
# The GRASP

E-Bulletin (January 2023)

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# From the Editor's Desk

## DR. KRITIKA DOSHI

Dear Friends,

Wishing you all a happy new and wonderful 2023!!

I am happy to be back again as Editor of GRASP after a year and half! This will be the fourth year as Editor for me! In my school days, I used to be an average student and always admired the editor and contributors of our school magazines and dreamed of being there some day. Here I am- it's a dream come true for me. I thank the AMC Team and all our members for giving me this opportunity to be back here.

The COVID-19 pandemic has brought many changes in all our lives- some have evolved, some have suffered and for sure nobody has remained the same. It has ended a taken for granted attitude to life and made us more appreciative of our blessings- this is the theme for this issue. 'The End (of the old) and the Beginning of the new).

Despite the challenges during the lockdowns in the COVID pandemic, all the issues of The GRASP were delivered to our members on time- the only change was that we were forced to change to an electronic or E-GRASP in place of the printed GRASP. Now that it is possible to print copies, we welcome your opinions on the need for printed copies or whether we continue with the E-GRASP and become eco-friendly and 'green.'

As we leave 2022 and the dark shadows of the pandemic, we were ready to enter 2023 as we knew life to be before March 2020- 'normal'. The news of the BF-7 variant is looming and may eclipse our return to 'normal'!

***Ignorance is the beginning of knowledge;***
***knowledge is the beginning of wisdom;***
***wisdom is the awareness of ignorance.***
***(William Rotsler)***

As consultants, new challenges are not unknown; however, the challenges of bureaucracy, infrastructure and issues unrelated to medical practice are now an unwanted stress. Many are changing the way they practice seen in the closure of small nursing homes and even changing of primary source of income! Becoming financially independent is not an option anymore; it is imperative. All doctors need to educate themselves about the basics of finance so that they can be stress-free from financial worries in case another pandemic-like situation arises where the primary source of income gets stopped. Many of us who face financial worries during the pandemic, did so out of a lack of knowledge and ignorance of basic financial principles of available financial instruments, credit, ignorance of tax laws, and ignorance of concepts of investing. To overcome this ignorance, it requires active efforts to learn, it needs dedication, desire, and effort to learn a new subject- but the reward of being able to practice without any financial stress makes it a worthwhile journey. The stress of managing medical practice is huge and being financially secure is comforting- I would urge all our members to learn more about the basics of finance.

In this issue, we have Dr. Ketan Parikh enlightening us on the different aspects of telemedicine – the potential to be the next big revolution for us.

2 senior gynecologists give their views on the changes they have seen in their short span of practice- something many would never have reflected on had we not faced the pandemic!

The GRASP is receiving many articles on various hobbies pursued by our members- Dr. Manjiri has sent amazing photographs and Dr. Lucky has made us see the Brihadisvara temple of Thanjavur- the first ever all-granite temple of the world through new eyes.

Dr. Lalit Kapoor has been a pillar of support for all medicolegal issues and through the quiz, he is educating us on the basics we need to know. We also have our regular features by Dr. Suganthi and Dr. Lalit Kapoor on the various medicolegal aspects that we should be cautious about.

As we enter the new year, I wish you all good mental, physical, and financial good health.

I look forward to your feedback and hope you enjoy this issue.

*Warm Regards,*

Dr. Kritika Doshi
kritikadoshi@hotmail.com

## ASSOCIATION OF MEDICAL CONSULTANTS
# MEMBERSHIP

**13642** Total Membership of the Association

**9661** Members under professional Indemnity Scheme of AMC

**5127** Persons (Members & Family) under H&A Scheme

**1554** Members under CBS Scheme

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# President's Precept

## DR. NILIMA VAIDYA BHAMARE

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

As we end 9 months of our tenure and look forward to the remaining 3 months, a feeling of having done good deeds for the community warms my heart.

We started the year on the sordid note of the suicide of Dr. Archana Sharma, which pushed us into a flurry of activity. We undertook multiple efforts and left no stone unturned; we have even filed a PIL in the Supreme Court to enforce the implementation of the Jacob Matthews judgement. Unfortunately, the courts didn't favour us. So, we have now intervened in the husband's fight for justice.

We are also pursuing our own Mumbai police to form SOPs on the lines of those formed by the Karnataka government & train every police personnel to handle Doctors' cases as decided by the highest court of our land.

Your association AMC had to do a lot of work regarding the MPCB issue and has successfully managed to get into the committee set up by the MPCB. Hopefully, we should be able to find a solution, or get a stay order if needed.

We have had back-to-back value-added programs with more than 10 MMC points to our credit.

We have had to face a lot of ups & downs regarding the GRASP editorship which has now safely landed in the experienced hands of a previous editor, Dr. Kritika Doshi. She has taken over with gusto and I wish her all the very best for the same. This GRASP we have tried to base it on the theme of "The End & New Beginnings" as we had slotted its release in the first few days of the new year.

Hope you enjoy reading this GRASP with a different flavour.

And yes .... Fasten your seat belts for the upcoming AMCON scheduled for the 25th and 26th of February at Gden Tobacco grounds at Ville Parle... Huge gold & white hall, with a parking space for 600 cars & facilities made for overnight stay if needed.
An event which we shall be having after a gap of 2 years!

The Chief Guest for AMCON 2023 shall be none other than Dr. Prakash Baba Amte.
Hoping to see you all in large numbers to enjoy the fabulous lineup of excellent speakers, dance, music, humour, academics, enchanting journeys of doctors in other fields, banquet,s and more!

We promise you a very different and amazing AMCON 2023 - be there to witness a very different AMCON!

*Happy Reading!*

*Hon. Secretary*

# DR. HEMANT DUGAD

Dear AMCites,
Season's Greetings!
अंत के गर्भ में आरंभ जन्म लेता है !

Therefore as we prepare to say adieu to the year 2022, we are also preparing to welcome 2023.
New Year, New Goals & New Roadmap.

We need to Unlearn what went wrong or did not give desired results, and then Learn & Relearn to achieve higher goals.

This year your Team AMC 2022-23 under the Leadership of President Dr. Nilima Vaidya Bhamre started the year with Vision of Something New, Something Different & the result is in front of you.
In the last 90 days we gave you 13 programs ( every week one program) Brought in many reforms in office working thereby saving your associations' money. For this we had a total of 10 official meetings. So every 4th day, the president kept us on our toes. Many more programs are in the pipeline till February 2023 & then by March end we gear up to pass on batton to the next team under the Leadership of Dr. Ashok Shukla.

Friends, our Prime Minister Shree Narendra Modi ji always mentions, Reform, Perform to Transform or get Perished. For every organisation if it has to grow, Reforms are needed. Stagnant water stinks same way in any organisation we need New Vision, New Ideas to flow in. For that New Leaders are needed to come forward & Perform.

So as we embark our journey from Golden Jubilee to Platinum Jubilee, we must Unlearn to Learn & Relearn!

Your TEAM AMC 2022-23 is committed to give you maximum VFM, ( value for membership )
One among you as usual.

**Dr. Hemant Dugad**
**Secretary AMC 2022-23**

## From the desk of PCC

# DR. REENA WANI

Program Committee Chairperson AMC

## The year at a glance:

Health is a state of complete well-being, not merely the absence of disease, says WHO - and so do we at AMC!

We have been working on Holistic Health- medical, mental, financial, medico-legal, and social for our members, under the dynamic leadership of President Dr. Nilima and the OB Team.

As you can appreciate from the table below, we have covered areas from Yoga to cycling, Finance to the consumer protection act, and organ donation to mental wellness! The success of programs lies in attendance, and here we need each one of you to participate wholeheartedly with us in this journey and take benefit of upcoming events too.

We look forward to seeing you, dear members, in person or online, for future programs!

**Correspondence: reena.wani@rediffmail.com**


# DR. LALIT KAPOOR

ADVISOR - MEDICOLEGAL CELL, PRESIDENT - FAMC, DIRECTOR - AMC INDIA


## REUSE OF SINGLE USE DEVICES - MEDICO-LEGAL IMPLICATIONS

## DO'S AND DON'T'S

Let me recount a report of a medico-legal case that took place in USA not too long ago. The outcome of the case is as illustrative as it is instructive for us and has great relevance to the scenario prevailing in our country.

Dr Kaplan, a urologist from Nevada, who did prostate biopsies frequently, faced a shortage of disposable prostate biopsy needle guides. To cope up with the problem, he instructed his assistant to reuse these disposable needles by cleaning them with running water and bristle wires along with Cidex and sterile water to sterilise the plastic guides.

However, the patients were not informed that the needle guides were being reused. In spite of his assistants informing him that they observed that blood and pinkish water left in the guides and brown scratches did not get cleaned during the disinfecting process, he asked them to continue the process. A few months later they reported him to the State Medical Board (like our MMC).

An enquiry was ordered and when asked why the devices were being reused, he answered that he was practising cost-effective medicine.

A criminal case was filed against him and a Nevada grand jury indicted him for conspiracy to commit adulteration of a drug or device that is "held for sale". He had used a device which could have been contaminated and rendered injurious to health.

In his defence, an expert witness said that the risk to his patients was between one in trillion and one in one hundred trillion. However, the prosecution pointed out that the witness himself had written an article in which he had advised "do not reuse items labelled for single use" and had conducted no study to determine if the plastic guides could be safely reused. After a nine day trial Dr Kaplan was found guilty of conspiring to commit adulteration and that he had acted with intent to defraud or mislead.

