



DOCTORS ARE RESILIENT PROFESSIONALS:

doing endless acts of goodness
despite negativity from society

**Blood
Donation**



**Social
welfare**



**Organ
Donation**



**Medical
Camps**



The GRASP

E-Bulletin (July 2023)

For Private Circulation Only

OFFICE BEARERS (2023-2024)

President: Dr. Ashok Shukla
Hon. Secretary: Dr. Vikrant Desai
Imm. Past President: Dr. Nilima Vaidya-Bhamare
President-Elect: Dr. Vivek Dwivedi
Vice President: Dr. Rajeev Agarwal
Vice President: Dr. Rajendra Nagarkatti
Hon. Treasurer: Dr. Ritesh Agrawal
Joint Treasurer: Dr. Prashant Kerkar
Joint Secretary: Dr. Pradnya Kulkarni
Joint Secretary: Dr. Rahul Rane
Office Secretary: Dr. Alok Modi
Prog. Committee Chairperson: Dr. Supriya Arwari
Editor - The Grasp: Dr. Kritika Doshi
Editor - Website: Dr. Ashish Mody

BOARD OF TRUSTEES

Managing Trustee

Dr. Ajit K. Desai

Trustees

Dr. Gurudas Kulkarni
Dr. Kishore Adyanthaya
Dr. Niranjana Agarwal
Dr. Sabh Singh Khambay
Dr. Sujata Rao
Dr. Veena Pandit

Website

amcmumbai.org



ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI

302, The Summit Business Park Premises
Chsl, Opp. MovieMax, Near WE Highway,,
Andheri (East), Mumbai - 400093

Tel: 4976 5332 / 4347 2058 / 2684 4639/
26821109

E-mail: office@amcmumbai.org

DISCLAIMER: Unless otherwise stated, the opinions expressed by the writers are their personal opinions. The AMC reserves the right to use material published in 'The Grasp' for its website or for any other purpose deemed necessary. The appearance of an advertisement in 'The Grasp' is not guarantee or endorsement of the product or the claims made by the manufacturer/adviser.

EDITOR

Dr Kritika Doshi

EDITORIAL BOARD

Dr. Nitin Rao
Dr Sujata Rao
Dr Veena Pandit
Dr Mukesh Gupta

AMC INDIA PROJECT

Director: Dr. Lalit Kapoor

CHAIRPERSONS & ADVISORS OF CELLS

Chairman H&A : Dr. Suhas Kate
Advisor-H&A : Dr. Suresh Rao
Chairman Medicolegal Cell : Dr. Sudhir Naik
Advisor Medicolegal Cell : Dr. Lalit Kapoor
Chairman-CBS : Dr. Shrikant Badwe
Advisor-CBS : Dr. Bipin Shah
Chairperson-MMC Cell : Dr. Sujata Rao
Chairman AMC-NoAH : Dr. Suresh Rao
Chairman-Affiliate Unit Cell : Dr. Umesh Oza
Chairman-Social Service Cell : Dr. Ajit K. Desai
Advisor-Social Service Cell : Dr. Shivbhagwan Agrawal
Chairman-Media & Communication Cell : Dr. Mukesh Gupta

ZONAL DIRECTORS

Colaba to Prabhadevi : Dr. Smita Sharma
Rest of Mumbai City : Dr. Suhas Shah
Bandra to Andheri : Dr. Manoj Patel
Jogeshwari to Dahisar : Dr. Ajay Hariani
Mira Road to Palghar : Dr. Rajendra Chawhan

AREA REPRESENTATIVES

Dr. Preetam kumar Jain	Dr. Meena Khambay	Dr. Prakash Patil
Dr. Rajashri Kelkar	Dr. Lalita Mayadeo	Dr. Anand Pawal
Dr. Vikram Khanna	Dr. Gautam Sonawane	Dr. Kiran Shinde
Dr. Nagesh Waghmare	Dr. Narendra Kumar	Dr. Savita Naik
Dr. Dhiren Kalawadia	Dr. Ashok G. Shah	Dr. Prashant Patil
Dr. Sanjay Sonar	Dr. Rajendra Tiwari	Dr. Dimple Shashtry
Dr. Amit Thadhani	Dr. Shilpa Tiwaskar	
Dr. Hemant Dugad	Dr. Navneet Desai	

TABLE OF CONTENTS

From the Editor's Desk

Dr. Kritika Doshi 04

Presidents Precept

Dr. Ashok Shukla 05

Secretary Report

Dr. Vikrant Desai 06

Condolences 07

From the Desk of PCC 08

Dr. Supriya Arwari

**AMC Committee Members
Collage** 19

Dr Lalit Kapoor 21

Dr. Kapoor's Medico-legal MCQs 23

Dr. Ritesh Agarwal 24

Dr Suganthi Iyer 26

Dr. Surbhi Bhagat 29

**Medical News Coverage On
Social Media** 34



Dr. Kritika Doshi

Editorial



Hello Dear Friends.

I extend a warm welcome to all of you from AMC Team 2023-24 and invite you to be a part of all our activities for this year.

The life of us medicos is extremely stressful and we are forced to face newer challenges daily. It is not surprising to us to read and hear of young doctors losing their lives due to the stress we face. We all know of the IMA data study that shows Indian doctors are dying earlier and at a younger age compared to the regular population.

This is indeed a time to introspect and realign our priorities to a realistic view of medical profession. It is no longer viewed as a noble profession rather it is a commercial activity where the patient is a consumer. Should we be available at odd hours for routine OPDs? These demands of work, managing home and social relationships, financial pressures of setting up practice in addition to the changing rules and regulations causes great stress. Constant exposure to stress affects the homeostasis of the hypothalamo-pituitary axis; there is growing evidence which links excessive adrenocortical activity and elevated basal cortisol levels to the progression of psychiatric and other medical illness. Chronic stress also causes a pro-inflammatory state which can affect immunity, gut health, pain perception and many more. This means, we are living a potentially toxic life with increasing risks of morbidity and mortality. Authentic Yoga offers immense benefits to overcome and withstand chronic stress. Multiple studies have shown that yoga and meditation alter psychological functioning, neurotrophic pathways, HPA axis activity and inflammatory pathway signalling suggesting enhanced stress resilience and well-being. On 4th June, Dr. Swami Yogapratapji spoke on "Physician heal thyself" at our physical CME held at Panvel. Let us incorporate small yogic principles and practices in our daily life.

This is your publication- we have always tried to add articles of interest for doctors. The medicolegal write ups are an essential part of GRASP. We welcome your articles and thoughts to be published here. Do share your articles and email to 'editorgrasp@amcmumbai.org'.

With this issue, we are starting "From the Social Media"- news clippings, links and social media photos of medical news.

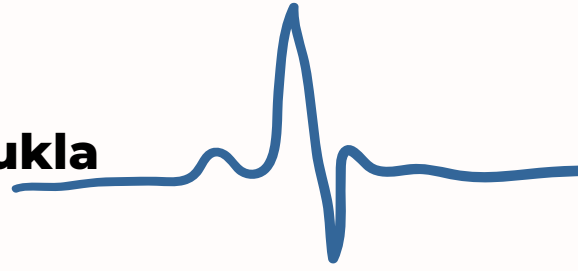
Looking forward to your feedback and I hope you enjoy this issue of The GRASP.

Warm Wishes
Dr Kritika Doshi





Dr. Ashok Shukla President Precept



Greetings of the day

It's an incredible feeling to address as president to all the member of the Association of Medical Consultants largest body representing consultants of all specialities in India.

We as doctors through out of life work for the patient to relieve pain, disease but what about of our own health our own family. We hear so many young doctors dying of cardiac arrest, increase divorce, suicides. We are not able to balance between practice family and ourselves. If we are healthy we can work for our patients as well as take care of our families for longer time.

WHO constitution states: Health is a state of complete physical, mental & social wellbeing and not merely. The absence of disease or infirmity. Also mental health is more than just the absence of metal disorders or disability.

This year my vision is DDD – Developing dimensioning in Doctor - we are going to have programmes in all zones on various topics on this along with our other social activities etc.

Nurses training programme, Blood Donation drive, health check-up camps have already been started and will continue throughout the year in various zones.

We would be doing maximum programs through our cells & zones to involve as many members as well as cover maximum areas.

Other important on-going issues like MPCB issue, fire issue, Maharashtra Nursing homes rules 2021, violence against medical establishment have been tackled in best possible way by us through our various PI Cell NoAH Cell.

Details of various programs & Doctor Day celebration is there in the PCC report.

Dear Colleagues, there is much more store for you throughout the year.
president@ammumbai.org



Dr. Vikrant Desai

Secretary Report



From the Desk of Hon. Secretary

Dear Members, I hope this message finds you well. As the secretary of Association of Medical Consultants, Mumbai, I would like to take this opportunity to share some words on behalf of our organization. It is with great pride and enthusiasm that I express my gratitude and appreciation for the collective efforts and dedication demonstrated by our members, Managing Committee, staff and supporters. I specially thank the President Dr. Ashok Shukla, Senior members and colleagues to have put faith in me and supporting me till date.

Our organization has been committed to protecting the interest of the members in terms of health, medico-legal cases, hospital issues and social security there by providing services by various cells like Medico- Legal cell, Consultant Benevolent cell, Health and accident cell, NoAH cell, Affiliate cell, MMC cell and Media and communication cell. . We also have Social Service cell to serve the society and community. Since its inception, and through the combined passion, skills, and determination of our team, we have achieved significant milestones and made a positive impact in the lives of our members

Since I took the charge as the Secretary of our beloved association, we have conducted many programs such as Nursing training, outreach programs involving health and medicolegal topics to Panvel and Nalasopara and Doctor's Day celebration. Many other Flagship programs like Medicolegal conference, AMCON, IT CON are in planning. AMC has been proactive in sending letters to Chief Minister-Kerala for the brutal and fatal attack on a young lady doctor at THQH Kottarakkara, Principal Health Secretary Govt. of Maharashtra to discuss the appointment of a custodian for registering Living Wills and DHS for TOI article 'To empower patients, State to relook in Clinical Establishment Act'.

As we reflect on our accomplishments, it is important to acknowledge that our journey is ongoing. We face new challenges and opportunities that require our collective strength, innovative thinking, and adaptability. Together, we will continue to strive for excellence, explore new horizons, and advance our organization's impact.

I encourage all members of our organization to stay engaged, connected, and actively participate in all the forthcoming programs. Let us continue to foster an environment of collaboration, respect, and support where ideas flourish, partnerships thrive, and member interest remain protected always.

Thank you for your unwavering support and for being an integral part of AMC.

Sincerely,
Dr. Vikrant Desai
Hon. Secretary ,
AMC, Mumbai



Condolences



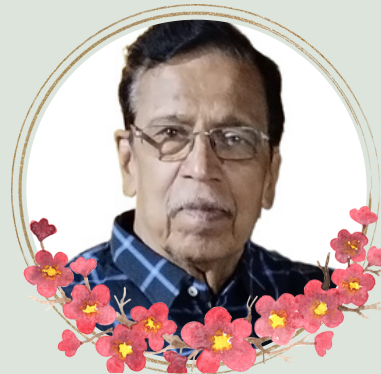
DR. ARUN VASANT KARKHANIS
GENERAL PHYSICIAN
16.02.2023 | THANE



DR. KAMLAKAR PRABHAKAR KULKARNI
GENERAL PHYSICIAN
1.04.2023 | MAHIM



DR. ARVIND J. KAMDAR
OPHTHALMOLOGIST
17.06.2023 | WADALA



DR. ACHUT MUKUND NAYAK
GYNAECOLOGIST & OBSTETRICIAN
26.07.2023 | DOMBIVALI



DR. AJAY KOTHARI
E.N.T. SURGEON
03.08.2023 | KHAR



Dr. Supriya Arwari

Program Committee Chairperson



1. Nurses Training Program: held at Ridhi Vinayak Hospital, Nalasopara West on Sunday 21-5-2023

Nurses training program was conducted on Sunday 21st May'23 at Ridhi Vinayak Hospital, Nalasopara West. Convenor was Dr. S. N.Agrawal, Dr. Madhavi Goyal and Dr. Navneet Desai. Program started at 8.30 am and was completed at 2.30 pm. Topics covered were Communication skills, Breast examination, Hospital acquired infection, Fire safety, Self-defence, Basic Life Support etc. Day to day practices like Telephone etiquettes, handwashing, Catheterization, etc were explained. Doctor faculty consisted of AMC members Dr. Ashok Shukla, Dr R.M. Saraogi, Dr S. N. Agarwal, Dr. Venkat Goyal. Several nursing faculties also contributed. Total attendance 450 Including Delegates, nursing faculty, Doctors speakers etc. Several AMC office bearers and managing committee members were present. The Program was a grand success.

ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI
IN ASSOCIATION WITH
AFG, IMA MB, BMA, OGSMB

PRESENTS
NURSING TRAINING PROGRAM
21ST MAY 2023. 7:30 AM TO 2 PM
**RIDDHIVINAYAK MULTISPECIALITY HOSPITAL,
LATE SHRI SHIVRAJJI GOYAL CONFERENCE HALL,
FIRST FLOOR, NALLASOPARA(WEST),
DIST. PALGHAR,**

PROGRAM CONVENORS
**DR S N AGARWAL, DR MADHAVI GOYAL,
DR NAVNEET DESAI**

TO REGISTER CALL ON
022-28192276. 022-28146799
AMC OFFICE : 9867450066

NAIPUNIYA CERTIFIED

DR ASHOK SHUKLA, PRESIDENT
DR VIKRAMT DESAI, NON SECRETARY.
DR SUPRIYA ARWARI, PCC.
DR AJIT DESAI, CHAIRMAN
SOCIAL SERVICE CELL

& TEAM AMC 23-24





Next Dr. Rajendra Tiwari, AMC area representative and medico legal expert spoke on 'Medical jousting' and its implications.

The session was rounded off by open forum " Mann ki baat" with President AMC Dr. Ashok Shukla and President-elect Dr. Vivek Dwivedi where the audience participated actively.

Around 80 delegates attended the program. All sessions were received with great enthusiasm and the program was a grand success.



2. Physical CME held at Sansmaran Banquet Hall, New Panvel on Sunday 4-6-2023

AMC in collaboration with Panvel Doctors Association conducted CME Program on Sunday, 4th June, 2023 from 9 am to 3.30 pm at Sansmaran Banquet Hall, New Panvel.

Awarded 2 MMC Points

Registration was FREE.

Team AMC was led by Dr. Ashok Shukla, President, AMC, Dr. Vikrant Desai, Secretary, AMC and Dr. Supriya Arwari, Program Committee Chair, AMC. The Panvel Doctors Association team was led by Dr. Anand Pawal, President PDA and AMC area representative and Dr. Gopal Lamture, Secretary PDA. Dr. Prakash Patil was Convener. Senior dignitaries of AMC Dr. Lalit Kapoor, President FAMCI, Dr. Ajit Desai, Managing Trustee and Dr. Vivek Dwivedi, President Elect AMC were also present. The program began with the PCC Dr. Supriya Arwari welcoming the gathering. Dr Anand Pawal, President PDA gave the welcome address and overview of the CME. This was followed by the deliberations as follows

Dr. Vikrant Desai gave "Health Gyan" in which he spoke about the importance of healthy lifestyle and exercise. This was followed by an amazing discourse by Swami Dr. Yogapratap ji on "Physician Heal Thyself" wherein he elaborated on the benefits of yoga, meditation and pranayam. He gave tips on how yoga can be done by doctors in their daily routine. He gave demonstration of yogic breathing and simple exercises which the mesmerized audience happily emulated.

Next was an eye-opening talk on CPA - what we should know by none other than President Dr. Ashok Shukla. He briefed the audience about the consumer protection act and doctors' liability as well as importance of upgrading Professional indemnity on regular basis.

It was then the turn of the Maestro himself, Dr. Lalit Kapoor, President FAMCI. He enlightened the gathering about "Living will", its meaning, applications and advantages.

Then the POCSO Act took centre stage with PCC Dr. Supriya Arwari enumerating the offences covered under the "Prevention of Child Sexual Offences" act and the importance of mandatory reporting on the part of the medical practitioners as well as punishment on failure to do so.

Dr. Shailesh Mohite, Dean Cooper hospital and an authority on Forensic medicine delivered a talk on "Expert committee/ expert opinion". He spoke about how various expert committees are formed, their jurisdiction and powers and when and how they give their expert opinion. He said that he was instrumental in making the authorities aware that the concerned doctor whose case is under consideration should be given a chance to give an explanation.

Since biological, psychological and social factors all contribute to the overall pain experience, the one-size-fits-all version will not work. An individualized multidisciplinary protocol to pain relief should be adopted. Treatments can include multimodal methods like intravenous, intrathecal, epidural infusions, nerve blocks/ablation, neuromodulation etc. apart from oral medications. One can also try to integrate treatments like traditional Chinese medicines, Ayurveda, Taichi, yoga, a balance of nutrition, sleep and exercise; along with physiotherapy.

Being a trained Anaesthetist in my early days, my expertise was limited to treating intraoperative and postoperative pain. But that made me think, what about treating persistent post-Surgical Pain or Chronic Cancer Pain? Or other Complex Pain Syndromes like Neuropathic pain Musculoskeletal Pain, Headaches and Orofacial pain? etc. This introduced me to pain management and eventually I qualified as an Interventional Pain Specialist.

It is time we understand that Chronic Pain is a disease in itself. And developing a strategic and systematic approach to help patients is the need of the hour. Better management of pain can extensively improve the quality of life and can flip patients' lives 180 degrees.



3. Zonal CME program - Riddhi Vinayak Hospital, Nala Sopara. Sunday 11-6-2023

Physical CME was conducted under Zonal CME program on Sunday 11 th June 23 at Riddhi Vinayak hospital Nala Sopara from 9 am to 3.30 pm.

Dr. Rajendra Chauhan, Zonal Director and Conveners Dr. B. D. Parsewar and Dr. Sanjay Manjalkar conducted the event.

AMC President Dr. Ashok Shukla spoke about CPA - what we should know, followed by talk on Examination of sexual assault survivor by Dr. Shailesh Mohite, Dean Cooper Hospital and forensic expert. This was followed by informative session on Living will by FAMCI President Dr. Lalit Kapoor following which, Dr. Niranjan Agarwal shared his thoughts on deteriorating Doctor patient relationship. Up next was talk by Dr. Venkat Goyal on ECMO- what's new. Later it was turn of Dr. Rajendra Tiwari to speak about Dealing and reporting print and social media. Dr. Ritesh Agarwal spoke about "My journey through stocks". Later there was panel discussion on Maharashtra Nursing Home Act/ Clinical Establishment Act moderated by Dr. Ashok Shukla and Dr. Sanjay Manjalkar. Panelists: Dr Lalit Kapoor, Dr Niranjan Agarwal, Dr Sudhir Naik.

Dr Sujata Rao , Dr B. D. Parsewar , Dr Rohit Dandavate , Dr Venkat Goyal , Dr Shailesh Barot.It was very informative and interactive session. Approx 100 people attended and 2 MMC Points were awarded. Thanks to Dr. Venkat Goyal for hosting the event.





4. AMC Doctors Day celebration

Doctors' Day celebration was done with great enthusiasm by the Association of Medical Consultants of Mumbai. Blood donation drives were conducted at various centers and a musical fun event was organized on Sunday 2nd July 2023.

1) Blood donation drive at Thane: "Give blood, give plasma, share life, share often."
BLOOD DONATION CAMP was conducted on the occasion of DOCTORS DAY by Association of Medical Consultants of Mumbai (AMC) in association with IMA THANE AND ROTARY CLUB OF THANE in collaboration with WAMANRAO OAK Blood Bank on Sunday 2ND JULY 23 from 9 AM To 1 PM at IMA Hall, Sahayog Mandir, Thane. People assembled there in large numbers and made the drive a successful event. रक्तदान हेच सर्वश्रेष्ठ दान !!

Voluntary donors, several of whom were doctors turned up in good numbers for a noble cause and total 52 bags of blood were collected.

2) Blood donation drive at Mira Bhayandar -

AMC in Association with local Associations of Mira-Bhayandar organised 2 blood donation drives to commemorate Doctors day.

1. At Possa hospital Uttan on 19 th June 2023

2. At Mira-Bhayandar blood bank on 2 nd July on occasion of doctors day
On both occasions combined, a total of 1050 bags of blood were collected.

We are grateful to all the donors who came out in such large numbers for the noble cause. Also it was 25 th anniversary of continuous blood donation drive at Possa Hospital Uttan.

3) A blood donation camp conducted at Dahanu by IMA Dahanu u and AMC Mumbai and rotary club Dahanu.
75 blood bottles collected.





AMC Doctors Day Celebration was held on 2nd July 2023, Sunday evening at Bharat Ratna Gaansamragyi Lata Mangeshkar Natya Gruha Auditorium, Near Dahisar Thakur Mall, Mira Road East.

The turbulence in the Maharashtra government translated in an unprecedented delay in the Chief minister's visit to the preceding program at Lata Mangeshkar auditorium on the 2nd of July. This led to a delay of almost 3 & 1/2 hours and our spirits were dampened. Needless to say, it was a tight rope walk for the President Dr. Ashok Shukla, Secretary Dr. Vikrant Desai and team AMC to take decisions regarding the program in light of the delay in schedule. The team took a bold decision to postpone the felicitation ceremony of our Chief guests and Sanjeevani Distinguished Services Awardee at a more appropriate date in near future, in order to maintain the sanctity of their stature.

We are indebted to Dr Umesh Oza for his graceful acceptance of this change. Due to unavoidable circumstances, the program was delayed and began at 8 pm. Secretary Dr. Vikrant Desai welcomed the gathering and President Dr. Ashok Shukla gave Presidential address. PCC Dr. Supriya Arwari gave an overview of the Doctors day celebration as an event of the doctors, for the doctors, by the doctors.

The program had an auspicious beginning with the Ganesh Vandana. This was followed by Dance performance by doctors groups with the Theme of Pride of Maharashtra - Maharashtra chi Lokdhara. This was a unique collage of various folk and traditional dances of Maharashtra like Ghanashyam sundara, gondhal, Koli nrutya, lavani, festival dance by male members, lezim etc. It was a flurry of colours talent and emotion which culminated in the traditional Dindi procession which began from within the audience and climaxed to the patriotic number, Jai Jai Maharashtra maza . The audience was in raptures and gave a standing ovation. This was followed by a melodious Musical Event by orchestra SARGAM. Dr. Bipin Pandit and group kept the audience captivated by foot tapping numbers and many in the audience joined in shaking a leg. Dr. Veena Pandit anchored the show beautifully. The program was a great success and appreciated by one and all.

We also appreciate the participation of family, friends and colleagues, without whose support, the program would not have been possible.





ASSOCIATION OF MEDICAL CONSULTANTS MEMBERSHIP

14035 Total Membership of the Association

9828 Members under professional Indemnity Scheme of AMC

5166 Persons (Members & Family) under H&A Scheme

1558 Members under CBS Scheme

USEFUL LINKS

LINK TO ENROLL FOR AMC MEMBERSHIP

<https://amcmumbai.com/choose-type-of-membership/>

ONLINE LINK TO ENROLL FOR CONSULTANTS BENEVOLENT SCHEME

<https://amcmumbai.com/cbs-membership-form/>

FORMS TO DOWNLOAD:

PROFESSIONAL INDEMNITY

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

HEALTH AND ACCIDENT

<https://amcmumbai.com/wp-content/uploads/2019/02/HEALTH-ACCIDENT-PROPOSAL-FORM.pdf>

CONSULTANTS BENEVOLENT SCHEME

<https://amcmumbai.com/wp-content/uploads/2019/02/CONSULTANT-BENEVOLENT-SCHEME-PROPOSAL-FORM.pdf>

AMC-NoAH

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



Managing Committee 2023 - 2024



Dr. Ashok Shukla
President
 Gynaecologist & Obstetrician
 9322270961
 president@amcmumbai.org



Dr. Nilima Vaidya Bhamare
IMM. Past President
 Gynaecologist & Obstetrician
 9892750298
 nilimabhamare67@gmail.com



Dr. Vivek Dwivedi
President Elect
 Orthopaedic Surgeon
 9322691388
 vkdbombay@gmail.com



Dr. Rajeev
Vice President
 Paediatrician
 932454767
 rajeev932454767@gmail.com



Dr. Prashant Kerkar
Joint Treasurer
 Oncosurgeon
 9820552108
 drprashantkerkar@hotmail.com



Dr. Pradnya Kulkarni
Joint Secretary
 Anaesthesiologist
 9892059518
 drpradnyackulkarni@gmail.com



Dr. Rahul Rane
Jt. Secretary
 Orthopaedic Surgeon
 9833011340
 dr.rahul.rane@gmail.com



Dr. Supriya
Prog. Coordinator
 Gynaecologist
 917547755
 program@amcmumbai.org



Dr. Ajit Desai
Managing Trustee & Chairman-Social Service Cell
 Maxillofacial Surgeon
 9820024367
 managing.trustee@amcmumbai.org



Dr. Gurudas Kulkarni
Trustee
 E.N.T. Surgeon
 9820472027
 drgbkulkarni@gmail.com



Dr. Kishore Adyanthaya
Trustee
 General Surgeon
 9867122776
 drkisad@gmail.com



Dr. Niranjan
Trustee
 Gen. Surgeon
 982054192
 nda@salas.com



Dr. Smita Sharma
Zonal Director A Zone
 Anaesthesiologist
 9820046656
 smitasharma29@hotmail.com



Dr. Suhas Shah
Zonal Director B Zone
 Gen. Physician
 9820156874
 suhasshah08@gmail.com

Zonal Director C Zone



Dr. Manoj
Zonal Director
 Gen. Physician
 9821027
 drmanoj@gmail.com

Zonal Director H Zone



Dr. Umesh Oza
Chairman -Affiliate Unit Cell
 Urologist & Transplant Surgeon
 9820058623
 affiliate@amcmumbai.org



Dr. Lalit Kapoor
Director - AMC India & Advisor
 Medicolegal Cell
 Gen. Surgeon
 9820055676
 drlalitprabha@gmail.com



