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The GRASP

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New AMC Office

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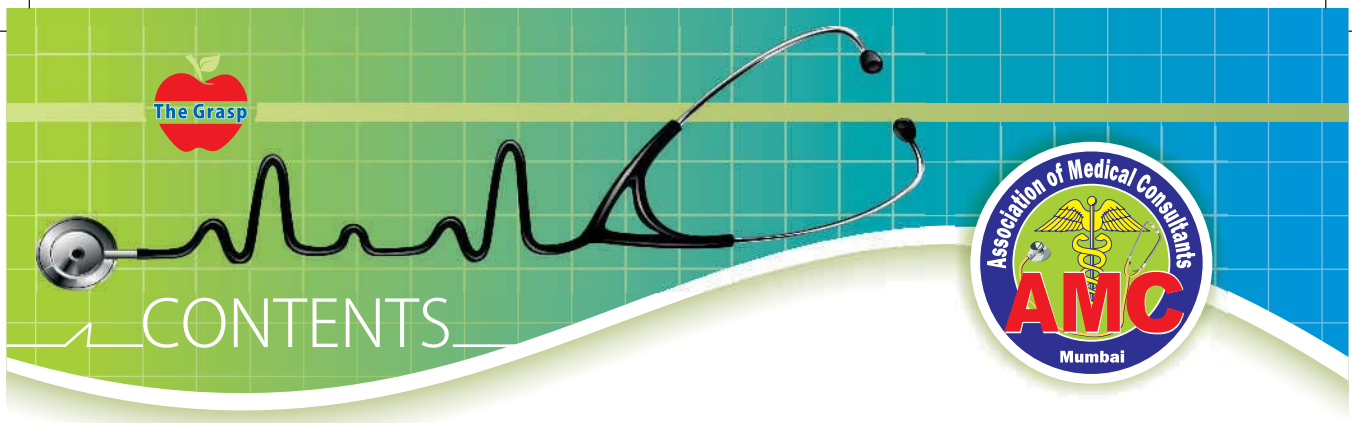

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EDIT SPEAK

Dr. Kritika Doshi

Dear AMCites,

Wishing all of you a very happy 2020.

I have had the privilege of being Editor of 'The GRASP' for past three years- This is my last editorial for 'The GRASP' and I would like to thank all of you for your support and encouragement.

What are my thoughts as I leave this post? The power of the written word! "The pen is mightier than the sword"….. Now the pen is replaced by the fingers and the pages are digital! Medical news is a part of almost all print and digital news.

Today, people have easy access to multiple digital sites which offer all kinds of health related information - true, partially true and also misleading at times! Fake Medical news, videos, statistical news and mis-information is readily available to gullible laymen who are swayed by quick fixes. Sometimes, articles even though written by qualified medical Practioners, may be outdated, incorrect and biased. This can create more confusion and worry among lay people. We can be passive spectators to this or we can actively disseminate correct and evidence based information. This is not only necessary but essential in today's scenario.

I would urge all of you to take an active part in the social and non-medical practice aspect of our medical life. As consultants, when we propagate true, correct digital information through our websites, or from our social media posts or our response to improper media reporting, our fraternity benefits and we play our part in improving patient-doctor relations. We all need to be crusaders against the epidemic of fake medical news.

The improved life expectancy is a good index of improved health status but increased age is accompanied by various age related pains and suffering. Chronic diseases like Diabetes (India is the world capital), Parkinson's', osteoarthritis, etc need supportive or palliative care to deal with the day to day suffering and difficulties that are a part of these. Padmashree Dr. M. R. Rajagopal known as the 'Father of Palliative Care in India' has written about offering hope to these people's unseen suffering.

Dr. Arun Seth has written a poetic description about the primary health care centre treating disfigured people. He also writes about a California board certified doctor who has found love, peace and happiness among the warm people of this financially impoverished place.

The stress of complying with the ever-changing rules and newer laws for hospitals

and nursing homes along with high consumer court cases has prompted many consultants to close their hospitals and nursing homes. Dr. Lalit Kapoor has highlighted the medico-legal precautions to be taken while taking such a step. Dr. Suganthi Iyer has brought to attention a contentious area of bone marrow transplantation with few interesting cases.

AMC has taken the initiative to educate consultants on being financially aware by starting the financial OPD as well as having conferences on this important aspect. The aim is to make your money work for you so that the stress of your family being financially secured are taken care of.

There is a demand from members for more clarity on AMC's PI Insurance scheme - we are again printing the benefits and advantages of our PI policy in this issue.

And we also have an inspiring story about how private Practioners went out of their comfort zone, taking the risk of almost certain litigation to save the life of a poor woman and becoming heroes in the process.

I do hope you have enjoyed reading all the issues. I wish the next Editor all the best.

With warm wishes to all AMC members,

Yours Truly,

kritikadoshi@hotmail.com

PRESIDENT'S PRECEPT

Dr. Mukesh Gupta

Is your truth the same as mine?

Dear Friends,

The recent death of a Doctor li Wenliang in China amidst coronavirus epidemic, brought the focus on a highly debatable issue. Is the local authorities or management of the hospital justified in hiding medical concerns at the excuse of avoidance of societal disruption from chaos or fear of medicolegal repercussion? Rumour mongering vs Whistleblowing vs Fake News is an issue worth addressing for any society.

Justification of whistleblowing can easily be misinterpreted as betrayal. Truth telling vs secret keeping is a difficult decision to take by many but not all. The million-dollar question is when and whether it is justified. Whenever this is done it has to be with proof. If you know that the principles of Ethics or morality are compromised or legality is breached then there is little to choose. But there is a lack of formal training and dearth of mainstream discussion on the principles of Ethics viz. Autonomy, Beneficence, Non-Maleficence and Justice.

But when it is **'my perspective vs yours '**, then there are a whole lot of complexities. Here comes the question of credibility vs the issue of - who will benefit if this turns out to be true? Is someone feigning concern for personal gain or popularity; or is it a genuine issue that can cause impact on the fabric of the organization or the larger society.

Unfortunately, most believe the matter if people are repetitive or louder or easily accessible and that is why the history gets skewed by those in control.

It has been a very eventful year with focus to create legacy projects which can continue in the years to come.

New AMC Office : It gives me immense pleasure and pride to announce that after huge number of deliberations and discussions AMC Trust Board has decided to go ahead with the purchase of new Office Premises in this financial year. The location of the AMC office would be in Andheri East near the highway and the Metro Station, convenient for transportation through public transport as well as private cars.The details of the same will follow soon.

AMC SOCH : this was to bring together thought leaders, expressing their opinions and coming up with concrete resolutions or suggestions which can be taken up with the authorities. It has found a lot of support and enthusiasm from the organizational leaders. Keeping up pace with this we are also creating yet another program in medical colleges starting with the HBT medical college nearest to office where we stimulate the young minds, the budding next generation into thinking about the problems

surrounding them and then trying to find solutions to the same.

AMC FINCON : AMC had organized a financial conference in association with the Institute of Chartered Accountants of India at the ICAI Auditorium, BKC. As a follow up it was discussed that AMC should try to create its own group to invest in Angel Investors Fund to promote healthcare start-ups. Communication is on with a focused healthcare AIF recognized by SEBI. The idea is to have industry leaders, financial investment experts and medical professionals coming together to identify and invest in the start-ups which will not only help us have the early opportunity in investing in newer ideas but with our domain knowledge we can have better opportunities to succeed. This will also give us a preview of the next generation healthcare ideas.

AMC Med talks : AMC started a new series of AMC Med talks on the theme of future of medicine which gives us an understanding what the industry leaders and key opinion leaders believe is the direction of healthcare. AMC also proposes and is planning to organize such programs at medical colleges to give the young new upcoming consultants an opportunity to see what the future holds for them.

AMC 20-20 Project : The scrutinizing committee is in place to review the proposals under the 20-20 project which makes away to appreciate and support social projects picked up by AMC members. There is a call for submissions for the award of the 20-20 appreciation at the AGM meeting.

IT in Healthcare : In association with the TIMSCDR, Thakur college AMC has been organizing the IT conference with hands on training for doctors. The jam packed computer lab with doctors of all ages coming together to have hands on training was a view which shows the future direction of healthcare.

AMCON 2019 : AMCON with FAMCICON has been a showcase project for AMC for several years. Keeping up with the reputation of the event this year we had several star speakers and the quintessential panel discussion on the burning topic. The glamour was added by the presence of the yesteryear superstar Mrs. HemaMalinijiand the present king of comedy Shri Kapil Sharma.The interactive extempore session with Kapil Sharma where the audience were continuously engaged and deep into the conversation with the king of comedy was one of the highlights ofthe AMCON which will stay as a pleasant memory with me all my life.

Consumer Act Forum : The special program organized which also brought across a historic moment with the representatives of the National State and Local district consumer forums together under one roof with the medical fraternity was another feather in the cap of MC team this year.

My journey in AMC has been a proud one and I hope that I continue to serve my fraternity and AMC in the years to come in the best of my ability. I cannot thank the team AMC 2019-2020 for all the support and motivation to create this year a memorable one. The feedback and appreciation received from all the members during this journey made me feel more humble and more responsible to do more for the organization.

drmukeshgupta@hotmail.com

HON. SECRETARY'S REPORT

Dr. Nilima Vaidya-Bhamare

Hello dear AMCites,

We meet each other again after two more beautiful programs, the prestigious flagship program at the Taj Lands End, the AMCON with FAMCICON, on 1 st December, followed back to back by the program at Nanavati hospital on VITAL ISSUES IN MEDICAL LITIGATION on 8 th December.

As usual, a new concept of MED TALKS was introduced in AMC, something like the TED TALKS. Powerful 15 min talks on current topics in medical field on the theme of what is achievable in the future were presented. Dr. Dholakia spoke on Newer advances in tuberculosis, Adv Vicky Shah explained the ways of emerging trends in Cyber Crime in healthcare, Dr. Sagar Jawale presented Innovative devices in medicine, Dr. Nozer Sheriar touched upon the changing trends of delivering the generation next, Sr Shankar Vangipuram gave insights into Cyber knife radiosurgery - a paradigm shift in no scalpel surgeries.

There was a panel discussion on 'Impact of CPA on healthcare in India, Modearated by Dr. Lalit Kapoor & Dr. Umesh Oza. The panelists were none other than honourable Dr. Santosh Kakade (non judicial member of Maharashtra State Consumer Forum), Dr. Shivkumar Utture (President of MMC), Mrs. Padma Deosthali (Director CEHAT) Adv. Sunil Khatri (AMC advocate at Supreme Court) and Dr. Nilesh Naphade (Hon. Sec. AMC Ratnagiri).

The prestigious C L Zhaveri Oration was delivered by none other than Dr. Pradeep Chowbey, a powerful and prolific speaker who spoke about the nuances of the Future of Surgery.

MP, PadmaShri Ms. Hema Maliniji was the chief guest. She was specially invited as a token of appreciation for the stand taken by her for the doctors regarding the violence in healthcare in the Parliament.

Gupshup with the comedy king Mr. Kapil Sharma was the icing on the cake.

The beautiful ambience of the Taj, the elegant hall decorations, impeccable audio visuals and informative talks , made the AMCON FAMCICON an event to be remembered.

This was followed on its heels the next weekend by the medicolegal program at Nanavati hospital. The hall mark of this program was that we were able to get luminous dignitaries on one dias, with the help of Dr. Satishchandra Kale, and live stream it all across the nation for people to experience even without being physically present.

We had on board Hon'able Justice R. K.

Agrawal, President - National Consumer Dispute Redressal Commission, who spoke eloquently on Informed consent in medical treatment. Hon'able Justice A. P. Bhangale, President - Maharashtra Consumer Dispute Redressal Commission, who spoke on Defences available to doctors in consumer courts.

Hon Dr. S. M. Kantikar - NCRDC gave an overview on medical negligence.

Hon'able Dr. Santosh Kakade - MSCDRC gave his inputs on whether we should be practicing defensive medicine or not.

Dr. Satishchandra Kale talked about the importance of documentation in medicine.

The program ended with a bang by an interesting and pertinent Q & A session moderated by Dr. Kale and Dr. Sudhir Naik. All in all a very innovative and informative program indeed.