The three-judge panel ruled: "A single-use device is meant to be 'consumed' in the course of treating a patient – just like a drug. Once a single-use device is used or consumed, there is nothing left to be done with the device and it has to be disposed Kaplan was convicted under the criminal law.
Members may recall a bold media headline: FIRs AGAINST 37 HOSPITALS FOR REUSING DEVICES, PATIENTS TO BE REIMBURSED (TIMES OF INDIA -26/07/17)

The FDA sent notices to Fortis hospital, Mulund, Fortis Hiranandani (Vashi) and BSES Hospital, Andheri for violating the Drugs and Cosmetics Act and overcharging patients.

The fact of the matter is that the FDA regulations on this issue are nebulous and there is no clarity about the approved protocol for the reuse of medical devices. The questions that ought to be unambiguously answered are:

| |
|---|
| • **Is reuse of medical devices banned or permitted as per the law.** |
| • **If yes, then which devices are permitted and under what conditions** |
| • **What about consent of the patient for the same,** |
| • **What about the ethical issues and legal liability.** |
| • **Are there any official guidelines for pricing?** |

What one may ask has prevented the governmental authorities for laying down clear-cut guidelines?

Going down memory lane, I remember the raging controversy and screaming headlines in the newspapers in March 1996 when the feisty and bold dean of KEM hospital Dr. Pragnya Pai ordered a ban on the reuse of disposable items in KEM hospital. Her reasoning was that the Supreme court by its judgment had brought even public hospitals under the CPA.
Dr. Pai stated: The order has been passed to safeguard our doctors who may be hauled up under the CPA for reusing disposables when the manufacturer has stated 'for single use only'.

It will be educative to review the reaction to this by the government, the political class, the media, the public, the consumer activists, some self-appointed NGOs, and the medical profession itself.

Some of the headlines of the newspapers will give you a clue:

| |
|---|
| **Patients affected by new KEM order-cost of treatment increases five-fold** |
| **Diktat on disposables hits operations** |
| **KEM hospital decision claims first victim** |
| **Patients 'denied' treatment in KEM** |
| **Patients' safety or cheaper medical care?** |
| **To reuse or not?** |
| **Who decides how many times to re-use?** |
| **KEM move hits emergency procedures** |

This was followed by contradictory comments by all and sundry.
A cardiologist commented: The risk of a patient contracting an infection due to reuse is negligible. A patient would rather bear this miniscule risk than die because he was unable to afford treatment.

KEM hospital doctors reported that intensive care units, cardiology, anesthesia, neurosurgery, and radiology departments were suffering due to the order, the cost of treatment had increased five-fold and poor patients had been hit hard.

A consumer activist wrote: The Dean's argument is untenable. In the name of CPA, patients are being made to suffer. Pai has taken a unilateral decision that has adversely affected the patients who are the end-users of the health care system hospital has not declared the data based on which the reuse of disposables has been stopped. PA has been used as an imaginary bugbear.

One activist asked: How can you reuse medical devices; Doctors must follow the manufacturer's instruction of 'single use'. The so-called informed consent of the patient cannot absolve the medical fraternity and damage caused to the patient as it is not a free consent and is invalid by law. At the same time, he insisted that banning reusable by the dean of KEM was not acceptable as patients were suffering. But he had no solution for the problem.

Re-using single-use devices is indeed a dilemma, especially in India where the whole process is unregulated. In Western countries, the process is well-regulated and has an approved protocol. Such reuse is common in many healthcare centers in the USA. Cost saving on medical expenditure is the most compelling reason for reprocessing of disposable devices. In the USA the healthcare industry saved 1.8 billion dollars per year due to this factor. Reuse also leads to a reduction in toxic biodegradable waste generated by disposing of medical devices. Reprocessing is listed as a best practice for environmental benefits.

The Indian Government would do well to crystallize a Policy on the reuse of single-use devices as suggested by the Hospital Infection Society –Mumbai Forum the entire process of Reprocessing should be monitored and done with approved norms.

The BMC decided to set up expert committees and refer to their legal department and so on. There were doctors who spoke for the reuse and many who spoke against it.

Soon after the issue was driven out of the front pages of the newspapers, all hospitals started reusing disposable devices, at least the costly ones. And everyone lived happily after that!

Sporadically, some complications following the reuse of a device happened and the doctor was hauled before a consumer court. He was left to deal with it individually and everyone else continued to do the same thing with the hope that it would not be their turn next.

It is quite obvious that there is a lot of double thinking, double-speaking and hypocrisy on the part of the concerned authorities. To reuse or not? Leave it to the doctors and let them face the music if something goes wrong.

It is very clear that the reuse of Single-use devices has several advantages in terms of economy, environmental pollution, and convenience. However unambiguous norms must be laid down, and reprocessing units must be licensed by a regulatory authority. Pricing pattern of re-cycled devices must be laid down. The type of consent should be officially formulated so that a well-intentioned effort to do good to a patient by reusing a costly device does not boomerang on the doctor.

Hence, it will be wise to consider all implications before you decide to reuse and single use medicadevicesce.

To conclude, I would like to share a letter I wrote and which was published in the Times of India in 1996, especially, because the concerns I expressed in it are as valid today as they were then.

March 1996
To The Editor
Times of India

Sir

The ban on the reuse of disposable medical equipment at the KEM hospital and subsequent hardship to patients raises very vital questions which, in fact form the crux of the debate on doctors and the CPA.

While expectations of the people for top-class medical treatment and result-oriented performance from doctors is quite understandable, it must be realised that an aggressive demand for these , without taking into account the economic realities in this country can be self-defeating.

It can only lead to the type of situations of which the present crisis at the KEM is just one example.

Use of disposable items is indeed very costly and if they were to be reused, cost of treatment would definitely come down. In fact, this was and is being practised. However, in the present climate of bias against doctors, why would a doctor want to take risks whose beneficiary is someone else?

The manufacturers of disposables clearly state on the product “Discard after single use” Undoubtedly; re-using these products will be accompanied by some risk, however small. The manufacturer will disclaim any liability whatsoever. Who is then going to take the responsibility? Even a valid consent is liable to be held untenable in law. Acts resulting in grievous hurt to another person regardless of consent are forbidden within the meaning of Section 320 of the IPC.

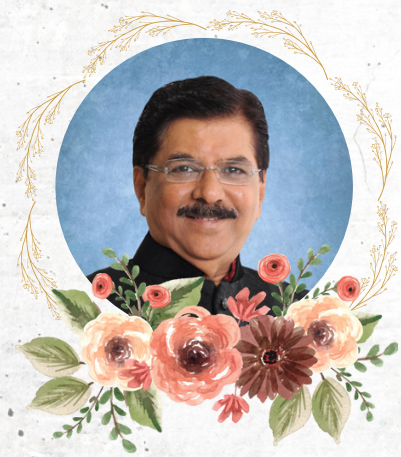
It is high time we ended this double-speak. On the one hand we are demanding the highest standards of medical care, on the other hand we start cribbing when we have to spend more money to achieve these. We can’t expect zero-error results of medical treatment, threaten to take doctors to consumer courts for every unfavourable result of treatment and then also ask doctors to take risks in the interest of reduced costs. We can’t eat the cake and have it too.

Let us not be hypocrites. Let us find solutions to problems within the limitation of our resources and do the best within these. But this will be possible if we reconsider the wisdom of extending a misplaced consumerism to a life and death profession and we stop whipping up an American-type litigation mania. We can disregard this only to the generation of more such KEM-type crises in the future.

Dr Lalit Kapoor

# Condolences

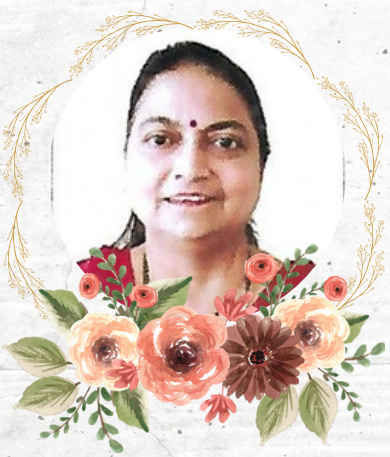
**DR. ABHAY THAKERAR**
Paediatrician & Neonatalogist
24-09-2022 | Kandivali



**DR. PIYUSH AGRAWAT**
Paediatrician & Neonatalogist
26-09-2022 | Dahisar

**DR. OMPRAKASH KAPOOR**
General Physician
06-10-2022 | Fort

**DR. PURUSHOTTAM ANANT KALE**
Cardiologist
08-10-2022 | Chembur



**DR. SUPHAL SHIRSEKAR**
Anesthesiologist
30-10-2022 | Kandivali

**DR. ASHA KAWAJA SHARIK**
Gynecologists & Obstetrician
31-10-2022 | Malad

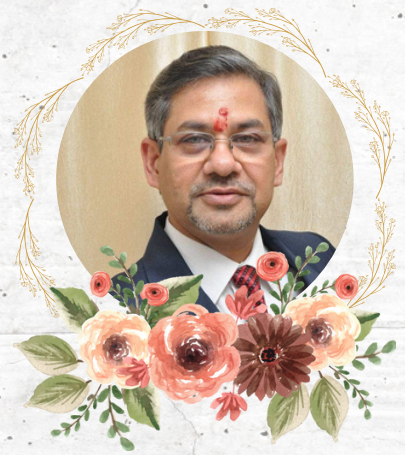
# Condolences

**DR. KAMLESH TUKARAM MADHEKAR**
General Physician
15-11-2022 | Kandivali

**DR. GUNVANTI SHAH**
Gynecologists & Obstetrician
27-11-2022 | Andheri

**DR. ANOUSHKA ABHIJIT BAGUL**
Gynecologists & Obstetrician
03-12-2022 | Navi Mumbai

**DR. TEHEMTON E. UDWADIA**
General Surgeon
07-01-2023 | Mumbai



**DR. ANIL SATYAPAL MARKAN**
Gynaecologist & Obstetrician
07-01-2023 | Borivali

**DR. MEENA ARVIND GHONGANE**
Paediatrician & Neonatalogist
09-01-2023 | Malad

# DR. MANMOHAN M KAMAT

MS (BOM) FAIS FICS FIAGES FICLS LL.B

## AMC – CONFERENCE TOUR -2022

### IRELAND AND SCOTLAND DELIGHTS

20TH SEPT 2022 TO 30TH SEPT 2022

Group of 39 AMC members started AMC – Conference tour – Ireland & Scotland Delights on 20th Sept by Turkish Airways. The Group Leader was Mr. Ravi from SMART TRAVEL SOLUTIONS. We arrived in Dublin on 20th Sept and started journey in a Mercedes Benz double suspension bus driven by a smart Irish driver.