Dr. Sudhir
Chairman
 Gynaecologist
 982014936
 medicolegal@gmail.com



Dr. Suhas Kate
Chairman- H & A Cell
 Orthopaedic Surgeon
 9820147041
 hna@amcmumbai.org



Dr. Mukesh Gupta
Chairman - Media & Communication Cell
 Gynaecologist & Obstetrician
 9821340141
 media@amcmumbai.org



Dr. Shivbhagwan Agrawal
Advisor - Social Service Cell
 Gynaecologist & Obstetrician
 9821048906
 babyborn1944@gmail.com



Dr. Preetam
Committee Member
 Medical Officer
 93216342
 preetamjain@gmail.com



Dr. Dhiren Kalawadia
Committee Member
 Paediatrics
 9820176824
 dhirenkawadia@gmail.com



Dr. Sanjay Sonar
Committee Member
 General Surgeon
 9821035181
 sanjay_sonar@hotmail.com



Dr. Amit Thadhani
Committee Member
 General Surgeon
 9820291771
 dr.amitsurg@gmail.com



Dr. Hemant
Committee Member
 Gynaecologist
 98690464
 drhemant@gmail.com



Dr. Narendra Kumar
Committee Member
 General Medicine
 9833658086
 drnarendra@narendrahospital.com



Dr. Ashok G. Shah
Committee Member
 General Surgeon
 9819079500
 shreejihospitalemail@yahoo.com



Dr. Rajendra Tiwari
Committee Member
 Gynaecologist & Obstetrician
 9226383738
 dr.rptiwari@yahoo.co.in



Dr. Shilpa
Committee Member
 Anaesthesiologist
 982006713
 drtiwaskar@gmail.com



Dr. Kiran Shinde
CO-Opted Member
 Gynaecologist & Obstetrician
 9821261734
 kiranhosp@gmail.com



Dr. Savita Naik
CO-Opted Member
 Paediatric & Neonatologist
 9820003627
 savita_naik@yahoo.com



Dr. Prashant Patil
CO-Opted Member
 Radiologist
 7506253393
 drprashantpatil75@gmail.com



Dr. Dimple
CO-Opted Member
 Psychiatrist
 982103316
 dimplej5@gmail.com





Managing Committee 2023 - 2024

Dr. Ritesh Agrawal
Treasurer
 Thyroid, Endocrine & Breast Surgeon
 7666022022
 treasurer@amcmumbai.org

Dr. Rajendra Nagarkatti
Vice President
 Gynaecologist & Obstetrician
 9820026361
 rajendranagarkatti@gmail.com

Dr. Vikrant Desai
Hon. Secretary
 Radiologist
 9833147979
 secretary@amcmumbai.org

Dr. Alok Modi
Office Secretary
 Internal Medicine & Critical Care
 9820091852
 alpalok@hotmail.com

Dr. Kritika Doshi
Editor - The Grasp
 Pain Physician
 9820248846
 editorgrasp@amcmumbai.org

Dr. Aashish Mody
Website Editor
 General Surgeon
 9821392920
 editorweb@amcmumbai.org

Dr. Veena Pandit
Trustee
 Anaesthesiologist
 9820147763
 veenabipin@gmail.com

Dr. Sabh Singh Khambay
Trustee
 Maxillofacial Surgeon
 9820076746
 drsskhambay2012@gmail.com

Dr. Sujata Rao
Trustee & Chairman-MMC interaction cell
 E.N.T. Surgeon
 9892468924
 mmc.cell@amcmumbai.org

Dr. Ajay Hariani
Zonal Director E Zone
 Plastic Surgeon
 9820288508
 ajayhariani@gmail.com

Dr. Rajendra Chawhan
Zonal Director F Zone
 Gynaecologist & Obstetrician
 9823133779
 dr_chawhanrr@rediffmail.com

Dr. Bipin Shah
Advisor-CBS
 Pediatrician Neonatologist
 9322280305
 drbipin@live.com

Dr. Shrikant Badwe
Chairman-CBS
 Urologist & Andrologist
 9324051779
 cbs@amcmumbai.org

Dr. Suresh Rao
Chairman NoAH & Advisor - H & A Cell
 Gen. Surgeon
 9820025201
 noah@amcmumbai.org

Dr. Nagesh Waghmare
Committee Member
 Cardiologist
 8425886464
 drnageshwaghmare@gmail.com

Dr. Rajshri Kelkar
Committee Member
 Gen. Surgeon
 9820570477
 rajshri19@yahoo.co.uk

Dr. Vikram Khanna
Committee Member
 E.N.T. Surgeon
 9819055857
 getwellsoonent@gmail.com

Dr. Lalita Mayadeo
Committee Member
 Gynaecologist & Obstetrician
 9869073748
 drlalita66@gmail.com

Dr. Gautam Sonawane
Committee Member
 Gynaecologist & Obstetrician
 9422538125
 drgautamsonawane@gmail.com

Dr. Meena Khambay
Committee Member
 Oral Maxillofacial Surgeon
 9820081156
 drmeena_khambay@hotmail.com

Dr. Navneet Desai
Committee Member
 Gynaecologist & Obstetrician
 9833790097
 navneetdesai@rediffmail.com

Dr. Prakash Patil
Committee Member
 Gynaecologist & Obstetrician
 9820025672
 psp11h@gmail.com

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Navneet Desai
Committee Member
 Gynaecologist & Obstetrician
 9833790097
 navneetdesai@rediffmail.com

Dr. Prakash Patil
Committee Member
 Gynaecologist & Obstetrician
 9820025672
 psp11h@gmail.com

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Dr. Anand Pawal
Committee Member
 Gynaecologist & Obstetrician
 9324134361
 dranandpawal2003@yahoo.co.in

Association with a Mission and Commitment





Dr. Lalit Kapoor

Dealing with accidental complications



Do's and Dont's

An obstetrician was conducting a full-term normal delivery in a patient who was a 'primi'. The labour was progressing as per normal staging.

However, the sequence of events which unfolded later was unimaginable. I would even call it bizarre. It is worth recounting the episode as it has some lessons for us and raises a number of vital issues.

During the course of the labour, the Obstetrician instructed a nurse to disconnect an IV drip which was going on. As per common practice, the nurse detached the IV tubing from the IV cannula and anchored it to a needle, stuck in the plastic IV bottle, which had been inserted to function as an air vent. I believe this practice is quite prevalent. As the uterine contractions intensified, the patient started making vigorous limb movements. As a result, the adjoining IV stand became unstable and, in the process, the needle stuck in the IV bottle got detached. As fate would have it, the needle came cruising down and, with the precision of a marksman, penetrated the eye of the patient and that too, in the exact centre of the eye. It pierced the cornea over the pupillary area and entered the lens. Soon after, the patient reported total loss of vision in that eye. Since labour was in progress, as an immediate measure, some eye drops were instilled in the eye. After a little while, a healthy baby boy was delivered.

However, the happiness of the patient and relatives was short-lived, since the patient continued to say she could not see from the injured eye. An ophthalmologist who saw the patient diagnosed traumatic cataract and indicated she would need surgery. Incidentally, all this was witnessed by the sister-in-law of the patient who had been allowed by the Obstetrician to be present at the delivery. The doctor told me later that this was her normal practice and she always allowed a relative to be present, if they desired.

Allegations flew fast and thick. The relative who was present in the labour room insisted that the needle flew out because a nurse knocked the IV stand and the nurses claimed that the patient's hand movement knocked down the IV set. Nevertheless, the fact was that the patient became blind in one eye following this strange and unfortunate accident.

The relatives were understandably agitated and threatened legal action –including a criminal case. It also appeared that they might resort to physical violence against the hospital.

What were the various options available to this doctor and what would you have done had you landed in a similar situation?

The possible options available were:

- Insist that it was no fault of yours and that it was solely due to the vigorous movements of the patient that the needle was knocked down as a result of which the accident happened. The hospital could not be held liable.
- Explain that the whole thing was unfortunate and should be considered as an act of God.
- Apologise (or don't apologise) but assure that the management of the injury (including the costs) would be undertaken by the hospital.
- Refuse to pay any compensation other than cost of treatment or agree to pay additional compensation and negotiate the amount.
- Ask them to file a case and get compensation through the court.
- In case of physical threats, inform the Police.

In practice, it is not easy to take the right decision. It has to be a tailor-made decision, depending on the several variables in the patient profile including socio-economic and education levels of the patient as also on the quality of the doctor-patient relationship. A combination of the above-mentioned options may have to be employed. Which option did the above Obstetrician use?

Several stormy meetings took place between the relatives and the doctor. Various demands for compensation were made and finally it was agreed that the doctor would arrange the patient's surgery at her own cost until final recovery of the patient.

Accordingly, a senior Ophthalmologist operated the patient after which the patient recovered fully. The Ophthalmologist was kind enough to reduce his charges. The patient and her relatives had no further grievances or demands and there was a closure to the entire unfortunate accident. Incidentally, the socio-economic status of the patient was low middle class.

Before discussing the broader issues, two points that can be quickly mentioned are:

(1) whether piercing a needle from the unsterile surface of the IV bottle to be used as an air vent is necessary and the correct procedure and will it stand theoretical scrutiny.

(2) Permitting relatives to be present whilst a procedure or surgery is in progress may denote transparency but is it always advisable. There could be divergent views on this.

There are several other examples of 'accidents' occurring while treating patients e.g. a patient sustaining cautery burns during surgery; hot water thermal injury (say, if patient develops hypothermia under anaesthesia and needs application of heat); accidental fall while shifting the patient, and so on.

What is the best thing to do in such a situation? Should you own up the liability and accept responsibility? Should you deny culpability and insist that an accidental injury such as this is a risk which the patient accepted by signing the consent form?

There is no easy solution to this dilemma. As I said earlier, your response will have to be tailor-made. The best thing, of course, is to put yourself, for a moment, in the shoes of the affected patient. What would you have expected from the doctor? Perhaps, this would give you an answer.

In the above case of the obstetrician, the issue was resolved with the doctor undertaking to correct the damage. But there could have been several permutations and combinations to the possible outcome of the situation. For example, the patient could have been unreasonable and demanded some huge compensation. There will be some patients who would go beyond the genuine outrage at having suffered injury, and use it as an opportunity for extortion.

Such patients must be dealt with firmness if they are not amenable to a fair solution. They can be told that they are free to obtain redressal as per the law of the land. Your insurance Company would be duty-bound to deal with it.

The latest concept in such matters is what is called the Alternate Dispute Redressal Mechanism wherein litigation is sought to be avoided and matters are resolved with mutual consent. It has a lot to be commended and many cases can be concluded if there is reasonableness on both sides. AMC has made some initial efforts in this direction within the ambit of our Group Professional Indemnity Policy. It is still too early to predict the long-term efficacy of this initiative. Of course, like any system there are merits and de-merits to it.

Undoubtedly, ways of preventing 'accidents' and putting in place the so-called patient safety measures need to receive top priority and be widely circulated amongst doctors.

It is also a fact that despite all the conceivable 'safety' measures in the world some 'accidents' are still going to take place. Some of these could come under the category of 'acts of God'--- but try telling that to a patient who is the victim of an injury, no one is going to listen to you, more so in this era of consumerism.

Hence, you can only try to be as vigilant as possible and hope minimum such 'acts of God' come your way!!

1. MENS REA MEANS:

- a) Many defendants in one case
- b) Reference to a case law
- c) Guilty mind or done intentionally
- d) Offence committed without motive.

2. ADR in legal parlance is an acronym for

- a) Approved Defendant Response
- b) Alternate Dispute Redressal
- c) Anti-Defendant Reply
- d) Assistant District Registrar

3. As per CPA the maximum period during which a patient can file a complaint after the occurrence of the incident is:

- a) 3 years
- b) 2 years
- c) 1 year
- d) 5 years

4. LAW OF TORTS DEALS WITH:

- a) Criminal offences under IPC
- b) Economic Offences
- c) Civil wrongs under the Civil Law
- d) Offences of moral turpitude

5. FIDUCIARY RELATIONSHIP in legal parlance means:

- a) Involving Trust
- b) Pertaining to contractual liability
- c) Financial obligations
- d) Not legally enforceable

6. DEPOSITION MEANS :

- a) Verdict of imprisonment
- b) The giving of a sworn evidence
- c) Punishment for not appearing in court
- d) Application for adjournment

7. STATUTE MEANS:

- a) Landmark judgment of Supreme Court
- b) A written law passed by a legislative Body
- c) A precedent in Law
- d) Obsolete law

8. PERJURY MEANS:

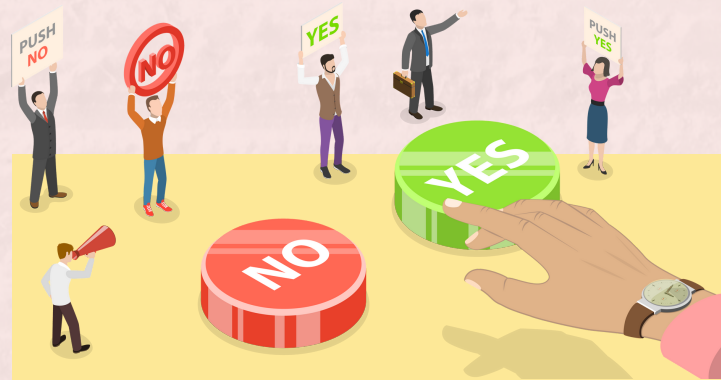
- a) Special jury appointed by a court
- b) Decision of a jury
- c) Willful utterance of falsehood on oath in court
- d) Appeal to jury

9. CURRENT FINANCIAL JURISDICTION OF DISTRICT CONSUMER FORUM IS:

- a) 1 Crore
- b) 25 Lakhs
- c) 50 lakhs
- d) 2 crores

10. CONSENSUAL MEANS:

- a) In accordance with your conscience
- b) By mutual agreement
- c) Enforced by legal decree
- d) Based on sensual desires.