We now look forward to hosting all of you at Thakur auditorium for our last program of our tenure, the ITCON, IT in healthcare, designed on the theme of leveraging IT for Sustainability in Medicine. We intend to have hands training workshops in SEO, Google search console, Keywords and Website analytics. Eminent speakers will throw light upon on relevant topics like Ethics of IT in healthcare, Multichannel Marketting in healthcare etc.

This will be in association with the Thakur college and Association of Fellow Gynaecologists on the 9th of February. Hope to see you all in large numbers there. Technology is fast changing, we too need to keep up with it.

See you soon.

nilimabhamare67@gmail.com

AMCON - FAMCICON 2019 Report

Dr. Pradnya Kulkarni
Program Committee Chairperson

Annual conference of AMC (AMCON) and FAMCI (FAMCICON) - an integrated event was held at Hotel Land's End in Bandra West, Mumbai on 1st December 2019. The event began with a delicious breakfast, registration and the Annual general body meeting of FAMCI.

MED-TALKS a novel concept introduced this year by President Dr. Mukesh Gupta had powerful 15 min talks on subjects currently relevant to medical fraternity delivered by experts in the subjects. The 1st **Med-talk** by Dr. Yatin Dholakia a senior consultant in chest medicine and an expert in tuberculosis was on 'New Advances in Tuberculosis' where he informed the audience about current incidence of tuberculosis in India, drug resistance, newer regimens of treatment etc.

The 2nd Medtalk on 'Cybercrime in health care : Emerging trends' by Adv. Vicky Shah, an advocate, author, trainer, and speaker, described various ways crimes can take place and gave DO'S and DON'T'S that can help avoid cybercrimes. Medical professionals most of them are not very technologically learned so this talk was very well appreciated by audience.

The 3rd talk was on 'Innovative Devices' by Dr. Sagar Jawale, a paediatric surgeon turned scientist. He has developed many surgeries, therapies, many surgical instruments and devices, and many more are under trial.

INAGURATION FUNCTION : The formal ceremony of the day's function was marked by the presence of chief guest Ms. Hema Maliniji, forever dream-girl, a Member of Parliament, social activist and a graceful dancer. On stage, the ceremonial lamp lightening was performed by Chief guest Ms. Hema Maliniji; Dr. S. S. Khambay (Trustee), Dr. Mukesh Gupta, Dr. Nilima Vaidya-Bhamare, Dr. Lalit Kapoor (President, FAMCI); Dr. Niranjan Agarwal (vice-president, FAMCI); Dr. Ajit Desai (Treasurer); Dr. Deepak Baid. (President elect); Dr. Kiran Coelho, and Dr. Rajendra Nagarkatti.

An eloquent speaker, eminent gynaecologist and past president Dr. Bipin Pandit introduced Ms. Hema Maliniji who took us all down memory lane to golden era of Bollywood. Ms. Hema Maliniji, in her speech, praised all doctors for their phenomenal work done for society and their selfless contribution to society. She condemned the violence against doctors and promised to take up the issues with authorities. Ms. Hema Maliniji and Dr. Kiran Koelho were felicitated with mementoes, bouquets, and gifts. At the end of inaugural function, all stood up with respect for our national anthem.

The fourth med-talk of the day 'Delivering generation next' was given by Dr. Nozer Sheriar, Deputy general secretary FOGSI, a senior consulting gynaecologist and

obstetrician, informed audience about newer infertility treatments, painless deliveries and recent advances in obstetrics. Fifth med-talk was delivered by Dr. Shankar Vangipuram on 'Cyberknife radiosurgery - Paradigm shift in No Scalpel Surgeries'. His vast experience in using high precision radiotherapy technologies and other non-surgical and minimally invasive treatment options made it possible to put across to the audience these recent and novel treatments for cancer patients.

Panel discussion on 'Impact of CPA on healthcare in India was conducted by Dr. Veena Pandit (past president). Moderators for the session were Dr. Lalit Kapoor (President FAMCI) and Dr. Umesh Oza. (Trustee and past president). Panellists were Hon'ble Dr. Santosh Kakade. (Non judicial member of Maharashtra state consumer disputes redressal commission, Mumbai and founder of Core India institute of legal medicine.) Dr. Shivkumar Utture (President Maharashtra Medical council, Past president IMA Mumbai branch.), Mrs. Padma Deosthali(Director CEHAT and ex member GDG-WHO for developing policy and clinical practice guidelines. Adv. Sunil Khatri, (General surgeon, alumnus AFMC, expert in medicolegal issues) and Dr. Nilesh Naphade (hon. Secretary and in-charge medicolegal cell, Ratnagiri AMC), The topic being very important for all medical professionals, it was moderated with precision and was guided to relevant issues. The expertise of panellists, their authority on subject and vast knowledge and experience made this panel discussion highly informative, enlightening and appreciated by one and all.

C. L. Zaveri oration, an annual feature of AMCON was delivered by Padmashree Dr. Pradeep Chowbey, Hon. Surgeon to the President of India, and a renowned surgeon. The topic was 'FUTURE OF SURGERY'. His speech was lucid and illustrious. He guided the audience through history of surgery towards projections of future in surgery. The non-surgical field medicos were also mesmerised due to plenty of visuals and simplicity of content. It was an informative and stimulating oration.

After a sumptuous and well appreciated lunch, a brief information on various activities of AMC CELLS was given by, Dr. Smita Sharma (past president), Health and accident cell. Dr. Sudhir Naik (past president) medico-legal cell, and Dr. Shikant Badwe (Past president), CBS cell.

'GUPSHUP WITH KAPIL SHARMA' : The highlight of the program. King of comedy, host of many comedy shows, television presenter, actor, producer, Mr. Kapil Sharma and Dr. Mukesh Gupta, President AMC, a renowned gynaecologist and obstetrician in question-answer session kept audience in split of laughter. Pointed questions witty and humorous answers made it very hilarious. The audience were thoroughly enjoying the experience. Mr. Kapil Sharma sang a beautiful song on request of audience. Enthusiasts wanting selfies with Mr. Sharma became a handful for organisers to manage with the chaotic situation lasting till celebrity left the hall.

Next of the med-talks followed was 'LIVING WILL : Why It Is Everyone's Business, as Doctors and Citizens', by Dr. Roop Gursahani, a senior practising consultant neurologist and active member of ELiCIT9 (End of life care in India Taskforce). How, who, when to make living will? It's legal current standing, and many more points regarding this new aspect of patient care was well explained by Dr. Gurusahani. This was followed by a very interesting and visually

appealing talk by Dr. Avinash Supe. on his experiences of his visit to 'ANTARTICA'. This was much appreciated by audience. Last medtalk was on 'Emerging medical innovations, creativity, and entrepreneurship'. Since doctors rarely think about innovations and entrepreneurships, it was an awakening, especially for younger doctors. Flawless management of audio-visuals by Dr. Aashish Modi, and felicitations by Dr. Rajendra Chowhan immensely contributed to success of the program.

Days programme ended with distribution of lucky draw prizes and a thank you note by program committee chairperson. AMCON-FAMCICON 2019 was a successful and memorable event.

drpradnyackulkarni@gmail.com


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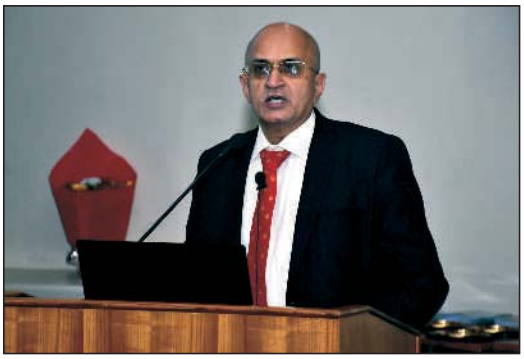
Current Vital Issues in Medical Litigation

at Nanavati Hospital on 8th December 2019



IT in HEALTHCARE

on 9th February 2020 at TIMSCDR, Thakur Village, Kandivali

Association of Medical Consultants (AMC),
Thakur Instute of Management Studies, Career Development and Research (TIMSCDR),
The Maharashtra Chamber of Commerce, Industry and Agriculture (MACCIA)
Association of Fellow Gynecologist (AFG)
& Borivali Medical Brotherhood (BMB)

Registration & Breakfast
Welcome & Inauguration - Chief Guest - Dr. Mukesh Gupta, President, AMC / **Guest of Honor - Dr. Saurabh Dani,** President, AFG / **Guest of Honor - Mr. Aslam Khan,** Chairman & MD of Octaware Technologies Limited / **Dr. Nilima Bhamare,** Hon. Secretary, AMC / **Dr. Pradnya Kulkarni,** Program Committee Chairperson, AMC / **Dr. Suresh Shan,** Mahindra & Mahindra, CIO, Head - Innovation & Future Technologies Business Information Technology Solutions (BITS)
Sustainable Healthcare - ***Dr. Indira Mallo***, IAS, Commissioner - ICDS, Maharashtra
Ethics of IT in Health Care - ***Dr. C. H. Asrani***, CEO, Founder - INCHES' group of companies
Multichannel Marketing in Healthcare - ***Pooja Krishnani Shah***, Head - Digital Marketing and Integrated Customer Engagement, MSD
Role of Information Technology in Healthcare - ***Dr. Joy Chakraborty***, COO, Hinduja Hospital
Instamedihelp: A Paradigm Shift in Health Care Delivery - ***Dr. Anshuman Manaswi***, Plastic Surgeon
Open Forum : Can Information Technology be solution to Sustainable Healthcare **Moderators :** Dr. Saurabh Dani, President, AFG, & Dr. Vinita G., Director, TIMSCDR **PanelistS :** 1. ***Dr. Joy Chakraborty***, COO, Hinduja Hospital 2. ***Mr. Nitiraj Gandhi***, Jt. Secretary, HIMSS APAC India Chapter 3. ***Mr. Gaurav Batra***, Cyber Frat 4. ***Dr. Aashish Mody***, AMC 5. ***Mr. Anirudh Singla***, CEO, Pepper Content, Building India's Largest Content 6. ***Mr. Sanjay Kimbahune***, Senior Consultant, TCS Innovation Labs
Sustainable Healthcare as an engine for a Sustainable future today - ***Johannes Brundin***, Project Manager, TEM - Nordic Center for Sustainable Healthcare, Sweden
Doctors Workshop : "Optimizing Healthcare - SEO" **Trainers : TIMSCDR Faculty** **Topics :** 1. SEO 2. Google Search Console 3. Keywords 4. Website Analytics

DOs AND DON'Ts

Closing Your Practice Or Nursing Home : Medico-Legal Implications

Dr. Lalit Kapoor

In recent times, a large number of AMC members and colleagues have expressed intent to close down their practice or even their nursing homes. This has generated several concerns in their minds many of which are real and need to be crystallized and addressed. It is therefore appropriate to analyse and discuss some of the issues that may crop up in the process and to outline the safeguards one needs to observe so as to ensure trouble-free departure from practice!

What are the common reasons for deciding to close one's practice?

- Want to retire
- Going abroad or moving practice to another city
- Declining practice/financial non-viability
- Incapacitated due to major illness / disability
- Victim of debilitating malpractice litigation.
- Can't handle medico-legal stress, new draconian legislations, patient hostility, staff shortages. FED UP - ENOUGH IS ENOUGH!!
- Another interesting reason, not listed above, is "Changing your profession"

I have come across a number of practicing doctors switching their profession - viz becoming full-time advocates; hospital administrators; insurance officers; joining Police Force (after passing IPS exam}; Joining Govt Administration (after doing IAS); Pharma business executives or starting Pharma business; Medical Education business; Builders; Hoteliers; Share Brokers; Music Directors and (hold your breath!!) - Successful spiritual leaders commonly referred to as godmen!

We have concrete examples of each of these categories !

Obviously, they too need to wind up their medical practices methodically before embarking upon a more financially rewarding or satisfying profession.

Whatever be the reason for the decision to close your practice, here are certain issues which are common to all situations to be dealt with before you hang your stethoscope or put away your scalpel!