Dublin is a capital and largest city of Ireland. The city was as intimate as a village and as friendly as an Irish pub. Framed by mountains, centred on a river and edged by a beautiful bay, the city's streets and alleys are filled with vibrant art and historic buildings, hip cafés and traditional "old man" pubs, as Dubliners call them. Walk the streets and you'll feel the energy of over 1,000 years of history, as echoes of the Vikings mix with buzzing boutiques, cobbled streets reverberate with the sounds of buskers, and 18th century parks play host to festivals, film and food markets. Visit to Guinness beer distillery was a unique experience. We had dinner at Indian restaurant and pleasant stay in a four-star hotel just outside the city.

Next day we visited an Irish stud farm. The horses from this farm have a reputation and history being used all over Europe. Neighbouring it was a glorious Japanese garden. After taking ample pictures for our memories, we had a guided city tour orientation of Dublin tour included Trinity College, the Bank of Ireland, which used to be Ireland's House of Parliament, St. Patrick's Cathedral, Phoenix Park and the Georgian Squares. We tasted delicious Irish Dinner that night with entertainment program in a reputed restaurant which had global tourists.

Next day we were driven to “Cliff of Moher” approximately 4 hours– located in County Clare. Ireland’s most visited natural attraction. Its magical landscape captures the hearts of one million visitors every year. The cliffs stretch for 8km along the Atlantic coast and reach 702 feet high, the highest point is at Knockar dakin, north of O’Brien’s Tower many. Many walked and explored the Majestic cliffs. We had excellent weather which allowed us to take nice photos at this place though it was windy.

Next day we went to Northan Ireland which was a smooth journey from European Union to United Kingdom, without realizing that we are crossing the border. Here the first visit was to Titanic Museum. It was great experience to see and understand the entire story of titanic from her conception in Belfast in the early 1900s through her construction and launch to its maiden voyage. Later we explored Belfast city. We saw City Hall, Queen's University and Stormont –The Northern Irish Parliament Building and its green surroundings.

Next day was exploring Belfast – capital city of Northern Ireland and the birthplace of famous doomed ocean liner, RMS Titanic. Upon arrival, we visited Northern Ireland's World Heritage Site – Giant Causeway renowned for its polygonal columns of layered basalt. Later we took a photo stop at Carrick-a-Rede Rope Bridge which links the mainland to the tiny island of Carrickarede, followed by a drive through The Dark Hedges tree tunnel – an avenue of large beech trees forming an atmospheric tunnel is a famous shooting location of TV show Game of Thrones that represents the Kingsroad. It was a memorable experience to connect to famous TV show site.

On 6th day we embarked on a ferry and were driven to Glasgow – a port city on the River Clyde in Scotland's Western Lowlands famous for its Victorian and art nouveau architecture. The entire bus and many vehicles were taken in large cruise, which was like a large flouting hotel.

On day 7th departing Glasgow we took a spectacular route north through Loch Lomond and the Trossachs National Park. We stopped at a pretty village perched on the banks of Loch Lomond. Further north, we crossed the brooding expanse of Rannoch Moor, and travelled through Glen Coe to arrive at Lochness. Loch Ness, 24 miles long and 700 feet deep is most famous for its sightings of the Loch Ness Monster, affectionately known as Nessie. Spend time at Loch Ness, where we took wonderful cruise across the loch. Later drive to Inverness for Overnight stay. Throughout these long bus journey we had seen many talents of the members in a group. We had continuous entertainment with Dr. Nanavati's Sher-O-Shayaries, Dr. Mrs. Nanavatis melodies songs. Dr. Divya's excellent speeches and Dr. Kamats story telling, Dr. Chaphekar's interesting mythological stories.

On day 8th we enjoyed sights such as the craggy Cuillin Mountains. The sharp peaks which rise up from the flatness of the surrounding terrain are the dominating feature of the island and can be seen from every other peninsula on Skye. Later Visit the Fairy Pools. Walk the trail that took us to the pools. After visiting the Fairy Pools, we continued our journey to the Isle of Skye, and stopped at a small village of Portree for an afternoon break. Portree is a small harbour village, and the capital of Skye. Before you travel back to Inverness, you enjoyed sights from outside of the mighty Eilean Donan Castle, which is situated on its own island, and is one of Scotland's most photographed castles. We also a stopped at Portree, the colourful capital of Skye. Overlooking a sheltered bay, this scenic fishing village has a variety of food options, making it a perfect lunch spot. Experienced Skye's dramatic landscapes and returned back to Inverness.

Next day drive via Ben Nevis / Grampian Mountains – Enjoy classic views of one of Scotland's most mesmerising mountain ranges. Highland Perthshire – Travel through thick pine-clad slopes and breath-taking views of fast-flowing rivers. Next on this journey, it took us to Edinburgh with a guided tour of Edinburgh City, we visited Princes Street, Royal Mile and saw Holyrood Palace - the official residence in Scotland of Her Majesty the Queen, Arthur's seat – an extinct volcano which is the main peak of the group of hills in Edinburgh and the new Scottish Parliament, followed by a visit to Edinburgh castle – a historic fortress which played a pivotal role in Scottish history. We visited famous Johnnie Walkers. Glenkinchie Whiskey Distillery. The experience there was indeed intoxicating in a nice way.

Next day on 30th Sept we took a flight back from Edinburgh to Mumbai. Few Members from group proceeded to Landon on an extended tour.

The entire tour was a pleasant relaxing, memorable experience with elite members of AMC accompanying. Very Good accommodation and services were provided throughout the journey.

# DR. SUGANTHI IYER

DY. DIRECTOR-HINDUJA HOSPITAL, MUMBAI

## MEDICAL NEGLIGENCE IN TRAUMA CARE

Render of Emergency Care to patients with life threatening emergencies became mandatory due to the Supreme Court Judgments viz. Parmanand Katara and Paschim Banga around two decades back. Hence, over the last two decades, the principle in Emergency Department was preservation of human life which is of paramount importance and every injured citizen be instantaneously given medical to avoid negligent death..

Thus, the duty of Hospitals and Doctors to attend to life threatening emergencies was held by the courts of law. Over the last one decade the importance of early management in such cases is now well established. Ambulances, especially designed to transport critical patients have come to stay. However, **the basics of ABC of trauma care has to be adhered to for render of reasonable degree of care in ER**. A doctor who undertakes in render of ER management should possess the knowledge and skill for the purpose including duty in deciding what care to be rendered. A breach of this duty amounts to negligence as is illustrated below.

**A) III (2022) CPJ 34 (NC)--Abhishek V. S. & Ors v/s K. Hospital & Ors.**

Case Summary: The deceased suffered injuries due to RTA on 30/12/1999 and brought to K Hospital with maxilla-facial injuries. The CT Scan revealed no intracranial injury. X-ray of neck and chest were done, but the fracture of C-6 vertebra was missed by the hospital. The hospital performed the wiring procedure for the fractured maxilla. During the procedure, there was a sudden spurt of bleeding, which caused airway obstruction and the patient died due to oxygen insufficiency. **The allegation was that the doctors failed to secure patient's airway** prior to the wiring and they performed tracheostomy. The post-mortem report clearly showed that the patient's air passage was full of blood and her finger nail were blue suggesting death due to hypoxia. Hence, there was allegation of medical negligence by in proper clinical evaluation and wrong treatment and a complaint was filed.

As per the Complainant, the treating doctors have not examined the patient properly and failed to do complete investigations. They acted casually and failed to do airway assessment and take active steps to protect the airway prior to the surgical procedure. Also the wiring of maxilla-facial surgery was not necessary. The life of the patient could have been saved by securing the airway by intubation or tracheostomy and thus there was error of judgment **as the airway management was not done properly**. It was not standard of practice in the said case. As per Medical Records, on putting the incision for tracheostomy, there was gushing of blood from the trachea which indicated the patient aspirated blood into the lungs and death was due to suffocation.

As per the Hospital, all emergency investigations i.e. blood, X-ray, CT Scan etc., were done. The airway was patent and there was no difficulty in breathing. The bleeding was not active when the patient was taken to OT. The possible need for the tracheostomy was discussed with the patient who gave guarded consent to go only if there is absolute necessity. Hence, consent was given only for First Aid which was done as wiring for fracture maxilla. Before and during the First Aid procedure patient did not warrant tracheostomy or intubation as she had no difficulty in breathing. As the wiring was near completion, the patient complained of breathlessness. Intubation was difficult and hence an emergency tracheostomy was done. The patient developed cardiac arrest and CPR was started. However, the patient expired.

As per the Hospital, the First Aid wiring of fracture maxilla was to prevent further bleeding and then shift the patient to another hospital for major surgery.

**HELD:** The ABC of trauma resuscitation begins with airway evaluation and airway management and this imperative in the care of pTatient with critical injury. He decision to intubate depends on multiple factors including patient's ability to ventilate. Besides, **it is important to decide when and how to intubate. Delay in adequate airway management may have devastating consequences and is one of the causes of preventable death in an ER setting.**

**Error of Judgement may or may not be negligence and it depends upon the nature of error.** If the error is not one that would not have been made by a competent doctor possessing the skills then it is negligence, but, if the error is done by the professional acting with reasonable care then it is not negligence.