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. 28





Dr. Ritesh Agarwal

Email: drriteshagarwal@rediffmail.com

Primary Hyperparathyroidism- A Fascinating Disease.



Dear Friends,

There are times when a patient presents with vague symptoms and a diagnosis is missed. The patient usually presents to the casualty/opd with painful bones, psychic moans, abdominal groans, kidney stones and fatigue overtones. Imagine a situation when some patient has high serum calcium values and presents with generalized weakness and/or multiple bone pains, or has a tendency to fracture even with little trauma (as the bones are osteoporotic) but gets treated inadvertently by calcium tablets; which in turn cause more harm to the patient. Unfortunately, this is quite common scenario in our country, Mumbai is not an exception.

To help avoid such scenarios, I am presenting a small write up on 'Primary Hyperparathyroidism- A Fascinating Disease.' Hyperparathyroidism (HPT) is a disease where one or more Parathyroid glands in our neck secrete excess Parathyroid Hormone (PTH). PTH causes bone resorption releasing Calcium from bones and maintaining calcium homeostasis. PTH secretion is affected by serum calcium levels, decreased serum calcium leads to increased PTH secretion and vice versa. Parathyroid glands are amongst the smallest endocrine glands in our body, just the size of a pulse grain or even lesser.

Primary Hyperparathyroidism (PHPT) means the gland itself is producing more PTH without any stimulus and here serum PTH and serum calcium both are high. When calcium levels are low, they give feedback stimulus to secrete more PTH. This is termed Secondary Hyperparathyroidism (SHPT) which is commonly seen in Vitamin D deficiency or chronic kidney disease (CKD). When PTH secretion becomes autonomous and excessive in SHPT leading to high serum calcium, it becomes tertiary hyperparathyroidism (THPT), a condition usually seen after renal transplant. It is important to differentiate between the types of HPT because management is different. PHPT and THPT are managed by surgery while SHPT is managed mostly medically and sometimes surgery only when indicated. PHPT is one of those diseases which are exciting to diagnose, and rewarding in terms of symptoms alleviation very soon after a successful surgery. It sincerely needs high expertise for its management. However, when some vigilant physician gets serum calcium done and finds it in high range, then search for PHPT starts. The patients may also present in emergency with severe abdominal pain (due to pancreatitis, ureteric colic or hyperacidity), severe psychosis or other neuropsychiatric symptoms. High serum calcium levels can also cause severe constipation and intractable vomiting. PHPT can run in families sometimes like in Multiple Endocrine Neoplasia (MEN)

Type 1 syndrome where it may be associated with Gastro-entero-pancreatic

Neuroendocrine tumors or Pituitary tumors. Hence, it is preferable that serum calcium levels should be estimated in any patient whose bone pains are not responding to analgesics or other measures, or patients who suffered from renal stones, pancreatitis, intractable acidity, constipation or vomiting. Diagnostic workup is to ascertain the diagnosis and then finding the offending gland/s. It includes serum calcium and serum PTH and other supporting tests like serum phosphorus, serum albumin, serum 25-hydroxy vitamin D, serum creatinine, and sometimes 24-hour urine for calcium and creatinine with spot urine calcium and creatinine ratio. The next step is to localize the disease

Two sets of imaging studies are required; one functional (Sestamibi/ Choline nuclear scan) and one anatomical (USG, CT or MRI) to localize the hyperactive parathyroid gland/s. Various surgical techniques can be used including minimally invasive parathyroidectomy or bilateral neck exploration for parathyroid glands and then proceed. The surgical approach can be chosen according to the preoperative and intraoperative findings. Patients may require single gland parathyroidectomy, subtotal parathyroidectomy (3½ gland removal) or total parathyroidectomy with or without autotransplantation in the forearm. One famous quote of

Doppmann (1968) is still relevant:

“The best thing to localize in PHPT is an experienced parathyroid surgeon”.

A successful parathyroid surgery falls among the most rewarding surgeries in all surgical disciplines. The results are amazing as the patients are relieved of bone pains immediately after the surgery or the next day. Imagine the condition of patients who had been taking analgesics for many years still wincing with pain, but gets pain relief immediately after surgery. This brings immense satisfaction to the treating team as well as the patient and their families.

Hence, PHPT is a fascinating disease where the tumors are usually small, affects multiple organ systems, need sophisticated investigations and necessitating team approach for successful treatment and excellent outcome for the patient.



Dr. Suganthi Iyer

**Director (Legal & Medical)-Hinduja
Hospitals Mumbai**

Death of patient need not
be Medical Negligence



It takes many years and hard work to become a medical professional. Subsequently during practise, at times, patient may not go home but succumb to the illness or complications. Though the incident of death is most unfortunate, however, it is often that the medical practitioner has followed the established medical protocols and administered standard of care. Evidence is needed to establish negligence as is illustrated in the Supreme Court Judgment cited hereinunder.

II (2022) CPJ 51 (SC) Supreme Court of India- Chandra Rani Akhouri Vs Methusethupathi
Complaint: Kant was under regular dialysis at a hospital in Delhi. The relatives gathered information about Dr. M performing Kidney Transplant at Madras and shifted the patient there for surgery of kidney transplantation. The concerned transplant team had conducted more than 1000 renal transplants with good results. Kidney transplant surgery was successfully performed on 12th November and patient discharged on 24th November. Subsequently patient was asked to follow up for dressing of the wound on OPD basis. Patient had complaint about pain in his left forearm where IV drugs were being injected. He was constantly reassured that the pain would subside.

Later on, he developed cellulitis in left forearm and finally an abscess formation was there. Kant was again admitted on 21st December for headache, fever and pus formation in left forearm and incision was made to drain the pus. More complications crept in and abscess developed in pancreas, liver and lung and later on converted into septicaemia. His condition deteriorated and finally he expired on 03rd February. As per the Complainant there was post-operative negligence including follow-up care on part of doctors and nurses of the hospital who did not provide proper care to Kant. As per the Complainant the hospital failed to control and treat the infection that manifested in the form of persistent pain in the left forearm where a needle had been inserted for injection of drugs. Timely and adequate medical intervention were absent in post-operative medical treatment. Though the operation was successful, the lackadaisical attitude and post-operative care not been properly given to the patient. Septicaemia developed resulting in multi organ failure and death.

Held by Supreme Court:

Medical science is not an exact science like mathematics and experience of doctor is important. Most transplant patient having infection are treated with the broad spectrum of antibiotics. In the field of kidney transplantation, it is very difficult to diagnose and manage any infection as the reasons are many.

Kant was under the care of expert team of doctors and best possible medical care was being given to him, even after discharge from the hospital during follow-up. Just because he expired it could not be considered to be a case of post-operative medical negligence. The doctors can provide their best medical assistance available at their command but merely because they could not save the patient, that could not be considered to be a case of medical negligence.

Two senior transplant surgeons had submitted affidavits of expert opinion in favour of the Transplant Team that there was adherence to existent medical practices and protocols during the management of Kant.

Any individual approaching skilled doctors would have reasonable expectation regarding duty of care and caution but there can be no assurance of the result. No doctor would assure of full recovery in every case. At the relevant time, only assurance given by implication is that the doctor possesses requisite skills in the branch of the profession, and that he would exercise his skills to the best of his ability and with reasonable competence. A simple lack of care, error of judgement or accident is not proof of negligence. As long as a doctor follows a practice acceptable to the medical profession, he cannot be held liable for negligence.

A medical practitioner would be liable only if his conduct falls below the standards of reasonable competent practitioner. In an unfortunate case of death sufficient material on medical evidence should be available to arrive at the conclusion.

In the practice of medicine, there could be varying approaches of treatment and genuine difference of opinion. While adopting a course of treatment, the duty cast upon the medical practitioner is that he must ensure that the medical protocols are being followed by him to the best of his skill and with competence at his command. At the given time medical practitioner would be liable only when his conduct fell below that of standard reasonably competent practitioner in his field.

In the said case,

All the doctors were academically sound possessing requisite registered qualifications and experts in the field of kidney transplantation.

Although the complaint of persistent pain was present, approved medical treatment and medication were being administered to him.

Just because the patient could not be finally saved itself could not be considered as a case of post-operative medical negligence.

The doctors are expected to take reasonable care, but no profession can assure that the patient will come back home after overcoming the crisis.

No evidence has come on record to demonstrate that it was a case of post-operative medical negligence or follow-up care on part of the treating doctors and the hospital. The two doctors who have filed affidavits as expert and also have deposed on behalf of the doctors were top expert of the fields.

The treating doctors were best medical professionals and qualified but could not save the patient. However, this itself cannot be considered as a case of post-operative medical negligence as all medical protocols were followed.

The matter was dismissed with no costs.

Take Home Messages:

Requisite registered qualifications in practising field of medicine needed
Assurance of full recovery should not be given

Practise to be acceptable to medical profession with adherence to medical protocols needed

Evidence is needed to prove medical negligence.

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



Classified Ads

Cabins on Rent in Clinic

Want to increase your practice?

Large Spacious Cabins for Doctors in **Vile Parle East**.

On Ground Floor, Air conditioned, beautiful aesthetics,
Conveniently Located, with Parking, Road facing, near station
and highway! **Call 9820065981.**

Matrimonial

Mumbai based Maharashtrian family seeking Alliance for
their beautiful daughter BAMS, MS gen. surgery, born
1993/ 5ft 2in.,from PG medico pref surgical branch.
Contact mobile: 988 1012 888

ADVERTISEMENT TARIFF FOR "EGRASP MAGAZINE"

COLOUR ADVERTISEMENT:		CLASSIFIEDS:	ONLINE PAYMENT DETAILS:
All rates for single issue	Amount		ACCOUNT NAME: ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI
Back Cover		Rs. 375/- for 40 words	ACCOUNT NO: 019200100018161
Back/Front Inside		Rs. 450/- for 55 words	BANK NAME: THE SARASWAT CO. OP BANK LTD.
Centre Spread		INSERT	BRANCH NAME: ANDHERI EAST
Single Page		Rs. 17500/-	IFSC CODE: SRCB0000019
Half Page		for each issue.	ACCOUNT TYPE: SAVING ACCOUNT
		GST of 18% payable on all above amount.	

ANSWER KEYS OF

Dr. LALIT KAPOOR'S MEDICI-LEGAL MCQs

1C, 2B, 3B, 4C, 5A, 6B, 7B, 8C, 9 A, 10B





Dr. Surbhi Bhagat

surbhipbhagat@hotmail.com



Pain is the most common symptom for which a person seeks medical help. However, due to certain cultural beliefs, talking openly about pain remains taboo in our society. This September let's try to spread awareness to highlight the significance of accurate pain assessment and its timely management.

Acute pain is short-lived and caused by an injury or a disease in the recent past. However, due to an underlying condition like arthritis or an undefined cause, if the pain persists longer than 3 to 6 months it is termed as chronic pain. Pain is a subjective experience personal to the sufferer. Since the reason for chronic pain may be invisible, people at times aren't believed or taken seriously.

They are often perceived as physically or mentally weak and might be reluctant to seek medical care. Every 1 in 5 individuals suffers from chronic pain globally. It becomes hard to ignore pain when it is such a widespread issue. Sadly, there are several factors at play which prevent timely assessment and effective treatment of pain. Most important reason being, 80% of medical schools across the world do not include pain pathophysiology, assessment and treatment in the curriculum.

Subsequently, lack of awareness in healthcare professionals can delay diagnosis and their probable fear of addiction and overdose of medication might lead to inadequate management of complex pain.

Untrained nurses may feel overburdened by frequent monitoring of the patient on narcotics, which results in inaccurate pain assessment.

The burden of chronic pain is more than that of diabetes, heart disease and cancer combined. Recognizing the difference between assessment of acute and chronic pain. Acute pain can be assessed by a numerical scale of 1 to 10. But that's not the same for chronic pain which needs a multidimensional pain scale such as McGill's pain questionnaire which use of biopsychosocial approach for assessment of pain and its disability.

How you can stay financially fit at each stage of your life

Financial fitness is a long-term journey that involves six pillars: goal planning, budgeting and taxation, loan management, risk (insurance planning), investments, and estate planning.

by Nehal Mota, Co-Founder of Finnovate

FINNOVATE
FINANCIAL LIFE. PLANNED.

TAKE YOUR FIRST STEP TOWARDS

Financial Fitness

Start Now

Empowering you with the right knowledge and advise

Health Insurance

Mutual Fund

Create your desired goal plan

	Mercedes Benz	70%
	Beach Home	54%
	Child Education	90%

“No one's ever achieved financial fitness with a January resolution that's abandoned by February.” — Suze Orman, well-known American financial advisor.

