 'Teacher's Day Articles' comprising of 12 scholarly articles from various teacher stalwarts in the society. This was only possible due to the blessings of all our teachers.

I would like to thank my Editorial Team who helped me getting the articles and were ready to offer any help if I need. I am also thankful to Miss Tulika Saxena for all the final digital touches and for making this e GRASP a wonderful & pleasurable reading experience. I would also like to thank all our advertisers who have supported GRASP Magazine without whom it will not be possible to come out this second edition of GRASP.

Happy reading!!

KNOW YOUR OFFICE BEARERS!

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MR SAGAR MESTRY

I DO THE INSURANCE WORK OF ALL DOCTORS. I GUIDE MY TEAM MEMBERS IN SORTING OUT ANY QUERIES COMING FROM MEMBERS & ALSO COORDINATE WITH PI, H & A AND AFFILIATE CELL FOR THE PROCESSING OF INSURANCE WORK. I AM IN THIS JOB SINCE 2008.

AMC SCHEMES ADVISER | ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI
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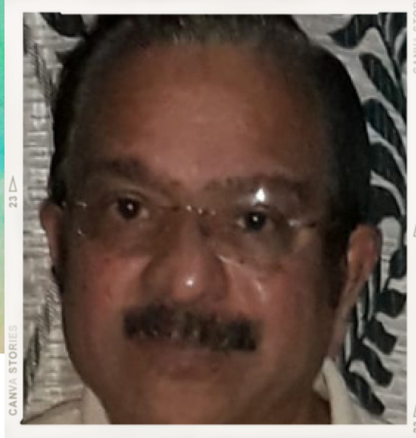
MRS. MAMTA MUKHOPADHYAY

A RECENT ENTRY INTO AMC AS A MANAGER. I AM INDEED PRIVILEGED TO BE WORKING AMONGST SO MANY DOCTOR PROFESSIONALS, OOPS! I MEAN INTELLECTUALS.

WELL, I AM IN-CHARGE OF THE OVERALL SMOOTH FUNCTIONING OF THE OFFICE THROUGH CO-ORDINATION & RIGOROUS FOLLOW-UPS. I ALSO LOOK INTO THE ADMINISTRATION & GENERAL UPKEEP OF THE OFFICE.



DR. AJIT DESAI

Trustee, AMC, Social Service Cell Chairperson

Advisor: Dr. S. N. Agarwal

Association of Medical Consultants, Mumbai is always in the forefront in giving the relief to the general public in cases of catastrophes. AMC- Social Service Cell may not be the USP of the AMC as Medico-Legal Cell but still it is definitely as active as AMC- Medico-Legal Cell. Previously, before the introduction of Social Service Cell, the social activities were done by Infra-Structure Development Cell of AMC and Emergency Medical Services.

During the year 2003-04, PIL (Public Interest Litigation) regarding Railway Accident Victims was filed in Mumbai High Court. AMC was co-petitioner along with two NGOs and four Individuals. Team of Lawyers namely Adv. Jamshed Cama, Adv. Jamshed Mistry, Adv. Bhavesh Parmar, Adv. Udeshi, Adv. Khemka and Adv. H. Tur had appeared free of cost. Due note was taken by the Hon. Judges and they passed severe strictures against the Railways. AMC is grateful to Dr. Sarosh Mehta and Dr. Rajesh for the marvellous job done by them.

Association of Medical Consultants, Mumbai had organised Fund Collection Drive with the help of AMC members for Latur earthquake victims. Similarly, Exercise was undertaken by AMC for the victims of massive earthquake which took place at Kutch, Gujrat in 2001.

AMC – Social Service Cell was started in 2011-12. **Dr. S.N. Agarwal** was the first Chairman of the AMC Social Service Cell. After taking the charge of this cell, he did not look back and literally changed AMC atmosphere. He started doing social activities as if it was his own baby. He nurtured the child- Social Service Cell so well. After all, he is a true Gynaecologist!

These are the following activities of AMC Social Service Cell which are appreciated by all-

Beti Bachao Abhiyan: This activity started to Save the Girl Child. It is an ongoing crusade of AMC. The logo of Beti Bachao is printed on AMC letter head it denotes that AMC endorse this activity.

Blood Donation Drive: It is one of the major activities and not just an another "Program" of the AMC- Social Service Cell. More than 25,000 bags of blood have been collected till date and donated to the Government & Municipal hospitals through the State Blood Transfusion Council (SBTC). Previously most of the blood donation drives were held during the **Doctors Day Celebration.** i.e., on 1st July every year. The donors were mainly Doctors, their friends and the willing donors. This activity was started by Dr. Suresh Rao during his presidential year.

But as of now, the Blood donation activity has become an ongoing activity throughout the year and our President, Dr. Nilima Vaidya-Bhamare wants to complete 51 Blood donation Camps in this year as it is AMC- Golden Jubilee Year. Along with Blood donation, AMC also involved in Organ awareness camps and complete medical check-up camps.

Nurses Training Program: AMC conducts Nurses Training Program for the Nurses attached to various hospitals. The nurses are trained in various areas like Neo-natal Care, Labour, Medical and Surgical emergencies, bed-side care of the patients etc.
After the training, the nurses are given a certificate by AMC.

Basic Life Support and First Responder Workshops: This is also pretty old activity conducted by AMC-Infra- Structure Development Cell as well as Emergency Medical Services. AMC-Social Service Cell has endorsed this activity and continued further.
The lay people are trained in Basic Life Support in this workshop. This is a one-day workshop which covers First-Aid and basic emergencies like Cardiac Life Support. The course involves theory and practical training with hands-on practice. AMC has conducted more than 250 workshops of which more than 100 workshops were sponsored by HSBC Bank. Even Advanced Cardiac Life Support (ACLS) course has been conducted by AMC for Doctors.

Anti-Noise Pollution Drive: AMC periodically organises and conducts Anti-Noise Pollution Drives in several areas across the city along with Audiometry camps for the general Population and for the college students who use ear phones and head phones regularly.

Public Health Awareness Exhibition: In 2017, Public Health Exhibition was organised at ten (10) centres across the city and outskirts of Mumbai by means of posters.

Public Health Awareness Lectures: Public health awareness lectures were organised by AMC to educate the general public on various aspects of prevention and management of certain diseases such as Heart, Kidneys, Cancer, Diabetes etc. Reproductive health lessons to the college students have been initiated by AMC.

Cancer Awareness Activity: Special initiatives have been taken by AMC to spread the awareness of different types of cancers in children as well as in adults. Lectures, Talks, Booklets, Pamphlets etc. have been utilised as methods of spreading the message for prevention of cancer. Cancer, if detected at early stage, can be treated appropriately to save the life of the patient.

General Public Safety: On behalf of general public, their safety and benefits, AMC actively intervened in the matter of Railway Accidents. It is already mentioned about the PIL filed and there after some killer poles were removed by the railway authority and even Ambulances were placed at some railway stations.

There are many more activities AMC is doing at present such as Blanket distribution in some villages. There are certain plans which AMC- Social Service Cell has chalked out for the future like Adopting a village, Tree plantations in every zone of AMC, Financial help to the poor medical students, free Medical Library (physical and Digital) for the AMC members etc.

Thank you for giving me an opportunity to publish this article.

Dr. Ajit Desai.
Trustee, AMC,
Chairman, Social Service Cell, AMC,
Convenor, Medico- legal Cell, AMC,
Ex. Chairman, Medico- legal Cell, AMC,
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DR. MUKESH GUPTA

Chairman, Media & Communication Cell

MEDIA & COMMUNICATION: THE POWER TOOL IN NEW-AGE HEALTHCARE

Our organisation is perceived as an opinion making body which addresses vital public health and professional issues facing the medical profession in general and medical consultants in particular. Communication platforms lends a voice to our opinions in the public domain, strengthening our positioning as advocates of ethical medical practices, that safeguards our members while creating harmonious doctor-patient relationships.

Media visibility will promote the work we undertake as social responsibilities for the upliftment and betterment of our people. Thought leadership will demonstrate our expertise and credibility in the field of medicine, public health and healthcare policies, that social media and PR pieces can achieve for us. On-ground activities and campaigns that we launch reinforces our pledge to serve the medical fraternity and the patient community. Communication mediums will help us take our message out in the open and not restrict it only to our member community.

We also aim to reach out to our doctor community beyond existing members and therefore communication will create the necessary awareness we require. Patient engagement has become the most crucial aspect for any healthcare organisation. Direct interactions are not sufficient to maintain footfalls and ensure patient loyalty and retention. It is constant multi-channel communication be it in various form of direct in-clinic conversations, online associations or offline interactions that makes you the ‘partner of choice’ in their healthcare journey.

It is just the start; we have a long road ahead ....

Keeping in mind the power tool of communications, the multiple initiatives that we launched on National Doctors Day garnered visibility in the Indian Healthcare media. Leading healthcare online magazines and portals published our story giving us the much-needed nudge to up the ante.

THE FREE PRESS JOURNAL

Association of Medical Consultants launches multiple initiatives as part of their National Doctors Day campaign

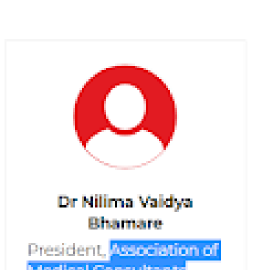
Organ donation #BreathAfterDeath, Tree plantation #BreathewithEase and free AMC clinics for the poor

We have also been featured in leading mainline The Times of India, positioning us as Thought leaders promoting Organ Donation in the country.

Organ donation: Breathing life after death

July 17, 2022, 5:38 PM IST / Dr Nilima Vaidya Bhamare in Voices, India, TOI

FACEBOOK TWITTER LINKEDIN EMAIL



In India, the conversation about organ donation is gaining momentum but there is a long road ahead before we establish substantial ground. Organ donation in the country is regulated by law allowing both deceased as well as living donors to donate their organs. Then why are we lagging behind in organ transplants and unable to meet the rising needs of organ donation?

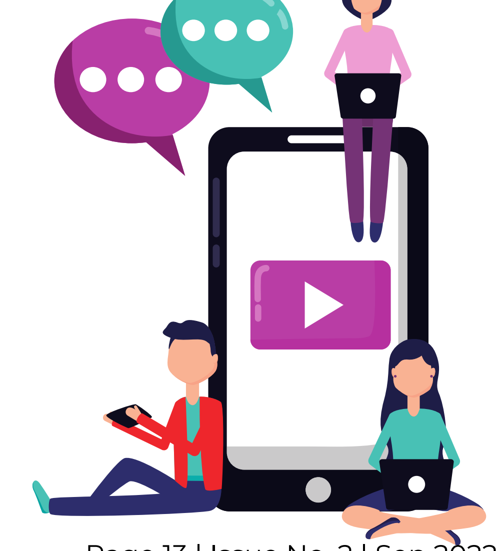
The need for organ donation in India

Organ donation is a pressing issue in India due to the huge gap in the demand and supply of organs. The main reasons for this disparity are mainly

Our social media channels are buzzing with relevant content to keep our followers engaged.

We will continue to harness the medium of communication to promote the good work we do as an organisation that stands by sound, ethical, and evidence-based medical practice and much more.

Please join us, support us and encourage us on our social media platforms. Follow, Like and Share!



MEDICO LEGAL

DR. LALIT KAPOOR

President - FAMC Director - AMC India

DO'S AND DON'T'S

PREVENTING ALLEGATIONS OF SEXUAL MISCONDUCT BY PATIENTS

A male gynecologist examined his patient while her husband waited outside the room. The nurses were very busy attending to some emergency and hence no one else was present at the time of the examination. Several hours later, the patient made a Police complaint alleging sexual molestation by the doctor. Prima facie, the charges appeared to be concocted and motivated and appeared to be easy to challenge. However, in the interim period, damaging media reporting, police investigations and other harassment followed.

In yet another case, a young girl was being counseled by a senior Psychiatrist. At the end of the session, she mentioned having received an intramuscular injection in the gluteal region some time back and said the injection site was painful. Could the doctor have a look? The Psychiatrist declined to do so but the patient was insistent and so he reluctantly obliged. He asked her to undo her jeans so that he could examine. Following this he assured the girl that there was nothing to worry and the pain would go away in a couple of days and advised hot fomentation. Incidentally, just as she was rebuttoning her jeans, her mother (who also happened to be this doctor's patient) entered the room. She appeared to be scandalized and demanded an explanation as to why her daughter, who had come for counseling, had been asked to undress. The psychiatrist gave the explanation to the mother and initially the girl corroborated the doctor's version. Apparently, the matter appeared to have been resolved. However, the very next day, the family of the patient trooped into the Psychiatrist's office and made allegations of sexual misconduct and threatened to make a Police complaint and to take other action including informing the media, the Medical Council, women activists and so on. Following this, the doctor went through a nightmarish experience. Fortunately, after several rounds of discussions, the family relented and let off the Psychiatrist with a 'warning'.

Quite occasionally, we hear of allegations of sexual misconduct by female patients against male doctors. These are serious charges which can be devastating to the concerned doctor, and though, not known to be very frequent, we need to analyze the various issues and determine the preventive aspects.

Every case of alleged sexual misconduct against a doctor not only severely damages his personal reputation but also results in the image of the medical profession taking a beating. The Doctor-Patient relationship is a fiduciary relationship based on utmost faith and trust. Fiduciary is a legal term that is applied to a professional in whom a client places his or her trust. Because such professionals are in positions of power relative to their clients, the law holds them to a higher standard of behavior. There is nothing new about this. Hippocrates referred to this in the fourth century BC and incorporated it in the Hippocratic Oath. Similar references warning doctors against inappropriate sexual behavior towards their patients have been found in European medical texts from the Middle Ages.

It may thus be realised how important it is to uphold this faith and do our utmost to prevent such allegations being made.

For obvious reasons there are some medical specialties which are somewhat more vulnerable to such allegations and hence should be more cautious. These are:

- Radiologists / Imaging Specialists (Dark room)
- Gynecologists (male)
- Cosmetic Surgeons
- Anesthetists / Surgeons –O.T.
- Psychiatrists / Psychotherapists
- Ophthalmologists (Dark room)

What are the possible sequelae of allegations of sexual misconduct in the course of your professional work?

- Criminal prosecution under Sec 354 and Sec 376 of IPC
- Disciplinary action - Medical Council
- Damage to reputation – professional as well as personal.
- Compounded with malpractice allegations
- Media pandering to its voyeuristic readers / viewers
- Loss of practice

It must also be remembered that such allegations are a frontal attack on your personal character. You may thus see that there is a great incentive to scrupulously avoid being at the receiving end of such allegations. In keeping with my favourite *mantra* 'Better Safe than Sorry', I'd like to submit some prophylactic and preemptive measures which include a heightened awareness of such possibilities, a greater sensitivity to patient vulnerability and of course safeguarding against high-risk patients and situations.

These are a few Do's and Don'ts:

If you are a male doctor never *examine a female patient without a female assistant or a relative, preferably female, or spouse being present.*

This is such a time-honored rule, yet it is surprising to find that many doctors still do not realize the importance of it.

Of course, there is a rider to this. A Physician was examining a female patient for pain in abdomen. He took the usual precaution of doing so in the presence of a nurse (of course female!). However, half way through the examination, the nurse who was standing behind the doctor, out of his sight, suddenly decided to fetch something from the ward. Unknown to the doctor, the nurse had disappeared. Later, the patient alleged sexual misconduct on the part of the doctor.

This kind of irresponsible behavior on the part of the nursing staff is not uncommon. This must be specifically curbed. Nurses must be specifically instructed not to leave until the examination is complete. Evening a ringing phone should be left unanswered rather than abandoning the doctor. Thus, to ensure foolproof precautions, not only should the male doctor examine a female patient in the presence of another female (nurse or relative), the person should be instructed to stay put till the examination is concluded. However, this needs to be followed every time and not most of the times because the only time you didn't follow this may be the time the problem arose!

Explain clearly the nature of the examination or procedure in advance

There are many examples of failure to do this being the cause of allegations of misconduct, but I will mention just one.

A dental surgeon was carrying out a procedure on a female patient under general anesthesia on a dental chair. At the end of it he introduced a diclofenac suppository for subsequent pain relief. On returning home the patient noticed some moistness in her vagina which she could not explain. She was alarmed as she suspected some inappropriate behavior on the part of the doctor. She and her husband went back to the doctor in an agitated frame of mind. Apparently, the dental surgeon had mistakenly inserted the suppository in the vagina and that was the cause of the moistness. But no explanations on the part of the doctor were acceptable. The reason for this of course was the fact that the patient had not been told of the procedure and was being explained of the same *post facto.*

Such a situation can be avoided if the nature of examination or procedure you are going to carry out are clearly explained to the patient *in advance*.

Do not examine if the patient refuses another female to be present.

Give proper instructions on which clothing is to be removed

Ensure privacy, arrange for the appropriate dress such as gown, if called for, and drape adequately. All this with the help of a female assistant.

Important to note: Even while examining a female minor patient, do not dispense with these measures. Many doctors feel that such allegations will not be made in case of small children. Always examine in presence of a guardian. I know of at least 2 cases where allegations were made with respect to examination of 4 to 5 years old female patients.

Avoid narrating inappropriate jokes with the patient. It is unprofessional and can be misconstrued.

Do not appear to be overfriendly with the patient.

Do not discuss personal issues such as financial, marital, etc. with the patient.

Do not exchange gifts with patients

Do not be lax in collecting fees. This can be misconstrued.

Some of my colleagues were very impressed with the Munnabhai movie and started adopting the "jadoo ki jhappi" with patients. May look good in movies, but most dangerous in real life.