Very often a plea is taken that it is a bonafide mistake and could be excusable, but if the mistake amounts to negligence it cannot be pardoned as it would be beyond the limits of what is expected of the skill of a reasonable competent doctor.

A high level of suspicion and constant surveillance of accident victims needs to be done and thorough investigations to be carried out for internal trauma which may not be apparent immediately. Reassessment head to toe examination and further investigations followed by periodic observation to ensure patient safety is mandatory. A head injury patient can have brief periods of lucid interval only to deteriorate later and hence a need for vigilance and stabilization of the patient is needed prior to surgical interventional. **The conduct of clinical examination of the C-spine and X-rays of chest and pelvis was nowhere to be seen in the hospital records.** It was only the PM record that mentioned the fracture of C-6 of the vertebra. Without assessment and observation of such an injury and attempt to do wiring fixation of fracture maxilla was done which effectively shut the accesses for easy orotracheal intubation. The secretions from the mouth and the throat in the absence of the suction mechanism caused aspirations into the trachea and pulling of blood in the trachea. **Hence, the events appear ill-planned and ill-executed and complications appear ill-managed eventually leading to aspiration asphyxia leading to death of a person, who would have survived with systematic and expert management.**

**Harm was certainly caused due to overenthusiastic interventions** which should have been postponed to a suitable time. **Hence, it is not a case of error of judgment and that of negligence. 25lacs were awarded**

**B) III(2015)CPJ 357 (NC)–Sarkar Vs. 'C' Hospital**

16 year old Anupama, who suffered from a crush injury on her left leg was taken to Advance Trauma Centre (ATC) & ER of 'C' Hospital and her left leg was bandaged. X-rays and other blood tests were conducted and she needed emergency surgery. However, she was taken for surgery only on the third day due to heavy rush of patients, by when she developed gangrene and septicaemia. Amputation of left lower limb was done. However, gangrene spread to other parts and she succumbed few days later. Thus, 'C' Hospital was unable to provide adequate and proper medical care to the patient. Anupama was not given preference over the other patients who were in line for surgery and thus her life could not be saved.

**Had the doctors of 'C' Hospital treated Anupama within the reasonable period after admission and done the needful to prevent the gangrene and septicemia, the complications would not have arisen and the life could have been saved.** A sum of Rs. 20 lakhs was paid as compensation.

Take Home Messages:

- Any injured patient should be given medical attention immediately.
- Preservation of human life is of paramount importance.
- The Medical Council of India expects medical practitioners to give timely medical care to save injured persons.
- Error of judgment in ER could be medical negligence
- Delay in render of medical care could be medical negligence

*Dr. Suganthi Iyer can be contacted at drsiyerin@yahoo.co.in*

# AMC CELL REPORT

## DR. SUDHIR NAIK

CHAIRMAN-MEDICO LEGAL CELL

Dear Members

At the outset we are happy to inform you that with 8600 members, we are the largest professional indemnity Group insurance scheme in the country. More and more organisations are coming out with their own indemnity insurance schemes copying the features of our schemes.

However, what cannot be matched is our experience in servicing the policy and the support we provide! We would request members to not fall for gimmicks and the offers for cheaper policies. *Look for value not price* It is been two years since our AMC PI App is functional and we are happy that more than 90% of members renewed their policies via the app and availed the higher discount offered for the payment done via the app. This year we have planned to add some more features and provide additional discount to the members. We would however like to inform members that following the New Consumer Protection Act 2019, the patients can sue us for very high sums even at District and State level forums.

Also, cases are being decided after average of 7 years later and hence sums awarded will be in line with prevailing inflation rates at that time and will have added component of interest payable. Members increasing their sum insured will get additional reductions in the premiums payable! We request members to take adequate insurance and recommend a minimum of 1 crore for physicians and 2 crores for surgeons.

The Medicolegal cell has been active in taking up issues related to the fraternity also We had filed a PIL against the applicability of Criminal Negligence charges against doctors, unfortunately the petition was not accepted by the Supreme Court There is an ongoing case in a similar matter in the Archana Sharma case and we hope to move an intervention application to have our say in this case too Our PIL against allowing Ayush Doctors to do surgeries filed in 2020 which was not taken up due to Covid is finally coming up for hearing in the near future We are consulted by members whenever they are in Medicolegal trouble and our analysis is the number of consults for advice is increasing by the day. We need to live with the threat of CPA and AMC Medicolegal cell is there to help you to fight your battles if and when required.

However, we would like to reiterate that those members filing claims under the PI policy must adhere to the prescribed protocol and submit required documents . Also, members are urged to be vigilant about renewing their PI policy without any delay so as to retain their Retroactive date. These are the principal reasons for denials and delays while getting the claims passed.

Members specially those who are migrating from other insurance companies are also advised to preserve all old Policy documents . These can prove very useful in the event of a disputed claim on the part of the insurance company.

Your policies taken from AMC from 2017 are available on your AMC PI app. Members who migrate to AMC PI scheme from a different insurance company are advised to continue their previous policy also if there is an existing Medicolegal case pending or if notice has been issued by a patient on a previous case.

Wishing you all a Happy and Prosperous New year in advance.

Dr Sudhir Naik (Chairman)
Dr Ajit Desai. (Convener)
Dr Lalit Kapoor (Advisor)

# CBS CELL REPORT

Since April 1st 2022, there have been 5 casualties.
Rs 11/- lakhs Benevolence fund has been paid to the nominated relative of our members.

**DR. SHRIKANT BADWE**
CHAIRMAN

**DR. SUHAS KATE**
CONVENOR

# H&A CELL REPORT

Members: 5400 individuals are in the cell policy.
Claim ratio at present is reasonably under control.
Smooth functioning of cell in future seems to be certainly possible.

**DR. SUHAS KATE**
CHAIRMAN

**DR. JAYESH SHAH**
CONVENOR

# ML CELL: KNOW YOUR LAWYERS

With this issue of GRASP we begin a feature called MEET AMC ADVOCATES. The profiles of 2 Advocates will be published in each issue (in no particular order !!)
AMC has an extraordinary panel of advocates to all of whom we owe a debt of gratitude for their selfless services.
We would like to introduce all of them to our members — 2 of them in every issue of GRASP. It is a small gesture to acknowledge their contribution and express our gratitude.

1. **Adv Jaywant:** is one our senior Advocates who has been ever forthcoming in defending our members in times of their legal crises. He is extremely affable and approachable and has always gone beyond his call of duty to support AMC members and AMC. He is an asset to our Medico legal Cell. He has been part of our ML Cell since 1995.
2. **Adv. Rui Rodrigues:** He Is a constitutional lawyer at the Bombay High Court and is the Special Counsel for the Central Government at the High Court. He is also the Standing Counsel for the University of Mumbai as well as SNDT Women's University at the Bombay High Court. He is also the Standing Counsel for the University Grants Commission, apart from being Legal Advisor and Standing Counsel for the Maharashtra Council of Indian Medicine. He is also on the panel of lawyers for AMC and has represented several doctors of the Maharashtra Medical Council at the State Consumer Disputes Redressal Commission and the National Consumer Disputes Redressal Commission

**ADV. RUI RODRIGUES**

**ADV. JAYWANT**

AMC

# ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI

Presents

# AMCON 22-23

ON

## 25th And 26th FEBRUARY 2023

With The Blessings Of

## Dr Prakashbaba Amte &
## Dr Mandakini Amte

## ASTITVA : A MEANINGFUL EXISTENCE

## Registrations Starting Soon

Dr Nilima Vaidya-Bhamare
President

Dr Hemant Dugad
Hon. Secretary

AMC Financial OPD introduces: **Wealth Audit**

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.

As a part of Financial OPD, We will be undertaking the following activities under our Wealth Audit service.

**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.

Take the first step.

Reach out to **AMC Financial OPD** by visiting this link: www.bit.ly/bookfreecallfin

SCAN ME

**BOOK AN APPOINTMENT**

Contact Us: **9152022446 / 9152022443**

**www.finnovate.in**

# DR. KETAN PARIKH

PAST PRESIDENT, PAST EDITOR -GRASP

## THE NEED TO LOOK BEYOND THE VEIL

The challenges of medical practice are steadily mounting. Whereas the society looks at the medical man with a mix of suspicion (for fear of being exploited during their painful times), jealousy (due to the exalted social status which some prominent members enjoy), and occasionally awe for the visible change that they may have brought to the health and lives of some of them., many doctors continue to grapple with their pressures of work hours, need for making a decent remuneration and fighting the insecurities of a daily wage earner.

Whereas the social engineers keep tom-toming about the massive shortage of doctors in the country, most of us are facing the challenges of severe competition in our respective fields. How do we account for this mysterious dichotomy of too many but too few.

Little have we released that whereas 70-80% of the specialists and 90% of the super specialists are settling in the large cities (metro cities), 80% of the country's population lies outside these cities. Thus, by default many of us have severely restricted our potential patients to just 20% of the country's population. Although a significant portion of the non metro population could have been considered very poor and socially backward a few decades ago, their socio-economic status is rapidly changing in the new India. A miniscule portion of this population may struggle and travel to reach us in the metroes but most of this section of population remains disconnected from the quality healthcare offered by us and remain destined to accept what is locally available. While choosing to stay on in the metroes, the urban-trained specialist often considers the difficulties of settling in socially compromised environments, but few anticipate the frustrations of financial challenges of matching themselves with their non-medical peers in these metro areas.

An unfortunate outcome for some of these specialists therefore is either financial exasperation, scouting for other non-medical career options or still worse, resorting to semi ethical modes of financial satisfaction within the medical career. There is an express need to ensure that the well-trained, long manicured medical skills of the medical specialists are purposefully employed and harnessed for medical use in a country where these skills are desperately needed.