Financial fitness is a lifelong journey that requires discipline, patience, and good financial habits. Financial fitness is your ability to manage your finances in a manner that allows you to achieve your life goals while also being prepared for any unforeseen financial challenges.

Just like good physical fitness not only protects us from ailments but allows us to stretch and achieve beyond what we thought possible, financial fitness enables us to cope with shifting life events without money worries while also empowering us to chase our dreams. Want to buy that dream house? Or retire early and rich? Financial fitness holds the key.

Financial fitness is a long-term journey that involves six pillars: goal planning, budgeting and taxation, loan management, risk (insurance planning), investments, and estate planning.

Aligned with the pillars are the four life stages: foundation, accumulation, preservation, and distribution. Each of these stages have different priorities and challenges that require a different approach to maintain your financial fitness.

In the foundation stage, which includes young adults in their 20s and 30s and newly married couples, the focus should be on goal planning and budgeting. One key goal is building an emergency fund, ideally amounting to 6-12 times your monthly outlay for unexpected expenses

or loss of income. An adequate amount of health and term insurance cover can be bought as it would be cost-effective at this age. Also, building a savings habit is crucial at this stage. One could consider SIPs in equity mutual funds to build a strong foundation for the future.

In the accumulation stage, which includes young parents with kids and people in the age group of 30 to 50 with growing families, people tend to invest in buying a home and a bigger car. The thumb rule here is to keep your EMIs within 30-40 percent of your annual income. This is also the time where you should try and save at least 20 percent of your income.

Since this stage often coincides with your children's education, it is wise to secure a term life cover that's 20-25 times your annual income. While many would have health insurance provided by their employers, it's important to also have personal health insurance. Consider adjusting your equity-debt ratio to 70-30 by investing in equity-linked mutual funds and debt instruments to achieve a medium risk and high returns portfolio.

The preservation stage includes people in their 50s to 60s, which typically means people nearing retirement. By this time most of their children would have completed their higher education. This is the time when you can boost your savings further and try to save 30-plus percent of your annual income. Try to be debt free by this stage.

As you build your retirement corpus, investment options during this stage could include a balanced mix of equity and debt products, as well as fixed income options. A 50-50 equity-debt allocation can help maintain a balanced approach to growing and preserving your assets.

Estate planning is another crucial aspect of this stage. Creating a will and nominating beneficiaries ensures that your assets are distributed according to your wishes. Additionally, consider upgrading your health insurance cover.

The distribution stage — typically above 60 — includes retired individuals, whose focus should be on generating regular income. Investment options during this stage could include Senior Citizens Saving Scheme (SCSS) and Pradhan Mantri Vaya Vandana Yojana (PMVVY), the Post Office Monthly Income Scheme, and monthly fixed income plans.

These options can provide a steady income stream to support your retirement lifestyle. Health insurance should be increased ensuring that your retirement savings are not depleted by unexpected health issues. In terms of asset allocation, consider adjusting your equity-debt ratio to 30-70, depending on your risk appetite.

In conclusion, financial fitness requires a holistic approach. By following the six pillars of financial fitness and making the most of investment and insurance options, individuals can achieve their life goals and build prosperity, while also being prepared for any financial challenges that may arise.

✔ Book a complimentary 1 to 1 session with our FinnFit Counselor: <http://www.bit.ly/finnomeet>

⚠ Limited slots open

phone: 9819022600

web: www.finnovate.in

email: hello@finnovate.in



SMS GROUP IIRM

Safeguarding your dreams, One policy at a time.



ONE STOP INSURANCE SOLUTIONS

WHY CHOOSE US?

- Professional Team
- Wider Options
- Competitive Quotes
- No Hidden Charges
- Claims Support

Car / Two Wheeler

Clinic / Hospital / Home

Travel / Missed Flight

EMI Cover / Protection

Pets

Ovum Donor Cover

& Many More

CONTACT US



amcsupport@indiainsure.com



+91 84509 39980 / +91 93727 57328



www.indiainsure.com / www.smsgrp.in



CURE • CONTROL • PALLIATE

MUMBAI ONCOCARE CENTRE

मुंबई ऑन्कोकेअर सेंटर

कॉन्सल्टिंग सेंटर

**Mumbai Oncocare Centre,
a proud chain of Cancer Daycares to have
touched lives of over 1 Lakh cancer patients.**

- The **largest chain** of cancer daycares in Maharashtra & Madhya Pradesh.
- Treatment facilities available at **16 locations**.
- Complete hospital registration with **Semi-ICU** setup at all centres.
- Team of **highly qualified** medical oncologists.
- **Rapidly expanding** operations in India.
- Over **25,000** chemotherapies every year.



**MUMBAI ONCOCARE
CENTRE**

CURE • CONTROL • PALLIATE

9769709229

info@mocindia.co.in

Kemp's Corner • Vile Parle • Borivali • Ghatkopar • Thane • Malad • Mulund
Vashi • Panvel • Nashik • Pune • Indore • Kolhapur • Aurangabad • Nagpur

MEDICAL NEWS COVERAGE ON SOCIAL MEDIA

Compiled by Dr. Alok Modi, alpalok@hotmail.com

Home / Cities / Mumbai News / State medical edu dept accepts resignations of Dr...

State medical edu dept accepts resignations of Dr Lahane, Dr Parekh

By [Somita Pal](#), [Yogesh Naik](#)

Jun 03, 2023 11:57 PM IST



The resignations of seven other honorary/contract consultants in JJ Hospital's ophthalmology department were also accepted. The department has moved Dr Ravi Chavan, professor of ophthalmology at IGGMC, Nagpur, to JJ Hospital, to take charge of the department with immediate effect



Mumbai, India - June 02, 2023: Dr. T.P. Lahane and honorary doctors of the ophthalmology department hold a press conference to address the residents doctors going on an indefinite strike because of Dr. Parekh and himself, at Mumbai Marathi Patrakar Sangh, Azad Maidan, in Mumbai, India, on Friday, June 02, 2023. (Photo by Bhushan Koyande/HT Photo) (HT PHOTO)

Mumbai: The state medical education department on Saturday accepted the resignation of Dr T P Lahane, ex JJ Hospital dean and ex-director of medical education and research, from the post of coordinator of the state government's Preventable Blindness-Free Maharashtra programme. It also accepted the voluntary retirement request of Dr Ragini Parekh, head of JJ Hospital's ophthalmology department.

The resignations of seven other honorary/contract consultants in JJ Hospital's ophthalmology department were also accepted. The department has moved Dr Ravi Chavan, professor of ophthalmology at IGGMC, Nagpur, to JJ Hospital, to take charge of the department with immediate effect. "Dr Chavan will join us from Monday and will reconstitute the unit system in the ophthalmology department," said Dr Pallavi Saple, dean, JJ Hospital.

The entire episode began with 28 ophthalmology residents accusing Dr Lahane and Dr Parekh of implementing a dictatorial management style, not giving them access to practical surgical experience, and curtailing their academic activity and research opportunities. The Maharashtra Association of Resident Doctors (MARD) at JJ Hospital demanded an inquiry into the allegations and launched an indefinite strike in support of the residents. In April 2016 too, nearly 450 resident doctors of JJ Hospital had gone on an indefinite strike against Dr Lahane and Dr Parekh on the same grounds.

The three-member committee, formed last week to investigate the allegations, found that the doctors were not trained in basic cataract surgery. It also found that the department had only one unit, which is against the National Medical Commission guidelines. Dr Lahane and his team, on their part, held press conferences denying the allegations and calling it a conspiracy against them.

Earlier, Dr Lahane and Dr Parekh had called on deputy CM Devendra Fadnavis and CM Eknath Shinde for solidarity and support—however, the ministers were unwilling to stand by them, as the protests from doctors were very severe. Hence, the medical education department called its officers on Saturday—a public holiday—and issued orders.

Dr Shubham Soni, president, MARD, said the residents of JJ Hospital led by MARD had finally put an end to the over-two-decade "atrocious tenure" of Dr T P Lahane and Dr Ragini Parekh. An ophthalmology resident said they were satisfied with the way JJ Hospital and the administration had handled the matter. "A prompt inquiry and urgent addressal of the issue paved the way for quick justice," he said. "JJ MARD has been fearless in this fight, and despite various pressure tactics, did not succumb." The strike is likely to be called off tomorrow.

While the resignation of Dr Parekh has been accepted, JJ Hospital's enquiry into how Dr Parekh allowed Dr Sumeet Lahane, son of Dr T P Lahane, to conduct surgeries and examine patients at JJ despite not having a post is still on. A committee under medical superintendent Dr Sanjay Surase, after examining CCTV footage and medical records, had found that the allegations against Dr Sumeet, who was a lecturer in the hospital till March 2022, were true.

On June 1, JJ Hospital sent a notice to Dr Parekh and asked her to produce the government order that allowed Dr Sumeet to work in JJ Hospital. It said that in the absence of any such paper, she, as HOD, the act of allowing an outsider to come into the hospital and operate was a serious offense and a criminal matter. Dr Parekh has been asked why an FIR should not be registered against her and Dr Sumeet Lahane for working without a permit.

Speaking to Hindustan Times, Dr Lahane said, "Injustice has been done to us. We requested the government to relieve us immediately. We feel sad and will miss serving the patients." Added Dr Parekh, "The government has helped me by waiving my notice period and approving my VRS. I will continue to work for poor and needy patients, which was always my life's mission."



The resident doctors also held a meeting with state Medical Education Minister Girish Mahajan on Saturday to discuss their long pending demands of arrears and stipend. (File)

Former assistant dean of medical college booked for duping students
<https://indianexpress.com/article/cities/mumbai/former-assistant-dean-of-medical-college-booked-for-duping-students-8641450/>



Poor stipend in medical colleges
<https://medicaldialogues.in/news/health/doctors/poor-stipend-in-private-medical-colleges-nmc-receives-around-29k-responses-from-mbbs-pg-medicos-reveals-rti-112363>



Thane Police Commissionerate

1 h · 🌐

क्राइम ब्रांच फैक्टर - 2 ने नासिक से 4 दिन के बच्चे को
माँ, नर्सिंग होम चलाने वाली महिला डॉक्टर और
अंतरराज्यीय एजेंट सहित गिरफ्तार किया।
#GoodDetection

⚙️ · Rate this translation



Social activists had got a hint about Dr Chitra Chainani being involved in the baby-selling racket and decided to expose her. Her clinic is located at Meena Apartment, [Bhagat Singh Kawa Ram Chowk](#) area of Camp Number 3 in Ulhasnagar. The business of selling children had started from this clinic some time ago. While locals knew of this business for many years, no one had the courage to come forward.

Differential justice- Evaluation & compensation of 'hundreds of healthy deaths' vs one hospital death #Odisha-train-accident



<https://extinctdoctorgood.com/2023/06/04/differential-justice-evaluation-compensation-of-hundreds-of-healthy-deaths-vs-one-hospital-death-odisha-train-accident/>



JJ Mard threatened.

<https://youtu.be/-vqF5qvEdRw>

To empower patients, state to relook Clinical Estab Act

Sankha Debbar
@timesgroup.com

Mumbai: The state has re-initiated efforts to introduce the Clinical Establishments Act (CEA), 2011, setting enforce minimum standards for healthcare facilities and provide patients with rights and effective grievance redress mechanisms after several unsuccessful attempts since 2011.

Department of Health Services (DHS) has asked all district surgeons, district health officials and municipal corporation heads to hold discussions CEA and Bombay Nursing Home Act that currently administers medical facilities. The department has asked district officials to meet local Indian Medical Association branches and individual doctors and discuss the rules and regulations of both the Acts.

Dr Suresh Lal, director of DHS, confirmed that the state has rolled out the discussions to bring in the Clinical Establishment Act. "Several states are in the process of introducing the Act," he said, adding that while the existing Bombay Nursing

TWEAKING OF CENTRAL ACT

HIGHLIGHTS OF ACT

► Clinical Establishments Act, 2010, focuses on registration and standardisation of healthcare facilities

► It's a central Act customised by several states.

► Main purpose is to establish & enforce minimum standards for facilities and services provided by healthcare establishments

► Hospitals must display & keep standard rates. It says and speaks for stand and treatment for various ailments.

► The Act includes provisions to ensure patients have certain rights and access to effective channels to address grievances.



CORE PATIENT RIGHTS

► Right to relevant information about illness, treatment & costs; information on rates & facilities displayed prominently; access to records, reports, and furnished bills

► Right to informed consent for tests & treatments; to seek second opinion with necessary records.

► Right to confidentiality, dignity & privacy during treatment

Home Act has similar provisions as CEA, the latter will help establish minimum standards and ensure better patient rights. He said the state is willing to hear suggestions from the healthcare stakeholders so that the Act can become a reality with

continued effect.

The Act was initially passed in 2010 for Arunachal Pradesh, Sikkim, Mizoram, Himachal Pradesh, and Union territories (excluding Delhi) to establish a framework for governing health facilities. Several states later

adopted the Act, tailoring it to their specific requirements. In Maharashtra, a serious attempt was made in 2014, but it was put on hold with a change in government. Later, another one was formed in 2018, but controversy arose due to the lack of representation from civil societies. Discussions to introduce the Act resurfaced during the pandemic but were eventually abandoned.