Another aspect that should be understood is the various categories of the allegations. In some cases, the allegations may be genuine (and I would like to believe these are rare). Undoubtedly, this is despicable behavior and such doctors do not deserve any sympathy for the outcome. On the other hand, some cases may be perceived to be sexual misconduct, though it is unintended. Every effort must be made to avoid such situations by consciously following the do's and don'ts.

Lastly there is a category of cases which are concocted and pre-planned with an idea of defaming or extorting money. Occasionally, it is engineered by professional rivalry. I am aware of a few cases in this category. Finally, by way of abundant caution you must learn to identify 'high-risk patients. These are flirtatious patients. Take extra care once you identify them. As part of their modus operandi, they may try to appeal to your ego and may have a hidden agenda. Beware.

What are the warning signs? A few tips may help:

- May remove more clothing than required
- Dressed in seductive clothing, perfume, etc.
- Often want last appointment or out of office hours appointment when female staff would have gone.

As an afterthought, one more category that comes to my mind is one in which the female patient actually falls in love with her doctor. This is also a dangerous category and all doctors, as soon as they sense this, must terminate the doctor-patient relationship and, on some pretext refer the patient to a same gender specialist.

A doctor being accused of sexual misconduct is not a new problem, However, it comes into the limelight each time a fresh case surfaces and the media goes into lynch mode and unleashes a trial wherein they assume the role of plaintiff, prosecutor, judge and executioner –all rolled into one! Each such publicized incident brings down the image of the medical profession a few notches down. Hence, we must create a sustained sensitization amongst doctors in this regard.

Feedback awaited on drlalitprabha@gmail.com

DR. SUGANTHI IYER

Deputy Director-Hinduja Hospital

NON AVAILABILITY OF INTENSIVIST IN ICU IS NEGLIGENCE

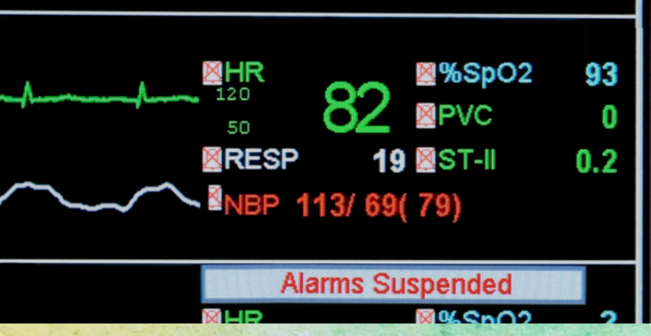
As per legal framework, a specialist is a medical professional with a post graduate degree or diploma in that field of medicine. However. Critical Care Units are manned by doctors with post graduate qualifications in Internal Medicine/Anesthesiology/Chest Medicine/any other PG degree/diploma as suitable. If the doctor is devoted to Critical Care Unit, it is necessary to label them as "Intensivist" as discussed in the case below>

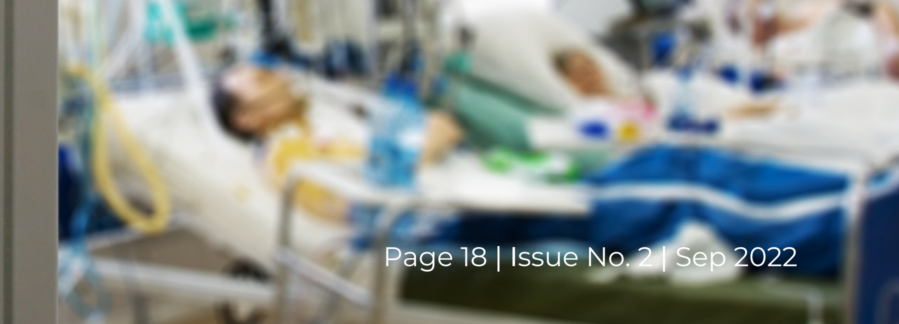
IV(2019)CPJ 546 NC(Toprani &Ors. Vs B Hosptial)
Mr. Ranjeet Toprani, 73 years old was operated for carcinoma of the sigmoid colon after being certified fit for surgery. After the surgery, the relatives were informed that the surgery was successful and that the patient could be transferred to Wards. However, the patient was shifted to the post-operative ICU on 3rd floor and relatives were informed that it was for observation. On the next day at around 8.45 a.m., the patient complained of throat pain, breathlessness and a choking sensation. Suddenly, relatives noticed that there was a commotion inside the ICU as they saw that the patient was having a convulsion and being helped to breath with an Ambu bag. It was told to the relatives that the patient had suffered Bradycardia attack and had to be resuscitated. The Ambu bag was replaced with ventilator later on and this was the only one ventilator available in the ICU. The worried relatives asked for the Cardiologist but were told that they have to wait for the Intensivist Dr. Wagle. It was noticed that Dr. Wagle, **Intensivist was not available in the ICU and came to the ICU only after 2½ hours,** who thereafter it was advised the patient to be shifted to main ICU on 12th floor. The Cardiologist who arrived and made a remark that the cause of Bradycardia attack cannot be explained.

The patient was shifted from 3rd floor post-operative ICU to main ICU on 12th Floor without a portable ventilator despite on his being on a ventilator earlier and also having convulsion. He was given support of only Ambu bag and oxygen cylinder during transport. After having reached to the 12th floor ICU, Neurologist gave medication to control convulsions. Later on, the patient becomes unconscious and then the patient was put on the ventilator. After several days, he was again shifted back to the Wards. He never regained consciousness and after couple of months was taken home on oxygen support. In the **discharge card**, it was **stated** that the **"Patient is unconscious in a vegetative state"**. The patient expired after being in a vegetative state for 2 years.

A complaint was filed in the National Commission that the brain injury to the patient resulted due to negligence of the doctors and hospital on the following grounds:

- Though it was told that the patient would be shifted to Wards, the patient was ultimately shifted to ICU.
- The cause of the Bradycardia was not explained and the respiratory problem was not attended to immediately. Therefore, the patient went in to brain dead situation due to deprivation of oxygen.





- The patient was kept in an **inadequately equipped ICU** and there was one ventilator in that ICU.
- There was negligence in shifting from 3rd floor ICU to 12th floor ICU without support of portable ventilator which resulted in brain condition deteriorating.
- Though the patient's condition become critical around 8.45 a.m., it was only at around 11.30 a.m., Dr. Wagle was arrived in the ICU. The shifting was done to 12th floor ICU at 1.30 p.m., though the same was advised at 11.30 a.m., by which time, patient condition worsened. In addition the shifting was done only with Ambu bag after disconnecting the ventilator on which he was earlier as there was only one ventilator in the 3rd floor ICU. **The patient's condition was unstable and critical during transfer.**

Held by the Court:

1. In Savita Garg vs. National Heart Institute, the onus is on the hospital to explain the exact line of treatment rendered as to why a particular condition has occurred. In the instant case, it is for the hospital and doctors to explain as to how the condition of Bradycardia has occurred. In addition, the patient was shifted from 3rd floor ICU since it was ill equipped.
2. "The golden hours" had been lost as though the patient was advised transfer much earlier the patient was transferred only at around 1.30 pm to 12th floor ICU and the reason for this gap is unexplained. Though the patient's condition become critical around 8.45 a.m., it was only at around 11.30 a.m., Dr. Wagle arrived in the ICU. **The medical records did not show any reason for the lapse of the golden hour.** The patient had convulsions due to which the patient slipped into a Coma and remained in the vegetative state for the rest of his life.
3. Further the patient was transported only with the Ambu bag which is not in conformity with the standard protocol as there was one ventilator in the 3rd floor ICU and the same had to be disconnected. This speaks for the ill equipped ICU and hence infrastructure deficiency.
4. Dr. Wagle's **name has been labeled in the hospital brochure as "General Physician" and not recognized as an "Intensivist"**. As the regular Intensivist was absent in the ICU, he was asked to step in as Intensivist. There were other doctors under the heading "Intensivist." Dr. Wagle has also been performing the roles of Anesthesiologist and Intensivist apart from allocated discipline of "General Medicine". The ICU Registrar was not present in the ICU at the time when the complications arose. It was only because there was **no senior doctor present in the ICU, complications arose leading patient to vegetative state**.
5. The Medical Records does not reflect anywhere as to patient received appropriate supply of oxygen from 8.45 a.m. to 11.30 a.m. till Dr. Wagle arrived. Hypoxia to the brain was due to lack of oxygen supply to the brain. Once Dr.Wagle arrived he increased minute ventilation.

Summary

It is the duty of the hospital to satisfy that there was no lack of care or diligence. The hospital has to disclose what care was given or what medicine was administered to the patient and should implead their doctors if need be. In this case, there is absence of medical record specifying treatment rendered to the patient between 8.45 am upto 11.30 am. Patient suffered Bradycardia leading to Hypoxic brain damage due to lack of supply of oxygen to brain and the cause of bradycardia could not be explained.
Rupees 31 lakhs compensation was awarded.

Take Home Messages:

- ICU has to be manned with "Intensivist" all around the clock
- ICU to have adequate infrastructure
- Patient safety during transport is important

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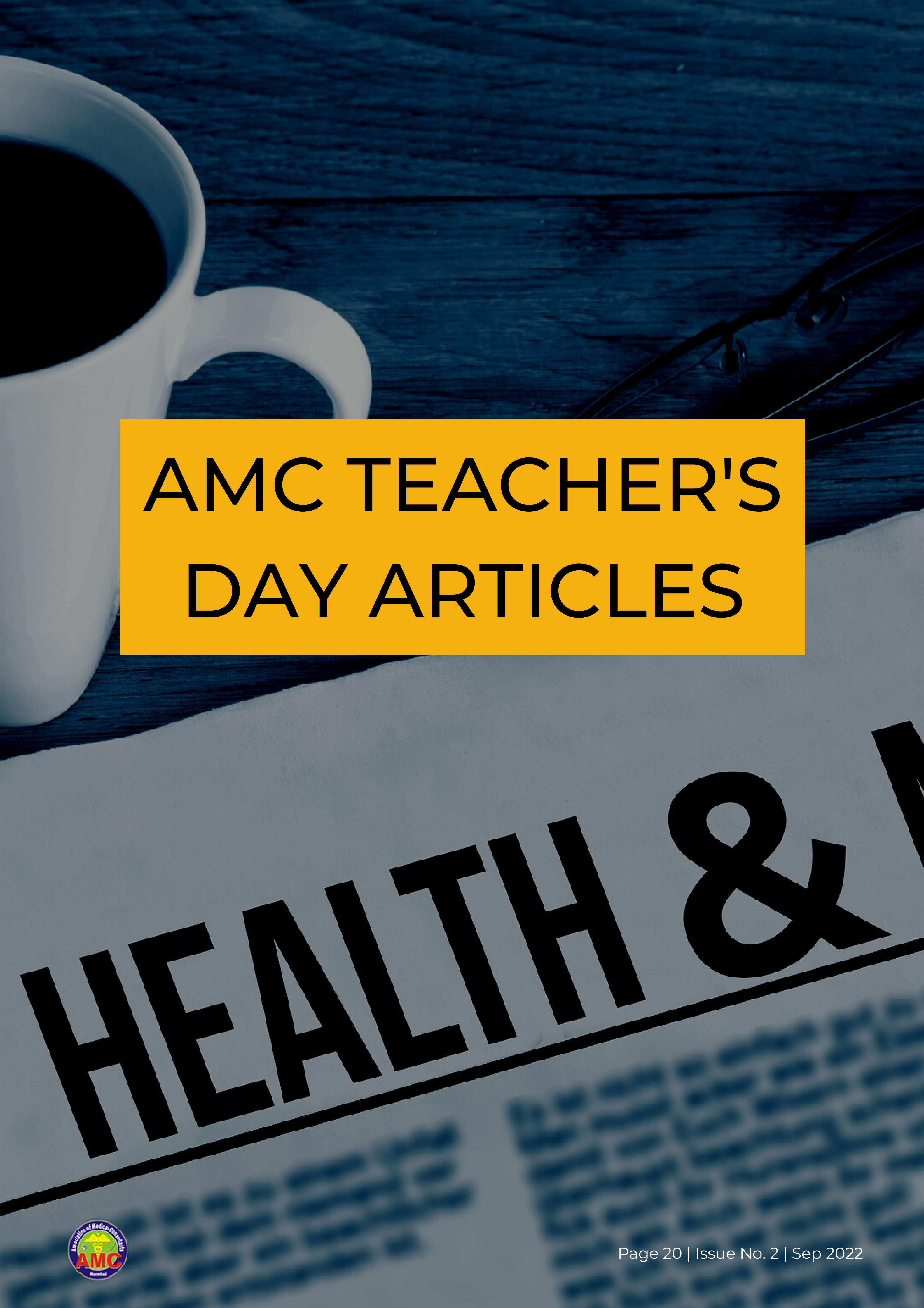
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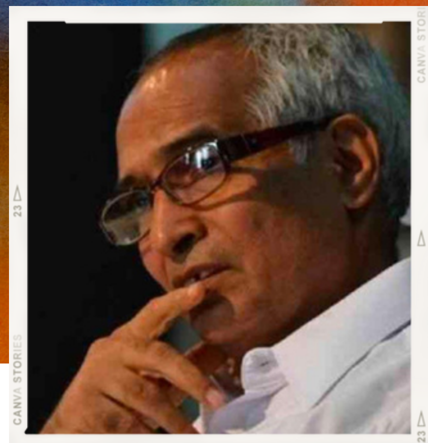


PADMASHREE DR. HIMMATRAO BAWASKAR

CONSULTANT PHYSICIAN, MAHAD, MAHARASHTRA

MY JOURNEY IN MEDICAL PRACTICE

I was born on 3rd March 1951 in a small village of 500 population "DEHED" in Jalana district in Maharashtra. There was no electricity, road and transport were by either a peddler road or a bullock cart. Since the age of 5 years, I worked with my parents at a farm, helping mother with household work. My parents put me in this village school and gave me a small piece of slate with a warning that I would not be excused if I lose the piece moreover no extra piece will be given. I loved and took due care of that piece. During the night I used to put that piece near my head so nobody should touch it or take it away. This confirmed that I love education from bottom of heart. Even today I love reading books, I have been regular subscriber of the Lancet, BMJ, NEJM and JAPI since 1981. During my primary schooling, I used to study in deem light of a kerosene lamp. In my family nobody was educated. In childhood I suffered from measles, mumps, extensive scabies with secondary infection. Also, recurrent tonsillitis, used to give morning throat pain and painful deglutition. Apply morning oral saliva before ringing to the external skin throat, the rich content of nitric oxide {vasodilator} and dissolving enzymes gave relief. Because of poverty my parents used to take me to the government hospital and have to stand in queue for hours, and that arrogant behavior of staff, doctors, neglecting poor serious patient, non-consoling cry of patient used to disturb my mind too much. One day I suffered with severe dysentery and I was waiting for my turn and experienced real suffering. I envied the doctors and my mind was always envying, criticizing the medical staff and doctors, and was thinking that I should work hard study hard and serve to patients.

My parents removed my name from school for sharing work at farm as a farmer. I stayed and worked at temple and continued my education and completed matriculation. I stayed as parasite in my classmate room, washed the buffalos of room owner and secured 74 % marks in premedication university examination and joined the government medical college in Nagpur. Borrowed rupees four hundred from the principal of college to pay first entrance fees of medical college and repaid it from the first month salary of medical office post.

At medical college, I could not cope with highly cultured, educated, and rich classmates. They used to tease me about my village vernacular language and my wearing. I suffered from severe depression and took one year of psychiatry treatment including ten sittings of electroconvulsive therapy and depression was lifted. I got totally cured and completed my MBBS.

During summer vacation, I used to work and save the money for to purchasing books and payment for school fee. In 1963 summer, I worked as waiter in hotel near by the bus station. My feet and hands were waterlogged. At around 8-9 AM while washing the plates I used to eat the left out in the plates.

My primary school friend Arjun had a cobra bite while handling the jawar husk. He was kept in the temples and Mantric was trying something, irrespective of my appeal to take him to hospital was neglected and turned to deaf ears and he died. This memory is still alive in my mind. Because of this incidence later in life I studied and researched snake bite treatment.

My esteemed teacher, guide, and mentor Professor K D Sharma was a renowned pathologist. He was transferred from GMC Aurangabad to GMC Nagpur. I was in second MBBS. He took first lecture of second MBBS. For that lecture the classroom was full of all students, staff, senior teachers who all were eager to listen to Professor K D Sharma. His first sentence which deep rooted in mind was "pathology is a mother of medical science". I took drop in second MBBS and repeatedly read and mugged up the Boyd's Textbook of pathology. Each line was read by heart. During my second MBBS examination internal, examiner was KD SHARMA. He just put a blood film under my microscope and asked me to identify whether it is male or female blood. I suddenly showed him a dumbbell shaped structure just in the nucleus of neutrophils, which is nothing but out of two XX chromosomes, one is became neutral and stored as bar body, confirmed female blood, examiner applauded and called rest of teacher regarding my skilled observation. Since this incident I became a pet student of Professor K D Sharma.

After completion on 16th August 2076, I was appointed as a medical primary health center Birwdi (PHC) in Koloba district (Raigad). My mother gave me a piece of advice that be honest, never charge anybody and only payment is your right. If something wrong happened in service, we in family and relative have no person who can be helpful for bail. My brother who helps me to complete MBBS accompanied with me at PHC, while he is returning told me he will be not happy if you earned became rich, stayed in big bungalow or drove an expensive car but most pleased if your name enters in the medical book as a researcher. This made me to be a "researcher" rather than an earner. Since 1976 to 2022 we published 127 research radicals of 110 are indexed in PUBMED in various subjects including scorpion sting, snake bite, fluorosis, thyroid, acute AMI, ear crease, covid-19, BCG, vitamin B12, c-peptide, homocysteine, framer's chronic kidney failure due to cadmium and lead toxicity, HIV, new biomarker such as RBC ACE level s in dementia and Alzheimer's disease, Eco-friendly masks for tribal community. Publications Lancet (34 times), BMJ (RCT), NEJM, Tropical medicine, JAPI Etc.