1) DEALING WITH OBLIGATIONS TO YOUR PATIENTS : It is advisable not to stop your practice abruptly except in inevitable situations. After all, you are closing a professional practice and not a shop. Patients need to be given adequate notice of your decision to close practice. Do

inform patients at least 30 days or more in advance by way of (a) Notice in your clinic (b) Personal letters to patients (c) Local newspaper announcement (in case of doctors having a large practice) (d) WhatsApp, Email, etc. If possible, mention a reason e.g. Relocating practice, going abroad, retiring, etc.

Not notifying patients can be construed as terminating a doctor-patient relationship and, what may be ominously termed by clever lawyers as "patient abandonment"-an ethical and legal wrong (negligence) which could be actionable by Medical Councils and by various courts.

Incidentally, the definition of patient abandonment is as follows : The unilateral severance of the professional relationship without reasonable notice especially at a time when there is still need for medical attention.

Undoubtedly, you have an obligation to your patients to inform them of the discontinuation of your practice and to make efforts to ensure continuity of care. In fact, it is advisable to offer assistance to patients in finding new providers of the same specialty. This would earn you the gratitude of the patients and give you the satisfaction of doing the right thing apart from giving you legal protection.

Additionally, patients are entitled to availability of their medical records and hence you need to make arrangements for the same. Ideally, all records available with you should be handed over to the patient, and receipt for the same taken. Alternately, you could make arrangement for storage of the medical records and inform patients how they can access the same if needed. In appropriate cases, give adequate forwarding information. Electronic Medical Records (EMR) are now a game-changer in this regard and those who maintain records in this format, may find it easier to deal with this issue.

2) PRESERVATION OF RECORDS POST-CLOSURE OF PRACTICE: Patient records should be preserved as per legal requirements. Typically, records are required to be preserved for 3 years (this happens to be the limitation period during which a patient has to file a case, else it gets time-barred). However, records pertaining to any medical litigation, past or present ought to be saved indefinitely. In spite of stopping practice, sometimes Courts, police or other statutory authorities may call for records. If these are for cases beyond 3 years, you can claim to have destroyed them in non-medico-legal cases. Medico-legal case records should be preserved for 10 years. MTP, PCPNDT, etc records should be preserved as stipulated in the Acts. Ideally Maternity records ought to be retrievable for 21 years (though such situations where such records are called for are not yet commonplace in India).

On a couple of occasions we have had retired doctors receiving notices pertaining to patients they had treated in the past. This resulted in predictable disturbance in their peaceful retired life. The situation is easier to handle if records are available. In case you are handing over your practice to another doctor , you should transfer to him or her all the patients' records as well and inform patients accordingly. However, make sure you will be entitled to access these records should the need arise.

3) DEALING WITH VARIOUS LICENCES AND STATUTORY REGISTRATIONS : It is advisable to surrender the licenses you may be holding after notifying the concerned authorities of your decision to close your establishment. Examples are : Nursing home registration (C form), MTP Registration, PCPNDT license, MPCB Biomedical waste disposal authorization, Shops and Establishments registration (if you have one), etc.

CAUTION : Please destroy your hospital stationery including letterheads, certificate forms, indoor blank papers, Receipts books, Death certificate forms etc. Misuse of these with unpleasant consequences is a possibility and instances of the same have occurred in the past.

4) DEALING WITH BUSINESS RECORDS / ACCOUNTS : Make sure your outstanding financial dues both Receivable and Payable are squared particularly your outstanding receivables from insurance companies / TPAs. Some bank accounts may need to be closed or modified.

5) DEALING WITH YOUR EMPLOYEES : Employees should be dealt with in a humane and legally correct manner. Firstly, notify your staff about your decision to close down early enough. Preferably, do this in a group meeting and not individually. Explain to them the reasons for your decision to close down.

- Assure them of fair settlement of their dues ---Gratuity, Provident fund, etc.
- Make them a valuable part of the closing process.
- If possible, offer them help in relocating to reduce their stress.
- Some employees may prefer to leave prior to your closing.
- Please remember, the continuing goodwill of your staff is important to prevent medico-legal issues. There are instances of such problems occurring even on the last day of your practice!

6) Plan optimal disposal of your existing medical equipment and gadgets. If you are unable to obtain a decent price for the same, consider donating it to a charitable hospital.

Closing your practice V/s Selling or leasing your practice

- The issues in each are somewhat different.
- Concept of selling practice is not yet common in India especially in solo practitioners.
- Group practice is integral to this concept.
- We need to brainstorm on this concept and introduce it amongst ourselves with resultant benefits.
- Acquisition of your practice by corporate entities is a recent phenomenon but the pros and cons and one's personal preferences need to be examined.

NOTIFYING STATUTORY AUTHORITIES

- It is advisable to officially intimate to the BMC/TMC/Local Authority about the closure and surrender the Nursing home registration certificate.
- In case, your Nursing home is given on rent or lease to some other doctor you have to decide whether your old registration should continue and used by the new doctor or whether you should surrender your registration and the new incumbent should apply for a fresh registration. Both have their pluses and minuses.
- If the original registration continues, the possibility of your legal liability continues in case of a medico-legal event since the registration continues in your name. You could be named as a party in a legal action.
- If you rent out or lease your premises make sure the legal agreement is formulated by a good professional and all safeguards are taken to protect ownership of your premises.

MMC ISSUES :

On closure of an individual practice should MMC be informed? Should you surrender your MMC registration? In case you surrender your MMC registration, make sure you do not give medical treatment to anyone. Even a patient whom you treat free, may make allegations of negligence and you could face litigation.

INFORMING COLLEAGUES

- Your colleagues deserve to be informed of your decision to quit from practice.
- It will be a good idea to send a communication informing them of the same and thanking them.

IMPORTANT : PROFESSIONAL INDEMNITY COVERAGE

An important decision that needs to be taken on closure of your practice pertains to your Professional Indemnity Insurance which covers your professional legal liability -both personal and that of your establishment. Should you discontinue this insurance cover? This insurance should be discontinued only if you are absolutely certain that you do not expect any patient treated by you in the last 3 years to develop problems which will lead him or her to file a medico-legal case against you.

In other words , there is a potential risk of a patient treated by you within last 3 years to file a case against you in case he or she attributes some damage caused to him or her on account of treatment given by you. Since one can never be too sure, it is prudent to continue your insurance cover and that of your hospital / Nursing home for at least 3 years or even longer (say, 5 years to be safe).

And importantly, do not reduce your sum assured because the amount of cover available to you will be the one that you have at the time of the complaint, since the Insurance available in our country are "Claims-made Policies". For example, if you had a Rs 1crore cover at the time you had treated the patient but have a reduced cover of 20 lakhs when the Claim is made (post - closure of practice), you will be entitled to a cover of only Rs 20 lakhs. The liability in excess of this will have to be borne by you.

Understandably, one would be reluctant to pay a large amount for indemnity insurance especially when you are not practicing. To address this issue, AMC has initiated the concept of run-off cover which will be applicable post-retirement. Currently, it is awaiting finalization by our Insurance company.

Under this facility, you could continue the same sum assured for a comprehensive period of 3 years post-closure of your practice by paying only one year's premium. For eg if your premium for Rs 1 crore sum assured before closure was Rs 20,000/, you could obtain a 3 year cover, if you are retiring, for only Rs 20,000/- for Rs 1 crore cover. This is also known as Tail-coverage. This facility of Run-off cover or Tail coverage, wherein a supplemental Policy will be issued, is being negotiated with our Insurance Company and we hope to confirm it shortly.

WHAT HAPPENS TO YOU!! Having dealt with arrangements for patients, dealing with staff, medical records, Statutory authorities, banks, etc what remains is dealing with yourself. Emotional, sentimental, family and financial adjustments need to be made so that you have a happy and trouble-free closure of Practice!!

AMC could have counseling facilities. As a wag in AMC put it : AMC aap ke saath hai, aap ki Practice men bhi, aur aap ki practice ke baad bhi!! (With due apologies to the LIC tagline!)

TO SUMMARISE :

- If you plan to close your practice, don't do it abruptly. You must follow proper guidelines to avoid medico-legal problems.
- Special care must be taken to give advance intimation to patients and help them locate other physicians of your specialty. Not doing so could be construed as patient abandonment.
- Medical records of patients should be preserved and be accessible for the required period.
- Statutory registering authorities, etc should be informed as per rules.
- Staff should be intimated sufficiently in advance and their dues as per legal provisions paid.
- Third party payments / accounting should be taken care of.
- Professional Indemnity Insurance should not be abruptly discontinued.
- Destroy your stationary.
- Various modes of discontinuing practice viz. shutting / renting / leasing / selling / corporate acquisition should be considered as per their pros and cons before taking a final decision.
- By doing this you can keep medico-legal implications at bay.
- And as always, it is Better to be Safe than Sorry!

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Hematology & BMT : Pitfalls and Safeguards

Dr. Suganthi Iyer
Dy. Director - Hinduja Hospital, Mumbai

Hematological disorders and blood cancers were initially treated with drug medications and chemotherapy. Later on during the last decade or so, in addition to chemotherapy, stem cell transplant / Bone Marrow Transplant is also considered as a form of treatment. However, the same is associated with risks and side effects leading to litigation as is illustrated in the case scenarios below.

1. III (2018) CPJ 171 (NC) -- A S v/s V M & Ors.

Complaint : Mr. Abdul was diagnosed as a case of MDS with refractory anemia. The doctor performed BMT on 15th November and explained that the cost would be around Rs. 20 lakhs. Patient could afford only upon 6 lakhs. The hospital arranged for the rest of the money. After BMT, there was swelling of hands and legs and the patient was discharged on 12th December, though he did not improve. After 14 months, the patient developed severe pain and swelling in the left leg. Biopsy revealed low grade sarcoma (extra medullary relapse). Chemotherapy was not given. Only palliative treatment was given. It was alleged that post BMT care was not given due to which there a relapse, leading to death after few months. Hence complaint was filed for alleged negligence in management.

Held : As per the hospital, the patient was explained the procedure of BMT and detailed consent was taken for the same. Proper combination of chemotherapy and radiation was also administered as per standard including transfusion and other supportive treatment. There was constant follow up and advice after the BMT. As per literature, only 52% cases of MDS are cured and there is recurrence in majority. Expert opinion and literature also stated that in established Extra medullary relapse, only palliative therapy is advised as success rate for chemotherapy is low. The courts held that "medical management is accompanied by unavoidable risks. One cannot take the benefits without the risks. As long as a doctor acts in a manner acceptable to medical profession with due skills and diligence, even if the patient does not survive, it would not be negligence". **Case was dismissed**.

2. III (2009) CPJ 95 (NC) -- Baby A K V/s C Hospital

Complaint : Eight year old Ankita was suffering from beta thalassemia disease and was treated by blood transfusions and regular chelation. Later BMT was done and the patient was kept in the BMT unit. Unfortunately baby Ankita expired in the BMT unit few days later. The relatives stated that the BMT unit was not working properly and that there was shortcoming in post BMT

care. Ankita was exposed to infection as visitors were not restricted and she also had post transfusion reaction and later expired. Hence a complaint was filed.

Held : It was held that the only treatment available for Ankita was Bone Marrow Transplantation which is associated with a mortality of upto 30% depending upon risk factors. In the case of Ankita the risk factor was clearly explained to the relatives and informed high risk consent taken (Iron chelation, enlarged liver and liver fibrosis and thus high risk factor). It was submitted that BMT unit has HEPA filters and regular surveillance by microbiology. All sterile and aseptic precautions were taken. However, patient was immuno compromised and thus infection set in. Despite aggressive treatment she expired. It was held by the Court that the doctors had rendered their duty with care, skill and diligence. **Case was dismissed**.

3. I (2009) CPJ 18 (SC) -- Jagdish & Anr V/s State of A. P & Anr

Complaint : The child was admitted with high fever and vomiting. The treating doctor treated the child for tuberculosis and anemia. Four months later, as there was no response, bone marrow biopsy was done which revealed advanced leukemia with liver enlargement. Though treatment was started the child expired within a week.

Held : It was held that the hospital was negligent in the performance of professional services to the deceased child. Complete investigations should have been carried out in the first instance which was not done leading to delayed diagnosis causing delay in treatment and death of the patient. Thus gross negligence was slapped and damages awarded.