The emergence of tele-medicine and tele-consultations brought a new hope to bridge this inequity in quality healthcare. However, the reality was far from satisfactory: Practical Shortcomings of tele-consultations:

1. Misinformation: Patients are often unaware of the type of specialists they need to consult leading to wasted consultations or inappropriate recommendations and sub optimal outcomes.

2. Communication challenges:
a. Communicating the symptoms on a digital platform needs a level of tech savviness which many patients may not be capable of.
b. Physical signs – Even something as simple as basic vital signs cannot be conveyed on a digital platform in most cases.

c. Language and dialect challenges- Especially for the rural populace can be significant
d. Investigations upload: Patients are often unclear as to which investigations to upload and how to upload them.

**3. Attention deficit:** Communication challenges and connectivity disturbances often lead to attention deficit leading to inadequate development of 'trust factor' and thus poor compliance.

**4. Failure to ensure continuity of care:** Episodic connections with a remotely located specialist who may not be fully conversant with the local infrastructure challenges, previous/ family history and social prejudices will lead to compliance issues as well as loss of continuity of care.

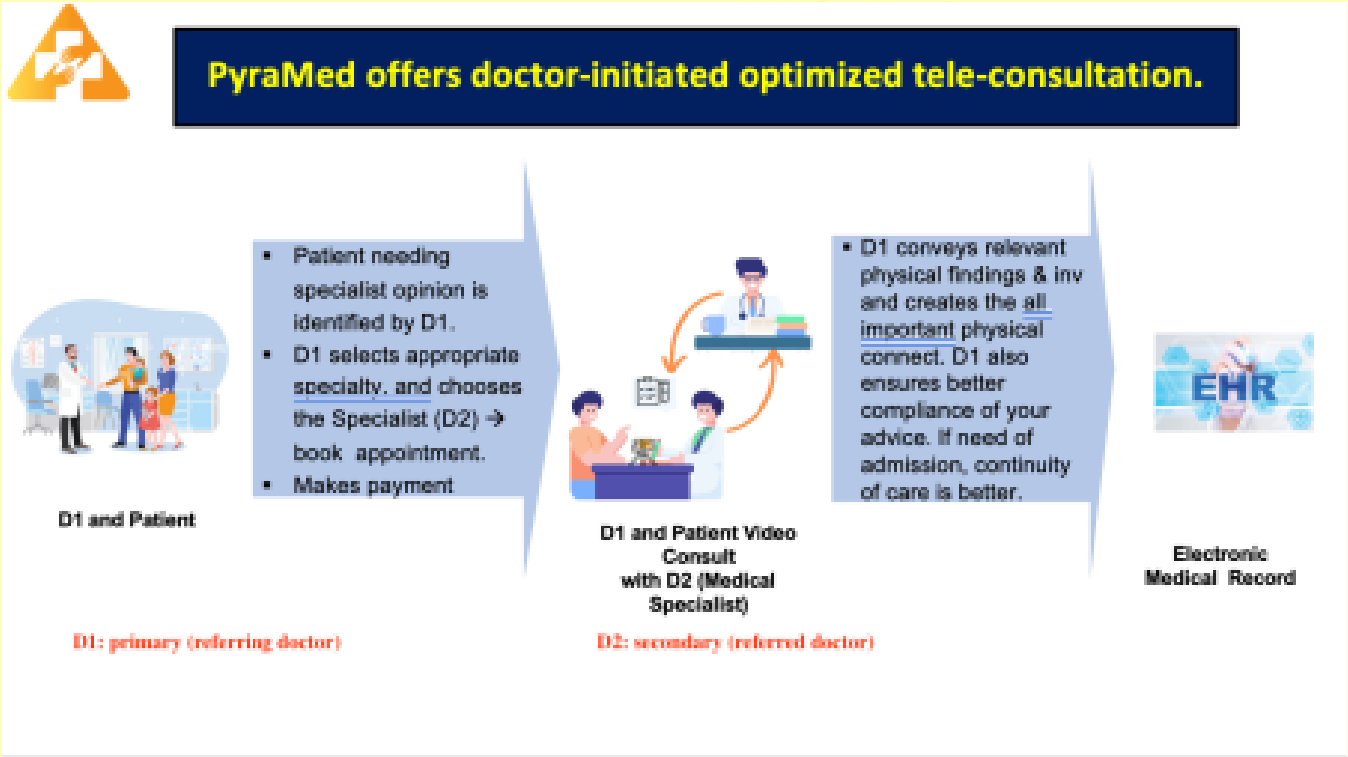
**The fact is that:**

1. The innate operational shortcomings of the direct patient-specialist connections listed above, need to be overcome.
2. There is usually a ubiquitous go-to medical man for most non-urban patients who is accessible, fairly trusted and the primary rung of the health pyramid.
3. Medical needs arise at any hour. It therefore means that there must be a man on the spot to handle these needs.
4. A large mass of these patients are uncomfortable communicating with the urban specialist on a virtual platform. The absence of physical connect leads to a loss of 'trust-factor' and thus affects compliance.
5. Direct tele-consultations of patients with urban specialists if and when performed by their patients are viewed as a threat to their existence and thus often underplayed by them.

**PyraMed has been conceived and launched by me with an idea to exploit the potential of tele-consultation for**
• a more optimized deliverance of healthcare to patients across the national geography,
• improve the reach and scope of the specialists and urban-based super/sub specialists,
• empower medical research by substantially increasing he patient pool for such studies and
• also strengthen the lowest rung of the health pyramid by such case-based learning.

**PyraMed can**
• quench the clinical thirst of the expanding pool of specialists, super/sub-specialists; • It connects the specialists with the local doctors to create a protracted trust relation between them and
• also create a channel for easy reference.
• It also offers a host of ancillary measures to improve this trust-relationship and PyraMed offers case-based consultation through a customised video tele-consultation platform to these primary doctors. This creates a win-win situation for all the levels of health personnel.
• The patient gets better quality of healthcare from their primary practitioner without the need to travel and spend time and money.
• The primary care practitioner is able to deliver better care- thus enhancing his connect with the patient, increasing his remuneration due to continuity of care and improving his skills and knowledge by such case-based mentorship.

•The participation of the primary doctor ensures that the consultant gets more reliable information, and a fair idea of the physical findings (which are almost unattainable in a direct consultation).




We welcome members of the AMC to benefit from this platform. Registration as a specialist/ super-specialist is free on the platform till 31st January 2023. It is an online process by clicking on this link (https://bit.ly/3xILuRi) and submitting the form. Those desirous of getting more details of the platform may either visit our web-site **www.pyramed.in** or visit our you-tube channel: **@pyrmed8066** or write to us at **info@pyramed.co.in**. Ofcourse you are free to contact me personally for any specific clarification.


# DR. SANDHYA SAHARAN

drsandhyasaharan@yahoo.co.uk


## A BLAST FROM THE PAST!

As professionals, be it any vocation, we all seem to be living in a fast forward mode with a frenetic pace of life. The poem "Leisure" comes to mind... there is no time to stand and stare....

Leisure is a luxury today! Whether it is metro or a village, everyone seems to be racing against time... myself included!

We surround ourselves with so many deadlines, chores to be done, spread thin and in the process invite stress and lifestyle diseases. As surgeons, we have to deal with patients, surgeries, keep abreast with the latest techniques, follow guidelines and recommendations, try to stay litigation free!.

Medicine being a dynamic science continues to evolve and we need to evolve too. In this era of evidence-based medicine, change being the only constant, innovation and self-assessment with the ability to adapt and willingness to keep learning is crucial to stay ahead. Competition is healthy as long as it does not become a constant source of stress and envy. Everyone is striving for success! How do you measure success?

A super busy practice with the latest equipment, palatial house, swanky cars!!!!
Being seen at all conferences flaunting designer clothes and watches with the latest mobile in hand?

A 24/7 workaholic with almost no interaction with the fraternity or with anybody in general, being swamped with work at any given time...????

The answer is variable, depending on how one views life on basis of health, happiness and wealth? Nobody can have everything! There is always something missing! It takes a lot of maturity, wisdom and experience to attain a state of equanimity with oneself and the world! Sat chit Anand!

Satcitananda is an epithet and description for the subjective experience of the ultimate unchanging reality, called Brahman, in certain branches of Hindu philosophy, especially Vedanta. It represents "existence, consciousness, and bliss" or "truth, consciousness, bliss". Sometimes it happens suddenly!

A similar thing happened yesterday!

They say life comes back in circles and truly it came back as I was waiting to leave and the last patient tested my patience by coming almost an hour late, being stuck in traffic.

As I was walking out the receptionist called to say that a new patient had just walked in asking for me. I asked her to let her in. The door opened and two couples walked in, middle aged village folk, the women in ghunghat. I was taken aback as it was a corporate hospital where we usually see women dressed in all kinds of fancy attire. My interest was piqued.... The man took out an old, almost tattered prescription paper which I immediately recognised as my first prescription pad when I had started practice. The lady lifted her ghunghat and I immediately recognised her as one of the first patients whom I had delivered in a small private nursing Home in Thane.... .The last three decades flashed by as in a movie to the time I had come to Thane which was completely new to me.