At PHC and all-over western Maharashtra mortality due to scorpion sting due to refractory failure was 30%. I took this a challenge and studied in details clinical effects, published first report in 1977 Indian heart journals and 1978 in the lancet. Professor K D Sharma helped me to get posting at BJ medical Pune for post-graduation course. During this period, I was preparing a complete paper on scorpion sting, then professor and head of department tried to force me to put his name in the paper, but I refused thus I was delayed by two years for postgraduate registration when he retired.

Because of my kin interest in primary research, MBBS knowledge was not enough to go ahead with clinical and scientific research, which is never taught in undergraduate. Almost all life is spent in a village. I was posted for post-graduation in medicine at BJ Medical college Pune. I was poor in English language, unable to present case fluently, unable to prepare the hypothesis. My post-graduate teacher Dr. (Mrs.) Divate took keen interest she completely prepared me like school boy by taking special alone clinic at 5pm in the wards, help for to present cases and write the thesis, this helped me to clear my MD in the first attempt.

After completion of post-graduation, I took requested for a transfer to rural hospital, Poladpur where very high incidence of deaths due to scorpion sting was reported. I applied first time at rural hospital a sodium nitroprusside an unloading therapy to an 8 yrs. old child who was lone son, had massive pulmonary edema, surprisingly enough he recovered but my joy last shortly, I received telegraph of demise of my father, I was in dilemma whether to attend father' last rites or continue the treatment of child I and I chose second option.

Even when the COVID-19 cases were increasing in Mahad nobody was ready to examine the case. We took challenge and started examined and managing the severe COVID-19 cases. My son requested not to examine the COVID-19 due to my age which was 72 years. I replied to him that when we wore the white apron; it is our moral duty to un-stake the stake victim rather than giving shoulder the corpse.

I lodged complaints regarding commission received from the radiology and fight for unethical way flourished in medical profession.

“Need” is the mother of innovation-

Krait bite snake poisoning is very common in rural areas. The krait snake is active during night hours, its venom is ten times more poisonous than cobra. There is no edema or any clinical effects at the bite site. We recorded 30 cases of Hindu community and not a single Muslim. We studied in detail the sleeping pattern in both communities. Muslim often sleep on the cot and used mosquito net, while Hindu sleep on floor bed without mosquito, we concluded that mosquito net and cot prevent snake bite, scorpion sting and mosquito bite alike. This was accepted as preventive against the krait bite.

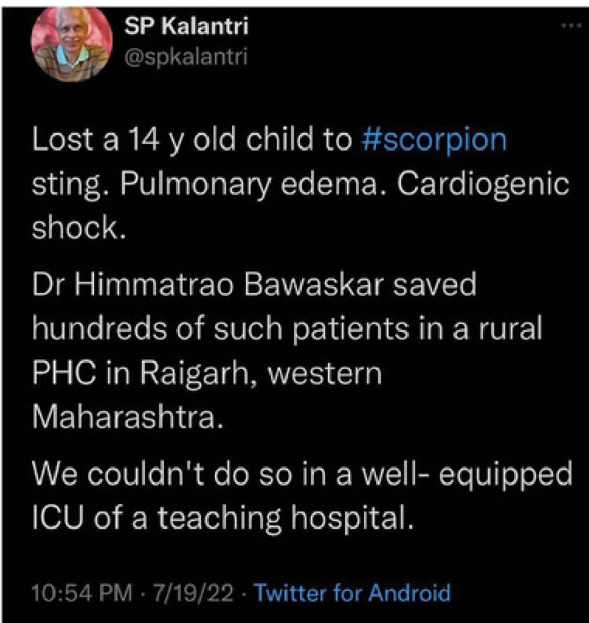
I have travelled all over the India and trained the peripheral doctors, medical colleges regarding how to do a clinical research in a restricted resource. I have even delivered a lecture in cattle shade (figure)

Bitter experience of that “imparting knowledge is no longer a paramount donation”

This was the first rural medical college established in 1976 in rural Maharashtra. My classmate was director of medical education and research (DMER). I appealed to DMER for to arrange my talk at rural medical college, Professor and head department arranged my talk on 18th may 2010, this was on verbal and no writing was given because I believed imparting knowledge is paramount donation and nobody refuse to accept knowledge donation. I reached in time and inquire the professor and head of department was annoyed and he cancelled my talk because instead of contacting him I appeal to DMER. I was very much disturbed for couple of days.

I was called for to arrange workshop and lecture at remote districts Maharashtra on 13th & 14th June 2022. As I was travelling too long, there was one recently established medical college in 2016. Majority of faculties don’t stay at headquarters. Before travelling my friend contacted the dean of medical college on 12th June, being Sunday, he refused to arrange, most poor reason that there is no good hall in medical college, still I requested him but denied. I appealed to DMER then to arrange a lecture to Indian medical association branch. I was interested to train medical students, intern, and residents. Ultimately, he became ready. Lecture hall was packed almost >100 students, faculties. I delivered 1.5 hours talk with power points very first slide(figure). Attendee was very happy and gave me standing ovation we left medical college. Surprisingly, enough deans were present and did not ask for even glass of water after my talk. I got esteem satisfaction of giving talk on lifetime clinical work in the galaxy of budding doctors.

Lifetime clinical research award



A 14 years child died of massive pulmonary edema at MGM college Wardha

Twitter by professor

Delivering a lecture to doctors on laptop in cattle shade

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APPROACHING CLINICAL ERRORS IN HEALTHCARE

We all healthcare professionals must understand that, no matter how well organised is your practice or hospital, how well trained and knowledgeable is your staff and even if you have a quality oriented attitude, mistakes will happen. Though it is always said that "To err is human," but when health professionals err, they can be treated very inhumanly by others and by themselves. The emotional impact of an error, even when there is no litigation, can be severe, resembling what we witness in patients with post-traumatic stress disorder. Consultants can become emotionally labile, obsess constantly, have difficulty sleeping, lose self-confidence, consider quitting medical practice and experience profound agony. So what helps when you have made a serious medical mistake?

Clinical errors do happen due to error in judgement, poor skills , breach in protocols or instrument malfunctions. Over last few decades clinical errors are being more recognised due to better understanding, electronic recording and excellent diagnostic and technological advances. Sometimes it could be beyond anyone's control such as slow recovery, bad disease or side effects of a particular medication.

Impact of Errors

It is well recognized now that clinicians feel guilty after clinical errors and family members often have similar or even stronger feelings of guilt. On the other side, patients and their families may fear further harm, including retribution from consultants, if they express their feelings or even ask about mistakes they perceive. In addition, clinicians may turn away from patients who have been harmed, isolating them just when they are most in need. After an error, there could be sudden change in communication between doctor and patients/families. If the relative is a health professional then this could be more so. Clinicians who feel guilty after an error may also have parallel feelings of fear — fear for their reputation, their job, legal or CPA suit, their council registration, and their own future as well as that of their patient.

In our clinical practice, we have treated many patients who are transferred from other hospitals for a surgical complication and the reactions from surgeons is varied from fear to shame to rudeness at times. It may be ethical to disclose error to patient immediately , but professionals often shy away from taking personal responsibility for an error and believe they must "choose words carefully" or present a positive "spin." However coping with such errors is major challenge for consultants. Revealing clinical misdiagnosis, incorrect procedures, inaccurate test interpretation or other clinical mistakes should be approached judiciously and many times only after consulting your lawyer or insurer in today's scenario. Some insurers will not permit policy holders to admit any error. If you have good rapport with your patient and you also have good communication with him/ her and if the error is not due to laziness, sloppiness or gross incompetence then incurring malpractice liability is minimal.

It is important to characterize and address the human dimensions of medical error so that patients, families, and clinicians may reach some degree of closure and move ahead. Hospitals, insurers, and legal advisors frequently advise consultants against using trigger words, such as "error," "harm," "negligence," "fault," or "mistake." This may be seen as uncaring consultants and is usually avoided . Clinicians are left to struggle with conflicting personal moral principles, professional ethics, and institutional policies. The patients and families also worry about fear of retribution or future poor treatment. Because of the power dynamics between physicians and patients, questioning the expertise or skill of an authority figure is particularly fraught for the poor and illiterate patients. Many want their patient get better and hope for the best. In country like India cost is also a major concern as error may lead to more costs . Some hospitals will bear part expenses.

Approach to Clinical Errors

1. Triple Action Plan ((After Brown et al 1993).
   a. Acknowledge a mistake – Acknowledging the problem (Without necessarily accepting blame, unless you are clearly at fault) defuses the situation without diminishing the individual's right to be upset. Acknowledge your mistake to the patient or family. Accept that mistakes will occur but not necessarily accept mistakes
   b. Apologize – Every time apologizing does not mean you accept blame. Even if fault lies with patient or outside sources, it is easy to apologize and say " I am sorry for situation occurred or I am sorry that you had to wait or I am sorry that you are still in pain. Apology coveys concern, which patients want. If there is slightest doubt as to whether something went wrong, apologize any way. Most patients will accept and be your life long patients .
   c. Amend - Even if the error looks minor, demonstration of contrition shows grace and sincerity If patient has got delayed schedule, reschedule his appointment quickly and proactively – second time see that everything goes well and he or she is looked after well. Amendment requires employees showing serious concern towards patient and ability/empowerment to solve problems immediately. Help patients to recover faster from the complication.
2. Root cause analysis and Preventing problem – if it has happened due to hyposkillia or instrument failure or protocol breach – take appropriate steps to correct it
3. Discuss the situation with a trusted colleague and get peer support.
4. Seek professional / legal advice if necessary and document everything well
5. Recall your significant interventions you have made for patients. Remember the patients who care deeply for you and respect you greatly. A single mistake does not negate all the good treatment you have given. This will prevent depression and agony.
6. Don't forget basic self-care. Exercise to decrease the agitation and stress. Eat well. Find a support group or spiritual home where you know you are accepted. This will facilitate your coming back to normal after a major error.

In today's era of consumerism and societies attitude towards health profession, there is strong link between medical errors and malpractice legal suits against doctors and hospitals. However, acknowledgement, apologies, amends and good communication with patient, may diffuse patient reactions significantly and avoid a complaint. Most critical attitude to avoid medical liability is a good and ethical medical practice with the proper use of technology, practice based on knowledge of scientific evidence and ethical principles of medicine - for the benefit of patients.

Have a happy and safe practice.

Further Reading

1. Gallagher TH, Waterman AD, Ebers AG, Fraser VJ, Levinson W. Patients' and physicians' attitudes regarding the disclosure of medical errors. JAMA 2003;289:1001-7..
2. Gallagher TH, Studdert D, Levinson W. Disclosing harmful medical errors to patients. N Engl J Med 2007;356:2713-9
3. Delbanco T, Bell SK. Guilty, afraid, and alone--struggling with medical error. N Engl J Med. 2007 Oct 25;357(17):1682-3.

DR. SANHITA WALAWALKAR

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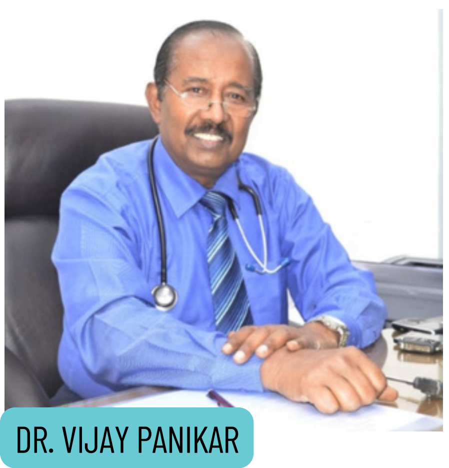
MY JOURNEY WITH AN EMINENT TEACHER

To Sir with Love,
What the teacher is, is more important than what he/she teaches. Karl Meninger said. I can't agree more. Whenever I think about Sir, that is, Dr. Vijay Panikar for the uninitiated, Karl's words ring absolutely true. In the midst of wonderfully successful, learned, knowledgeable practising diabetologists, Sir stands out as the only practical consultant diabetologist. He's unique in every way. He's a teacher par excellence because he teaches with not only the brain but also the heart.

He has been in this noble profession, first as a medical student, then a graduate and then a post graduate, a registrar and a professor. He has always been passionate about teaching. He says that he was extremely fortunate to have been taught and guided by few of the most gifted medical teachers. He was especially influenced by Dr. O. P. Kapoor and late Dr. Udwadia. They were brilliant clinicians, teachers par excellence and wonderful human beings too, he says.
After post-graduation, Sir started teaching medical graduates in evening clinics at Grant Medical College. Students from other medical colleges also used to attend bedside clinics conducted by him. He was very popular among the students. Later he taught at MGM medical college, Parel for a few years. He was a professor and an Honorary in the department of medicine in Somaiya medical college for twenty-five years. Medical students used to throng his classes even in the early mornings. I think he is an exception to the rule which states that those who can, do and those who can't, teach. He does both and excels in both.

"Medicine is common sense" is his favourite phrase. Be that as it may, but it's the most uncommon trait in common men and women, doctors included. Sir has common sense in abundance. It comes in handy while dealing with people and situations in general and accurately diagnosing a patient's condition in particular.

Sir firmly believes and rightly so that " The patient is the core of our noble profession." If we care about our patients, we are on the right path. If we serve the patients humanely, the yields are extremely rewarding, he says. Name, fame and money are bound to follow but achieving them through any means should not be the goal.



DR. VIJAY PANIKAR

He says that grooming yourself appropriately to be a consultant is equally important. His students are always taught to have a well-dressed, graceful presence in a clinic or a hospital. He believes that apart from the attire, the attitude, the body language and communication skills to win the patient's faith, admiration and confidence also matter a lot. His persona reflects it perfectly. The way he greets and treats the patients is very natural and genuine, which is the real essence of the doctor patient relationship. He's informal, unassuming, kind and superbly attentive. There's no pretence in his words and deeds. He has a wonderful sense of humour. His impromptu wordplay with names, situations and self-deprecating jokes are the stress busters, for his patients and associates too.

कोई नौशाद अली आए तो कुछ गाना बजाना करते हो क्या, he'll enquire with a straight face. A very tense woman with blood sugar levels hovering above three hundred entered his cabin. She had been diagnosed with diabetes just recently. She was in tears and worried about her future and health. He took her history, examined her, explained everything about diabetes, importance of fitness and diet in his inimitable style. Just before she left, he asked her,
" आप को मेरे पास भेजा किसने ? "
" डॉक्टर साहब, मैं कल्याण से आई हूँ। मुझे मेरी ननद ने आप के बारे में बताया। "
" आप इतनी दूर, कल्याण से आई हो। कोई चिंता मत करो। अब आप का कल्याण हो जाएगा। "

He assured her with his genial disposition and she smiled. For the first time I could see her face lit up and creases on her forehead disappeared.

His patented encouraging remarks and comments about patients' health parameters work wonders for his patients. When sugar reports are good, मोगँबो खुश हुआ is what his patients want him to say. Additionally, अगर वज़न कम किया है तो गब्बर भी खुश हो जाता है।

Whether it's an advice regarding the diet or the importance of fitness, his take on these aspects is very practical, narration lucid and demeanour affable.

सब कुछ खाओ, मीठा avoid करो
तेल कम रखो
रोज चालीस मिनट चलने को जाओ
It's his Mantra for his patients.

His concept of बुढ़ापा Mutual Fund is a sure shot winner with people.

"You're only fifty. You've another forty years to go. अगले कम से कम चालीस साल बॅटिंग कर सकते हो। फिटनेस चाहिए। आगे के हर साल के लिए रोज एक मिनट invest करो। लाईफ में सुखी रहोगे।"

This simple template to a healthy life is happily lapped up and followed by his patients. He practises what he preaches hence it touches the chord of a patient's heart.

His clinical acumen is superlative. His observation is minute and analysis is based on pure logical reasoning. He always insists that a clinician must ask WHY. Nothing in the body happens without a reason. Let it be a चक्कर या कमजोरी, सूजन या दर्द, one must know what and why, how and where, of every symptom. Unless you know why, you wouldn't know how to treat.
Despite working on patients' sugars for the past forty years, his phenomenal memory and thirst for knowledge and latest updates makes him jack of all trades and master of all too. If he comes across any new drug in patients' discharge card or some advanced treatment modality of any other clinical branch, he'll immediately read the literature and related information online. Once he reads the information, it gets stored in his brain permanently. Many rare syndromes are beautifully fitted in his hippocampus. A look at the patient's face or/and the patient's history and voila! Tolosa Hunt syndrome or Gilbert syndrome or Kluver Bucy syndrome.... pat comes the diagnosis, with a lightning speed. I keep hunting for the same in Google so that at least I know what he's talking about. Many a times I kept on wondering how does he remember everything how does he know it all? I suppose these questions have no answers or maybe they are the answers themselves. Period.

He's God for his patients and students alike. This Guru with a large heart helps build not only the career but also the life of his disciples. It's a prevailing custom amongst his students and colleagues to get their clinics or hospitals inaugurated by their loving and very much-loved Sir. Whatever he touches turns to gold. He has changed lives of so many doctors in many ways. From matrimony to alimony, his advice and suggestions are always taken. Whether it's a money matter or a health meter, Sir's opinion always matters. He helps them with the exam preparation, research and thesis, viva voce and of course, clinical cases.