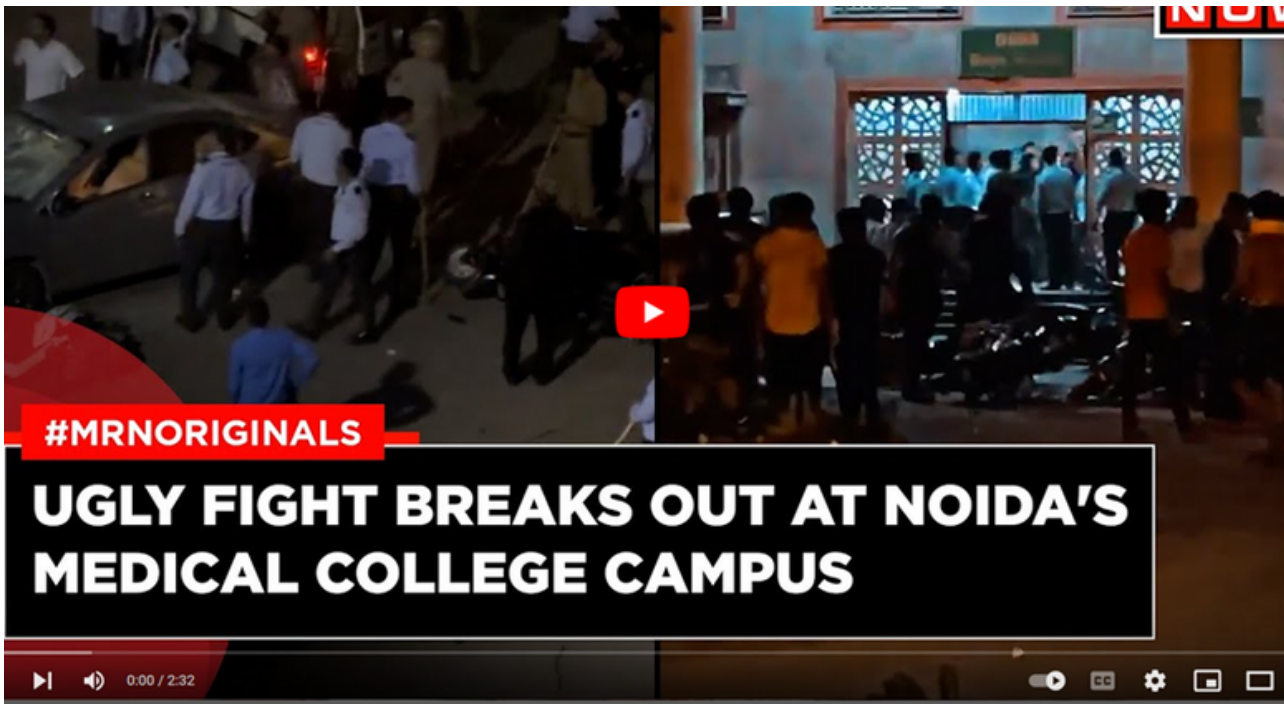
Dr Akhesh Shukla of Jan Aardra Ashrayan said that CEA has four key consumer needs, including establishing minimum standards like area on which a hospital should be built or manpower need. The others include proper display of charges by private hospitals; standardisation of rates and treatment protocol; and importantly, patient rights (over fees) and setting up of grievance cells. "This Act can empower patients and should be brought in," Dr Shukla said.

Dr Suresh Kadam, secretary of DHA, however, suggested that instead of holding district-level meetings at the district level, they have urged the state to hold discussions at the state level.



National Exit Test 2023 for medical students to be likely conducted by AIIMS, health ministry nod awaited

<https://theprint.in/india/education/national-exit-test-2023-for-medical-students-to-be-likely-conducted-by-aiims-health-ministry-nod-awaited/1612025/>



<https://www.youtube.com/watch?v=3YuvoKqkh->

This is #GIMSGreaterNoida were Medical Students brutally assaulted thrashed, parked Vehicles, Water Coolers Vandalized by Security Guards of the College Who are appointed for the Safety Security of Students. Female Students were threatened to be Harrassed .Doctors are not even Safe

This is not an isolated incident , more such incidents have taken place in the past despite this no efforts were made to ensure student's safety

On 4th June 2023. A group of guards armed with rods and guns entered the hostel premises forcefully and broke the gates of the rooms in which Mbbs students were residing . The unaware students were dragged out of their rooms and mercilessly beaten by rods and sticks . More than 20+ students sustained serious injuries and many more sustained minor injuries . All the vehicles of the students including the car of the hostel warden was vandalised .

Death of Pregnant Woman, Unborn Child: NCDRC holds Bengaluru Hospital, Anesthetist Guilty of Medical Negligence, Orders Rs 1.6 crore compensation
<https://medicaldialogues.in/news/health/medico-legal/death-of-pregnant-woman-unborn-child-ncdrc-holds-bengaluru-hospital-anesthetist-guilty-of-medical-negligence-orders-rs-16-crore-compensation-112451>

To empower patients, state to relook Clinical Estab Act
Read more at:

http://timesofindia.indiatimes.com/articleshow/100752777.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Doctor dies earlier than a normal citizen: IMA study

While an average person lives up to 72 years, a doctor is expected to live up to 59 years; association to study lifestyles for a year and formulate combative measures

| Vicky Pathare
@timesgroup.com
TWEETS @ThePuneMirror

A study made by the Indian Medical Association (IMA) has concluded that doctors, who help patients stay fit, are dying younger as they themselves do not follow the instructions. The study conducted in Maharashtra found that majority of them die due to cardiovascular diseases and early malignancy. The IMA state chapter is now going to conduct a year-long survey of all the IMA doctors and the formulate suggestions to promote a healthy lifestyle among them.

The data came to fore during one of association's analytical surveys. The IMA has a social security scheme akin to the life insurance that is run across the country. In India, there are as many as 13,000 members nationwide and 7,200 from the state enrolled in the scheme. Their mortality pattern was analysed for eight years by IMA state president Dr Dilip Sarma.

"The data shows that an average Indian lives up to 69-72 years, whereas a doctor lives only up to 55-59 years which is shocking. It was noticed that most early deaths occur due to cardiac arrests and early malignancies," he said.

He added that the two age groups of doctors between 45-55 years and 55-65 years are the most vulnerable.

"Interestingly, in general people, the death rate increases with the increase in the number of age, but in doctors, the situation was reverse. Doctors who have crossed 65 years of age are found living for over 75 years," he said.

Sarma further said that the doctors often neglect their own health due to their responsibility and that clubbed with their sedentary life-



Among doctors, inadequate sleep, irregular eating timings, unhealthy diet and lack of exercise are the main culprits that contribute to the phenomenon

Interestingly, in other people, the death rate increases with the increase in the number of age, but in doctors, the situation is reverse. Doctors who have crossed 65 years of age are found living for over 75 years

— Dr Dilip Sarma, IMA state president

style, has probably led to the shocking study. "Inadequate sleep, irregular eating timings, unhealthy diet and lack of exercise are

the main culprits that contribute to the phenomenon. These are some of the findings prima facia that are found responsible behind the mortality," said Dr Sarma.

Dr Jayant Navrange, a member of the IMA, Pune chapter, said that doctors of younger age are more vulnerable. "We are going to conduct a study to find out the reasons behind this and come up with suggestions for the doctors. We are going to prepare questionnaires and interview all the doctors of IMA in the state. The profile, age group, risk factors, lifestyle, working hours, eating timings etc. will be studied," he said.

He believes that their yearlong study will help them come up with concrete reasons behind the mortality. The suggestions will be the fruitful in combatting the intermitter stress factors.

It's a wake up call for all of us....

Here's How To Make India's Health Sector Fighting Fit

Only if health is on the concurrent list can states tackle information asymmetry between service-providers and patients, and regulate the healthcare sector

Indu Bhushan 3/6/23



India faces a monumental task to ensure equitable and quality healthcare for all. On almost all health indicators, we rank last among G20 countries.

Why this is so can be partly attributed to colonial influence, in particular the Government of India Acts of 1919 and 1935, which established health as a state subject. A re-assessment helps understand the challenges that arose with health as a state subject.

The India Act of 1919 granted provinces autonomy over health. The Act of 1935 demarcated subjects into federal, provincial, and concurrent lists, designating health as a provincial subject. The Indian Constitution retained health as a state subject.

During the Constituent Assembly's debate on September 2, 1949, Hari Vishnu Kamath and Brajeshwar Prasad had opposed the inclusion of health on the state list.

Kamath argued "national health" had declined under British rule and that government's goal should be to elevate it to A-1 standards, physically fit in all respects. Prasad believed health should be a Union subject to protect the nation from diseases and epidemics. But the Assembly rejected the proposals.

As a result, implications for the sector's financing, management and regulation have been significant. For one, the constitutional structure hampers cohesive, nationwide public health strategies. It restricts Centre's ability to enforce uniform standards and guidelines. Consequently, numerous distortions have arisen.

Skewed infra, unequal rules

Unequal sector development makes for a stark contrast between states. UP and Bihar have some of the world's worst health indicators, while people's health in states such as Tamil Nadu and Kerala is comparable



to that in upper-middle-income countries. The key difference is how much governments spend on health.

The central health budget remained negligible since Independence, stagnating at around 2% over several Five-Year Plans. As the Constitution did not mandate an equal role for the Centre, the health infrastructure gap between states widened.

Regulations were uneven. Govt enacted the Clinical Establishments Act in 2010 as a registration and regulation framework to improve quality and protect patients' rights but it has largely been ineffective as states and UTs can choose to not adopt it. Healthcare industry's resistance has led to a handful of states implementing it, resulting in a patchwork of regulations and inconsistent oversight of clinical establishments.

Similarly, state-level drug and device regulations have obstructed uniform drug regulation. Despite it being a separate entry on the concurrent list, the Drugs and Cosmetics Act has a fragmented regulatory approach. The Centre makes rules for manufacture of drugs but states grant the licences. States have uneven regulatory oversight, variable drug quality, inconsistent standards enforcement, and insufficient protection from unsafe drugs.

Centralise regulation, decentralise services

The Supreme Court mandated government implement the right to emergency and critical care regardless of people's ability to pay. But implementation is difficult. Rajasthan has passed a Right to Health Act, that provides citizens free emergency care at public or private hospitals, access to medical records, and a grievance mechanism. Yet Rajasthan cannot achieve the objective of this legislation on its own. Rajasthan is live across the country. The state doesn't control hospitals outside its boundaries.

Surely, such a basic right should be available to all. But individual states making such laws may not be the most efficient. A piecemeal approach by various states will lead to fragmentation and confusion. The right-to-health approach that holds private hospitals accountable may increase costs and lead to potential relocation of private hospitals to states where their obligations with respect to emergency care are weaker. A uniform definition of emergency care and role of hospitals countrywide is thus essential, decided by the Centre.

Over 75 years, advances in technology and innovative approaches, the dominant role of private sector, increased reliance on third-party healthcare payment systems and emergence of digital health have reshaped the industry.

With a mobile population seeking services beyond own state and growing information asymmetry between service providers and patients, it is unfeasible for states to manage and regulate health services.

The 15th Finance Commission also recommended health be transferred to the concurrent list allowing for uniform policy formulation and implementation. This change would empower the Centre to establish nationwide standards while preserving state autonomy to tailor policies. Changing the constitutional framework will not address the big challenge on its own, but will make it easier for governments to do so.