I was the only Doctor in my family tree, fresh from KEM absolutely clueless about the ropes of private practice. I had taken the plunge into the arena headlong, ready to take on anything that came my way, eager, unsuspecting, naive, excited at the prospect of going it alone. It seemed me like an adventure in the beginning. By God's grace things fell into place quickly and the going was good... I made a mark within a few years and had no complaints, which is actually saying a lot. I shook out of my flashback mode to the present and looked at her in a daze. She had tears in her eyes and she came and touched my feet. It was an emotional moment for both of us. Her husband had been trying to find me for years and the nursing home which I used to visit had closed down. The phone number on the prescription pad was of the old hospital .There were no mobiles then. They gave up search but recently tried again and somebody helped them Google Me as my name was on the paper and they arrived here, way after my consulting time. It was sheer coincidence that I was still there I sorted out their medical issues enquired about the children I had delivered, about their jobs and life in general. The simplicity and innocence as they spoke was so endearing. We exchanged pleasantries and they left with the promise to follow up. Long after they left I was staring at the door and when the staff came in to remind me that the OPD was closing, she had to repeat it twice before I registered what she was trying to say. I walked out of the hospital almost as in a dream still trying to register the fact that they had so much trust and faith in me that they spent so much time, energy and money travelling pillar to post trying to find me in their own simple way. It seemed as if life stood still for these women for the past 30 years.... They still cooked, cleaned, saw TV and gossiped as they had done in the past... Yes, the only new thing was that they possessed a mobile phone, which was mainly for making calls or seeing YouTube videos and WhatsApp... That seemed to be the common denominator between us... As we all walk our own paths in life, sometimes we wonder where we are going if we are going anywhere at all... I could not help reflecting on the last three decades which just seem to have whizzed past.... Yes, we all move on in life but the basic premise of love, understanding, trust is what binds us and makes life worth it...
As I drove home, I remembered

Paulo Coelho's famous quote!
*"There is only one thing that makes a dream impossible to achieve: the fear of failure."*
*When you want something all the universe conspires to help you achieve it.*
*These simple folks showed me the power of conviction. Lessons of life..*
*Learn to forgive and forget. Be kind! Learn to listen. Share and care. Don't postpone living... Live today! Don't forget to smile as you read this. Get up and walk a mile... The future is shining bright!*

# CHECK YOUR SCORE WITH
# **Dr. KAPOOR'S MEDICO- LEGAL** MCQs

Tick one correct answer to the following MCQs.

**Assessment:**
5 or below correct answers: **Poor**
6 correct answers: **Fair**
7-8 correct answers: **Good**
9-10 correct answers: **Excellent**

Answer Keys on Page No. 42

**1. IF PLAINTIFF IS A PERSON :**
a) Against whom a claim is made in court
b) One who supports a complaint
c) One who is penalized by the court
d) One who brings an action in a court of law

**2. PERJURY**
a) Special jury appointed by a court
b) Decision of a jury.
c) Wilful utterance of falsehood on oath in court
d) Appeal to jury

**3. WS in a Consumer Forum case stands for:**
a) With Sanction
b) Wilful Slande
c) Written Statement
d) Without Security

**4. DEPOSITION MEANS:**
a) Verdict of imprisonment
b) The giving of a sworn evidence
c) Punishment for not appearing in court
d) Application for adjournment

**5. SUO MOTO MEANS :**
a) Immediate action by court
b) Motivated litigation.
c) Action taken by a court on its own accord without complaint.
d) Motto of the Justice system

**6. AFFIDAVIT REFERS TO :**
a) Statement to Police
b) A written statement made under oath
c) Written official explanation on your letterhead.
d) An Original document

**7. IN NEGLIGENCE CASES RES IPSA LOQUATOR MEANS :**
a) Incomplete evidence, hence no negligence
b) Negligence due to fault of patient
c) No causal connection with negligence
d) The facts speak for themselves and hence no need to prove.

**8. IN CALCULATING COMPENSATION NON-PECUNIARY LOSS MEANS:**
a) Loss of future earnings
b) Loss of goodwill in employment or business
c) Non- monetary loss such as pain, suffering and mental trauma.
d) Amount to be spent on attendant for assisting the patient life-long.

**9. If the allegation against a doctor is having caused death of a patient due to a rash and negligent act , the following section of the IPC can be applied:**
a) 302
b) 304 (II)
c) 304 A
d) 320

**10. The Specialty at highest risk of malpractice litigation is :**
a) Paediatricians
b) Critical care Physicians
c) Obstetrics/ Gynaecologists
d) Anaesthetists

# KNOW YOUR OFFICE BEARERS!

## PROF. DR. SUSHMITA BHATNAGAR

**MBBS, M.S(General Surgery), M.Ch(Pediatric Surgery), M.Phil (Hospital management), PGDMLS (Postgraduate Diploma in Medicolegal Systems)**
Consultant Pediatric Surgeon – Bombay Hospital, Global Hospital,
Apollo, Cumballa Hill, Bayview, Suchak Hospitals
Immediate Past President – Association of Medical Consultants (AMC), Mumbai
Director – FOCUS (Foundation for Children's Universal Support)
Member – Board of Trustees – Association of Medical Women in India, Mumbai branch
Member – Medscape India
Chairperson – Association of Pediatric Surgical Oncology (APSO)
Executive Committee member – Indian Association of Pediatric Surgeons (IAPS)
Managing Committee Member – A ward Medical Association

## DR. SUPRIYA ARWARI

**M.D. Ob Gy, D.G.O, F.C.P.S, D.N.B**
Consultant Gynaecologist, obstetrician and Infertility specialist
practicing since 25 years in Bhiwandi
Joint Secretary of Association of Medical Consultants of Mumbai
Joint Secretary of the Thane Obstetricians and Gynaecological society
Past president of IMA Bhiwandi and Bhiwandi medical practitioners
Chairperson of Cultural and welfare committee of AMOGS
National co ordinator, Adolescent Health committee of FOGSI

### ACHIEVEMENT & AWARDS:

- Gold medal at DGO & FCPS Exams
- Anandibai Joshi award for meritorious services by female doctor given by BNCMC
- AMOGS "WE FOR STREE" Award received at the hands of Hon'ble Governor of Maharashtra Shri Bhagat Singh Koshyariji
- Actively involved in Adolescent Health and welfare programs "Jagruk Beti" and Cancer awareness and prevention programs in various schools colleges and organizations
- Won the title of "Iron Lady" in Medi queen Mrs Maharashtra pageant season 1

## DR RAHUL RANE

**MS, DNB, MNAMS, FISS**
Orthopaedic Surgeon | Endoscopic Spine Surgeon | Minimally Invasive Spine & Joint Surgeon | Jt Secretary AMC | Marathon Runner

## DR. REENA WANI

**Obstetrician & Gynecologist (MD, FRCOG, FICOG, DNBE, DGO, DFP, FCPS)**
Professor & Head of Dept, Obstetrics & Gynecology
HBT Medical College & Dr R N Cooper Municipal Hospital
ex-TN Medical College & B Y L Nair Ch Hospital, Mumbai.
Program Committee Chairperson AMC 2022-23
ICOG FOGSI Governing Council Member 2021-22
Chairperson FOGSI Perinatology Committee 2015-2017
Core Committee Member FOGSI Violence Against Women Cell 2015-21
Managing Committee Member MOGS, UNESCO Bioethics, AMC
President MBPC ( Mumbai Breast Feeding Promotion Committee) 2019-22
Section Editor, TIP; Peer Reviewer JOGI

# DR. MANJIRI DASGUPTA

Plastic & Reconstructive Surgeon, Bandra

HIMALAYAN GRIFFON VULTURE
SCIENTIFIC NAME: GYPS HIMALAYENSIS


Details: #nikonz7ii AF-S Nikkor F2.8,400mm FLEDVR, f/2.8, 1/2000s, 400mm, -0.3ev, ISO 80

HIMALAYAN MONAL
SCIENTIFIC NAME: LOPHOPHORUS IMPEJANUS


*Beginning*
*Life is a circle*
*A child was born*
*Same hospital; someone lost a life*
*It is a new beginning for one*
*It was the last destination for another*
*If it's the beginning of a definite end*
*Then why do I struggle*
*Each life different story*
*Same stone yet different strokes diverse sculptures*
*New creations more layers unique flavours*
*New hopes new dreams*
*Don't look back*
*Look upwards*
*March forward*
*There is always a new meaning*
*It's just a beginning*

Details: nikonz7ii AF-S Nikkor F2.8,400mm, FLEDVR, f/2.8, 1/800s, 400mm, ISO1600

# DR. REENA WANI

Obstetrician & Gynecologist

## CHANGING TIMES & TIDES IN OBGY

*"It is a most gratifying sign of the rapid progress of our time that our best textbooks become antiquated so quickly"- Theodore Billroth*

There has been a lot of debate and discussion on medicine as a profession, as a career but I still look upon it as a calling, a choice one makes in life. Yet, there are many changes that keep happening in this field, and what might have been the "Gold Standard" a decade ago, may be trashed today as useless by advocated of "evidence-based" medicine.

As a person who has been in this field for over 30 years, particularly in medical teaching, it is my privilege to share some of my experiences and thoughts from this journey.

*"Watchful Expectancy and Silent Observation are the Hallmarks of a Good Obstetrician"*

As a junior resident in Seth GSMC & KEM Hospital, I remember our senior Honorary Dr Shirish Sheth, who went on to become President of FIGO (our International Organization) telling us this. Memories of the time spent as housemen and registrars (now called JR 1,2,3) will never fade, but certain landmark moments remain with us for a lifetime! We were also taught that by observing how someone conducts a Breech delivery, you can truly gauge the clinical skill as obstetrician. Another of our Honorary teachers Dr Usha Krishna was very enthusiastic about research and innovations in Family planning, and was doing projects with ICMR. Of course our full-time teachers were no less- Dr Indira Hinduja, credited with the first IVF baby was a Unit head in KEMH too, and the HOD Dr Mina Bhattacharya was a very enthusiastic surgeon who developed microsurgery lab for the institute.