After slogging for days, more than students themselves, he celebrates their result by throwing a grand party. He encourages budding diabetologists with words and deeds. His sincere advice to his students is, " Be honest with your patients and you'll succeed. There are no shortcuts for success. Sincerity, honesty, hard work and perseverance are cornerstones of one's successful career. " Sir is the epitome of all virtues that define a wonderful human being. He's large hearted, kind, selfless, caring and generous to a fault. He's passionate about his work. Come rain or shine, he attends to his patients daily. He has a very practical and patient centric approach towards diabetes management. He inspires his colleagues and students in such a way that the journey from 'all at sea' to ' seeing is not believing ' becomes enjoyable and enriching.

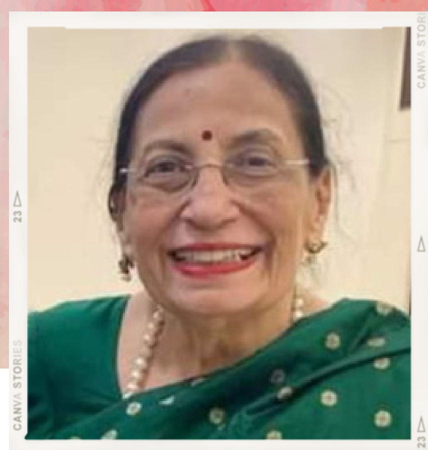
Medicine is an art of an imperfectly perfect science which is learnt best while teaching. He teaches effortlessly because he has no trade secrets and no axe to grind. The vast ocean of knowledge, wisdom and clinical acumen, nurtured with the experience of forty years has abundant reservoir. Anyone genuinely interested can take a dip, go for a swim or enjoy scuba diving. The deeper you dive; more precious treasure awaits you to unravel. Sir is always a great listener. He listens to everyone around him, his students, colleagues and most importantly patients. He appreciates even the smallest of deeds done, words spoken and gestures shown.

I can recount an interesting anecdote about our old patient. It was a Monday night. We were at the fag end of the day, having treated more than sixty patients during the evening session. The last patient was an old man in his seventies. He had come to the clinic after a gap of about 4 years. His sugars appeared to have been decently controlled. He was on Insulin injection and some tablets. When he was asked about titrating the dosage of insulin injection, he told us that he had devised his own formula by calculating his food intake and sugar readings. He had achieved an almost perfect algorithm through practice. I was amazed mainly because he was a semi-literate man with no clue about calory counting. Despite being a non-medico, he had used common sense and observation to analyse the blood sugar levels and alter the doses. Sir listened to him intently, understood the logic and appreciated his efforts. " You've become a good diabetologist, " Sir said to him. An acclaimed diabetologist listening to his patient's formula for sugar control and appreciating it, was a revelation of sorts to me. There are a handful of patients who use डाक्टर साहब का मॅक्लाझाईड to treat their near and dear ones in their native place temporarily till the person is brought to the clinic. No surprises for guessing that the formula works, well almost!! Sir's logical thinking, reasoning and application bear fruit every time, even when people are absolutely Drug Naive in the literal sense.

His students adore him, worship him and love him. His birthday is celebrated like a विजय दिवस. On a गुरू पौर्णिमा day or a Teacher's day, his phone rings incessantly, with all his disciples calling him to seek his blessings and expressing their love and gratitude towards him.

Personally, I owe my every little achievement in career and life to Sir. He has metamorphosed my life totally. He has given me confidence, encouragement and support, apart from teaching me ABCD of diabetes, history taking, very finer nuances of clinical examination that are not found in any textbook and the entire Goodman Gillman. His appreciation towards my non-medical, creative pursuits like writing, also means a lot to me.
A very famous American historian, Henry Adams once said and I quote,
A teacher affects eternity; he can never tell where his influence stops...

I believe he wrote it for Sir. It describes Dr. Vijay Panikar, my Guru, mentor and guiding light perfectly. I may forget what he taught me, given my issue with the IQ but I'll never forget how he made me aware of my inner strengths that I have been trying to build up further and deeper insecurities that I am trying to vanquish with sincere efforts. Thank you so much Sir for being there always.



DR. SADHANA DESAI

EMIRATUS PROFESSOR OF OBSTETRICS AND GYNECOLOGY, BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

MY JOURNEY AS A TEACHER

The reverberations of the epic shloka "Guru Brahma, Guru Vishnu, Guru Devo Maheshwara" has passed the test of time since the inception of Gurukuls. In ancient times, the Gurukul was the abode of learning where the learned & wise scholar would take in his fold the children, as his family members & impart the knowledge for overall grooming. That was the first starting point of Guru Shishya Parampara.

With the passage of time, the Gurukuls faded into oblivion & later on the village school's Pandits took over the responsibility of grooming the young minds & that started the relationship of Guru – Shishya. As we step into schools, colleges & University, we come across many teachers who takes all the care to make us knowledgeable & prepare our mind set to battle it out when we step out into the real world. Some of the teachers leave behind a deep impression in our mind. We start considering them as our philosopher, guide & Guru. We may meet him / her in person to show our reverence or the same may be shown by following his ideals, teachings & wisdom like Eklavya.

Later on, we are exposed to many wise person's teaching & advises of many learned people in the field of education, spirituality, business management, sports etc. & may start following one of them & without meeting the person, for example, Warren Buffet, Lee Iacocca, Bill Gates, Ratan Tata, Osho etc.

In modern times with the boom in electronic media & internet, the personal touch of the teacher & the student is on the wane. However, in any circumstances, one may come across a person whose teaching & wisdom may greatly influence one's life leading to the start of Guru-Shishya tradition.

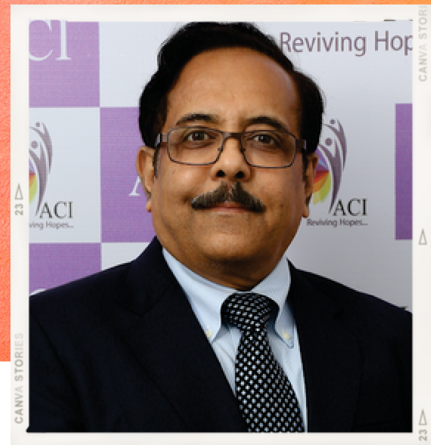
When I was a student in obstetrics & gynaecology, there was no internet. The medical journals in obstetrics & gynaecology were very few and not easily available. We used to attend all the classes of our teachers enthusiastically and write down the notes in detail.

I recall, my post graduate days. During teaching classes of Dr. C. G. Saraiya, an eminent gynaecologist of Grant Medical College who was a popular and knowledgeable teacher, we would not find a place to sit.

I have observed the same type of enthusiasm by my students when I became a post graduate teacher way back in 1969.

However, over period of time the enthusiasm for attending classes is decreasing. As time passes, students are relying more on internet and they also have easy access to all medical journals & books.

One must remember that medicine is just not a Science but is also an Art. Art can only be learnt by watching how teachers handle difficult cases in the field of medicine or surgery. Even today one cannot become a good doctor just by learning medicine thro' internet but by being in association with a good teacher.



DR. SANJAY SHARMA

MS, FICS, FAIS, FACS (PROF – ONCO SURGEON) DIRECTOR ASIAN CANCER INSTITUTE

JOURNEY OF SURGICAL ONCOLOGIST AND TEACHER OF OVER 4 DECADES

INSPIRATION

I am little fortunate to be coming from a medical background as my father being a senior surgeon and professor. During my initial medical career, I watched him as surgeon with exemplary skills, honest approach towards his patients and the professionalism required to manage them. My father, Dr. H S D Sharma, was one of the top teachers in the country and was awarded by ASI for 2 consecutive years as a best teacher's award.

He passed on the surgical skills to his students with sincerity, passion and at times with hard hand on his students to be punctual in the efforts for work, for patient's as they need humane touch in this profession. These qualities of him, I tried to imbibe to improve my standards to be a good surgeon and to be a good teacher.

I also was fortunate and got an opportunity in my early adult days to go to the operating room to shoot videos of surgeries performed by my father with my 32 mm camera. I kept watching those supra major surgical procedures on my video, namely excision and reconstruction of aortic aneurysm., portacaval shunts and esophagectomies, were one or few out of multiple surgeries that he did. He encouraged me to become a surgeon. In this process, I by design chose a topic for my thesis of MS General Surgery on immunological assessment of cancer patients and surgical outcomes. This led me to Tata Memorial Hospital, to meet Dr. P. B. Desai (Ex-director and surgeon, TMH) who encouraged and guided me for my dissertation.

After my postgraduation from Gandhi Medical College, Bhopal, I came to join Tata Memorial Hospital to become a surgeon. Those days, there was no formal degree course available for Onco Surgery, so Dr. Desai allowed me to join his unit in Tata Hospital in January of 1979 as a junior resident doctor. Those days, there were a handful of surgical residents available with loads of work to handle. All of us were there spent hours and hours in the ward and to learn about patient care in Oncology.

In this profession of my journey as onco surgeon, I learned a lot from Dr. Desai, my teacher about surgical skills, clinical approach, instrument handling for better tissue handling, reaching a goal of excellent results.

With all of my teachers, Dr. P.B. Desai, Dr. J. J. Vyas, I decided to become Onco Surgeon. During the process, I did lot of assisted surgeries and independent surgeries and tried to harness the skills of a good clean surgery.

I realized that major surgeries need lots of special care in ICU, which were not available in those early days which led me to know more postop surgical care, handling of complications in complex cases. At that time, I used to sleep in the ICU sometimes to be close to the patients for acute exigencies and desired to have more facilities being added to ICU.

Thus, came the need to have improved ICU care and facilities. Dr. N. S. Sawant, Chief Anaesthesiologist and Critical Care then facilitated to upgrade the ICU and we could learn the new methodologies of patient care postoperatively. He also made an effort to create good Anaesthesia and Critical Care Team at Tata Memorial Hospital in making the modern ICU, which has taken shape to one of the best now in India.

INSTRUMENT HANDLING AND SKILL SET IMPROVEMENT

During my senior residency days, I had a lot of younger junior colleagues like Dr. Darius Dastur. I learned how to do modified colostomy, so that we could fit the colostomy bag properly and I still remember that paved a way of lot of ease of fixing the colostomy bag. Similarly, lot of other colleagues of mine, Dr. Madhu Maheshwari and many more, which I worked closely with had some of their excellent methods of handling or making fixations of drains, positioning of abdominal retractors to more steadily fix it, this helped me to pass on this knowledge to my younger colleagues. During my residency with all my co residents in other departments enjoyed working with them are top names in India few of them are my best friends namely Dr. Ramakant Deshpande, Dr. Ravi Deo, Dr. Gopinath.

During end of my senior residency, I got a fellowship at MSKCC, New York to work in thoracic surgery and critical areas for about 1 year. There I had a pleasant fortune to watch in my opinion the best surgeons in the world Dr. Joe Fortner, most famous surgeon known for his radical regional pancreatectomy. I always made time to attend his surgeries, his observer and spent hours watching him. He had tremendous skills & techniques which I still use in my day-to-day cancer surgeries. The second man, under whom I worked in thoracic surgery is Dr. Manjit Bains, equally skill full and a crafty thoracic surgeon at MSKCC. I learnt esophagectomies, lobectomies and practically all major thoracic procedures from him. He taught me his personal techniques of instrument handling at surgery which I could imbibe in my surgical procedures with good results. I did learn finer nuances of radical three-filed esophagectomy at ISDE fellowship in Japan under Dr. Kakegava, Dr. H. Fujita, and by their techniques. With my small modifications I feel with all pride, I have got excellent results with negligible mortality in doing more than 1000 esophagectomies and have average 58% survival at 5 years and 93% survival of all nodes negative patients at 10 years.

IMPORTANCE OF ATTENDING CONFERENCES/ WORKSHOPS

I made sure to attend different conferences and workshops in different parts of the world watching all top surgeons from France, Italy and many other countries which made me definitely a better surgeon, learning their skills, post-operative managements. This method of teaching for our residents was not available as media operative techniques were not known. I decided to host multiple International (three workshops on esophageal and lung cancer in 2005, 2008 2015) and National operative workshops in Mumbai and different parts of India started along with IASO and ASI. I also made efforts to go myself with many top surgical names to demonstrate video and operative procedures for those who had lack of these facilities at that time.

Upon returned India in198, After joining back Tata Memorial Hospital and was appointed as surgical associate professor, I was fortunate to do all kinds of GI, thoracic surgeries and tried to teach all my junior associates at Tata Memorial few namely are doing excellent jobs now at different parts of our country namely Dr. Suraj Pawar (Kolhapur), Dr. Anil Heroor (Mumbai), Dr. Mahesh Goyal (TMH, Mumbai), Dr. Virendra Rajpurohit (Jodhpur) and so many more in different parts of the India are doing excellent work, which gives me a proud moment to be a teacher of all of them.

Seeing all methodologies of teaching, I can say that it comes in 2-3 parts i.e.
a] clinical teaching,
b] surgical teaching,
c] post-operative management and showing their results and publishing their results.

A] **Clinical Teaching**

All surgeons have fond memories of their great clinical teachers and their memorable teaching moments However, if asked to quantify the objective measurements of teaching skills and qualities, these are generally incomprehensible. It may be possible to name some of the qualities of their great clinical teachers. And generally, the students when describing their teachers as "great “recall them as: consummate clinicians with mastery in their respective subject, proficient in communication skills, clinical diagnostic reasoning, learner-centred teaching, organizational and planning skills (arranging suitable patients) that foster a collaborative learning climate; open and reflective for feedback and have plenty of time and enthusiasm for demonstrating and themselves demonstrate physical signs and clinical skills during bedside teachings and procedures.

B] Residents and Teacher Assess the Efficacy of Teaching/Training Similarly

Studies have addressed this important issue and most have found that in spite of common grounds, there is significant disagreement between residents and teaching faculty, especially in the operating room teaching which is fundamental to the development of a surgical resident. The reasons for this are not different to understand as both want and expect different things from each other: residents want greater teaching stress on steps like "instrument handling, suture selection, and "operative field exposure," while faculty felt residents are not properly prepared with basics like "surgical anatomy. "Natural history of disease," and "procedure choices. This taught me to understand the junior colleagues needs to be discussed with them in person to alley their doubts.

The COVID pandemic has disrupted the conventional surgical teaching globally, but nimble footwork has ensured that great teachers have quickly risen to the challenge and adopted various virtual teaching models with great alacrity. Video conferencing, scheduled online classes/courses, webinars, e-simulations, and other remote teaching digital/e-models are being freely used with great felicity and have opened a new e-world for great teachers to share their wisdom even more easily with a wider audience across the globe.

C] Surgery based Practice and Research

The past two decades, I have witnessed increasing use of evidence-based practice, research and translational research to implement efficacious treatment studies. Great surgical teachers inadvertently ingrain this practice of not using bogus treatments and emphasize the levels of evidence on which their decisions.

"That the great surgical teachers shine like stars in the rolling pitch-darkness of night, instead of limiting the challenges they come across; they by their dexterity, deftness and featliness challenge their limits and transcend all the formalistic barriers and enrich the posterity with innovative ideas and styles.

Nowadays, the improvement in the instrumentations, staplers, minimally access surgeries, newer approaches the skills set required has made surgical procedures much better, with decreased complication rates i.e., leakages, haemorrhages and with minimally access surgeries faster recovery, thus a surgical teacher has to be a master of newer technology which is now hallmark of good surgical teachers.

The last thing, a teacher needs to be research oriented publications which were little less in our era due to multiple reasons which has changed since and also has to improve further and teachers should be more proactive to encourage juniors to publish their research work.

ACHIEVEMENTS

My greatest achievement is that I could become an onco surgeon and in my eyes, I am reasonably satisfied; however, it is for people to judge my achievements for the societies.

Other achievements are multiple awards by state governments of Chhattisgarh, Madhya Pradesh and multiple surgical and medical societies, namely ASI, API, ISO, ISMPO and state chapters of above associations in India and abroad for inviting me to deliver oration and keynote lectures.

I have been facilitated by multiple bodies in India and abroad for promoting awareness of cancer and cancer prevention programs throughout the country.

I have been also honoured by scientific bodies by giving me the positions of secretary and president to ISO & IASO. I can claim that I and few of my colleagues have brought multiple scattered scientific oncology bodies together and uniting them and bringing them to one platform now leading to ICC (Indian Cancer Congress) Program in India every 4 years. I feel privileged to have opportunity to be chairmen of 3rd ICC program to be hosted by Mumbai Group in 2023. This ICC program invites almost 8 to 10 thousand people of different spectrum from research, oncologist, nursing apart from surgical and medical groups.

CONCLUSION

At last, I would say that after initial training at Tata Memorial Hospital and learning from great teachers and then to teach many in this country and abroad, I received enough satisfaction and pride in all junior associates and young surgeons who are doing exemplary job in this country which are peripheral to any part of the country and abroad to make the future for mankind filled with good treatment options.
This reminds me of the quote "**"Hippocrates"- Declare the past, diagnose the present, foretell the future, because, from past you weave the fabric for tomorrow.**"

DR. P.B. DESAI

DR. BAINS

DR. HSD SHARMA

Dr. FORTNER

Dr. Osugi & Dr. Udagaba with our team during ISDE workshop. (2015)

DR. USHA BHARAT SARAIYA

CONSULTANT SENIOR OBSTETRICIAN & GYNECOLOGIST

FOOTPRINTS IN THE SANDS OF TIME

A MEDICAL TEACHER'S PERSPECTIVE ON EDUCATION

Dr. Sarvalli Radhakrishnan whose birthday is celebrated as "Teacher's Day" on 5th September was a great Scholar and an Educationist. His knowledge and wit were phenomenal and he is quoted many times even today. In India, it is our tradition to honour our "Gurus". It is taught to us in childhood that "Serve your Guru, because he has shared his knowledge with you".