4. I (2018) CPJ 351 (NC) -- Apurva V/s S P

Complaint : Child was diagnosed as aplastic anemia and immuno suppressant therapy was initiated by the doctor. The patient took discharge on their own and went to home town. The child returned after five months and the doctor advised blood test to rule out Fanconi's anemia which came positive. Anabolic steroids were started and the patient returned to home town. Patient came for follow up after 5 months as the child deteriorated and developed sign of hirsutism and was referred to Hammersmith hospital, London, for further opinion where aplastic anemia was confirmed and the initial treatment was restarted. However, patient expired in a short time. Hence, complaint was filed for not arriving at proper diagnosis on time and render of improper treatment. It was alleged that BMT should have been done, which was not done by the doctor.

Held : As per the doctor, the patient took discharge against medical advice and did not adhere to instructions of regular blood tests. On return after 5 months, they were advised to go for second opinion to London to confirm the diagnosis. However, they chose to return to home town. Since, there was non-adherence to instructions for diagnostics periodically in the first instance, anabolic steroids, which is also an accepted form of treatment was initiated. When they returned, they preferred to take second opinion from London which had been advised 5 months prior and thus delay was created from patient's side by 5 months for the same. However, it was too late as the disease had progressed. The Court held that the doctor had adhered to standard line of treatment. Though BMT is one line of treatment, however, immune suppressive therapy is

also acceptable form of treatment. However, there was contributory negligence on part of the patient as there was non compliance to instructions of the doctor. **Complaint was dismissed**.

5. IV (2004) CPJ 19 (NC) -- Pasumarthy Narayana V/s A Hospital

Complaint : 18 year old patient diagnosed with acute myeloid leukemia was given two cycles of chemotherapy. In the discharge card, mention was made to come for follow up after 15 days for BMT. However, the patient came for follow-up after 6 months and was admitted in the hospital and expired shortly.

Held : As per the doctor, the patient was suffering from advanced stage of blood cancer and was advised to come after 15 days for BMT as per clear cut instructions in the discharge card. However, there was a neglect on the part of the patient's father and they returned after 6 months despite the clear cut instructions. The Court held there was a contributory negligence. **Complaint dismissed**.

6. III (2007) CPJ 113 (NC) -- Vimalan V/s R C C

Complaint : The child was admitted with diagnosis with acute lumphatic leukemia and cardiomyopathy. Chemotherapy was given. As per the complainant, adequate follow up care was not given by the doctors and hence there was a relapse. Chemotherapy was restarted and during the hospitalization, the patient had loose motion and IV drip was started. Mannitol was given and the patient worsened and died. Complaint was filed that the doctor did not do BMT and thus was negligent. In addition, administration of Mannitol was wrong leading to the death of the patient.

Held : As per the doctor, BMT is considered in only selected cases, where chemotherapy fails. As per the hospital, mannitol was administered as the urine output was very low. The Courts held that as per literature, chemotherapy and BMT are accepted lines of therapy. Not doing BMT is not negligence. The doctor had adopted an accepted line of treatment and hence there is no negligence. **Complaint dismissed**.

Take home messages :

- Counseling patient / relatives about all alternative forms of treatment with benefits and side effects.
- Valid legal consent of procedure explaining side effects to be obtained.
- Adherence to established line of treatment supported by literature and peer practice.
- Good Infection control practices for asepsis in BMT units with appropriate records of the same.
- Documentation of instructions to patient including non-adherence to instructions and treatment advised by patient which is handy in defence.
- Not doing BMT is not negligence.

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Integration of Palliative care to Health care

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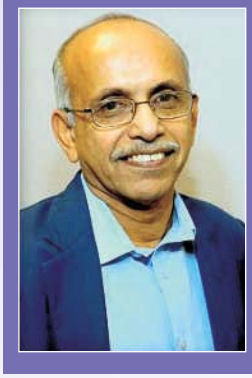

Padmashree Dr. M. R. Rajagopal *is the 'father of palliative care in India' with numerous other national and international awards to his credit. His advocacy has contributed to amendment of Narcotic Drugs and Psychotropic Substances (NDPS) Act of India in 2014 and in its implementation which is a critical step in reducing needless suffering and allowing millions access to pain relief. He has helped in the creation of the National Program for Palliative Care (NPPC) by the Ministry of Health of Government of India. In 2014, Rajagopal was honored by Human Rights Watch with Alison Des Forges Award for Extraordinary Activism, in recognition of his tireless efforts to defend the right of patients to live and die with dignity.*

Steel yourself to read this story. It will not be easy. This is a real-life story re-enacted thousands of times all over our country with some variations; a story that our society has been successfully turning away from. We sleep in the cozy comfort of our bedrooms, our subconscious minds congratulating ourselves for running away and for not having to confront that story of horror.

August 2014 :

30 year old Buttaiah and his wife had approached the local court in Punganur town in Chittore district of Andhra Pradesh for permission to kill their 4-year-old son who was battling cancer since early childhood. The child had 'hi-tech' cancer treatment. Plenty of it. He had been to hospitals in Chennai, Bengaluru, Vellore and Mumbai, spending all their earnings and disposing off their properties to the tune of more than Rs. 15 lakhs.

Yes; plenty of treatment for the cancer; but no pain relief.

Buttaiah, a humble village man who made a living playing traditional instruments at events, said his family was financially and emotionally destroyed and was not in a position to bear the agony of the child weeping due to pain. "It is hell for us to watch the boy weeping uncontrollably", he said.

The court rejected his plea for euthanasia for the child.

Rightly so, because euthanasia is illegal in our country.

So we would allow the story to end there, wouldn't we? Illegal… End of story.

But not an end to the child's pain. Not an end to the family's agony.

When my colleagues and I heard about the story, we tried to locate the child. We heard that the child was in a Hyderabad hospital. A kind volunteer from our sister organization providing palliative care in MNJ Cancer Hospital, Hyderabad went in search of the child and discovered that the child had been taken away the previous day to Bengaluru in search of pain relief. Interestingly the hospital was only a stone's throw away from

the palliative care centre; but obviously no one thought of referring the child to the palliative care unit.

The humane volunteer got the child registered in the palliative care unit, got a supply of morphine legally dispensed and undertook an overnight journey to Bengaluru. She found that the child was dying in an intensive care unit. She, the morphine and the parents were outside the ICU, when the child eventually died a day after his 5th birthday isolated from his parents, receiving inappropriate disease-centered care but no pain relief.

That child's story and the family's suffering should be on our collective conscience because this kind of suffering could be prevented and alleviated…..at very little cost.

If only today's health care system had a heart, and not just a brain, it would do something about the millions suffering in our country. Yes, millions. But we have shut our hearts to them.

So, we have a health care system that is all brain and sees only diseases and ignores suffering.

It is an error of omission - the failure to provide access to palliative care and pain relief. Less than 2% of the needy have access to palliative care in India. This situation is consequent on three weaknesses of the healthcare system.

- One is the lack of education of professionals in the principles of pain management and palliative care. True; pain management is supposed to be taught to medical students joining medical colleges from the year 2019; but when most medical colleges have no palliative care and no effective pain management, how will this be taught? As a dead subject that has relevance only in textbooks?
- Another is the lack of availability of essential medications including opioids. Some legal barriers to their availability were overcome by the amendment of the Narcotic Drugs and Psychotropic Substances (NDPS) Act of India in 2014. But in our country, legislation does not easily get translated to action. Most states of India are yet to implement it.
- Though the national health policy of India has palliative care as part of its objectives, a plan of action for its implementation is yet to emerge. India does have a National Program for Palliative Care, and that is a great beginning, but it is yet to make enough of an impact for the majority of the population.

1) The first error of commission is the inappropriate, inhumane end of life care in intensive care units. For one approaching the end of life, physical comfort is very important; but also most importantly, the presence of loved ones around the person whenever possible. This is what is precisely and systematically robbed from them by over-medicalisation of death in intensive care units. For all practical purposes, this is rigorous life-imprisonment with medically inflicted torture. There is no ethical justification for this. If only people are willing to face the reality that death is the inevitable consequence of life, the matter could be discussed and such atrocities could be prevented.

Humane, rational End-of-Life-Care policies supported by legislation is essential to prevent such suffering.

2) The second error of commission is the financial destruction of families in India. A

study published in 2018 shows that 55 million Indians are pushed below the poverty line by catastrophic health expenditure[1]. That is more than 4.2% of the population in one year. According to World Bank data, India is among the worst 12 countries as far as such destruction is concerned.

Needed : A Focus on suffering.

It is the order of the day for medical education to be focused exclusively on curing diseases and not on suffering. This could be resultant on the influence of increase in technology and industry-involvement in health care. Quality of health care in India is ranked 154 among 195 countries in the world[2] while quality of care at end of life is ranked as one of the worst 15 countries in the world[3], which prompted a British oncologist, Dr. Sankha Mitra to opine that in India "the poor die in misery of neglect, the middle class die in misery of ignorance and the rich die in misery on ventilators. No one gets a dignified and pain-free death".

What would be important for me, say, in the last month of my life? If I had the latest model of sports car, it would be of no use to me; I would need an ambulance for transportation. If I had a beautiful farmhouse in the outskirts of the capital city, it would be of little consequence; I am unlikely to use more than a room or two to move about and still later, maybe just one side of a bed. Nor am I likely to value my degrees and awards at that time.

What would be important is physical comfort, certainly. I would need to be free of pain and suffering as much as possible.

And the only other things that would matter would most likely be companionship, the love that I get and the love that I am able to give. Not being abandoned - not only physically, but also emotionally. The presence of loved ones, a hand that might wipe a tear, a few words like 'I love you, I am glad I had you for a dad', the opportunity to say a farewell, to forgive and to be forgiven; these would be the most important things at that time.

Unfortunately in our country, for anyone with any money in their pockets, those are precisely the things that would be denied to them.

Not only is the physical suffering not relieved; it is actually worsened by delirium and agitation which may occur in up to one-third of people incarcerated in an intensive care unit. And two-thirds of the elderly. This is particularly likely because most of our hospitals have inadequate pain management and sedation protocols. And suffering is added because there is a tube in every orifice, artificial feeding with the inevitable retching that may follow and restraints on your arms and legs to prevent you from pulling the tubes out.

In the West, when found inappropriate and likely to cause more harm than good, artificial life support is withheld or gets withdrawn. In one study in European intensive care units, limitation of artificial life support was practiced in 72.6% of deaths in ICU, including withholding in 38% and withdrawing life support in 33% of deaths[4].

But in India 78% patients[5] dying in intensive care units, die on artificial life support. A large number of doctors believe that they have a responsibility to prolong life (for them, defined as a beating heart) at all costs, any suffering notwithstanding.

Such life support violates the very fundamental principle of medical ethics that

a doctor's duty, is to 'mitigate suffering. It is to cure sometimes, relieve often and comfort always. There exist no exceptions to this rule'[6].

Most of suffering of a surviving family is never known to others. But one who could express it, Sindhu, wrote about it in a newspaper. She explained how her father died in suffering in an intensive care unit.

"My 84-year-old father, my best friend, was enduring raw, intrusive medical procedures against his own wish. All skin and bones, he looked defenceless and at the mercy of doctors, his arms tied up, vulnerable, and agonised.

My father, the only person who could love me even when I wasn't lovable; the one who taught me the rules of living simply, the one who told me my first stories during our evening walks, with whom I felt protected walking in the world.

The sight of him stripped of any sense of comfort or dignity on that hospital bed was unbearable. His frail body slipped out of his hospital dress, bared at the shoulder. He winced as a needle stuck in his neck wedged into the flesh when he rolled his head on the pillow in distress……..

……The same evening, I walked into the ward after my mother had come out. Even as I was approaching his bed, I heard him plead, his voice slurred. "Please don't torture me." His swollen palms were red, bearing evidence of the many failed attempts made to get a vein. His arms were tied to the side of the cot so he wouldn't pull out the tubes when he was more conscious. Through his half-open eyes I could see his pupils dashed around blindly. My heart bled each time he moaned. I wanted to die in his place".

All over the country, the poor die in their homes in pain and suffering, any meaningful pain relief or palliative care reaching only about 2% of the needy. But the rich die with even worse suffering.