*"The Journey of a thousand miles begins with a single step"* – Lao Tzu

Many innovations would have never seen the light of day if the person who thought of it didn't have the courage to move forward. This is true in medical science too. Although we often say it is an "art" rather than a "science", it is always a background of hard work, efforts and perseverance that will bring any innovation into implementation. We as teachers need to foster the spirit of Research. Stringent regulations and ethical concerns may seem daunting to try new paths, but we have to be prepared to go the extra mile to find a new path. I often tell my residents that they need to start thinking and stop working at a "spinal" level, and get out of the "work-eat-sleep-repeat" cycle to find something new and exciting. Furthermore, we have to remember that if it's not published, it's not done! Efforts must be made to put pen to paper (or fingers to keyboard!) and document what you have done. I will be forever grateful to Late Dr M.Y.Raval, my HOD when I was a lecturer in Nair who gave me the opportunity to co-author my first 2 chapters in a textbook with him- and I have never looked back since then! At that time when I was in Nair, another wonderful graceful Honorary Dr C M Alwani, who passed away this year, was another inspiring person who had started OPD Hysteroscopy and colposcopy, and had mentored many including Late Dr Rakesh Sinha.

*"The Child Gives Birth to the Mother"*

We being responsible for both patients, as obstetricians have to focus on the mother-infant dyad. It is a responsibility that can be scary sometimes, especially with increasing medico-legal environment and demands for perfection/ designer babies and reproductive choices have changed down the past few decades. Women have become more career oriented, and often age of marriage is late, leading to ticking away of the Biological Clock- seen in a lot of our own residents!

I have been giving fertility planning/ preservation advice to many of my female assistants along the way, and often found that career choice clashed with family welfare, and PCOS/ endometriosis/ low AMH were issues they had to deal with themselves. “Physician Heal Thyself” it has been said, and I do believe in that we have to encourage our young doctors to look after themselves. For Doctors day and International Women’s day, our team organizes Health check-ups for women staff and doctors, ranging from BP, BMI to BMD & Cancer screening. My own registrar was found to be having severe anemia due to menorrhagia in one such camp- which explained why she always seemed to be so slow in her work!

*‘ Health is the real wealth, not gold and silver.’*- Mahatma Gandhi
The World Health Organisation commemorates the World Health Day celebration every year on April 7th, to create awareness among people about health and wellbeing. We are all aware of the definition of health being broad-based and not restricted to mere absence of disease. A healthy body is the first essential component to the state of complete well-being. The best way to maintain physical well-being is through a balanced diet. Intake of essential nutrients in appropriate quantities has been a major focus in current times, especially in COVID. The other essential components are regular exercise, and trying to take adequate sleep (7-8 hours).

Another neglected aspect is mental health or mental well-being. Mental health refers to a state of emotional and psychological well-being of the individual. A person’s mental well-being impacts their emotions and behaviour in handling situations. The best-recommended way to maintain mental health is by staying positive and meditating. However, there is this stigma about mental health and many people do not consider mental disorders as an issue of significance. Psychological well-being is as equally important as physical well-being. When people criticize mental illness, it instantly creates an adverse impact. This is relevant at extremes of age. Parents often concentrate only on their children’s physical needs, but they often fail to notice the crumbling mental health of their child. Even among elders, one fails to see their psychological well-being- this also applies to our senior colleagues who may have retired, we need to acknowledge them.

In medicine, we have young people coming to us after much struggle, often from other places across the country with different backgrounds thrown together in the melting-pot of a medical college they may have only read about earlier.

In residency we as teachers are now finding many more residents and students struggling due to adjustment difficulties and mental stress, interpersonal conflicts rather than the actual physical challenges of being a junior doctor who has to work hard to create his/ her career. It is compounded by a lack of awareness among people and focusing on superficial appearances. Therefore, one must be able to identify the signs regarding mental illness. A laughing person is not always a happy person. Never brush off mental illness as a taboo, instead pay attention and save people’s life- tragic incidents of suicide in medical professionals have increased as one of the collateral damages of the pandemic.

*“It is not only what we do, but also what we do not do, for which we are accountable”*
- Moliere
As medical practice has changed down the years, expectations of patients have changed. Similarly, technological advances and changes in instrumentation and techniques have made some of our standard practices obsolete. Hence if we do not change with the changing times, we will be held responsible for failing our next generation. We need to be learners ourselves, and only then will we be able to fulfil our role as teachers who will be shaping the careers of the young trainees.

*“Each day is a chance to ask- How wonderful could it be?”*
- Dale Dauten in Better Than Perfect
I would like to end by with this lovely quote which highlights the importance of focusing on the present, and making the very best out of any given situation. That will be our way to leave our footprints in the sands of time.

# DR. LUCKY S KASAT

Consultant Pediatric Surgeon, Thane
Grade A' Certified in Ancient Indian Architecture (temples)


## BRIHADISVARA TEMPLE OF THANJAVUR

THE AWE OF THE 'FIRST ALL-GRANITE TEMPLE IN THE WORLD': 20 FASCINATING FACTS OF BRIHADISVARA TEMPLE OF THANJAVUR

1. It is also called RAJARAJESWARAM after the Chola king Rajaraja I, who built it in 1010 CE in 7 years flat! It is called "the Big Temple", or PERUVUDAIYAR KOVIL (Kovil means temple) or Thanjai PERIYA KOVIL locally.

2. The first question that comes to our mind is, "what made Rajaraja Chola i build this massive temple?"

Well, in the 8th century, the PALLAVAS had given a new dimension to art and architecture by the majestic RATHA temples, the SHORE TEMPLE and YALI CAVES at Mahabalipuram. Rajasimha Pallavan built two splendid temples in Kanchipuram - the 'PARAMEŚVARAM VINNAGARAM ' and 'KAILASANATHAR KOVIL OF SHIVA '. The latter held Rajaraja Cholan's attention and ignited his dreams and aspirations.

Did he want to showcase the power of his empire? Or did he want to get rid of sins wrought by years of warfare?

May be the reason was simple. He wanted to show the whole world ***"the towering presence of God that is everlasting against human life that is highly evanescent"!***

3. It is the first all-granite temple in the world, built using 130,000 tonnes of granite. However, the nearest source of granite is 60 kms to the temple! Also, there is no evidence of any granite-cutting quarry!

An ingenious method of ancient engineering was used to cut the granite: Small holes were made in the granite, and then wooden plugs were placed inside the holes. Water was then poured, which expanded the plugs, causing the rock to break!

4. This temple has no shadow, even at noon! A myth or reality, don't judge that so soon!

It is true that shadow of the big temple does not fall on the grounds. However, it does cast a shadow towards the periphery. One cannot see it owing to the various trees covering the ground.

5. It was built around a moat, which is now filled up. A fortified wall now runs around this moat, added after 16th century. The base is rectangular: 790 feet east to west and 400 feet north to south!

There is a large pillared and covered veranda called PRAKARA in the courtyard along the rectangle, with a PERIMETER of 1,480 feet. This CLOISTER is for CIRCUMAMBULATION. The Maratha king Saraboji installed 108 Shiva Lingas in it.

Outside this veranda are 2 walls of enclosure. The outer one is defensive, added in 1777 by French colonial forces with gun-holes. The temple served as an arsenal!

Technically the courtyard has 3 gates but only 2 elaborate Gopurams (gateways). The first one is like a FORT GATE built by MARATHA to defend the place. It was CONNECTED to the MOAT that surrounded the temple. The 2nd gate GOPURAM is called "Keralantakan Tiruvasal". Keralantakan means Kerala destroyer, i.e. Rajaraja I, Tiruvasal means "the SACRED GATE". It was CONSTRUCTED to celebrate the VICTORY over the CHERAS of Kerala.

The 3rd gate GOPURAM – "RAJARAJAN TIRUVASAL" is the original GOPURAM. ALONG its INNER wall corners are sculpted Nandi with 2 bodies but one head.

6. The MONOLITH NANDI (made from a single stone), which faces the mukh-mandapam, weighs 20 tonnes! It is 2 m in height, 6 m in length, 2.5 m in width and is the second largest Nandi in India!

The SUNLIGHT falls on Nandi everyday which reflects it towards the Linga which facilitates the visibility of the lord!

7. The GARBHAGRIHA or sanctum sanctorum has the largest SHIVA LINGA in India, 8.7 m (29 ft) high, occupying two stories of the sanctum! Standing at the entrance of the temple, one can see the Linga! However, no pictures are allowed to be clicked inside the temple.

*The stone for linga was brought from Saurashtra, 2100 kms away. How? Try to guess!*

8. There are FRESCOES on the sanctum walls along the circumambulatory pathway. Total area of frescoes is 7,200 sq ft! The ASI, for the first time in the world, used its unique de-stucco process to restore 16 Nayaka period paintings, which were superimposed on 1000-year-old Chola frescoes! These 400-year-old paintings have been mounted on fiber glass boards, and displayed at a separate pavilion.

9. The SANCTUM is a MINIATURE VIMANA (tower). On its 4 walls are various sculptors of at least 12 attributes of Shiva. In the GARBHAGRIHA, there are 2 idols of Ganesh in the corridor. If you tap the two, sound travels through stone in one idol and through metal on other idol!

10. The UPPER STOREY CORRIDOR WALL of vimana tower is carved with 81 of the 108 dance karanas, the basic movements of Bharat natyam. Why the 27 karanas are blank blocks of stone, is unclear.

The karanas were discovered in 1956 when Balakrishnan, an employee of Archaeological Survey of India (ASI), was removing the weeds on the vimana. He found a passage leading to the first tier of the vimana. The passage was opened. It led to the chamber inside. But bats' excreta had piled up in the chamber to a height of several feet! The excreta had caked up so hard that laborers had to shovel them off. Many workmen fell sick!