Before I go any further, I would like to pay a "tribute" to all my students. They have inspired and motivated me. It is because of their persuation that perforce I had to find time from my other duties for taking clinics and demonstrating procedures. To them I owe a great debt of gratitude.

It is the students' eagerness to learn, their probing questions that makes it interesting and challenging for a medical practitioner to demonstrate his or her understanding of the case, its underlying social and economic ramifications, and also to think through how best to proceed to always "improve outcomes". So, to all my students a big "thank you".

Overall, my experience of teaching Medicine, mainly Obstetrics and Gynaecology straddles the 20th and 21st Centuries. It also covers teaching at medical college, Private Hospitals for DNB, several organisations and some Institutes abroad. I have had the privilege of working in a complex, cosmopolitan megacity like Mumbai and with diverse communities. I also had the opportunity of covering rural areas with awareness and Cancer Detection Camps. Where we interacted with uneducated crowds. Further, we had to talk on a complex subject like cancer and all they knew about it caused nothing but fear in their minds.

However, I would like to add that it is the students or shishyas appreciation which makes life worth living for a "Guru". Without the devoted following of students, their inquisitive minds keen interest there will actually be no Gurus. It is a deep bond which we realise when everytime we get warm greetings on Guru Purnima and also on Teacher's Day several years after the student has completed his studies.

Reverence, deep regard, respect and a life long interation is the essence of "Guru-Shishya" relationship. With so many years of experience, then, how can I articulate my thoughts on medical teaching and education? Why are we giving so much importance to Education?

I fully agree with the famous line:
"Education is to a Human Being
what Sculpture is to a Rock".
So, you can believe that Education is not just a preparation for life, but is life itself.
J.F Kennedy understood its value well as his oft-repeated statement was
"The Human mind is our
Fundamental Resource".

Given this approach, it follows, that to be a good teacher, you must love teaching. It must become one of your pleasurable activities. It may not have any monetary links. If you enjoy and value it, you will find time for it. Everyone has 24 hours in a day. What you do with those hours is your choice. So, what is a good lecture and how to improve matters?

The most negative concept of a lecture is "transfer of knowledge from the notes of the Professor to the notes of a student, without passing through the brains of either". Guard against such a situation!

A few important points that I believe in:

1. Keep to time and plan your talk. Do not ramble.
2. Assess who the students are. What is their existing level of knowledge?
3. You must give something new, something that the students had not known before. Further, explain it well.
4. There must be some clear message given about the use of this information.
5. What is appreciated is Historical background, Global and future trends and also what is in the Realm of Research. This is true especially for PG students and Practising Doctors.
6. Try and make it interactive. You may ask questions or give sometime for a Q and A session.
7. Of course, when it is a Guest Lecture or an Oration, one expects much more. The embellishments are, to include quotations, some poetry, some literature or some real-life stories.

A very simple way is to stand a little away from the Podium and see the students and be seen by them. This establishes a “rapport”. Sadly, sometimes podium is in a corner and it hides the speaker. Only the top of the head and glasses of the speaker are seen. Further, the speaker speaks fast because he has kept far too many slides and time is running out. The slides can hardly be read by the students as they are changed too fast. Once again, guard against such situations. Keep less slides and explain each one. There is no need to have a totally dark room atmosphere! Keep some lights on and engage with the crowd.

I have noted with much happiness, young Doctors who have a very good stage presence. I would certainly like to give credit to the new generation. They have good personalities and speak with tremendous confidence even if they have just 6 months experience. These youngsters must be encouraged and given more opportunities for clinical Research. Facilities for Research are still very limited in our country.

Changing Pedagogies

Pedagogy, according to Webster’s II English Dictionary is the art or Profession of teaching. It covers the methodology of teaching, including Preparatory instructions or specialised training. Therefore, a “Pedogogue” is an Eductor. When I started my teaching career there were no teaching facilities except perhaps a blackboard. Formal lecture halls were very few. We taught in side rooms, on verandahs or even in the ward itself. Students sat on wooden benches gathered from the ward rooms.

Old fashioned methods were grand rounds, bedside clinic and students presenting their cases. Somehow, we found it a very effective way of teaching. It made a deep impression on the students and they retained the knowledge! I do hope these methods don’t become a relic of history!

20th Century brought with it the Internet, Google, Wikipedia and all the gadgets which gave you direct access to information and knowledge. It has changed life itself! I would say it has made “online research” a routine pastime of doctors and patients, bringing in its own rewards and challenges. If we do not lose sight of the time-honored ‘guru-shishya’/’doctor-patient’ bonds of responsibility, these new methods can be a blessing, and should be welcomed.

But what really changed the entire scenario was the COVID Pandemic! Perhaps this will be remembered as the greatest contribution of the virus to human life. On line learning became a way of life from school going children to senior international faculty. Webinars became our daily life. In a sense the world came together and medical knowledge knew no boundaries. From the comfort of your home, you could watch the most complex operations being performed. What’s more you could have a one-to-one talk with the Surgeon. Medical education got a new dimension. It became more accessible, affordable and large audience could be reached. Where will it take us? Let us wait and see!

Concluding thoughts:

Responsibilities of Medical Education is shared by several Medical Organisations starting with Indian Medical Association, Association of Medical Consultants and all specialist organisations. They have excellent well-trained specialists who are willing to give time and enjoy teaching. This is obvious when you attend conferences, each and every speaker makes an attempt to present good Scientific data and review the literature. Some organisations have started Colleges which are devoted to promoting academics.

I highly recommend joining a few Medical Organisations. These offer a doctor various opportunity to make life enjoyable and fulfilling. I myself belong to at least 7-8 National and International Associations or academics. They have given me wonderful opportunities to lecture, write articles and travel to attend Conferences. Thus, I have been able to see the world! My life has also been enriched by life long relationship and deep friendships by the people whom I got to know through these organisations. The organisations offer a "platform" for you to share your abilities and express your "creativity". If you want to sharpen your administrative abilities you can volunteer as an office bearer to one of the organisations. You will blossom out and see your capabilities rise to the occasion. If you prove to be competent, you will soon climb the ladder and reach the top.

It also teaches you many things which make you a better person. You learn to get on with your team mates and form your own team and become a leader yourself. Always keep away from "negative characters" and "trouble makers". Do not get involved in petty politics and keep yourself above small rivalries.

Here you can organise teaching programmes, invite guest faculties and that process will help you to also improve your own presentation skills. Awards and trophies will eventually come your way. But please don't start chasing them!

Your aim will always be primarily to improve your own abilities and secondly improve the prestige of the organisation you serve.

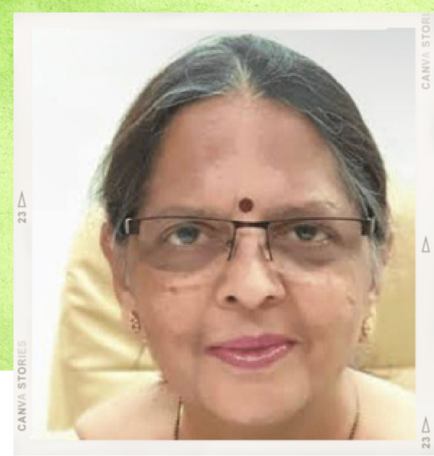
Remember the words of Helen Keller
"Alone we can do so little. Together we can do much more."
Who then is a medical teacher?

Teaching is an integral part of Medical Profession. Every doctor is a medical teacher because he or she has to teach his or her patients, the relatives, staff and colleagues and also this learning and teaching is life-long; as said by Peter Drucker-a world renowed Management Consultant. It is thus the responsibility of every Doctor to keep abreast of knowledge and help all those who are working with him. To do the same, what's more he or she must enjoy it and make everyone also enjoy their participation.

In my humble opinion, whatever the pedagogy, the crux of the challenge in Obstetrics and Gynaecology is that if you want to deliver healthy babies, you need a healthy mother; and healthy babies make a healthy Nation. So being in the practice of Obstetrics, you need to understand the entire circumstance and significance of the baby's birth. You eventually became a part of the family and perhaps have the pleasure of delivering the 2nd and 3rd generations also. That is a special charm of Obstetric practice which I have enjoyed thoroughly.

Whatever career you may choose for yourself, always remember your basic aim is to improve humanity".
Martin Luther King (1929-1968)
This statement will always remain an eternal truth and a value to be inculcated in children.
So dear friends, you can never stop learning because "life" does not stop teaching.

Thank you to AMC for giving me an opportunity to share my experience on the occasion of the Teachers' Day. A very special 'thank you' to Dr. Reena Wani, a friend and a colleague for her valuable inputs.



DR. MADHURI GORE

CONSULTANT GENERAL SURGEON AND PHLEBOLOGIST

THE THOUGHTS OF A MEDICAL TEACHER

The decision to join the department of surgery as a lecturer in February 1980 was guided by the need to gain more surgical experience, to have fixed working hours as we had a baby to look after and to have an assured income of Rs. 850. The original thought was to gather the experience for 3-4 years and then to be on my own. But soon I realized that there was so much to do as a teacher and I just enjoyed doing it for 30 years.

Training the trainer programs for medical teachers started much, much later and so I had the freedom of deciding my teaching methodology. I was fortunate to have some excellent teachers in school and a few in college days. I had the basic qualities that a teacher should have the ability to speak clearly without fear – thanks to elocution competitions in school, good command over English despite schooling in Marathi medium school and inherent drawing skill. I knew that reading and planning the layout of topic to be taught was essential and so was the effort to keep the attention and interest of the students focused.

The graduate students: The formal teaching assignments of a lecturer were for small group addressing surgical anatomy, surgical pathology, x-rays, instruments besides bed side clinics in the hospital wards. The most of the second MBBS students used to be excited about their clinical posting and enthusiastic about attending surgeries, emergencies. The human anatomy learnt in first MBBS would be forgotten during the holidays and needed refreshing touch and encouragement rather than sarcastic comments. These tutorials gave an opportunity to establish better interpersonal relationship.

It was not difficult to realize that those youngsters were seeking a role model in their teachers just as I used to. Many viewpoints have changed over the years but, I think this is the one that has not. Probably it is impossible for one individual to have all the qualities of a perfect role model, so it is essential that all the teachers understand and honor this responsibility. The students are keen observers of everything about their teachers and in a medical college the observer- group includes not only students but nurses, helper staff, patients and relatives, office staff and certainly peers. What you wear, how you carry it, how you walk and how you talk – everything is watched including the jewelry! As the years passed by I observed the students becoming freer in sharing their opinion – Mam, Nice saree, This color suits you, Don't wear a dress; we like you as a professor in a saree! It was amusing to experience their interest in a teacher. Well, I was no different and used my authority to reprimand the students for wearing short dresses, leaving their long hair loose or for wearing slippers in the wards and once to my observers from Netherlands for wearing half pants!

But it also made me realize that this quality of students needed to be guided on the steps of Look, See and Observe. In my opinion Seeing is accidental, just because something happens to be in the field of vision, Looking is intentional – with an interest and observing is with knowledge, understanding and a thought process leading to decision. To become a good clinician, it is essential to progress from looking to observing and a teacher by his/her own action and approach must illuminate this path. A student who had been with me during her surgical posting came to me after about 15 years. “Madam, I have always remembered how gently and with great concern you used to explain and do per-anal examination. I think I have a fissure and did not want to go to anyone else.” A teacher should always remember that his/her every action, reaction, attitude, approach, intention, intervention is creating an impact on the students and so each of these must always be correct and appropriate.

My experience in Marathi theatre had given me the advantage of understanding communication skills. But every teacher does not get this opportunity. So, I took the lead in arranging talks by well-known personalities in this field under the aegis of staff and research society of the institution. I thought and still think that learning about body language, verbal communication, presentation skills would certainly make one a better teacher. Much later, Maharashtra University of Health Sciences included this as a part of training the trainers program. My generation has probably seen maximum advances in technology that have revolutionized communication, imaging, photography, record keeping, data analysis, presentation – just to mention some related to medical teaching. Gone are the days of using black board and chalk to write and draw figures, typing the dissertation on a typewriter with two papers with a carbon in between only to retype it again for including modifications and corrections suggested by the teacher. Arrival of electronic typewriters brought in great relief before computer made it a simpler.

For me use of projection technology during lectures started with overhead projectors (some of you may never have seen it!). Then came a slide projector in which every slide had to be changed manually followed by one with a straight or oval carousal for slides with remotely controlled slide changer. Numerous (now) humorous incidents like melting of slide, stuck slide, failure of slide changer - all used to prove the famous Murphy’s law repeatedly. Carrying printout of slide text was my routine practice then. But the most difficult challenge was to get the slides prepared from the artist department! Arrival of computer brought about great revolution in preparation of documents, but initial computers with convex screens posed a problem in taking good photographs of screen to make slides. Power point presentation program appeared like a magic wand. I felt sad when I discarded a large bunch of folders holding hundreds of slides. And today, something new is being introduced practically every day. With satellite transmission facility, multiple platforms have made live projection a new norm. COVID certainly contributed to its refinement. My generation has experienced and enjoyed this transformation and has taken special efforts to learn and master these technologies that toddlers of today handle with great ease. One decision that I have been following very religiously is to prepare my power point presentation myself. I have never given this responsibility to my junior colleagues or postgraduate students however busy I might be. I accept that all of these gadgets have revolutionized teaching technology but I firmly believe that for training in medical field nothing can replace the personal presence and touch.

The postgraduate training: Being with postgraduate students was and still is the most enjoyable experience for me. This interaction keeps the teacher young, active and in ever learning phase.Particularly in surgical branches, formation of a cohesive team is extremely important. The training of postgraduate students in the team is a constant, ongoing process and includes clarity in communication with everyone, continuous updating of knowledge, consistent commitment to patient care and cultivating compassion. Hands on training is an integral part of surgery and in my opinion, it should be a stepwise graded and planned activity, execution of which should be the responsibility of not only the junior but also the senior teacher in the unit. Learning correct surgical techniques in the initial phase of residency is extremely important as it is very difficult to change incorrect practices at a later time. I made consistent effort to guide and assist each one of my postgraduate students as well as junior colleagues in performing major surgical procedures during their time with me.

Procuring equipment for performance of surgery using newer technology like laparoscopy was my responsibility as the chief of the department of surgery and so was to provide encouragement for adoption of the technology with care and precautions. This required setting up of training lab. But with my previous commitment to burn care, vein clinic and administrative responsibilities, I had very meagre time on my hands to learn and practice this technique. Then my junior colleagues and my students became my teachers – a reversal of roles. That was an enchanting experience.

I grew up in a middle class, well-educated family from Pune and my exposure was more or less limited to social norms observed in this section of society at that time. My 25 years with burnt patients exposed me to a completely different type of social attitude, culture, thought process and behavior and it gave me a significant jolt and I felt like a horse with blinders.(I will refrain from writing any more details about this subject here) I could perceive the strength to fight back, the grit to survive, the struggle for independence in those young girls while they were experiencing severe physical and psychological trauma and neglect from family and society. This made me aware of the great social divide between the postgraduate students working in burns and the patients. I started counselling the residents posted in burn unit about what they should expect and this helped in improving their involvement in patient care. As chief of burn care service, I had the opportunity to work with, interact and observe every resident in my department as every postgraduate student was posted in the burn care service by rotation.

I prepared a manual containing patient care protocol, surgical procedure details, protocols related to deceased donor skin banking and utilization, various record forms, etc. This made the implementation much clearer and easier for the residents. Working in burn care was not easy both physically and psychologically. But I rarely observed any resident shunning his or her responsibility. Following establishment of the first cadaver skin bank in India on 24th April 2000 with introduction of the concept of skin donation after death to Indian society, my main concern was about timely response to a call for skin procurement. But my residents were so committed that our response time was less than 15 minutes for majority of the calls. If there were multiple calls other surgical residents would ensure appropriate response. I was truly impressed and touched. I don't think it was because I was the chief of surgery. It was because the residents had developed dedication, commitment and determination. It is the responsibility of the teacher to provide appreciation and encouragement so that the drive becomes sustainable. This applies to all the fields of medicine.

The main problem faced in training of the postgraduates was related to the theory component. The teaching programs conducted in the afternoon were attended by very few students and that too with most of them dozing and some snoring! This led to the decision of conducting monthly mortality audit in the morning and the theory teaching was grouped into multiple organized lectures clubbed together. So Postgraduate CME became a yearly activity that included lectures along with case discussion, mock examination of tables; Annual trauma training program with hands on procedures on cadavers, Surgical intensive care workshop over 2 days. Updates on burns, venous diseases, diabetic foot, wound care, orations, invited lectures of visiting experts, elocution competition for the residents - all together contributed to yearlong teaching, but at time convenient to postgraduates and without affecting patient care. I was aware that some of my colleagues in the department were not too enthusiastic about these activities, but no one ever raised objection. I truly appreciate the fact that each one did his/her allotted task perfectly and all made it a point to attend all the programs completely. We all learnt and observed together and so at the end we could discuss and think of any necessary modifications for future. We also became experts in organizing flawless events. This period spreading over 11 years from September 1999 to end August 2010 was a very busy and thoroughly enjoyable one for me. I was fortunate to have the opportunity to continue some of these activities even after superannuation though at a different set up.