What is happening to the medical system which completely disregards human suffering? How sad that it does not recognize the value of a family being together, praying together, expressing love for one another, at the most critical time of a person's life. And though everyone knows that health is "physical, social and mental well-being, and not merely the absence of disease or infirmity" as defined by World Health Organization[7], how sad it is that the current health care system in India is destroying the health of 55 million Indians in a year by pushing them below the poverty line!

Is there a solution in sight?

To a large extent, integration of palliative care into health care at all levels (primary, secondary and tertiary) across the continuum of care (from the time of diagnosis to the end) as advised by the World Health Assembly[8] is the answer.

In simple terms, palliative care is treatment of all serious health-related suffering[9]. The World Health Organization defines palliative care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care :

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;

- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications."[10]

Ideally, palliative care is something to be incorporated into routine medical practice. For this, palliative medicine has to become part of medical and nursing curriculum. And palliative care is multi-disciplinary care. Family members, volunteers and professionals all have their role to play. A short period of training would enable any volunteer, doctor or nurse to practice principles of palliative care. And they have the responsibility to train the family member in caring for the patient.

.....More Photos from page no. 33

A trip to life

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The School of Nursing

As I descend through the clear blues of the Raipur sky, I am transported from the harried throttle of bustling Bombay to the lush quiet of Chhatisgarh.

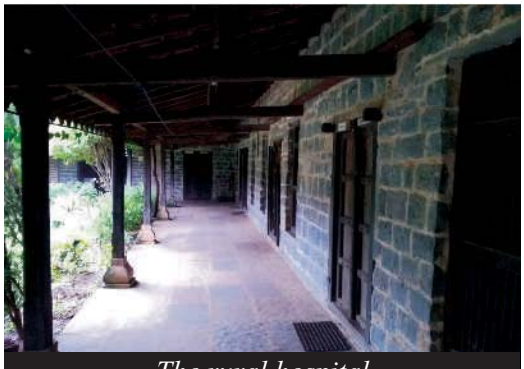
The rains have played their music; the paddy is lush with joy. The flowing breeze is oxygen to my lungs, long deprived of in the vehicular froth of the city. Moments later, Sukhram, greets me with a `Ramjohar`. He is driving me through the open earth to Ganiyari, a village near Bilaspur where I am to stay with the healers and the yet-to-heal, at the Jan Swasthya Sahayog.

The JSS is a 20- year old non- governmental, set amidst a laid-behind village in the forgotten innards of central India. Set by a group of medicos, mainly from AIIMs, Delhi, the once one-hutment clinic has now grown to a 100-bedded rural hospital. Its limbs include a nursing school training the local, mainly tribal girls, a health training centre for field and hospital workers, a recognized post graduate training institute and a full operation theatre doing about 30 surgeries a day of the most diverse kinds.

The quaint villages pass me by through the car window; hordes of Chhatisgarhi cows run by to the pastures. As ponds and rivers cross me, they sprout a stream of peace and joy to the weary eye. Bilaspur, too, passes me by. The old town with colonial, redbrick buildings is a contrast to the modern, mall-ridden, paved eye-sore that goes by the name of development. I stop at the `Church of Disciples of Christ` - a beautiful redbrick dating to 1885. With its red-tiled roof, gothic arches and stained glass windows in a verdant setting, it is, indeed, an altar of solace.

Sukhram meanders through hordes of Chhatisgarhi honkers and street sellers. Finally, the journey of a hundred and thirty kilometers leads me to the green village with the cows pasturing, red roofs and swaying paddy.

I wade through the gates of JSS. A crowd has gathered for a dekko-with the doctor. A hundred eyes peer at me, with surprise. Or is



The rural hospital

it awe? Hope of a debility-weary populace with near-absent state support in their midst!

My dwelling is a low-rise, stone and wood, brick and mortar tenement which permeates a moist fragrance of the rain-soaked earth. On the next day, my OPD is flooded with depraved men, women and children- some by injuries, infections and some with birth defects lasting a lifetime.

Denied access to repair of disfigurement by the 'State', they have endured years of living with a limp, a cleft, sores and even tumors! I operate on few scars caused by flames or corrosives leaving hideous deformities of the face and neck, limb and torso while causing much distress to the bearer.

The next day is a picnic for me. I drive to the Bahmni sub-centre within the Achanakmar tiger reserve forest. I tag on to a medic and few health workers, who are making their weekly visit to this remotest of villages. Bahmni nestles within a land, islanded by three rivers and nearly engulfed by the forest. As I wade through the knee-deep muddies of the Maniyari river, the cicadas play music to my ears. The asoka, peepul and saal sway in the flowing air; a woodcutter chops wood for

Bahmni Clinic

A headful of load

his hearth. A starry blue butterfly lands softly near my feet.

The sub-centre is a low-rise, mud and brick - alike the native homes. The place is full - women with babies in arms, men with worried looks, all waiting for the weekly messiah of medicine. Manju, the centre-in-charge, recounts tales of villagers in distress who throng the centre night and day. I stroll through the neat village. A boy and a girl shriek playfully in the mud lined porches. A rooster crows, a few men gathered at the small village shop exchange notes in soft Chhatisgarhi. I meet Agnibai, sitting on a pavement, staring at me. She is all of seventy, wrapped in a sari the colour of the purple sky. Her tattooed limbs add depth to her story, as she plays her grandson in her lap. "I was hit by an elephant", she starts. 'He came raging from the jungle. Everyone around ran for their lives, but how could I at my age? He struck me, broke my right arm and both legs." 'What happened then?' I quiz. "Oh, the villagers took me to the government hospital in Bilaspur. I was there for six months. Got operated for all my broken bones. But the

Agni bai with her grandson

arm did not mend." She shows me the twist in her right arm, as it bends midway. In spite of all, she is as smiley as her grandson. A few children gather around us as the cows are coming home.

The next day, at Ganiyari, I release a neck riddled in misery. Shalubai faced the flames of her `chula`, as her sari caught on the fire, burning her face, neck and front. She spent a month at the government hospital, before being sent home to dress her wounds. Heal they did, but not without a contracture of the neck and face, making her impossible to look up. As I finish her surgery and move out, I see her three young children in the verandah, staring at me. Is it hope? Or a suspense of the unknown unfamiliar? A longing to see their mother, after hours of separation?

Next on the table is Mannaram - a frail seventy five year old with a swollen belly. As Dr. Raman slices through his abdomen, pops the omentum. What, `O`, does it foretell? Are there good tidings? A gnawing tumour in the gaster. It has spread wide, needs to be cut wider. The remaining stomach is stitched up to his entrails, creating a food conduit.

A look at Mannaram`s face shows a lifetime of stories of hard farm labour, poverty and neglect etched indelibly. `How did you come here`, I ask him. `From five hundred kilometers away`, he answers. Borrowed a couple of thousands to travel here over two days. He is lucky. The heavily subsidized facilities at JSS means he will be spending

The rural hospital

Cows run by hordes of Chhatisgarhi

only about a twentieth of what it would have cost him at any private hospital.

Munni, with the swollen belly is wheeled in next, rather in a hurry. Can`t wait, her stained waters have broken, the pains intense with no fruition. The surgeon and the sister, all awash in green, open the womb quickly. A cry of joy permeates the room as the new born swallows a mouthful of air and wails it out. The nurses wrap her and deliver her to the waiting father for the first glimpse.

The operating rooms are busy, the outpatients bursting, the wards overflowing. The glamour of the variety would put any five star to shame. There are injuries, infections and ingestions of the wrong. Cancers, constipations and coagulopathies. Galling stones, ulcers and tumours. Babies in distress, clefted children, elders with frailties. There are wombs to labour into, entrails to stomach, lungs to puff into, limbs to mend and mouths to feed.

The aphorism that `diseases are the biological embodiment of deprivation` can`t be truer than here.

The doctors and nurses go around their work; nursing students go about their classes draped in green and white. Most of them are from nearby villages, happy to be learning with so many of their kin.

The scenes are repeated day after day. As the sun closed another day, I look out at a flock of birds marching silently homewards across the purpling skies. At JSS, many a troubled souls have felt their hearts at home.

At breakfast the next day, there`s Naman at the table. As he hellos me in his clipped Californian, I ask. `Pray, what will you do today? `Not much`, he says. A cholecystectomy, a couple of Caesarians, an OPD of fifty and a ward of another fifty. And pray, what does a board-certified Californian seek at Ganiyari, in the rural hinterland of India?

Love, peace and happiness, he smiles. He has found his love here. He is at peace with his happiness.

The bloom at JSS

Rural AMC Consultants keep alive "Noble Profession" despite Administrative Infrastructural Deficiencies

Dr. Rajendra Chawhan
Gynaecologist & Obstetrician

TEAM APROACH OF AMC DOCTORs SAVED LIFE OF TRIBAL PARTURIENT

In November 2016, the central government introduced the Pradhan-Mantri Surakshit Matrutva Abhiyan (PSMA) where poor and tribal patients receive free Ante natal consultation from Private Practioners (Obstetric & amp; Gynacologist) in all government hospitals across India. This is done on the 9th of every month by many of our AMC and FOGSI members absolutely free; without a single break; especially in Palghar tribal area.

9th August 2019 being Bank Holiday - "NATIONAL ADIVASI DAY", the checkup was arranged a day prior on 8th August 2019. Since, I practice in a rural area, I offer my services to 2 Government Hospital from the start of my career-one at Palghar Rural Hospital and second at Maswan PHC (remote and tribal area).

On 8th August 2019, around 11 am, I had finished one PSMA Antenatal Camp in Palghar and as I was on the my way to the other ANC Camp at Maswan PHC, I received an emergency call on my mobile from Gynecologist Dr Nevage Hemant (AMC Member) who was calling from Manor PHC. He was handling an adivasi woman with *Invertion of Uterus* and she was critical. The patient had delivered in the Manor rural hospital, but after delivery of baby, while removing the placenta, uterus just came out along with attached placenta... and patient started bleeding. The staff had given injection methargin, Pitocin, Prostodin. Dr. Nevage rushed and tried to reposit the uterus but was unable to and looking at the deteriorating condition with haemorrhage, Hb dropping below 5gms%; he decided to shift the patient promptly. As soon as I received the call, I made all possible arrangements in the OT and called up anesthetist Dr. Deepak Kurduker (AMC Member). We asked for 4 blood bags and 4FFP from Maharashtra Blood Bank which is about a km away from Palghar railway station.

When the patient arrived, she was very pale-dead white, pulse was thready, BP low and was in shock; Since blood had not arrived, resuscitation had to be done with IV fluids and we reposited the inverted uterus. However the bleeding did not stop and patient started gasping. Her BP, Pulse were not recordable; only precordial auscultation of heart sounds with severe bradycardia. Dr. Kurdukar informed that pupils are dilating and patient is sinking.

Patients Husband, Relatives, Mother were called to inform about the terminal condition.

While we were giving up hopes of keeping patient alive, the Blood arrived from Maharashtra Blood Bank; also other gynecology colleagues Dr. Dilip Yadav &

Dr. Sanghshil Raut along with Anaesthetist Dr. Rajesh Singh came running to help us.

Now, *Team work started*…..

3 IV LINES were secured

We started pushing BLOOD, IV FLUIDS, FFP, More Blood was asked for.

To our joy, within a few minutes, the patient started showing response with improved consciousness, Pulse volume improved, BP could be recorded.

After 8 pints of blood and 4 fresh frozen plasma transfusions; vital parameters became near stable but the bleeding from Uterus (and Episiotomy wound) started again. The episiotomy Sutured Vaginal packing was done. However, the Uterus was very soft, flabby and atonic despite giving all medicines to contract Uterus - patient went on having watery bleeding suggestive of Disseminated Intravascular Coagulation DIC.

We all Gynaecs thought that an Obstetrics Hysterectomy was needed and would help. Since the patient was very critical, with limited Resources available, the Anesthetists' suggested to transfer the patient to higher Centre to avoid table death. But, we all felt that she may not reach higher Centre and may die on the way.

In the present day of allegations of negligence, improper treatment, and assault on doctors, we were apprehensive. Also, the next day i.e. 9th August being National Adivasi Day, any mishap would become terrible as this patient was an adivasi lady. Therefore the situation became even tenser for us doctors who wanted to save her.