The karanas sculpted are portrayed in the fourth chapter of Bharata's Natya Sastra. How was the idea conceived? Perhaps, from the temple at Prambanan in Indonesia, which had karana sculptures! It was built 150 years prior to Brihadisvara temple. One more peculiarity is there are karana sculptures in the Nataraja temple in Chidambaram and Sarangapani temple in Kumbakonam. If the karanas in the Brihadisvara temple portrayed one part of the movement of dance, the Chidambaram temple portrayed another and the Sarangapani temple depicted yet another!

11. Above this upper storey corridor, the vimana rises another 13 stories for 208 feet with shrinking stone squares (which appear verticle from outside) - all made by using interlocking bricks with no binding material!! Thus, the vimana is a total of 16 stories!

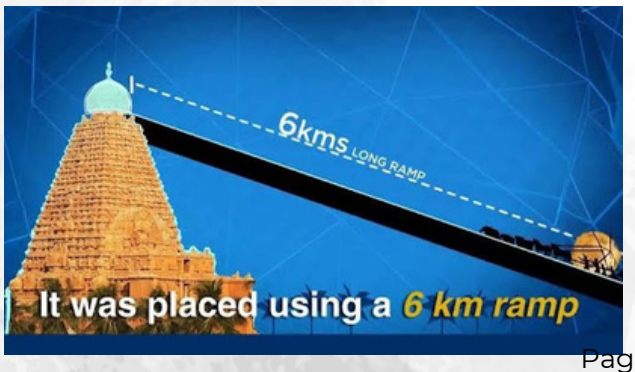
The Sri-Vimana was the tallest in India then, now it is the TALLEST in South India, and 3rd tallest in whole of India.

12. Above the 16 stories hollow Vimana is a single square granite weighing 25 tons! It is 7.77 metres (25.5 ft) on each side. On its corners are Nandi pairs - each 6.6 feet x 5.6 feet!

13. Above this granite block rises the GRIVA (the neck), the SHIKHARA and the capstone (Kumbam) at the top of Vimana, which is CUPOLA-SHAPED and weighs 80 tons or 80,000 kgs! No man built shallow structure around the world has this huge capstone at the top!

The finial or STUPI of 12.5 feet height and was originally covered with GOLD.

How was the Kumbam placed over the hollow Vimana – how?
They created inclines stretching 6 kms, to reach the top of temple and place the granite there! Close your eyes and imagine how a procession of elephants carried a piece at a time to reach the apex. That itself must have been a jaw-dropping sight.



What was the need to cap the Tanjore temple?
A huge amount of positive electromagnetic energy exists in garbhagriha. The 80-ton stone cap repulsed the force to channelize the flow of energy within the temple precincts. This gave serenity, peace and piousness to the temple.

14. Conspicuous among other carvings, on the other side of the Vimana is a carving of a foreigner with his hat! Well, knowing the extensive trade relationship of Rajaraja I, it is of a European tradesman!

15. There were 8 original SHRINES in the courtyard. In the Subramanya temple, there is a hollow, needle like stone design along the walls, where a blade of glass can be inserted through the hollow!

16. The TEMPLE COMPLEX has a solid 103 INSCRIPTIONS! The most unique are the inscriptions of 600 names of priests, lamp lighters, washer men, tailors, jewelers, potters, carpenters, sacred parasol bearers, dance gurus, dancing girls, singers etc with their wages, roles and names!

17. There are more than 100 underground passages that connected to the King's palace, all are sealed. Was it a defense building with watch tower?

LIKE the Padmanabhaswamy temple of Thiruvananthapuram in Kerala, some doors of passages could be opened only after reciting sacred mantras! Only the confidants of RajaRaja Chola knew about these well-kept secrets.

18. The Brihadisvara temple is one of the 3 GREAT LIVING CHOLA TEMPLES, a UNESCO World Heritage Site in Tamil Nadu. The other 2 GREAT LIVING CHOLA TEMPLES are Brihadisvara Temple at Gangaikonda Cholapuram, 70 kms away, and Airavatesvara Temple at Darasuram, 50 kms away.

19. The temple celebrated 1000 years in 2010. Mumbai Mint had issued a Rs 1000 Commemorative Coin, the first 1000 Rupees coin to be released in the Republic of India coinage. This coin was a Non Circulative Legal Tender (NCLT).


In 1954, Reserve Bank of India had released a Rs 1000 currency note featuring Brihadisvara temple. However, in 1975, PM Indira Gandhi demonetized all Rs 1,000 currency notes to curtail black money.

20. The temple is administered and managed by Babaji Bhonsle, the head of the Thanjavur maratha royal family as a hereditary trustee of 88 Chola temples. The Tamil groups have been unsuccessfully petitioning Tamil Nadu government to revoke these rights as he is not of Chola or of Tamil lineage.

# KNOW YOUR OFFICE STAFF!

## JANHAVI SALVI

I am Mrs. Janhavi Salvi H. & A. cell department. I am working in Health and Accident cell. Basically, I am doing the office work such as sending renewal sending renewal notice for H. & A. policy holders ,checking H. & A. claim paper to paramount TPA for processing. If any complices are remained, advising concerned doctor members to submit information. I too rendering advice to the new doctor members/Ins. Advisors for increasing H. & A. portfolio/business.

**Email:** supporthna@amcmumbai.org
**CONTACT:** 8976870618

## RATIKA POTDAR

I Joined AMC on 17.03.2017 and since then was assisting all officials for one year.

After gaining sufficient knowledge of account section as well as computer methods of the same, I am totally handling all accounting work of AMC. All accounts data is provided to the internal auditor, as may be advised to by the officials.

## KULDEEP BISHT

On my own agreed to join AMC and work on voluntary basis for a period of 6 months. I have gained the knowledge of PI cell. I have now joined the AMC recently on regular basis and doing the office work of the PI cell. I am also looking after the work of an Insurance Advisor simultaneously.

**Contact No. -** 9372005206
**Email -** Kuldeep.Bisht@amcmumbai.org

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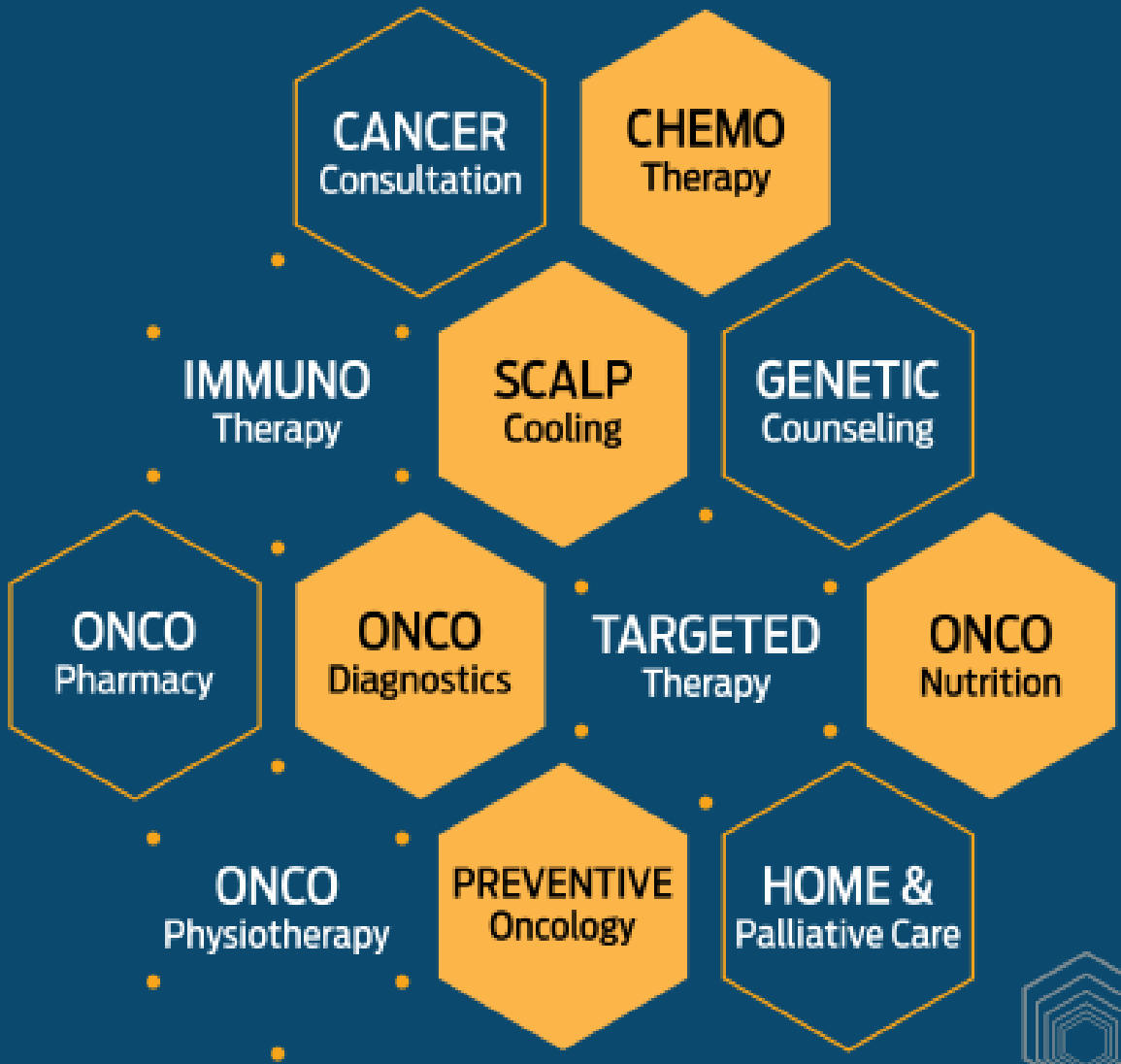


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