Topic of dissertation allotted by the teacher or selected by the student was an eyesore for me most of the times. I very strongly felt and still feel that this is the right time to introduce the science of research methodology and the art of scientific writing to the students, however simple the study may be. The department did have some funds available for this purpose. But unfortunately, there were not many takers. I saw to it that most of my postgraduates conducted a prospective, preferably controlled study and published it after the examination. Together we managed to study several interesting areas such as incidence of DVT in postoperative period, DVT in trauma patients, Incidence of central line sepsis, nutritional status of burnt patients, excision of carbuncle and primary skin grafting, comparison between porcine xenografts and conventional dressing for wound care and many more. Our record keeping is abysmal. Our hospitals are overburdened with patients providing ample clinical material. Till today, I have failed to understand why teachers can't instruct their students to conduct a prospective clinical study rather than allowing them to write a meaningless dissertation based on retrospective, inadequate, incomplete data! (This reminds me of a quote 'A mediocre dissertation is nothing but transference of bones from one graveyard to another') I urge all the teachers to provide the inspiration to the students at this point in time so as to stimulate involvement in research which may in future lead to innovations by some and may be an invention by another! Let's not lose this opportunity.

Medical community: During my years as lecturer, I had started presenting free papers at conferences which in itself was a learning opportunity. From 1988 onwards, I was participating in conferences as invited speaker, panelist, guest speaker, orator, speaker at CME etc. This gave me multiple opportunities to share my experience, my thoughts, my suggestions with a larger group of surgeons. Sometimes I would be asked to speak on the same topic at different fora, but I had disciplined myself to read all recent advances in that field and modify my presentation accordingly every time though the topic was same. This habit not only kept me updated, but also made me realize that more knowledge brought more simplicity in my communication and more appreciation it received. I could also watch and hear many other speakers and gained a lot. Some speakers made me think again about the importance of mastering communication skills.

Then the department got an opportunity of conducting training program in trauma and burn care for district hospital surgeons under MHSDP (Maharashtra Health Systems Development Project). I was convinced that with the first trauma center in Asia and the center of excellence for burn care in Western India both being managed by the department of surgery, we were the best suited institution to impart this training. We conducted 10 programs for trauma care and 8 for burn care with 10 surgeons in each group and each program over 15 days! These 18 courses over one year were a mammoth task, but the whole department did it together and we all learnt a lot. It was obvious that for teachers in medical college, teaching was not restricted to medical graduates and postgraduates, but expanded to include all medicos in the profession. It didn't stop there, we were teaching nurses, physiotherapists and occupational therapists- both in lecture hall and wards. Well trained nurses were a great asset everywhere, particularly in burn care and trauma care. Interaction with physiotherapists, occupational therapists, dietitian contributed immensely to improvement in burn care – all of us learning from each other. I routinely trained the helper staff (I think this is a better term for labor staff) in infection control measures besides patient handling and watched them feel proud for being treated as part of the burn team.

Patient and relatives: Patients form the core of our professional existence. Understanding the family and social background of the patient is always helpful for suggesting appropriate treatment. Patients also made me realize that all medical professionals need to develop the ability to provide support, empathy, a reassuring touch without being asked and the instinct to respond without being told. These insights can be developed by learning to recognize visual signals and by understanding unspoken emotions. These qualities are extremely valuable for inculcating confidence about the medical professional and faith in his/her decision. Same principles need to be applied while communicating with the relatives as they must be taught and told about the condition of the patient and the treatment and prognosis. Simple terms, clear thoughts, concern about the patient and compassion about the family should be perceived and understood by the relatives during this communication. The teacher should always remember that the students, nurses, other staff and relatives of other patients would be watching and listening to his way of communication and forming their opinion.

Society: Teaching the community to create awareness about a particular topic is also an important responsibility of a medical teacher. When the skin bank was started, it became necessary to create awareness about the concept of skin donation after death. To teach this completely new concept to our society I used multiple communication tools – talks, interviews, brochures, articles. My experience taught me that public memory is indeed short and this teaching program has to be an ongoing activity.

Conclusion: A Sanskrit verse describes different roles of a teacher as one who gives information and helps to convert it into knowledge, teaches skills and allows the student to think, awakens wisdom and insight that helps the student to become a visionary, thus leading from darkness to light. I certainly haven't been anywhere near this ideal Guru, but my students know that I have made sincere efforts in that direction. I am humbled by what I have gained – recognition and respect and above all satisfaction and solace!

In my opinion even today, teachers and students are just as they were. What is needed is serious introspection by both and concentrated efforts to change what needs to be changed. Let us be determined and never ever give up.

I will end with a line from a Marathi play with some modification

पाऊस पडला तर पडला, बी रुजलं तर रुजलं
शेत नांगरत रहायचं, बी पेरत रहायचं

It may or may not rain, the seed may or may not sprout
Let's continue to plough the field, and sow the seed.

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DR. PURVISH PARIKH

PROF & HOD, CLINICAL HEMATOLOGY,
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MY JOURNEY

My professional life commenced at Seth GS Medical College (KEM), where I had the privilege to do undergraduate and postgraduate studies. After getting MD in internal medicine, I had the honour of being selected for the post of Lecturer in Haematology and Medicine at my alma-mater. A fulltime permanent job in the government is something that everyone cherished in the 1980s. But quietly my frustration set in. Most haematological conditions are incurable; require regular monitoring and treatment, the cost of which is often beyond the reach of the common man. I often found myself teaching students about diagnostic tests and modern remedies that I was unable to prescribe. This was affecting me from the other side of the table as well, because one of my cousins had thalassaemia major. I started looking around for solutions.

In the neighbourhood was the famous Tata Memorial Hospital (TMH). Since there was a significant overlap between haematology and oncology, our interactions were quite common. I began to understand that TMH had more resources than KEM. They had an array of cutting-edge investigations with the help of the Cancer Research Institute (CRI) in their campus and funds did not seem to be a problem. They were able to provide comprehensive cancer care for their patients and families. I shared my thoughts with my family. Finally, I gathered courage and went to meet Dr.SH Advani, who was the head of chemotherapy department (now called Medical Oncology – MO). He listened to me and said, "I don't have a job vacancy right now but you can join as a research assistant. We will then see how you shape up." Now I had two clear choices. I could continue to work at KEM and probably rise to become head of the department in due course of time with all the perquisites of a permanent government pensionable job. Or I could take the plunge, resign and move to TMH as a research assistant. Many of my colleagues advised against this "foolish" move, but my family was very supportive. To cut a long story short, I took the "risk" and walked across the street into unchartered territory.

Within two months of joining TMH, I was offered the position of senior registrar. And Medical Oncology became part of my blood. With patients coming from all over the country, our OPD used to stretch forever and then were the 100s of inpatients to look after. Us three residents (the other two were Bishan Singh Chadak (who ultimately moved to USA and passed away a few years ago) and Shripad Banavali (who rose to become one of the current directors of TMH). We even had the task of operating the cell separator machine (to harvest platelets as well as hematopoietic stem cells; these machines are now in the hands of the department of transfusion medicine).

Soon I had the opportunity to go abroad for specialized training. The first year was in the BMT Unit of Royal Marsden Hospital, London; the second in the Lymphoma and molecular departments of Memorial Sloan Kettering Cancer Centre, New York; and finally in the Haematology Lab and AML units at Johns Hopkins Hospital, Baltimore. This helped me realize that there is a big new world outside my "well".

Interestingly what I really learned was the fun of working with my own hands in varied environments. I learned that expectations were different; that I had to navigate through the system before I drowned without anyone else having the time to hold my hand; that politics is no different all over the globe; and that I can learn as much as I could squeeze out of everyone around me. In other words, "duniya jukti hai, jukane wala chahiye". My mail learning from the stint abroad was how to think differently, how to take a holistic 360-degree picture before arriving at the optimal strategy. Though I was in line to get a green card (my sister was working in USA), it was never something I wanted. My family and I were both delighted to come back to India for good. This is another great decision in my personal and professional life.

Fortune favours those who are brave or take risks in life. Or, as my friend used to say, luck is when opportunity meets preparation. When I came back to Mumbai, India the first two patients became my inspiration that I will carry to the end of my life on earth. RL and DK both had challenging cancers, responded to the treatment strategy that i implemented and survived for more than a decade each. They reaffirmed my belief that each patient can benefit from personalized planning.

Soon I returned to Tata Memorial Hospital as consultant in medical oncology. The hospital and department had grown over the years. Teaching became an integral part of the daily routine - with both formal and informal sessions every single day. Amongst the struggles that I faced the one that I would like to specifically mention was the journey to get recognition from MCI for DM in Medical Oncology. Anyone would have thought that a premier institute like TMH would be an automatic candidate for MCI to give approval. Nothing could be further from the truth. For five years, we were denied the permission, being given one excuse or the other. This was a classical difference between "kayda"and "kanoon". To cut a long story short, I finally succeeded in getting the approval – where my seniors had failed.

While enjoying the academic environment and the opportunity to do cutting edge science, I found myself turning into an administrator – most of my time being devoted to fire-fighting and man management. From 7 am in the morning till late evening I found myself so immersed in these mundane activities that I did not have time to think or innovate. I did not want to continue down this path under any circumstances. I discussed my thoughts at home, and with the support of my family, I put in my resignation letter. Being a government job, we had to give 90-day notice. I decided let the clock start ticking, and I will find my purpose. I have never regretted this decision, because it set me free to focus on what my core values and direction were.

After leaving TMH, I focussed on the following:

- ICON Trust: While still at TMH, a handful of academically inclined oncologists got together with the idea of collaborative meaningful research and a platform to share our data. The Indian Cooperative Oncology Network (ICON) was registered as a trust in the year 2000. We now have a 750+ membership of oncologists interested in collaborative academic work. Next month will be our 47th Conference – a measure of how successful this initiative has been. We have also done more than 200 seminars across India where more than 1,00,000 family physicians were trained in early detection of cancers. This program was called PromOTE India (Promotion of Oncology Training & Education).

- AmeriCares India Foundation: This is a charitable organization whose mission is medical assistance during disasters. While i was its managing director, we have responded to most disasters across India. We have also been able to provide free medicines worth more than 12 crores to the underprivileged as well as do disaster preparedness training. I had the honour of serving in the committee of National Disaster Management Authority during my tenure.

- MEDic LAWgic: Allegations of medical negligence and deficiency of service are growing against doctors. There was an unmet need to make the healthcare professionals aware about this challenge and also equip them to be compliant with law. The most important lesson is that common sense is not the same as law. Doctors help patients with good intention. However, this can be perceived wrongly as breaking the law. The MEDic LAWgic initiative conducts training programs and conferences to make the doctors aware of medico legal issues.

- MUHS: I was member of board for higher studies at Maharashtra University of Health Sciences, Nashik. With colleagues it was a great opportunity to set the curriculum, introduce fellowship programs and also ensure the right strategy for higher studies for healthcare in Maharashtra.

- Telemedicine: Once the government of India notified the Telemedicine Practice Guidelines, I did a series of webinars (during the first year of our covid pandemic) to train doctors on how to provide best services to their patients while complying with the related laws. Soon the demand was so much that I had to start an online certificate course. The USP of this program and course was that it did not need any commercial app or aggregator. My training allowed the doctors to provide the services and document as per applicable laws, without the need to sign up on a commercial platform or spend any extra money.

- Global oncology leadership: ASCO, ESMO, AOS. Holding various positions in several committees of American Society of Clinical Oncology and European Society of Medical Oncology allowed me to contribute at the global oncology platform. I was also the founder director of Asian Oncology Society. My contributions were recognized with a certificate honouring me as World Leader in Oncology.

- Publishing medical journals: I have been / am involved in publishing several journals. This includes International Journal of Molecular & ImmunoOncology, South Asian Journal of Cancer, Journal of Digital Healthcare, Indian Journal of Medical Sciences and Indian Journal of Cancer. These platforms allow scientists from India, SAARC region and the world to publish their cutting-edge work in journals of international reputation including those recognized by PubMed and other agencies. My experience of publishing 19 books, 36 chapters in books, 94 scientific articles as first author and 159 scientific articles as co-author helped me gain insights and knowledge that I am able to share with others in workshops for medical publications.

- Publishing guidelines and consensus recommendations for the community oncologists: The main difficulty faced by community oncologists, especially those from tier two and three cities, is the lack of robust guidelines appropriate in the Indian context. As a group, several academically inclined, senior and experienced oncologists have carefully crafted guidelines and consensus recommendations for practical application in the Indian context. These have been published in various journals and are available free online. This allows healthcare professionals in India and other low- and middle-income countries (LMCI) to provide optimal care within the resources available to us.

As a teacher the best reward I get is when my students excel to greater heights, surpassing their guru. Such instances give me great pride. Many of my student colleagues are now at senior leadership level in the corporate world, at teaching hospitals and in other healthcare related institutions. I continue to learn from everyone around me, while I continue to teach. This is my mission in life today.

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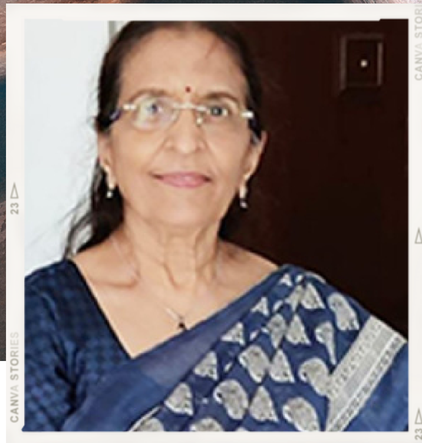


DR. ALKA MANDKE

HEAD - DEPT OF ANAESTHESIA, KOKILABEN HOSPITAL

DR. NITU MANDKE: A MULTIFACETED PERSONALITY

Dr. Nitu Mandke was never really appointed as teacher, but one can say he was walking university of cardiac surgery. He was a multifaceted personality difficult to pen down in one page.

Hindu Hriday Samrat Balasaheb Thackery found him to be close to his wavelength in thought. He said Dr. Mandke was a source of strength to many. Dr. Mandke was blessed with stupendous intelligence and memory. He was born with extraordinary self confidence in any situation. He used to wear self-washed clothes with hand painted design on his shirt pocket as medical student to fashionable silky printed Half shirts as cardiac surgeon on hospital rounds with same ease. He was a sportsman to the core. A national football player, an athlete and wrestler from Pune university, he had learned to take failure with determination and confidence to do better next time or carry the win easily.

He had a special personality with expression of kindness, confidence, superiority, and a tinge of joke all put together on his face. He was always a centre of attraction wherever he went due to his rather loud voice and extraordinary personality and style of his clothes. He was gifted with sharp memory of names, faces and voice of people besides he would always enter new names in his diary in a very special way with names of family members of that person. Maintaining the telephone diary was very meticulous. Beautiful handwriting, writing the surnames in red ink, even writing the names of their family members (if he had met the family). So before meeting the family next time, he would refer to his diary and address every family member with their names. This used to give a personal touch.

Hindu culture and patriotism were deeply imbibed in him by philosophy of Rashtriya Swayamsevak Sangh right from childhood. He was naturally helpful to needy and compassionate with patients and their family. At the same time a very disciplined hard-working person himself he would not tolerate laziness or carelessness from juniors and students. He was a very focussed person with ambition to be a cardiac surgeon from childhood. He would never fall prey to any temptation as he thought that it is a weakness of any personality and a hurdle towards success. He would leave no stone unturned to achieve his goal without compromising honesty and rules.

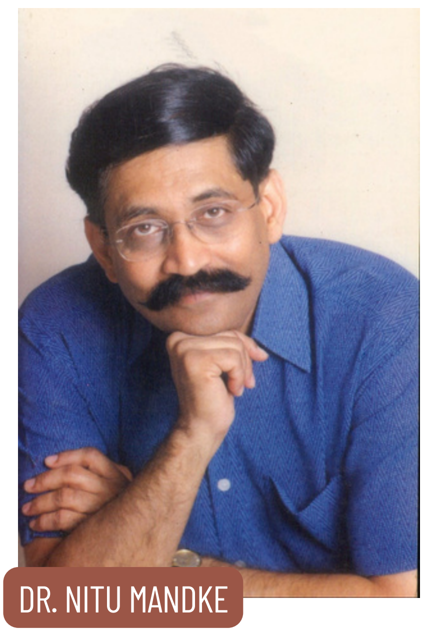
Being very positive in his thinking he would never be dull, crestfallen, or sad being always ready to take a challenge in life at every step. Young people and his juniors automatically used to impress and naturally learn to imbibe these qualities. He was full of humour in light moments quoting passages of Pu La Deshpande's writings. Never would he look grim in any situation. He was an all-rounder in college taking part in all activities from rangoli, elocution, sports to drama apart from academics and was indeed a very popular one. As consultant at Hinduja hospital he encouraged all staff members and ward boys to participate in inter hospital football matches and himself played in them. As college student and while doing post-graduation he used to read extensively.

He knew by heart Swami Vivekanand's Chicago speech. He tried to imbibe his thoughts and also from books on Shivaji, Savarkar and freedom fighters. Nyaymurti Dhundiraj Vinod was his spiritual guru. He would always start his morning with a prayer and believed that whatever he achieved is God's blessing and what he could not achieve was because he needed to work harder or better.

He would be ready for any emergency in the middle of night and could freshen up with a 10 min nap on a very heavy day! He always thought there is no excuse for hard work if you want to be successful whether as a farmer or heart surgeon. He believed a smallest task should be done with as much concentration as the most difficult one and never ever find short cuts or jump a step in a sequence. You will repent later for doing so. In his cardiac surgery practice, he strongly believed in protocols for ward boy to chief surgeon. Place for everything and everything in its place is important discipline. This simple thing makes a sea change in progress of members in the team. He connected with each person in the team instantly and naturally and left a mark of his own personality on anybody he met. He was completely alert all the time and a smallest murmur or movement would not escape his attention while operating. Whenever any surgeon colleague developed complications on the operation table and was found struggling to come out of it, Dr. Mandke himself used to go there and offer his help. Thus, he has helped many surgeons happily without expecting anything in return.