Who would take the responsibility?

We contacted Our Civil Surgeon Dr. Kanchan Wanere and Additional CS Dr. Kelkar, Rural Superintendent Dr. Gavit. We narrated the case and asked for their advice- CS Madam told us to do everything possible to save the mother. With the reassurance of the Civil Surgeon, we took the decision to perform an Obstetric Hysterectomy. The surgery was performed with all six doctors (4 gynac + 2 anaesthetist) around. The operation was completed successfully; but later the patient started bleeding from puncture site and blood was not clotting suggesting that patient was going in Disseminated Intravascular Coagulation; she was in need of Clotting Factors. We had enough blood with us but no clotting factors in our blood bank.

I suggested that if we give her fresh blood (having all clotting factors) that could help her. We all decided to go and donate blood in Maharashtra blood bank Palghar for giving fresh blood to this patient. All Gynecologists joined me and came to Maharashtra blood bank to donate blood.

After all the necessary tests, this fresh blood was transfused to patient. She was transfused in total 24 units of Blood. The adivasi patient regained consciousness and was absolutely fine.

Since she was poor and could not afford any money;

i) Dr. Hemant Nevage gave a cheque of Rs 25,000 to the blood bank (for testing and processing 24 pint of blood).

ii) Anaesthetist Dr. Deepak Kurdukar and Dr. Rajesh Singh did not charge for the risk taken or their anaesthesia services.

iii) Gynecologists Dr. Hament Nevage, Dr. Sanghshil Raut and Dr. Dilip Yadav did not Charge for their Services and Risk taken.....*continued on page no. 39*

AMC 2020 INTERNATIONAL CONFERENCE

Conference in EDINBURGH SCOTLAND and DUBLIN IRELAND

IRISH and SCOTTISH DELIGHTS 12 Days

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Price : Being Negotiated. Will be announced soon

Only 40 seats is open as of now and booking will be on first come first serve basis with payment deposit.

Highlights

SCOTLAND -

Edinburgh : with its Medieval Castle and the fabulous city.

Isle of Skye : Skye is one of the top locations in Scotland to visit. It is **famous** for its scenery and landscapes that will take your breath away. The **Island of Skye** is 50 miles long and the largest of the Inner Hebrides. The capital is Portree. **Visit the Whiskey Distillery.**

Scottish Highlands : Lochness & Inverness Lake or Loch known for its alleged sightings of the Nessie Monster.

Visit Glasgow : often know as the Port city known for its Art Nouveau architecture.

IRELAND -

Belfast : Ireland's Northern capital birthplace of the Titanic to visit the Titanic Musuem. And Visit the amazing **stones at the giants causeway** further north of Belfast.

Galway : Stay overnight at the harbour city and Visit another natural wonder. Cliffs of Moher which are a signature discovery at the heart of Irelands wild atlantic way.

Killarney Area : stay overnight and visit Blarneys castle home of the Blarney stone.

Dublin : visit the capital city and also the Guinness beer factory.

2 Nights Edinburgh - Guided City tour of Edinburgh visit Edinburgh castle. Hollyrood Palace, Royal Mile, Our Dynamic Earth.

Stay 2 Nights Aviemore or Inverness with a tour of Isle of Skye -

Loch Ness on this day trip to the Scottish Highlands. See wooded lochs and tucked-away villages as you journey through spectacular scenery en route to Glencoe, Cairngorms National Park and Fort Augustus. Enjoy an boat tour in search of the Loch Ness Monster, marvel at the mountain peaks of Craig Meagaidh and traverse Drummochter Summit to Pitlochry. **Visit Whiskey distillery.**

Visit Isle of Skye -

Travel from Inverness to the Isle of Skye on a day trip through the Scottish Highlands. Pass through glens and rugged mountain scenery, with stops at Broadford and the ruins of Eilean Donan Castle, before reaching the purple heather-swathed hillsides of Skye. Then see the isle of Eilean Ban on the journey back to Inverness. Pass Loch Ness and stop for incredible views at Eilean Donan Castle Cross Skye Bridge and stop for lunch in Portree Free time in Portree to explore Visit Eilean Ban island.

1 Nights Glasgow City tour of Glasgow

IRELAND Including Northern Ireland

2 Nights Dublin Walking tour start your day at Trinity College, the only constituent college of the University of Dublin and one of the finest in Europe. Stroll through the verdant courtyard on campus and you might catch students playing football or rugby. Trinity College's library is one of the most spectacular of its kind and houses Ireland's preeminent national treasure, the inspiring Book of Kells, an illustrated copy of the four Gospels that is more than twelve hundred years old. Further south takes you to Kildare Street and Leinster House, home of the Irish Parliament; Merrion's Square, where you can see the birthplace of Oscar Wilde and the National Gallery; and Saint Stephen's Green, Dublin's Central Park, bounded on all sides by beautiful Georgian townhomes and to the north by the timeless Claremont Hotel, where most foreign dignitaries stay while in Dublin. **Visit Guinness Beer factory**. Tour the storehouse to learn the history of this iconic beer, discover the ingredients that make it so unique, and head up to the Perfect Pint Bar to grab a draught of Dublin's finest and a full-circle view of Dublin and the scenery beyond.

2 Nights Belfast Visit Titanic Musuem and Visit Giant's Causeway. This is spectacular. It is worth traveling to Northern Ireland just to see this. The Giant's Causeway is a stretch of coastline with perfectly formed hexagonal columns, all massed together at the water's edge…it's an amazing sight to see.

Get here at sunrise or sunset for the best experience. If you arrive in Portrush early enough on day 8, consider coming here to watch the sunset. This just may be one of the highlights of this entire trip.

1 Night Galway Right past the Burren lie the breathtaking Cliffs of Moher, one of the most photographed areas in all of Ireland and, perhaps, in the entire world. Climbing nearly 400 feet above the surface of the Atlantic Ocean, the Cliffs are so striking that they have been used as a set for a number of popular films, including Harry Potter and the Half-Blood Prince and The Princess Bride, where they served as the real-life version of the "Cliffs of Insanity." The bravest among you might choose to climb to O'Brien's Tower, more than 700 feet above the ocean's swells, to catch a glimpse of Galway Bay, the Maumturks mountain range, and the lighthouse at Loop Head.

1 Nights Killarney

Visit Blarney castle In one day, you can drive through miles of green, rolling hills, explore colorful, Irish towns, and see a fantastic stretch of Ireland's rugged coastline.

continued from page no. 35....

iv) Kanta Hospital and myself Dr. Chawhan also did not charge for operation and stay in my hospital.

After giving our तन, मन, धन, we all were happy that a life was Saved!

The Civil Surgeon Dr. Kanchan Wanere made a special visit to the patient and complimented all Palghar doctors involved in saving a life and for doing yeoman service.

Lessons learnt :

A) Instead of medical Jousting, rush to help your friends and colleagues in need.

B) Dealing with critical patients in areas of poor infrastructure, lack of education and economically poor patients needs diplomatic handling of situation with help of local civil hospital or Civil Surgeon to prevent violence. Also, if we have the support of local administration, we can do our best in compromised situations without fear of violence, allegations of negligence.

C) Only blood can save life hence motivate people to donate blood regularly along with yourself.

dr_chawhanrr@rediffmail.com

Financial OPD for AMC Members

The way Financial services industry operated in India we saw these major challenges:

1) People bought a lot of financial products but whenever there were financial risks, responsibilities and financial goals whatever they bought would never be enough.

2) Equity Markets compounded at 14-15 % but people's portfolios never did.

3.) Unorganized paperwork and lack of tracking of investments done.

The solution to these challenges rested on effective Financial Life Planning and that's how AMC and Finnovate joined hands to start **The Financial OPD**.

Financial OPD specializes in the field of personal finance. Our vision is to help member doctors achieve Financial Freedom through comprehensive financial life planning and wealth advisory. A highly qualified team of professionals like Certified Financial Planners (CFP's), Chartered Financial Analyst (CFA), MBA's, CA's work closely with doctors to deliver Financial Success to them. Every advice delivered is well researched backed by a team of professionals.

In 2015, we developed our WealthTech/FinTech Platform that allows people to plan, execute and track their finances all in one easy to use interface from the comfort of their home or clinic.

Through the Financial OPD our endeavour is to spread Financial Literacy & Impart Investor Education. Financial OPD team has successfully conducted more than 100 Financial Planning outreach programs and now families of many doctors live a Financially stress-free life thanks to the Financial OPD.

Let's understand how does the Financial OPD team works for your success.

There are detailed 5 sessions for you as below.

1. Discovery Meeting

- Understanding your Family Structure, Dependents, Financial Goals, your family's financial risks, Most pressed financial concerns.
- Taking a stock of your financial life.

Financial OPD for AMC Members

2. Customized Financial Plan Sharing

- Insights into your Cash Flow & Net worth.
- Assessing Your Family's Financial Risk and Insurance planning
- Financial Goals Planning, Savings targets, & Investments needed for them.
- Mapping of current investments to your goals.
- Assessing your risk appetite.
- Debt repayment plan.

3. Advisory

- Recommending you Asset Allocation.
- Creation of a customized tax efficient portfolio in line with your goals & risk appetite.
- Research backed advisory on MF, PMS, AIF, Debt, Insurance.
- Real Estate Advisory.

4. Execution

- Technology Friendly Robust investment platform.
- Hand Holding and help in various paperwork.
- Smooth execution of transactions.

5. Review and Tracking: Plan vs Achieved

- Investments performance review on regular basis by your account manager.
- 360° view of all your assets and investments in your Finnovate account.
- Access of your portfolio 24/7 on our robust technology platform.
- Detailed Annual review and updation of your Financial plan and investment strategy.

Benefits of Financial OPD Sessions

- You are empowered to take well informed financial decisions.
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Clarification on AMC-Professional Indemnity Insurance

Dr. Sudhir Naik
Convener PI Cell

Professional Indemnity Insurance is different from the routine indemnity policies sold to companies and is generally only available for professionals. It is a form of "liability insurance" which helps protect professionals and other service-providing individuals as well as healthcare establishments from bearing the full cost of defending against a negligence claim made by a client as also the damages awarded in such a civil lawsuit.

The things which are most important in any insurance policy are :

a) Sum insured

b) Premium payable and

c) The minimum deductibles

d) In the Professional indemnity policy; you also need to be aware of the AOY : AOI ratio (any one year : any one incident) and the exclusions under the policy.

e) Exclusions

In the above, sum insured and the premium payable are easily understood.

The minimum deductibles are also mentioned albeit in fine print.

The AOY : AOI ratio is "Any one year : Any one incident".

The ratio is generally either 1:1 or 1:2 or 1:4.

i) The ratio of 1:4 means that for any one year you are covered for 25% of the sum insured for any one incident.

ii) If the ratio is 1:2 then for one year you are covered for 50% of the sum insured for one incident and

iii) If the ratio is 1:1 then you are covered for the entire 100% for any one incident.

Hence a AOY : AOIratio of 1:1 is ideal.

The next important issue is of exclusions. A standard, standalone policy of professional indemnity does not cover legal defense in criminal cases.

Often insurance companies refuse to pay for legal defense even at non-conventional forums (which patients nowadays choose to approach for relief) like the Human Rights commission, the Competitions Commission, the Women's rights commissions, Minorities Commissions etc.

Of late a number of companies are approaching members with claims that their policy is cheaper than our AMC Professional Indemnity scheme policy and will offer the same benefits.

While it is simple to compare the sum insured and the premium paid, it is absolutely vital that you should be aware of the minimum deductibles, the exclusions and the AOY : AOI ratio before making a

realistic judgment on whether a policy is "cheap" or expensive.