The writer is chair, Partnership for Impact, and was founding CEO of National Health Authority

एमबीबीएस डॉक्टरों को करनी होगी आयुष हॉस्पिटल में इंटर्नशिप

राज्य ब्यूरो, लखनऊ

नया नियम

● एक सप्ताह की इंटर्नशिप आयुष की किसी भी विधा में

अमृत विचार : आयुर्वेद, होम्योपैथिक और यूनानी विधा के डॉक्टरों को एलोपैथिक चिकित्सा में छह माह की इंटर्नशिप जरूरी है। उसी तर्ज पर अब नेशनल मेडिकल कमीशन (एनएमसी) एमबीबीएस छात्रों के लिए आयुष में एक सप्ताह की इंटर्नशिप अनिवार्य कर दी गई है। मेडिकल कॉलेजों ने इस साल से इंटर्नशिप करानी शुरू कर दी है।

एनएमसी ने अपनी 2021 की गाइडलाइन में एमबीबीएस (डॉक्टर) छात्रों के लिए एक सप्ताह के लिए किसी भी आयुष हॉस्पिटल में इंटर्नशिप करने की अनिवार्यता कर दी है। गाइड लाइन के अनुक्रम में किंग जाज चिकित्सा विश्वविद्यालय

(केजीएमयू) ने पहली बार फाइनल ईयर के छात्रों को आयुर्वेदिक विभाग में इंटर्नशिप करानी शुरू कर दी है।

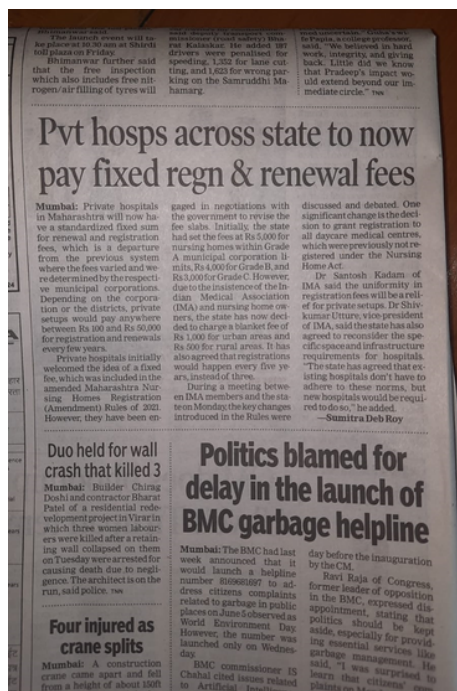
केजीएमयू के चिकित्सा अधीक्षक डॉ. डी. हिमांशु ने बताया कि एमबीबीएस छात्रों के लिए आयुष में किसी भी विधा में एक सप्ताह की इंटर्नशिप करने का विकल्प है। केजीएमयू 10-10 छात्रों का बैच आयुर्वेद विभाग में भेजा जाता है। इस दौरान आयुर्वेद चिकित्सा में प्राथमिक इलाज की जानकारी प्राप्त करते हैं। इससे भविष्य में मरीजों के इलाज में सहूलियत मिलेगी। केजीएमयू में ही

आयुर्वेद विभाग के प्रभारी डॉ. सुनीत मिश्र ने बताया कि ओपीडी में मरीजों के इलाज में उन्हें शिक्षित किया जाता है, कई बीमारियां हैं, जिनमें आयुर्वेदिक दवाओं की अहम भूमिका होती है।

इसी प्रकार डॉ. राम मनोहर लोहिया आयुर्विज्ञान संस्थान के 2017 बैच के 125 छात्रों की इंटर्नशिप कराने वाले संस्थान के ही आयुर्वेदाचार्य डॉ. एसके पाण्डेय का कहना है कि एनएमसी की गाइडलाइन सराहनीय है, डॉक्टरों के साथ जनसामान्य के लिए भी फायदेमंद है। आयुर्वेदिक इलाज का पर्चा लेकर पहुंचे एलोपैथ डॉक्टर को बीमारी समझने में दिक्कत नहीं होगी। इस इंटर्नशिप से आयुष की उपयोगिता बढ़ेगी।

Murder case to be registered against 6 trustees of charitable trust.

<https://www.mid-day.com/mumbai/mumbai-crime-news/article/murder-case-to-be-registered-against-6-trustees-of-charitable-trust-23289351>



NMC violating law on asset disclosure

Read more at:

http://timesofindia.indiatimes.com/articleshow/100805928.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

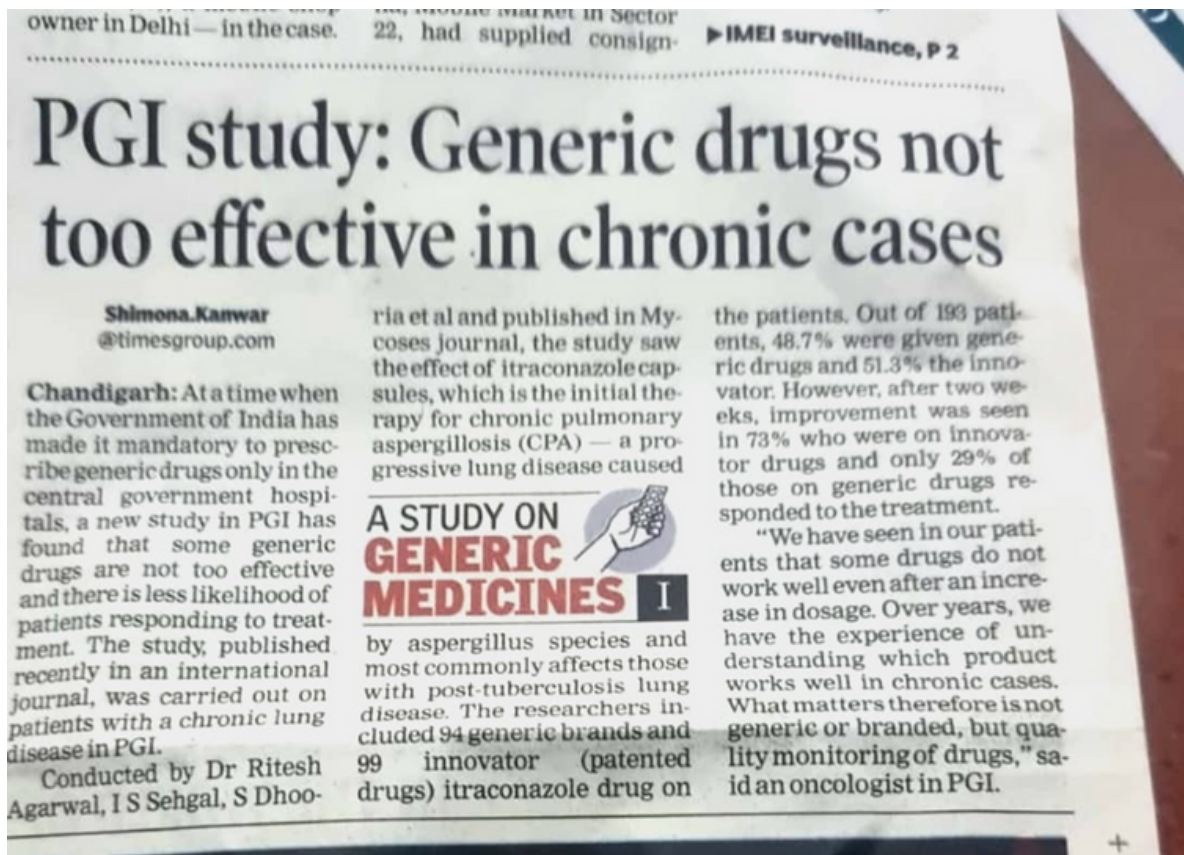
<https://theprint.in/india/15-hour-shifts-no-sleep-or-water-indias-resident-doctors-cry-i-am-overworked/245716/>

Government medical colleges' interns forced to work 36-hour shifts at times.

<https://www.thehindu.com/news/national/tamil-nadu/government-medical-colleges-interns-forced-to-work-36hour-shifts-at-times/article4937454.ece>

Fact check | Notification giving MBBS status to nursing graduates is fake, says Ministry of Health

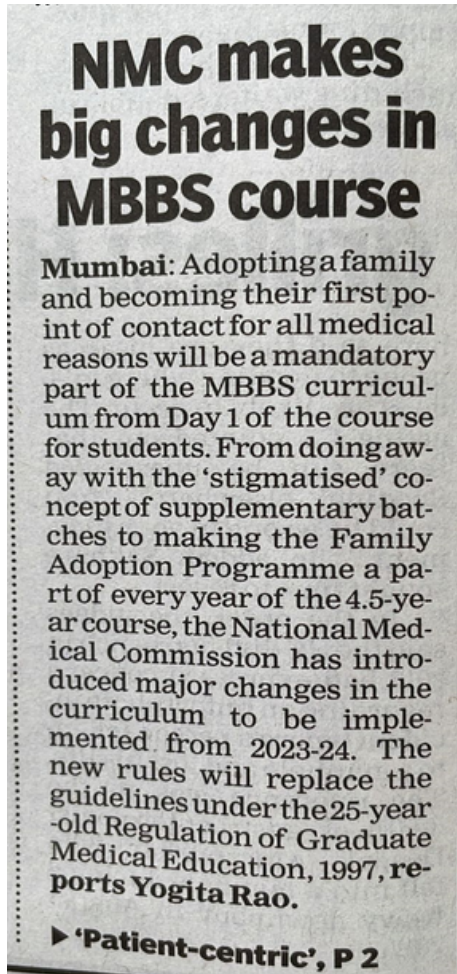
<https://www.thehindu.com/news/national/factcheck-notification-giving-mbbs-status-to-nursing-graduates-is-fake-says-ministry-of-health/article66945473.ece>





Centralize all medical admissions across India, moots NMC -

<https://timesofindia.indiatimes.com/india/centralise-all-medical-admissions-across-india-moots-nmc/articleshow/100884872.cms>



NMC to stop supplementary batches for MBBS students

Yogita.Rao@timesgroup.com

Mumbai: The National Medical Commission (NMC) has released revised guidelines for MBBS under the Graduate Medication Education Regulation (GMER) 2023. This is in consequence to the GMER gazette released on June 2.

"Since the commission was born in 2020, we have never had our own set of guidelines. The idea was to relook at various aspects and to streamline the competency-based medical education curriculum," said an NMC official. Changes have been introduced in the curriculum, also keeping in mind the introduction of the National Exit Test (NEXT). The new regulations are more 'learner-centric, patient-centric, gender-sensitive and outcome-oriented' as mentioned in the preamble of the CBME curriculum.

Earlier, there was discrimination between clinical, pre-clinical and paraclinical. Now, everything will be considered clinical with the vertical and horizontal integration of subjects, said the official. "There will be three phases in the 4.5-year curriculum where the training period of Phase I, Phase II and Part 1 of Phase III will be for 12 months and the final part of Phase III for 18 months," said the official.

COMPETENCY-BASED MED STUDIES

Changes prescribed in Graduate Medical Education Regulation 2023

- Competency-based medical education (CBME) curriculum and assessment
- The 4.5-year programme will be split into Phase I (12 mths), Phase II (12 mths) and Phase III (30 mths, including 2 parts of 12 mths and 18 mths)
- NMC will do away with 'supplementary' batches, seen as a stigma by many
- Instead, students will be allowed to give a re-exam within 3-6 weeks of results
- Family Adoption Programme mandatory in



every phase of MBBS

- Only one paper of biochemistry, microbiology and forensic science in Phase I; will be given weightage later in National Exit Test
- More focus on research and setting up labs in colleges for molecular, stem cell, cytogenetics and tissue typing research
- Grace marks done away with

se I, Phase II and Part 1 of Phase III will be for 12 months and the final part of Phase III for 18 months," said the official.

In the 2019 regulation, Phase I (pre-clinical phase) was for 13 months, Phase II (para-clinical) was for 12 months and the third phase (clinical) was split into 13+2+13 months, said Pravin Shingare, former director of Maharashtra's Di-

rectorate of Medical Education and Research (DMER).

In a major move, the NMC has decided to do away with the concept of 'supplementary' batches. Students who fail to clear university exams appear for supplementary exams in six months. Under the new guidelines, this exam will have to be conducted within 3 to 6 weeks of the declara-

tion of the results so that they can join the regular batch the same year. "There is a kind of stigma attached to the word 'supplementary' batch, therefore, we have removed the concept," added the official.

On the Family Adoption Programme (FAP), the official said students were never exposed to the concept of being first-line doctors. "FAP, now an integral part of the curriculum, will give them this exposure. Since these students will remain with the families, first-hand data can be collected from rural areas and can be used for policy formulation," said the official. The FAP programme was inspired by an initiative of MGIMS, Sevagram, in Maharashtra.

Shingare said NMC has placed emphasis on research. "The number of papers in biochemistry, microbiology and forensic science has also been reduced to 1 instead of 2. Practical marks were cut to 50 in place of 100," said Shingare. Madhuri Kanitkar, vice-chancellor of Maharashtra University of Health Sciences, said the curriculum seems to be in line with National Education Policy, which envisages doctors' holistic development.

<https://medicaldialogues.in/news/health/medico-legal/courts-cannot-interfere-with-medical-decisions-taken-by-speciality-doctors-madras-hc-denies-relief-to-woman-alleging-medical-negligence-112923>

Bengal regulator cannot fix hospital charges: HC

SANJAY MANDAL

Calcutta: Bengal's health regulatory commission, formed to redress people's grievances against private hospitals, has no right to fix hospital charges, Calcutta High Court has ruled after hearing a petition from a private hospital.

The West Bengal Clinical Establishment Regulatory Commission had issued several advisories and an order fixing charges at private hospitals.

"The advisories and the order are unconstitutional and are not binding on the petitioners," Justice Moushumi Bhattacharya said in an order on Wednesday.

"The West Bengal Clinical Establishment Regulatory Commission shall therefore recall and rescind the impugned advisories and is prohibited from giving any effect to the impugned advisories and order to the extent of fixation of rates and charges for clinical establishments including the petitioner no. 1..."

Apollo Multispeciality Hospitals had moved the petition, citing 26 advisories issued by the commission between July 27, 2020, and Sep-

tember 7, 2021, and its order of June 2, 2021, on the rates that clinical establishments can charge patients.

"The impugned advisories and order have clearly been issued in the absence of a statutory bulwark. The advisories are neither reasonable nor supported by the findings and conclusion of a specialised body of experts with domain knowledge," the court order said.

"The fixation of rates and charges are simply actions which muscle through the specific provisions provided in the act for taking steps without stopping by to consider whether the conditions precedent for the advisories have been satisfied. The facts urged leave little doubt that the fundamental right of the petitioner no. 1 to carry on business has been infringed without the authority of law."

The high court order applies only to patients who pay cash and not to those who get admitted under insurance schemes, a commission official clarified.

"We will appeal to the division bench," said retired judge Ashim Banerjee, chairman of the commission.

An official of Apollo Mul-

tispeciality Hospitals said the hospital chain would go to the Supreme Court, if necessary.