Dr. Mandke participated in conferences right from his college days with excellent presentation with his own drawings and attractive slides. He took care of the entire team when he joined as consultant at various hospitals in Mumbai, Pune and abroad. He encouraged them to do better, to do research in their field, helped them to attend conferences, He would show concern and help their family if necessary. He tried to bring new ideas at his workplace by picking up good things when he visited hospitals around the world.

In a nutshell, there was a lot to learn from Dr. Mandke's personality and just being in his company or working in any capacity in his team.



DR. NITU MANDKE

DR. HARISH SHETTY

MD DPM | PSYCHIATRIST | DR. L.H HIRANANDANI HOSPITAL

TEACHERS DAY: STORY OF 5 LEGENDS WHO INSPIRED ME!

When the word Teacher touches my soul, I get an array of faces of Gurus passing the screens of my mind. Gently smiling at me, I see them sitting on an imaginary giant wheel moving at a gentle pace energising me every moment. This is true for all of us, who believe in the beautiful maxim,' Mine Gold from every conversation'! In this turbulent world, humans is pacing at an unimaginable speed faster than light. Largely controlled by the myriad variables of globalization providing both the glow of the full moon night and the darkness of the sky, when the moon hides its luminescence, the mother earth is experiencing alienation and disconnection that Erich Fromm a French sociologist predicted approximately 200 years ago. The consequences of the same is that 1/8 of humans suffer from mental illness and in India the figure is 1/7. On the occasion of this Teachers Day, let me introduce you to a galaxy of 5 shikshaks/ Legends who have inspired me all my life and taught me the mantras of peace and joy.

1 Fr Paul Cordeiro:

Once in 10th std at St Xaviers School [Vile Parle], I was hauled in front of my Principal Fr Paul with my dad in solemn attendance, for playing some pranks in the class. My father did not protest and had reconciled to the fact that I would be thrown out of the school. That was the day my principal talked to me! Honestly, I do not remember what he said except the last line, *'Be a good boy'*! I may have heard that on many occasions but this time it worked. I kept in touch with him till he left for the yonder world, many years back and attended his funeral then! He was tough and soft both blending wonderfully, the flavour of the same touching lives day in and day out then in the 70's. At the Clergy Home [Bandra] I would sneak cheese and chocolates that he loved, very often.

My Learning: Always believe in every child come what may, irrespective of any behaviours they display. Provide them with help consistently! Awakening of the soul can happen at any age and any time! *'Never give up on any child'* is my famous precept in my interactions across families and schools.

2 Prof N N Wig:

Late Prof N N Wig a psychiatrist of repute ignited my being and inspired me from a distance! With him I saw Psychiatry in a different light, not as a bullfight between symptoms and medicines but a canvas so broad that the nuances gained as much meaning as the mathematically measurable features deciphered by Mental Status Examination. Years back when I joined Psychiatry, I had asked my first teacher, 'What is Indian Psychiatry? He then dismissed my question by saying there is nothing like Indian Psychiatry! When I repeated the question decades later Prof Wig answered this in an enchanting manner as he regaled me with the wisdom of all the innovators from Dr. Neki, Dr. Vidyasagar, Dr. Venkoba Rao and others.

He taught us glimpses of Ancient Indian Culture that has vibrant mental health insights. His famous sentence, ***'Mental Health is too important to be left to Mental Health Professionals alone'*** is my mantra today, in my work. Once on his trip to Mumbai, he had planned to visit a few professionals and others. I had a serious difference of opinion with one of the places that he had proposed to visit and I expressed my dubitation. He turned around and shared, ***'Harish every mental health intervention is important. There is something beautiful in every colour of the rainbow,'*** he had said. He inspired me from a distance, and I then realized that proximity to a teacher is not always important. He was my Dronacharya who did not differentiate the Arjuna from the Eklavya. To him, the world was full of Arjunas and Eklavyas and he was affectionate to each one of them. I wished him on the phone every birthday for many years on October 1 till he passed away. His words had the same vitality and praise as he said, 'Harish...........and he blessed me profusely'! Incidentally he was the HOD Psychiatry at PGI Chandigarh and lead the WHO Southeast Asia Region for some time. A man so affectionate, so bright and wisdom personified Prof N N Wig was a blessing to all of us!

My Learning: Mental health awareness can only happen if we can form an alliance with the common man. Community mental health is the key. Every effort, small or big is important in mental health work. Culture, Indian ethos should blend with modern science in our work with masses. Teachers can inspire from far and wide!

3 Chota Choudhary:

It was Chota Chaudhary sir, a science teacher in my school who introduced us to Veer Savarkar in my school days. Well there were two Chaudhary's Bada our Hindi teacher who on Independence day would scream effortlessly *Vishram* and *Savdhan* for the entire audience from the first floor without a mike. ***Both were great as they went beyond their syllabus*** ...Chota sir talked to us about history, art, drama, and everything else wearing a simple white jhabba and a white pyjama. Bada sir was English in his manners and had a sonorous voice who taught us the life history of Munshi Prem Chand taking off from the short story HOLI by the famous writer that was part of our syllabus! ***Teachers who stick to the syllabus r efficient and help the marksheets shine***. ***Those who go beyond and r oblivious of the syllabus teach us life with its magnificent colours.*** So Veer Savarkar was brought to us live by a science teacher and not the history teachers in the school. He in his own style recounted stories of many brave freedom fighters.

My Learning: Go beyond the book. Merge science with the context. Subject Lessons are important and are impactful when life lessons are paired and united with the syllabus to create magic. Art and knowledge of our heroes needs to flow in the transactions effortlessly while teaching any subject. Simplicity is a great virtue!

4 Armaity Engineer:

Principal Bhaktivedanta School, Mumbai: Armaity madam is a rare breed. 1/3 – 1/4 students in this I.C.S.E school have some difficulties or disabilities. I call it children with neurodiversity. ***Most of the children cleverly discarded by neighbouring 5-star schools and elsewhere, are absorbed here.*** Across decades this educationist has assisted children with various problems quietly and consistently. With a smiling face and an empathetic resolve, she walks her talk. Personally, I have worked with heads of institutions across many decades and among all I have been inspired the most by her and also learnt some basic lessons of unconditional acceptance from her. ***Ms Engineer's presence inspires and motivates many like me and others.***

My Learning: In a country where not more than 0.1 students are identified as having Learning Disabilities one should strive hard to identify and assist children with disabilities. ***Good teachers do not make home visits, when necessary, great teachers do.*** The most important learning for me here is that Great schools are those who keep their doors open to special children along with taking care of other responsibilities. ***We need to see that the Rights of Persons with Disabilities Act 2016 should be implemented by all states at the earliest and students benefit.***

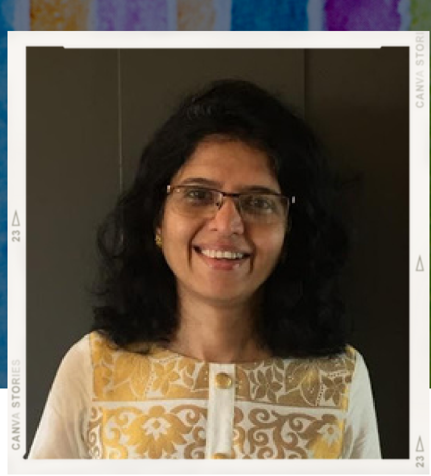
5 Dr. Yeshwant K. Ambdekar:

I have had the fortune of interacting with Dr. Ambdekar on a few occasions and the impact he has had on me has been tremendous. He once told me, ***"We must accept the fact of deteriorating Medical Practice.*** If we accept, then there will be change and we owe it to the next generation. Slowly the perception of our profession will change if we persistently change our methods and our conversation. Breakthrough in medical science has not translated in a breakthrough in human health. It simply means breakthrough in commercialization. Sometime back I saw an X ray of a child showing a fracture, but the child could run easily. Clinically I did not find anything wrong. The family insisted that the fracture needs to be treated. I felt here that the X ray needs to be plastered and not the child." On another occasion when answering a question about challenges in medical practice he shared, "We have started treating the reports rather than the patient. I wonder whether Super specialization is a boon or a bane. Super Specialists need to be generalists first. My friend an Endocrinologist abroad makes his trainee doctors to work in the general paediatric O.P.D before graduating from the specialization. ***In a lighter vein if you show a cow to an intern, he will say it's a cow. If you show it to an MD he will say, it may be a cow but one needs to verify with evidence. If you show the same animal to a super specialist, he will say that there are many possibilities, it may be an atrophied elephant or a hypertrophied goat. Not forgetting simple sciences are important."***

My Learning: His state of being is inspiring. His humane approach and creative interventions in the field of medicine makes us believe that joy is not in chasing numbers but treating each one with so much respect and care. His conferences where Doctors pay, and attend is an example for all different specialities to follow. His intuition combined with knowledge of science makes him a Zen Master par excellence. Detailed history taking from a patient is vital.

There are many more Legends I would want to write about but that I will do for another day!

(Dr. Harish Shetty is known for his work in educational institutes. He is in a school almost every week conducting mental health workshops)



DR. ALPA DALAL

CONSULTANT PULMONARY MEDICINE

MEDICAL AWAKENING

Awakening is finding out who we are, our real identity and then experiencing the reality of the world around us with this awakened awareness. At every stage in life our parents, teachers, mentors and masters awaken us, unearth our hidden potential and help us to evolve. They constantly devote their time and energy to create 'The Better Versions of Ourselves'. Most times we take their presence and their teachings for granted and often resist the process of flowering. The best way to pay tribute to them is to be in the flow of learning, allowing them to work on us, imbibing their values and then becoming the catalyst of transformation for our students.

Remembering all my teachers
to pay my tribute
for their smallest efforts
to contribute
towards my
positive attributes
Today when my students
show their gratitude,
How should I bless them?
Then I remember my teachers
and with my heart full of gratitude
my hands are ready
to distribute
their treasure of love and
life positive attitudes.

Our parents are instrumental to give us Physical Birth, our teachers prepare us to explore the outer world, but the Master, the Guru gives us Second Birth and prepares us to explore our inner world and bring about flowering of Consciousness to actualize our potential in all dimensions of life.

Sharing my journey of Awakening with my Masters

I got the seeds of spirituality from my maternal grandfather, a freedom fighter and spiritually evolved person. At tender age of 14 years, I was introduced to 10-day silent meditation retreat of Vipasana and I truly enjoyed it. The seeds of Scientific temperament came from my paternal grandfather who was a doctor and an astrologer. Destiny got me into medical profession. I got an opportunity to do post-graduation in Pulmonology at KEM hospital, Mumbai. My passion for the subject was instilled into me by my PG guide Dr. Ashok Mahashur and I remain grateful to him always for my professional success.

Slowly and steadily science, logic and intellect started winning over the devotional and spiritual qualities in me. I used to practice meditation, read spiritual books occasionally, and dream about developing a Holistic Healthcare center to practice Integrated Medicine. But soon this dream was buried and forgotten, as majority of my time and energy was consumed in my education, achieving academic and professional success. I started realizing that Medical Science and Spirituality are polar opposites and fundamentally different paths.

After about 12 years of hard work and efforts to develop my practice, I could achieve good professional success but compromised my health with irregular lifestyle. Thats when destiny gave me a small jolt. I was diagnosed with IBS (Irritable Bowel Syndrome), had severe exacerbation and was forced to take a break from work for 1 month. Not finding any relief from my modern medical science, I felt helpless and miserable. As suggested by a non-medical friend I was ready to explore the ancient science of yoga in desperate search for a solution. In the first month itself i got tremendous relief in my visceral pain and experienced great energy surge.

First time I had a strong realization of limitations of intellectual knowledge. Being a chest physician, I intellectually knew about anatomy and physiology of the respiratory system. But I had never experienced my own breathing, my own body. I was too busy fixing people's breathing problems to ever find time to experience and feel my own breath. I decided to go in depth of the subject and integrate my intellectual knowledge of the body with experiential understanding of my own body. I did teachers training and obtained Diploma in Yoga, from a prestigious Yoga institute in Thane, Ghantali Mitra Mandal (GMM). I remain forever indebted to all my yoga teachers and the founder of GMM, Yogacharya Shrikrishna Vyavahareji for initiating me into Yoga. He rekindled my long-forgotten dream of Integrated Medicine. He was a great source of inspiration for me.

I changed my lifestyle, started regularly practicing yoga and teaching yoga to my patients too. I got good relief from IBS symptoms. yet was not totally symptom free and would land up with exacerbations under stress. Work-life balance still remained a challenge. Also, after 15 years of practice initial euphoria of being a great doctor started to wane as i realized i was helpless to give solutions to so many of my patients suffering from chronic life-threatening illnesses. Many of them could not do or did not want to do lifestyle change, exercises, or Yoga. I could not relieve their physical and emotional pain with my medical treatment, nor could I change their attitude with my counselling. Every treatment default, treatment failure or death was perceived by me as personal failure. I had started experiencing physical and emotional burn out and stagnation. My heart yearned to find some breakthrough solutions. I used to read books of spiritual masters or meet spiritually evolved people to find some deeper truths. I felt a strong need to find a live spiritual guru who could satisfy my soul and my reason both.

In 2011 a friend of mine introduced me to his masters. Guruji Prem Nirmal and his wife, Guruma Bharati Nirmal. In the first meeting (satsang) that I attended he talked about 'How to Double Your Income' and I was utterly shocked to hear a spiritual master talking about money and within few minutes I mentally rejected him as a non-spiritual person. I was about to leave the session halfway but some inner voice told me not to go away. By the end of that session I had learnt life's most valuable lesson. He made us do an exercise to review our life in multiple dimensions. It was called '**Seven Dimensions of Wealth**'. He said you must invest your Time, Money and Energy in all dimensions to create a harmonious life.

Physical dimension - physical health and wellness
Emotional dimension – Managing emotions & close relationships
Mental dimension - Clarity, focus and decision making
Social dimension - giving back to society, charity
Financial dimension - enjoying financial freedom
Time dimension - finding time for yourself
Spiritual dimension - Being Happy for no reason

When I did this exercise, I realized that unknowingly and unconsciously I had invested my time and energy into professional and financial success and compromised my other dimensions. This was the root cause of my unhappiness and discontent.

Seven Dimensions of Wealth (Life)

A Balanced portfolio for multidimensional wealth

Imbalanced portfolio of a successful medico

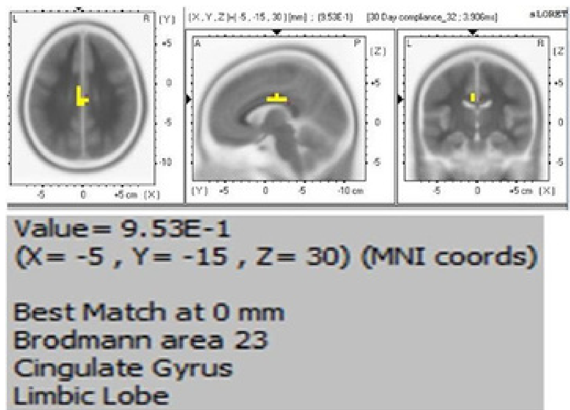
I wanted to take charge of my life. I knew that I have come home- have found my masters, my Guru who could satisfy both my soul and my reason. I found a perfect synthesis of Science and Spirituality, logic, and creativity in them. Guruji Prem Nirmal and Guruma Bharati Nirmal lived their worldly life like you and me and yet pursued their spiritual growth. Both of them were Electrical engineers, ran their business successfully for 25 years, educated their daughter to make her a Robotic Engineer and with same intensity pursued their Spiritual aspirations and finally transitioning from Electronics to Lifetronics to completely devote their time to teach Life Education and help their students evolve in every dimension.

They said material life and spirituality are two sides of the same coin you should not choose one over the other. Your profession is your unique path through which you can live your mission. The last 11 years from 2011 onwards have been period of intense learning for me. I enrolled into their School of Success and Happiness to become a student again. Here CME means - Conscious Meditative Evolution and Consciousness Material Evolution going hand in hand.

I was initiated into Kriya Yoga (49 Healing Breath Nirmal Kriya and Six Step Nirmal Dhyan) by Guruji Prem Nirmal, a path given to mankind by great Himalayan master - Param Poojya Shree Mahavatar Babaji. The science of Kriya Yoga aligns the breath, prana(energy) and consciousness (getting access to your deeper layers through meditation). I experienced great surge in my energy levels, clarity of thinking and many of my old attitudes started changing. I rediscovered my passion and zest for life at the age of 43 yrs, which started helping in my professional, financial as well spiritual growth without any conflict.

Kriya Yoga – The Science of conscious evolution

In 2012 we did first international research in Kriya Yoga with group of doctors from India and US and documented that regular practice of Kriya Yoga and Six Step Meditation helps to develop neuroplasticity. We documented on EEG that brain area 23 becomes active after 48 days of 49 Healing Breaths Nirmal Kriya and Six Step Meditation. This area helps to enhance memory, positive mood, heightened self-awareness, and processing of self-relevant information from different brain areas. Later we published this study in a Journal.



Empowered by my personal experience, scientific evidence and constant guidance by my masters, life's spirals started opening up beautifully one by one. First spiral opened with my self-growth in seven dimensions, second spiral opened when my family members and few close friends joined this path of self-evolution, third spiral opened in 2014 when me and my two sisters started an organization called Health bank, a bank where people are taught to invest in their own wellness and evolution. We established two centers in Thane and Wadala, and in last 8 years have been able to transform many lives with blessings and teachings of our masters. The fourth spiral opened when Health bank started free Yoga and Meditation program at Jupiter Hospital for the patients. The fifth spiral opened when we started training the trainers to spread this work. Health bank started conducting Holistic Wellness sessions for patients, doctors, paramedics, medical students. My dream of Holistic Integrated Medical Care started to flower.