Advantages of being a member of AMC PI Policy holder :

a) A policy with the **ratio** of 1:2 is essentially a policy which can be 50% cheaper and a policy with a ratio of 1:4 is a policy which can be 75% cheaper as the maximum sum insured for one case is only 50% and 25% of the sum insured respectively.

b) In many of the policies, the **minimum deductibles** are also very high. Eg: If the policy has a minimum deductible of 1 lakh for a cover of 1 crore; it means that if you have a claim against you, the first one lakh in your defense is not payable by the insurance company. The minimum deductible in an AMC policy is only 10,000 rupees- that too is deductible only if you lose the case and have to pay some compensation. The amount is not deductible from the legal defense costs. The minimum deductible in some of the policies being sold is also 10,000 rupees but the deduction is for the first 10,000 rupees claimed EVEN FROM LEGAL FEES.

c) The **lawyer's fees payable** is claimed to be as per the "actuals" - but the fine print mentioned in some of these policies being sold clearly states that legal fees is as per the amount agreed upon in advance by the insurance company. This 'agreed upon' amount is generally what the insurance companies like to call "reasonable and customary" charges' and these are really low for the public sector insurance companies. AMC has an agreement with the Insurance companies wherein the lawyers' fee for the defense in Consumer forums and MMC etc. have already been finalized in concurrence with our panel of lawyers and which is released directly to them and hence the policy is essentially cashless for the members.

d) As per our MOU with the Insurance Company, AMC Professional indemnity scheme also covers **legal defense in criminal cases** arising out of medical negligence cases and there is no capping of the amount of money payable to the lawyers for the defense in such criminal cases. (If you have a policy sold to you by someone other than AMC then please check your policy and confirm whether it covers criminal cases).

Do not be fooled by attractive brochures which say that they will cover criminal cases, but make no mention of the same in the final policy.

e) AMC has a **dedicated team to help you** in claim intimation, in following up the payments to the lawyers and also a time tested team of lawyers who have been extensive experience in medical negligence cases. The Medicolegal cell is forever available to all members for advice in preparing the defense for medicolegal negligence cases.

f) **Out of court settlements :** The AMC Professional indemnity has a provision for out of court settlements in indefensible cases wherein amounts upto **Rs 10 lakhs is payable purely on the recommendation of the AMC**. Higher sums are also sanctioned in our policy on our recommendations but the insurance company requires confirmation from their own lawyers also. Some of the "copy-cat" policies also claim to offer this option but their policy makes no mention

of the same. A recent policy of some organization makes a laughable claim of making out of court payments equal to the sum insured. It is fact that no insurance company will make payments of sum equal to sum insured without a legal fight.

g) **Payments of decretal amounts;** In recent cases where the district and state forums have decided against the doctors and awarded sums to the complainants, the National commission prior to admission of appeal against the judgment of the lower courts is insisting on the doctors depositing the entire amount awarded to the complainant in the court before admitting the appeal for hearing. This means in some cases high amounts like 10-15 lakhs have to be paid in court for even being heard. **AMC HAS NEGOTIATED WITH THE INSURANCE COMPANY TO ENSURE THAT THIS AMOUNT IS PAID DIRECTLY BY THE INSURANCE COMPANY. No other policy has this feature**.

h) **Restoration of the sum insured:** Eg: If you take a policy of Rs 50 lakh in April and you are hit with a claim of the same (50 lakh) in June, then technically the Insurance company has to set aside the same in their book of records for that claim. And, if you have one more case against you for another 30 lakh in December, then you are technically uninsured for that year as the amount of 50 lakhs has already been set aside in June. The AMC policy allows you to enhance your sum insured in case of exhaustion of sum insured by paying the same premium before any second claim arises.

i) **Topsline security service :** AMC professional indemnity scheme offers free personal security cover to all members anywhere in Mumbai through Topsline security agency. They will respond within 9-15 minutes of a call whenever a member faces a threat of mob violence. This is a unique service available in Mumbai, its suburbs- both Central and Western as well as in Thane city, Navi Mumbai upto CBD Belapur. In Mira Road and Bhayander the service is available within 30 minutes. The member receives a card with his membership number and only has to **dial the number 1252** and inform them of the security risk and at least 2 security men will rush to the hospital within the specified time. They will inform the police only if you give them the permission to do so. On reaching your hospital their job is to assess the security risk and if they apprehend personal harm to you they will whisk you away from the site. Their mandate is only personal security and not security of your property. They will however take the help of the police if required.

j) **Additional free cover :** AMC offers free additional free cover of 25% of the some insured to all members.

To conclude : Don't get fooled by agencies/associations claiming to offer the same features as the AMC policy at much cheaper rates. If any member has any doubt they can call us or our AMC staff and we will convince them that our claim of being "The best Professional indemnity Scheme" is valid even today.

sgnaik67@yahoo.com

Condolences

Dr. Rajan Garg
Senior Pediatrician
Passed Away : 29th December 2019

CLASSIFIEDS — MATRIMONIAL

Mumbai based **Gujarati Doctor family seeking alliance** for their daughter M.D. Anaesthesia 1991 born, from P.G. medico boy.

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Mumbai based **doctor family seeking alliance for their daughter M.D. Dermatology**, 1990 born, from P.G. Medico boy. **Contact :** 98202 06044.

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ASSOCIATION OF MEDICAL CONSULTANTS MEMBERSHIP

Total Membership of the Association	:	12180
Members under professional Indemnity Scheme of AMC	:	9530
Persons (Members & Family) under H & A Scheme	:	5553
Members under CBS Scheme	:	1490

FROM THE PRESS

Dr. Pradeep Baliga

Dear all,

Most of the major English newspapers (such as DNA, Indian Express, The Hindu, et al.) no longer allow free access to their e-papers.

In an era where poor quality journalism has become common and social media a huge source of 'breaking news' and unverified and/or fabricated forwards, the task of sharing news from verifiable sources for our members will be challenging due to these added restrictions.

I request fellow members, especially the tech-savvy ones, to take up the seat at the desk to ensure the same. Thanking you, With warm regards, Signing off from the desk of "From The Press"

Dr. Pradeep Baliga

Nov 01, 2019 : Pharma firm slashes price of TB drug by 66%.

Nov 01, 2019 : Cases of diabetes, BP & cancer soaring.

New Delhi : India is witnessing accelerated rise in the prevalence of chronic non-communicable diseases like hypertension, diabetes and cancer.

Nov 02, 2019 : Heated debate on access to TB drugs at global meet.

Nov 03, 2019 : Cancer cases rise 300% in 1 year.

Nov 04, 2019 : Independent doctor's view must in negligence cases.

Mumbai : The Supreme Court has reiterated that an investigating officer, before proceeding in a case of medical negligence, should obtain an independent and competent medical opinion to support the charges of rashness or negligence on the part of the accused doctor.

Nov 05, 2019 : Centre may expand essential medicines' list.

Nov 06, 2019 : 31 insurers, 26 TPAs seek to fix rates for surgical procedures.

Nov 06, 2019 : Now, antacids must carry 'kidney injury' warning.

Nov 09, 2019 : Suicides up 7% in city, down in rest of India.

Nov 10, 2019 : 100 Patients Monitored Over 5 Years.

Mumbai : Hyperbaric oxygen therapy could help patients with severe brain injuries and even those in coma or persistent vegetative state, found the first-of-its kind, five-year long study on 100 patients conducted in a city hospital.

Nov 10, 2019 : One in 4 Indian men suffer from anaemia.

New Delhi : A study published in The Lancet Global Health journal, based on data from at least 100,000 males aged between 15 to 54, has found that one in four men in India suffers from anaemia.

Nov 10, 2019 : 200 newborns abandoned every year in state.

Nov 11, 2019 : Don't use civic doctors during duty hours.

Mumbai : In a bid to deter civic doctors from private practice during BMC's working hours, the corporation shot a letter to over 110 private hospitals and nursing homes in the city on Friday, refraining them from using the services of corporation doctors between 9am and 4pm.

Nov 12, 2019 : Indian anti-cancer kit a breakthrough - USFDA.

Bengaluru : The US Food and Drug Administration's Centre for Devices and Radiological Health has designated a medical invention by a Bengaluru-based scientist as a "breakthrough device" in liver, pancreatic and breast cancer treatment.

Nov 12, 2019 : Cancer infra weak, needs a hub-spoke model, says panel.

New Delhi : A parliamentary panel, in a crucial report on the state of cancer treatment in India, has described the cancer-care infrastructure in the country as "highly inadequate", and asked the Government to throw its weight behind a pan-India "hub and spoke" model on the lines of the one used by the country's premier cancer hospital and research facility, Tata Memorial Centre, in Mumbai.

Nov 13, 2019 : Complaint against Wadia hospital & doctors, dismissed.

Mumbai : Observing that it is the duty of the tribunals or courts to protect doctors dragged into frivolous litigations, the national consumer commission dismissed a medical negligence complaint filed against Parel-based Wadia Hospital and two of its doctors by a 41-year-old man suffering from congenital spinal issues.

Nov 14, 2019 : Nair surgeon will lose job, says BMC.

Mumbai : The BMC-run Nair Hospital has begun the procedure to expel senior cardiovascular thoracic surgeon, who went AWOL five years ago.

Nov 15, 2019 : KEM nabs fake doctor who would steal medicines.

Nov 16, 2019 : New strict Surrogacy Bill on the anvil.

Nov 17, 2019 : SC overrules NCLAT.

Mumbai : In a significant judgment and a major victory for Mumbai's civic administration, the Supreme Court upheld its right over its land on which SevenHills Hospital, which went into liquidation in 2018, stands.

Nov 18, 2019 : After husband's death, accused was running clinic in his name.

Nov 19, 2019 : India closer to male contraceptive injection.

Nov 21, 2019 : Hospitals threaten to stop cashless facility over dues.

Nov 25, 2019 : Surrogate couple seeks DNA test on kid, suspect swap.

Nov 25, 2019 : Doctors voice concerns after KEM baby death.

Mumbai : Doctors across the medical colleges and peripheral hospitals said that often the non - payment of annual maintenance contract charges to servicing agencies is responsible for the poor upkeep of machines.

Nov 27, 2019 : Burnout Syndrome among resident doctors.

Nov 29, 2019 : Pharma firms offer bribe doctors.

Mumbai : In a report on pharmaceutical marketing practices by a public health group Support for Advocacy and Training to Health Initiatives, medical representatives talked of the pressure exerted by firms through high sales targets.

Dec 01, 2019 : DMER orders probe.

Mumbai : More than two years after a young banker died of dengue in Lilavati Hospital, the Directorate of Medical Education and Research has formed a four-member committee to investigate the case.

Dec 01, 2019 : Huge gap persists between organ need & availability.

Dec 01, 2019 : E-pharmacies can't stock medicine.

Dec 03, 2019 : Over 100 doctors, counsellors get pink slips.

Mumbai : In a major shakeup of the state Aids control programme, over 100 doctors and counsellors have been handed pink slips, while several NGOs were shown the door for shoddy work over the last few months.

Dec 05, 2019 : Hosps can't hold back patient, body over unpaid bills.

Dec 06, 2019 : Doctors protest against move to cancel MBBS quota.

Dec 07, 2019 : Wadia hospital, BMC clash over funds.

Mumbai : Bai Jerbai Wadia Hospital and Nowrosjee Wadia maternity hospital in Parel, has stopped admitting patients as hospital authorities say they are not getting funds from the BMC and the state health department.

Dec 08, 2019 : HC sets aside order forcing man to have child with estranged wife.

Dec 09, 2019 : Med body seeks action against whistle blowers.

Mumbai : The IMA has lodged a complaint with MMC against the authors, instead of acting against the findings.

Dec 09, 2019 : City set to get hi-tech proton machine for safer cancer therapy.

Mumbai : The proton beam therapy machine, which provides sub-millimetre precision in destroying cancer cells, is expected to be installed at Kharghar's Tata Memorial Centre by September 2020.

Dec 10, 2019 : Generic of diabetes drug to hit market today.

Dec 12, 2019 : Judge slams BMC's shoddy case after 2011 sting.

Mumbai : The metropolitan magistrate court in Shinewadi, Dadar, has acquitted four doctors in a 2011 case under the PCPNDT (Prohibition of Sex Selection) Act.

Dec 12, 2019 : IIT-B scientists now develop cheaper tech to cure cancer.

Dec 14, 2019 : Govt allows 50% hike in prices of 21 widely used pharma items.

Dec 15, 2019 : 34% of tertiary claims under PMJAY for cancer care.