The commission had been issuing advisories fixing the charges for medicines and diagnostic tests and the maximum deposit. Most of the advisories were related to the Covid-19 pandemic.

The panel had issued a notice in 2017 saying there was no basis for levying differential charges for diagnostic and pathology tests, medicines and doctors' visits based on the rates for the beds or rooms.

In the June 2, 2021, order, the commission had fixed the charge for a chest X-ray (PA view) at Rs 400 while saying that blood tests to measure sodium, potassium or chloride levels should not cost more than Rs 450. Many private hospitals had said the rates were unviable.

"Bengal is the only state where such a regulatory commission for private health-care units exists. It helps address patients' grievances but the commission must also ensure that unrealistic rates are not forced upon the hospitals," said Sudipta Mitra, chief executive of Peerless Hospital. (See Metro)

Insurance co can't decide med expense limit: Consumer court

Tushar.Tere@timesgroup.com

Vadodara: A consumer court in Vadodara recently ruled that an insurance firm can't decide which expense is not necessary for medical treatment or how much maximum amount can be paid for it. The observation was made while ordering an insurance firm to pay the full medical bill of Rs 1.64 lakh to the complainant, Mayur Parmar, for cataract surgery.

The insurer, Oriental Insurance Company Ltd, was also ordered to pay Rs 5,000 each towards mental harassment and legal cost.

Parmar (61) had undergone the surgery in both eyes and spent a total amount of Rs 1.64 lakh. He claimed reim-

HC rejects minor rape survivor's abortion plea

The Gujarat HC on Monday turned down a minor rape survivor's plea to abort since she was more than 29 weeks pregnant and the procedure may lead to medical complications. Justice Samir Dave directed the secretary of the women and child welfare department and the additional chief secretary of the social justice and empowerment department to extend all aid to the rape survivor, and make arrangements for her stay at a women's shelter whenever she wishes to shift there. The judge had earlier said teenage motherhood was normal in the past and recommended that the girl's lawyer read Manusmriti. A week later, when he tried to explore a compromise between the survivor and the accused, a government lawyer cautioned him about the likelihood of being misquoted. To this, Justice Dave quoted the Bhagavad Gita and said a judge should be 'sthitapragna' (firm in judgment and wisdom). TNN

bursement, but Oriental Insurance agreed to pay Rs 49,000. The complainant said the insurer refused to pay the full amount on the grounds that the expense wasn't customary and reasonable.

After hearing both sides, the court stated, "Medical treatment fee varies in every hospital and as per the doctor. The insurance firm can't decide which expense wasn't necessary in the treatment."

MUMBAI TUESDAY JUNE 20, 2023

Hindustan Times MY MUMBAI

BHMS grad held for manning ICU using MBBS doc's name

Third such arrest in case against trustees for recruiting unqualified 'doctors' at MT Agrawal hosp

Manish K Pathak
manish.pathak@htimes.com

MUMBAI: A Bachelor of Homeopathic Medicine and Surgery (BHMS) graduate was arrested on Saturday for allegedly using the registration number and name of a MBBS doctor and manning the ICU at MT Agrawal Hospital, according to Mumbai police.

This is the third such arrest in a case registered last month against six trustees of Jeevan Jyoti Charitable Trust for allegedly recruiting unqualified and bogus doctors to man intensive care units (ICU) of MT Agrawal Hospital.

The arrested man, Sushant Ramchandra Jadhav, 30, was using the registration number and name of a MBBS doctor, Dr Sushil Kumar Maurya, without his knowledge, said Parbhottam Karad, deputy commissioner of police of the Zone 7.

Jadhav is in police custody till Tuesday. He was practicing at MT Agrawal hospital from February 2022 to August 2022 and had issued four death certificates using Dr Maurya's name and registration number. Jadhav studied BHMS from Satara and is staying in Kalyan. Dr Maurya was not aware that his name and registration number were being used in the civic hospital in Mumbai, said a police officer.

Earlier, the police had arrested two persons - Chandrashekhar Bhulairam Yadav and Surksha Chavan in the case.

ACCUSED ISSUED FOUR DEATH CERTIFICATES USING DR SUSHIL MAURYA'S NAME AND REGISTRATION NUMBER

The latter was working as a coordinator in the hospital while the former worked as a doctor between 2020 to 2022. Yadav was using the name of another person known as Dr Chandrashekhar Ramidular Yadav, said the police officer.

He added that Chandrashekhar Bhulairam Yadav was studying MBBS in China but due to the Covid-19 lockdown, had returned to Mumbai and started practicing in MT Agrawal hospital without completing his medical degree. Yadav completed his MBBS from China in June 2022 but had not registered with Maharashtra Medical Council (MMC), said Karad.

Yadav has issued 32 death certificates during his 'practice', added the officer. Goldy Sharma, a social activist, found out that several doctors at the hospital's ICU were not qualified and/or registered with the MMC. The case was registered based on court orders on a complaint filed by Sharma, who suspected the credibility of the doctors.

Sharma had then sought information regarding the qualifications of the doctors on duty in the ICU, and the number of deaths in the ICU between February 17, 2023, and November 22, 2023.

"I was told that 149 patients had died in the ICU of the hospital in this duration. Among the doctors that I was told were on duty, one Dr Pervez Sheikh Ariz had been booked by Malvani police in 2020 for practising on a fake MMC license and by Thane police on some other charges," Sharma said in his statement to the police. Sharma said that he found out that two other doctors at the ICU, Dr Avinash Prasad and Dr Rajesh did not have MMC registrations either.

The case was registered under sections 122 (abetter when liable to cumulative punishment for act abetted and for act done), 117 (abetting commission of offence), 120-B (criminal conspiracy) 302 (punishment for murder), 307 (attempt to murder), 486 (cheat by personation), 419 (punishment for cheating), 426 (whoever commits mischief), 465 (punishment for forgery), 471 (fraudulently using a genuine forged document) of the IPC and the relevant section of Maharashtra Medical Practitioners Act.

SMALL-SCALE UNIT STEALS POWER WORTH ₹1.33 CR

Shashank Rao
shashank.rao@hindustantimes.com

MUMBAI: A small-scale industrial unit was allegedly caught stealing power worth ₹1.33 crore by illegally taking a direct connection from the power lines.

arch rival - all in a year

वधर्पिन दिन



पोलिस ठाण्यात फोटो घेणे गुन्हा नाही -उच्च न्यायालय

गुन्हा दाखल केल्याबद्दल पोलिसांना २५ हजारांचा दंड

डॉ. खुशालचंद बाहेती
लोकमत न्यूज नेटवर्क

मुंबई : पोलिस ठाण्यात दाखल झालेल्या लेखी तक्रारीचे मोबाइलमध्ये फोटो घेतल्याबद्दल ठाणे पोलिसांनी ऑफिशियल सिव्हेट्स अँडकॉन्ट्रोलिंग दाखल केलेला हेरगिरीचा गुन्हा मुंबई हायकोर्टाने रद्द केला.

२० एप्रिल २०२२ रोजी झिशन सिटीतील त्याच्याविरुद्धच्या अर्ज चौकशीसाठी ठाण्याच्या मीरा रोड पोलिस स्टेशनमध्ये बोलवण्यात आले. चौकशीदरम्यान सिव्हेट्सीने त्याच्याविरुद्धच्या अर्जाची प्रत मागितली. त्याला बाचण्यासाठी अर्ज देण्यात आला. त्यापि, जेव्हा त्याने अर्जाची प्रत मागितली, तेव्हा ती नाकारण्यात आली. त्याने मोबाइलमध्ये अर्जाचा फोटो आणि व्हिडीओ घेतला म्हणून पोलिसांनी त्याच्याविरुद्ध ऑफिशियल सिव्हेट्स

कायद्याचा गैरवापर केला जाऊ शकत नाही

- पोलिस स्टेशनमध्ये लोकांना मुद्रापणे येता आले पाहिजे. लोक तेथे तक्रार व अन्वय निवारणासाठी येतात.
- ऑफिशियल सिव्हेट्स अँडकॉन्ट्रोलिंग गुन्हाचा परिणाम एखाद्याची प्रतिष्ठा, नोकरी, करिअर इत्यादींवर होऊ शकतो.
- एखाद्या व्यक्तीला त्रास देण्याचे किंवा छक्क्याचे साधन म्हणून कायद्याचा गैरवापर केला जाऊ शकत नाही.



- न्या. रेवती मोहिते- डेरे आणि न्या. आर.एन. लहू

अँड कलम तीननुसार गुन्हा दाखल केला. तपासानंतर न्यायालयात दोषारोपपत्र दाखल केले. सिव्हेट्सीने हा खटला रद्द करण्यासाठी उच्च न्यायालयात धाव घेतली.

पोलिस स्टेशन हे कायद्याप्रमाणे 'निषिद्ध ठिकाण' घोषित केलेले नाही. पोलिस ठाण्यात फोटो घेणे ऑफिशियल सिव्हेट्स अँडकॉन्ट्रोलिंग होत नाही, असे मत व्यक्त करत हायकोर्टाने गुन्हा रद्द केला. तसेच सरकारने याचिकाकर्त्यास २५ हजार

दुकसानभरपाई देऊन व ती चुकीचा एफआयआर दाखल करणाऱ्या आणि चार्जशिटला परवानगी देणाऱ्या अधिकार्यांकडून वसूल करण्याचा आदेश दिला.

यापूर्वी हायकोर्टाने सोलापूर आणि अकोला पोलिसांनी दाखल केलेले असेच एफआयआर रद्द केले होते. अनेक प्रकरणांमध्ये पोलिसांकडून या कायद्याच्या तरतुदीचा सतत गैरवापर होत असल्याचे हायकोर्टाने म्हटले आहे.

Aurangabad Main Page No. 8 Jan 07, 2023 Powered by: arelogo.com

one injured

Thirteen At least 12 families were in a ground floor room...
Ajit Pawar seeks 'drastic changes' now

water diversion from Mulshi

Mumbai: The Water Control...
Attack on doc, hosp? Quick response security at click of button

DOCS' ASSN TIES UP WITH PVT BODY

Year	Attacks	Accused	Convicted	Compensated
2016	93	223	91	1
2017	109	258	95	3
2018	83	187	78	-
2019	77	157	71	-
2020	58	101	151	-
21	99	175	20	-
22	6941	1,381	584	4

DOCS' ASSN TIES UP WITH PVT BODY

Mumbai: With over 600 attacks on doctors recorded in Maharashtra in the last six years, the Association of Medical Consultants (AMC) has signed up with a private emergency responder to provide security to doctors in the case of mob violence.

DOCS' ASSN TIES UP WITH PVT BODY

Mumbai: With over 600 attacks on doctors recorded in Maharashtra in the last six years, the Association of Medical Consultants (AMC) has signed up with a private emergency responder to provide security to doctors in the case of mob violence.

DOCS' ASSN TIES UP WITH PVT BODY

Mumbai: With over 600 attacks on doctors recorded in Maharashtra in the last six years, the Association of Medical Consultants (AMC) has signed up with a private emergency responder to provide security to doctors in the case of mob violence.



“Assault on Dr. Dipak Maslekar”

Dr. Dipak Maslekar, a dedicated senior dermatologist, is viciously attacked while attending to his patients.

1- Unidentified drunk assailants barge into his clinic and mercilessly assault him and his assistant.

2-The attackers have no relation to the patients or Dr. Maslekar's family.

3-Dr. Maslekar sustains a forehead injury during the horrifying ordeal.

4- The attackers issue threats and flee the scene.

5- Dr. Maslekar displays immense courage and immediately goes to Kranti Chowk police station to report the incident.

6- Dr. Yashwant Gade and Dr. Anupam Takalkar, President and Secretary of IMA, within 10 minutes rushed to the police station to file a First Information Report (FIR) and ensure appropriate charges under the Indian Penal Code (IPC).

7- Late into the night, Dr. Maslekar is admitted to Ghati Hospital, with IMA officials Dr. Gade and Dr. Takalkar staying by his side.

8-Dr. Maslekar is currently stable and recovering at home.

9-IMA office bearers met Police Commissioner Mr. Manoj Lohiya today at 5 pm to demand swift and stringent action against the culprits.

10-Three out of the four attackers are arrested

11-This incidence highlights the importance of a parent organisation like IMA

BHMS Graduate Uses MBBS Doctor's Credentials For Manning ICU, Arrested



Written By Barsha...

— Published On 20 June 2023 3:46 PM | Updated On 20 June 2023 3:46 PM



<https://medicaldialogues.in/news/health/doctors/bhms-graduate-uses-mbbs-doctors-credentials-for-manning-icu-arrested-113228>

Kerala female medicos seek 'surgical hoods' as alternative to hijab inside OT

1 min read • 28 Jun 2023, 05:15 PM IST

Agencies

Female Muslim MBBS students in Kerala's Thiruvananthapuram have requested permission to wear long-sleeve scrub jackets and surgical hoods in operation theatres due to their religious beliefs. The students argue that wearing a hijab is mandatory for Muslim women at all times



According to the reason cited, as part of their religious belief they have to cover their heads at all times and it is not possible to wear hijab inside the operation theatre (OT). So they looked at alternate options

<https://medicaldialogues.in/news/health/doctors/bhms-graduate-uses-mbbs-doctors-credentials-for-manning-icu-arrested-113228>