Health Bank Team with The Masters

Jupiter Meditation Class

Healthbank Session for UG Medical Students

Training the Trainer

My biggest moment of joy and satisfaction was when one of my patients, a 60 years old lady with progressive Interstitial lung disease (ILD) joined the Jupiter Meditation Program. Motivated with immense health benefits she learnt from me to become the trainer herself. She, along with few other patients took charge of the program and started training new batches of patients. Breathing Exercises, Kriya Yoga, Meditation and Group therapy being given in these sessions started helping many of my chronic respiratory patients. I started documenting their parameters and noticed that their energy levels, work capacity and mindset changed. There was significant reduction in the rate of exacerbation in COPD and ILD patients, But I could not document any significant change in Pulmonary functions or CT scans. I think that the most profound positive changes happened due to change of their Attitudes and the Mindset.

I would like to share an amazing story of a 62 yrs. old woman, uneducated housewife who had advanced RA and progressive ILD with hypoxia, requiring frequent hospitalization and oxygen support. She was depressed and wanted to die. After six months of attending Meditation classes she experienced physical benefits, changed her attitude, and went on to successfully complete Haj Pilgrimage.

I continued receiving knowledge from my masters, was regular with my sadhana and was passing on the knowledge to my students. I felt so blessed that I had access to the best medical care, divine spiritual guidance from my masters, Holistic Rehabilitation, and the experience of when and how to use the medical science and spiritual science with openness. My dream of aligning Medical Science and Spiritual Science was enfolding beautifully. It gave me a unique recognition with my patients and my colleagues. It helped to enhance my practice and also my academic growth. In our annual Pulmonology conference I was regularly invited to share my experience on the role of Yoga in Pulmonary Rehabilitation.

I believe that Medical Profession is one of the most blessed professions as it offers the best opportunity to learn about life and opportunity for transformation. We see pain, suffering and death so closely like no other profession. We also get devotion, trust and surrender from our patients, of course with a big responsibility to fulfill their huge expectations. But this challenge is also an opportunity for their transformation. According to me Medical Awakening first starts with medico becoming aware of his/her inner power to start walking on the path of self-evolution and such an awakened medico will transform the lives of his/her patients to awaken them and help them to the start the journey of Self-Healing.

Six years back a chronic smoker was referred to me by my cardiology colleague for smoking de-addiction. Even after two PTCA and CABG this super intelligent IT professional was unwilling to give up his arrogance and his smoking.

But his interest in learning meditation got him to join our Health bank and meet my masters. After 2 years he not only quit smoking but quit his attitude too and embraced a new life. With him his wife, sister and daughter also joined the path. After 7 years of journey of transformation, he himself has become a master and he guide others. No other professional achievement could have given me better joy and satisfaction. This is true Medical Awakening.

Thousands of lamps can be lit
From a single lamp, and the life of the lamp
Will not be shortened
Happiness multiplies by sharing
-Buddha

Dr. Alpa Dalal | Email : healthbankthane@gmail.com, www.healthbank.co.in

CREATIVE CORNER

DR. SHEKHAR BHOJRAJ

CONSULTANT ORTHOPAEDIC SURGEON

SUCCESS IS A LONELY ROAD - ONLY FEW DARE TO TAKE IT

DR. JATIN SHAH

MD, DGO, GYNAECOLOGIST AND EXPERT IN IVF AND ASSISTED REPRODUCTION

DISCIPLINE IS THE BRIDGE BETWEEN GOALS AND ACHIEVEMENTS

@ANJALIBAPAT

DR. ANJALI BAPAT

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

@ANJALIBAPAT

DR. MEDHA ANAND BHAVE

M. S., D.N.B., M.CH., D.N.B.
PLASTIC SURGEON WITH SPECIAL INTEREST IN LIPOSUCTION
LASER COSMESIS, THANE

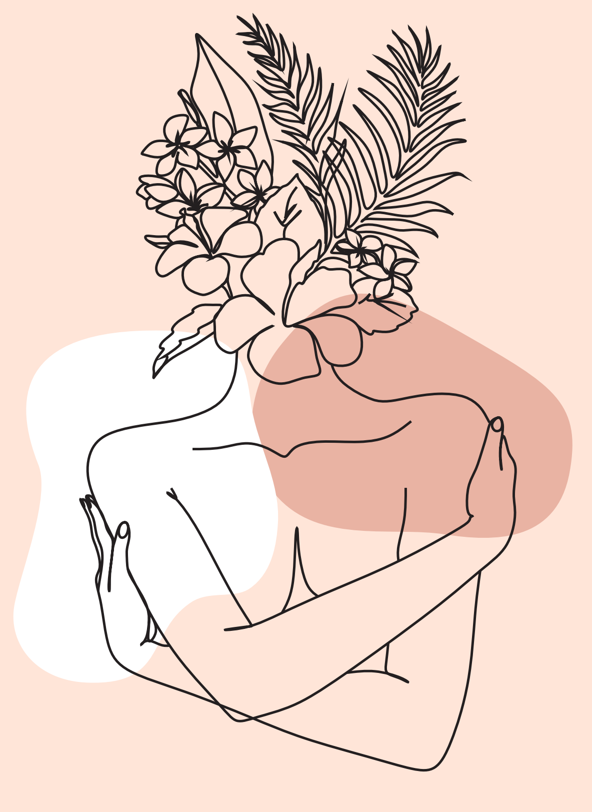
To,
Dear people of modern era,

Fat is squishy yellow semi-fluid gold
It stores calories for famine n cold
Long Gone is starvation,
Machines replace exertion
Cooking is retro, fashion very old.

Sold round corners, now food is ample
Alas with pesticide in every sample
Hogging large portions
Results in distortions
Chasing fat gold, upon health you trample

Ignore the hungry stomach that loudly rambles
Filling it too much will leave you in shambles
Go for fruits n greens
Enjoy healthy nuts and beans
Over eating carbs, fries lead to wambles

Carrying loads of fat, you can't amble
Heart, joints, beauty are lost in gamble.
Earn less spend more
Avoid illnesses galore
For long life, that's basic preamble.



DR. MANJIRI BIBHAS DASGUPTA

PLASTIC & RECONSTRUCTIVE SURGEON, BANDRA

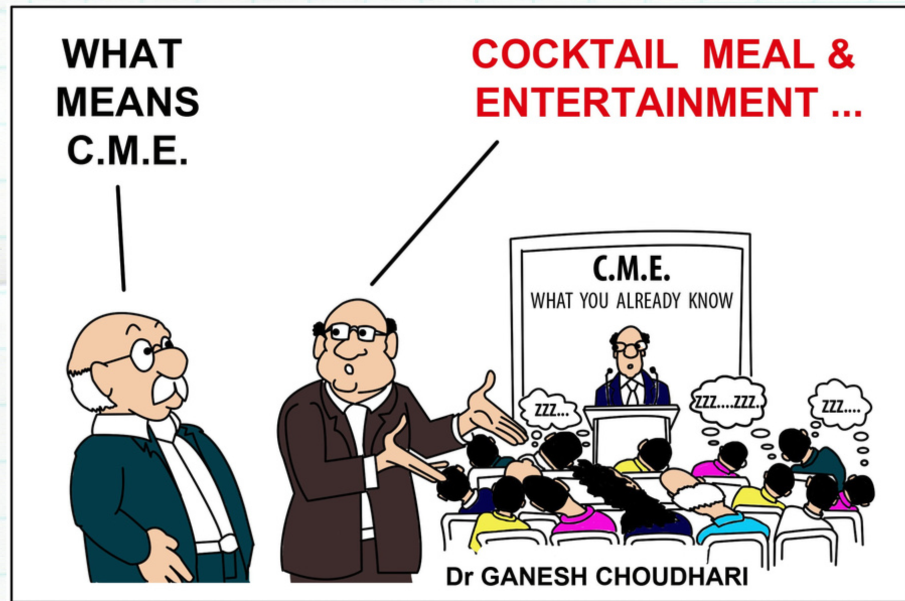
Wish
When the sky is painted with rain clouds
When the trees dance with the wind
When the aroma of the first rain fills the air
When shower of raindrops falls on hair
I wish you were there
Wish that you come flying
Ride the wind
Soak in rain
Let’s turn the world into paradise!!
Oriental dwarf Kingfisher
Also known as Black-backed or three-toed kingfisher

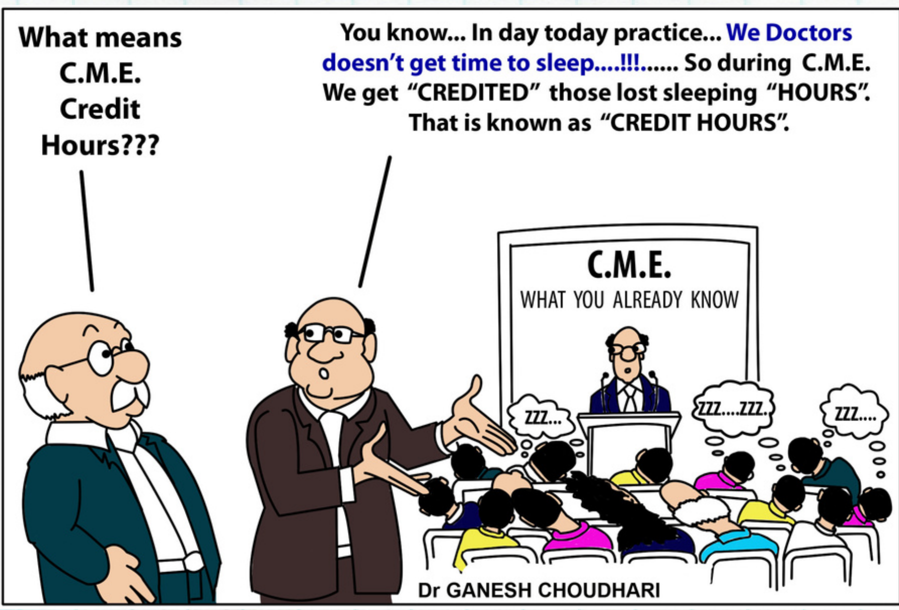
Scientific name: Ceyex erithaca
#nikonz7ii AF-S Nikkor F2.8, 400mm, FLED VR
f/2.8,1/800s, 400mm, ISO6400

ManjiriBibhas

DR. GANESH CHOUDHARI

MD ANAESTHESIA
SHRI MARKANDEYA SOLAPUR SAHAKARI HOSPITAL, SOLAPUR





CHECK YOUR SCORE WITH
Dr. LALIT KAPOOR'S 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**

Answer Keys on Page No. 68

1. Statute
A. Landmark Judgement of Sc
B. A Written Law Passed by C Legislature Body
C. Precedent
D. Out landed Law

2. Case Law
A. Details Of Specific Case Under Trial
B. A Case Under Appeal
C. Law Based on Decisions by Judges In Past Cases
D. Cases Classified Under Various Sections

3. Bolam's Test States
A. Guilt Of Doctor to Be Proved Beyond Doubt
B. Burden Of Proof Lies on Complaint
C. Expert Evidence Mandatory to Defend Doctor
D. Doctor Not Negligent If His Conduct Is Endorsed by Responsible Body in Medical Opinion

4. In Claims Made Indemnity Policy Coverage Is Given If:
A. Incident Occurred When Policy Was in Force
B. Incident And Claim Both Occurred and Are Reported While the Policy is Continually in Force
C. Claim Was in Valid Period Even If Incident Date Was in Policy Period
D. Incident And Claim Occurred Under Two Different Policies

5. Statue of Limitation
A. Time Limit of Filing Reply to Allegation
B. Period Upton Which Compensation Must Be Paid to Complainer
C. Time Period Within Which a Plaintiff Must File a Case in Court
D. Time Period in Which Appeal to Higher Forum Has to Be Made

6. Prima Facie Case
A. Case Filed the First Time
B. A Case Which Is Valid on The Face of A Sufficient To Be Filled Against A Respondent
C. Case Without a Precedent
D. Case Which Is Indefinitive

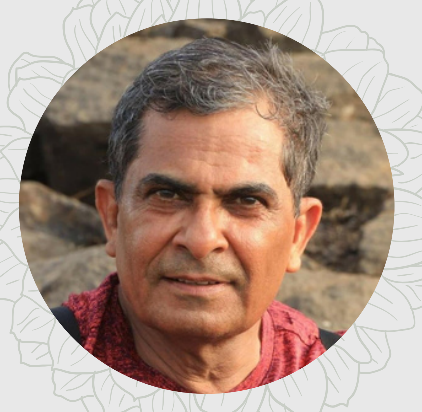
7. Compoundable Offence Means
A. More Than One Offence
B. Offence That Attracts Double Punishment
C. Offense Which the Compliant Can Compromise and Take Back
D. Non Bailable Offence

8. Contingency Fees of a Lawyer Indicate:
A. Fees To Be Paid in An Urgent Case
B. Fess To Be Paid in Advance
C. Fees To Be Paid to The Lawyer Only If the Case Is Won
D. Fees Ordered to Be Paid by The Court

9. Actuary Means
A. An Expert Who Calculates the Compensated Payable by The Court
B. An Official of The Court Who Sends the Summon to The Witness
C. An Expert Who Uses Statistical Data to Calculate Insurance Risks and Permissions
D. A Technical Expert Who Assists the Jury

10. Deposition Means
A. A Verdict of Imprisonment
B. The Giving of a Sworn Evidence
C. Punishment For Not Appearing in Court
D. Application For Adjournment

Condolences



DR. ASHOK PAGRUT
Orthopaedic Surgeon
13-07-2022 | Malad

DR. H.S. BHANUSHALI
Doyen of Surgery
18-08-2022 | Thane

DR. URMILA GARG
MBBS DHA
20-08-2022 | Andheri

DR. USHA PARALKAR
Gynaecologist & Obstetrician
02-09-2022 | Malad

DR. ASHOK MAHASHUR
Pulmonary Medicine
29-08-2022 | Dadar

ASSOCIATION OF MEDICAL CONSULTANTS
MEMBERSHIP

13426 Total Membership of the Association

9440 Members under professional Indemnity Scheme of AMC

5349 Persons (Members & Family) under H&A Scheme

1549 Members under CBS Scheme

USEFUL LINKS

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ANSWER KEYS OF **Dr. LALIT KAPOOR'S** MCQs

Q1. B | Q2. C | Q3. D | Q4. B | Q5. C
Q6. B | Q7. C | Q8. C | Q9. C | Q10. B

"Life is what happens when we are busy making plans"

Dr. Joshi in his mid 50's ran a small nursing home with his wife and fairly successful practice, his two sons were about to complete their higher studies. One unfortunate day, he had a sudden cardiac arrest, the situation and the suddenness of it left the rest of the family in shock and sorrow. However, Dr. Joshi's death was also followed by some troubles the family did not expect. As the passing was so unpredicted, no paperwork or financial documents were in place. The family had quite a hard time gathering the relevant documents needed to transfer the wealth in their name. It took months for the family to find out what all he had left behind for them, and how much his wealth was. His various bank/ Demat accounts, policies, etc. To whom he had lent money, the family took months with all the legal proceedings as many of the documents weren't up to date. For months through the process, the family kept hurting as they kept being reminded of the harsh reason why they even needed to do this process in the first place.

The next is an example of Dr. Rajani. A mid-60s orthopedic surgeon with a family of his wife, one son, and a married daughter. Upon consulting a doctor on some physical difficulties, he was diagnosed with stage 4 cancer. With the diagnosis, the doctor predicted a life expectancy of only about 2 years. Undoubtedly, this information shook up the family. It gave Dr. Rajani some time to prepare for the inevitable. He immediately started to get his will made. There started the challenge, his investments were so spread, that he had to 1st make a list of all his assets and liabilities. Along with that, he had to make it a point to get all his and his family's relevant documents in order, it took him months to get his financial life in order and then get all nominations in place. Although it was still, obviously, challenging for the family to let go of a person they loved and cared so much about, in the aftermath, they were left with only the good memories they had made over the past 2½ years and beyond that.

Thank God, Dr. Rajani got some time on hand to prepare himself & his family and have an estate plan in place.

Will we be as lucky as Dr. Rajani?
Are we prepared for both good and bad times?
Have we prepared our family for it?

Let's learn to prepare in advance, so we don't unintentionally end up making hard times harder for our family.

But when the unpredictable hits, the planning and organization get us through the tough times.

We needn't wait for mishaps to happen to start preparing for any in the future.

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While we are busy creating wealth for our loved ones, most of us ignore the fact that a smooth and dispute-free transmission of our hard-earned money to our loved ones is equally important. We often fail to accept and prepare for an untimely death and eventually leave behind unplanned and unorganized finances and estate to our loved ones.
Any Financial Planning is incomplete if Estate Planning i.e., planning for passing on the wealth to the next generation is not undertaken. The entire objective of Estate Planning is to ensure smooth and dispute-free transmission of our wealth to our loved ones. A thorough **Wealth Audit** is the most important part of Estate Planning.

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Wealth Audit service for AMC Member's

✅ Checking for nominations and ensuring that all investments and accounts have at least one nominee.

✅ Checking and adding Joint account holders and beneficiaries wherever required.

✅ Evaluating and advising on consolidating various investments and accounts.

✅ Consolidating all Physical Documents in one place.

✅ Advising on digitization and electronic storage of all the important documents.

✅ Assistance in preparing a detailed Asset & Liability Register.

✅ Facilitating smooth inheritance of all the assets to the next generation.

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