New Delhi : Cancer care accounted for 34% of all tertiary claims submitted under Ayushman Bharat in the first 11 months since its launch in September 2018, a data analysis by the National Health Authority shows, indicating a rising incidence of cancer even as the insurance scheme makes treatment accessible to many.

Dec 18, 2019 : Hypertension in state rural areas higher than in cities.

Dec 19, 2019 : Bring hospitals, nursing homes under med council.

Mumbai : The MMC Act, which governs only doctors, should have hospitals, nursing homes and diagnostic facilities under its ambit, proposes a draft amendment to the law framed in 1965 to regulate the medical profession and act as an ethical watchdog.

Dec 21, 2019 : City air more toxic than Delhi.

New Delhi : Mumbai's air is more toxic than Delhi's, concentration of finer PM2.5 particles increasing in the overall PM10 concentration since 2016, System of Air Quality and Weather Forecasting and Research revealed.

Dec 21, 2019 : Ayurvedic diabetes drug gets India patent.

Mumbai : A novel ayurvedic herbal formulation 'Asava Arishta', a sugar-free formulation for treatment of diabetes, developed by two researchers from Jalandhar-based Lovely Professional University, received a patent in India.

Dec 22, 2019 : Nair hospital patients can pay with smartcards.

Dec 22, 2019 : Private hospitals rarely offer burn treatment.

Dec 23, 2019 : On average, 50 in city suffer a stroke daily.

Dec 24, 2019 : Cops entering an ICU a new low in civic life, says IMA.

New Delhi : Asserting that violence in hospitals is not acceptable, the doctor's body said that it stands up for retaining hospitals as safe zones.

Dec 24, 2019 : Kin assault doctor, hospital staff.

Dec 27, 2019 : Malaria deaths see slow and steady fall to perfect zero.

Dec 29, 2019 : State rights panel gives clean chit to faculty heads.

Mumbai : Seven months after the suicide of Dr. Tadvi due to alleged harassment and casteism, the Maharashtra State Human Rights Commission has said it did not find any lapses in the way her faculty heads had handled complaints against her seniors.

Dec 31, 2019: Most premature deaths due to 'modern' pollution.

Kolkata : India tops the list of countries when it comes to premature deaths caused by modern sources of pollution according to a report published last week.

Jan 02, 2020 : Antibiotics to babies may raise risk of allergies.

Jan 03, 2020 : All insurers will have to offer a standard health policy.

Chennai : IRDAI has mandated all general and health insurance companies to offer a standard health insurance product, covering basic expenses related to hopitalisation, pre and post-admission treatment and AYUSH treatment.

Jan 03, 2020 : AI beats doctors at breast cancer detection.

Jan 04, 2020 : 4 of family booked for slapping Nair doctor.

Mumbai : In yet another incident of violence against medicos, a junior doctor was allegedly slapped and manhandled by the relatives of a patient at the civic-run BYL Nair Hospital in Mumbai.

Jan 04, 2020 : City saw 448 swine flu cases from Jan to Nov 2019.

Jan 05, 2020 : Trend of 'foreign doc's 2nd opinion' catching on.

Jan 06, 2020 : City Aids clinics see rise in sex infections, RTIs.

Jan 09, 2020 : JJ to get city's 2nd centre for sexual abuse survivors.

Mumbai : The city will get its second crisis centre for survivors of sexual abuse and other crimes against women, after K.E.M. Hospital, Parel.

Jan 09, 2020 : 112 quota-hit medical students to get refund.

Jan 11, 2020 : Facial reconstruction helps police confirm the identity.

Mumbai : Facial reconstruction by the forensic department of KEM Hospital helped the Ghatkopar police confirm the identity of a 45-year-old woman, whose body parts were found in December and earlier in January.

Jan 12, 2020 : Doctors assaulted by patient's kin.

Mumbai : Two resident doctors were assaulted by a patient's father at the civic-run Topiwala National Medical College and BYL Nair Charitable Hospital.

Jan 12, 2020 : 15.93L students to compete for 76K seats.

Mumbai : An average of 20 candidates will compete for each seat at undergraduate medical institutes in the country this year.

Jan 13, 2020 : After price cap, local stent makers capture 60% of mkt.

Jan 14, 2020 : Panel on surrogacy bill to seek feedback.

Jan 16, 2020 : Wadia Hospitals - crisis ends.

Mumbai : The Wadia hospitals have again opened their doors to patients with as many as 779 patients treated in the outpatient department and another 31 patients admitted at the hospitals for treatment.

Jan 17, 2020 : State plans 11 new medical colleges.

Jan 17, 2020 : Govt dental hospital runs out of supplies.

Mumbai : The largest government-run dental hospital in the state, which has a daily footfall of more than 500 patients, is turning away patients as it is running out of basic material required for dental procedure such as X-ray films.

Jan 22, 2020 : KEM to get another ICU.

Mumbai : KEM Hospital turns 94 today, and a 40-bed Medical Intensive Care Unit is going to come up on the second floor of KEM's heritage building.

Jan 23, 2020 : Bacterial lepto trumps viral H1N1 and dengue as killer.

Mumbai : Leptospirosis was the biggest killer among seasonal ailments, followed by H1N1 and dengue in 2019.

Jan 24, 2020 : 175 more PG medical seats in colleges in state this year.

Jan 26, 2020 : Doctor booked for negligence.

Mumbai : Four months after the death of a 16-year-old girl had been admitted to a nursing home at Vasai for suspected dengue, the police have filed a case of causing death due to negligence against the doctor.

Jan 26, 2020 : Med board's bid to improve availability of specialists.

Jan 26, 2020 : Women-only UG medical college gets nod.

Mumbai : The Symbiosis Medical College for Women in Pune will begin admissions for academic year 2020-21 with 150 seats to be up for grabs.

Jan 28, 2020 : 2-finger test on rape survivor is illegal, rules HC.

Ahmedabad : The Gujarat high court has held that the two-finger test to check the virginity of rape victims is unconstitutional, because "it violates the right of the victim of sexual assault to privacy, physical and mental integrity and dignity".

Jan 29, 2020 : Law tweak may make it easier for single women to abort too.

Jan 30, 2020 : Abortion time limit increased to 24 weeks.

New Delhi : The Union Cabinet approved increasing the legal deadline for conducting a medical abortion from the current 20 to 24 weeks for "special categories of women", including "vulnerable women" such as differently abled, minors, rape survivors, and victims of incest.

Jan 30, 2020 : Rights panel asks doctors to pay victims.

Mumbai : The MSHRC recently awarded Rs. 22 lakh compensation to six victims of botched eye surgeries at the BMC run Trauma Care Hospital in Jogeshwari, last January.

Jan 30, 2020 : Allowing homeopaths to practise allopathy is not the solution.

Mumbai : Allowing homeopaths to practice modern medicine is not a solution to the shortage of doctors in rural areas, the Bombay high court said and directed the state government to clarify to what extent homeopaths would be able to practice allopathy.

Jan 31, 2020 : Woman studying medicine in china tests positive.

Thiruvananthapuram : The first case of the new strain of coronavirus (nCoV) in the country was reported from Thrissur, Kerala.

(Sourced from various agencies)

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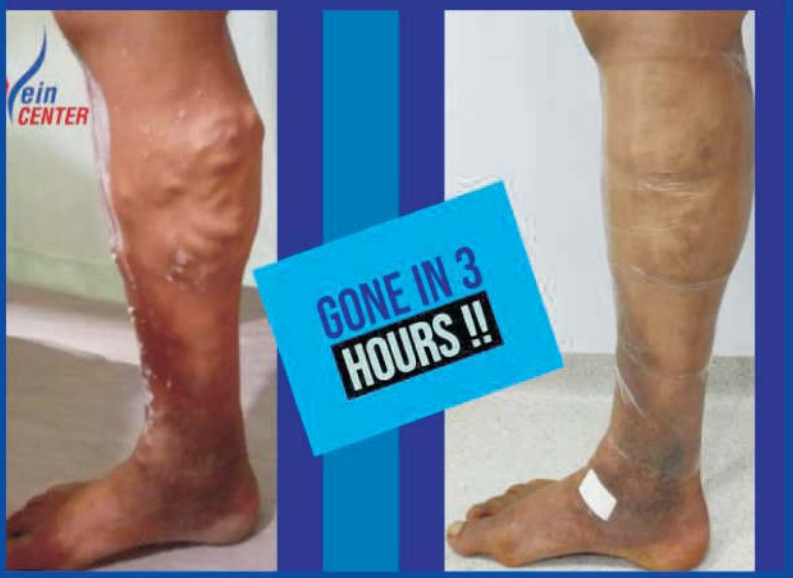

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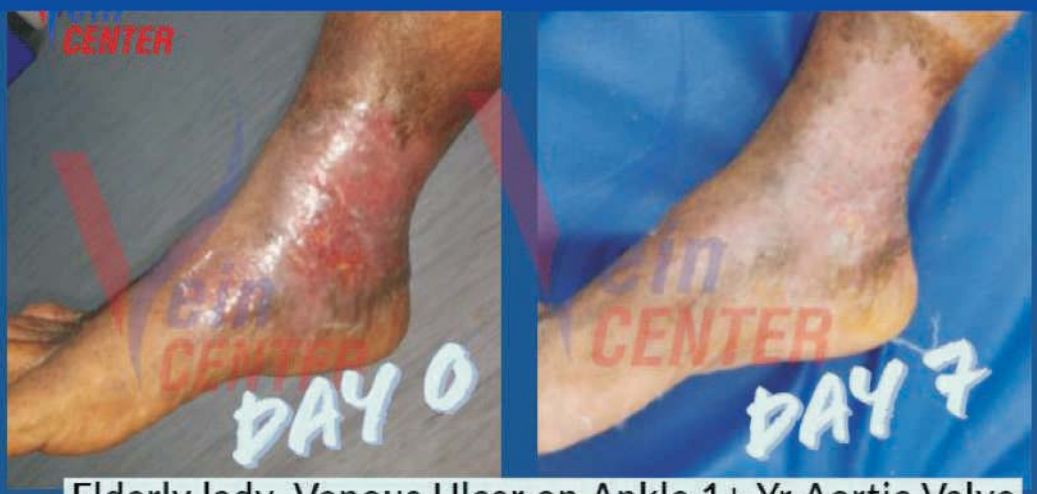

Elderly lady, Venous Ulcer on Ankle 1+ Yr Aortic Valve Replacement, INR 3.0 High Risk for Anaesthesia.

Retrograde Venaseal knee to Ankle GSV + Perfs, No

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INTRODUCES

3 Types Of Sepsis Panels

1 Sepsis Screen
Identifies micro organisms
(Table 1)

2 Sepsis (MDR)
Detects Drug Susceptibility
(Table 2)

3 Sepsis Complete
Identification + Drug Susceptibility
(Table 1 & 2)

Identify blood infections in ICU patients along with multidrug resistance with **multiplex PCR** in just **3-5 hours**.

Sample Type: 1 EDTA Blood sample or Body fluids [Pleural fluid, Synovial fluid, Pericardial Fluid, Ascitic Fluid, CSF]

25 Organisms Detected *(Table 1)*

Staphylococcus species	Klebsiella species
Staphylococcus aureus	Proteus mirabilis
MRSA [femA, mecA]	Serratia marcescens
Vancomycin resistance Staphylococcus aureus [vanA, vanB]	Citrobacter freundii
Streptococcus species	Pseudomonas aeruginosa
Streptococcus pyogenes	Acinetobacter baumannii
Streptococcus agalactae	Listeria monocytogenes
Streptococcus pneumoniae	Candida albicans
Entercoccus species	Candida glabrata
Enterococcus faecium	Candida parapsilosis
Enterococcus faecalis	Candida krusei
Enterobacteriaceae	Candida tropicalis
Escherichia coli	

13 Resistance Genes Targeted *(Table 2)*

vanA for Vancomycin resistance	MCR1- for Colistin resistance
vanB for Vancomycin resistance	MCR2- for Colistin resistance
mecA for Methicillin resistance	GES-CPO for Carbapenemase production
mecC for Methicillin resistance	
blaKPC for Carbapenemase production	blaVIM for Carbapenemase production
blaOXA48- for Carbapenemase production	blaNDM for Carbapenemase production
AcOXA for Carbapenemase production in Acinetobacter	

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