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The Grasp

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EDIT SPEAK

Dr. Mukesh Gupta

Dear Friends,

Another working year of the organisation coming to an end. Many things changed and many processes are on...many problems solved, many persist...Life moves on.

Over the years that I have worked in various organisations at various responsible positions, I was unable to refrain from analyzing psychological undercurrents that erupt during the course of work. How so many brilliant minds disagree to agree and agree to disagree and yet bring about radical efforts for the betterment of organisations like ours, sometimes defies reasoning. Most organisations whether medical professional organisations or corporate ones... are actually an amalgamation of different types of Personalities. I was reminiscing over various such Thinking processes and behaviour patterns which make an organisation what they are.

Thinkers and Doers

There are at least two, simplistically speaking, broad types of people in any organisations- "Thinkers" and "Doers".

Thinkers are the people who are suggesting new concepts and approaches, open to new ideas and are constantly trying to improve or change the way things are done. They are the creative types, always experimenting. Their strengths are their willingness to experiment and change and try new things, new processes, invent new methods, products or services. The weakness of many "Thinkers" is that they don't understand the processes and issues required to bring these new concepts to market. Also many do not have the zeal to take the idea to a logical end.

Contrast the "Thinkers" with the "Doers". Frankly, the Doers are the people who get things done. They recognize an efficient, optimized process and don't appreciate tinkering with the process or with people who introduce a lot of change. Doers don't really like change all that much, since change is disruptive to the existing norms and processes and many times delays the whole execution.

Clearly, an organisation needs both "Thinkers" and "Doers" and people who can be the bridge between the two camps. What's interesting is that a group composed completely of Thinkers is basically a research lab or a think tank, while a firm compsed completely of "Doers" would eventually run itself, very efficiently, right

out of existence because it never changed or created new methods or services. We need both of these skill sets to be effective in any activity.

Then there are some who are 'Idea Carriers'. Being an 'idea carrier' is much more about networking and carrying ideas from one place to another. There main efforts is to find out what benefits all and what is the feeling of the common member. Also they help percolate information from the core thinkers/doers to the peripheral members and vice versa.

We are totally refraining from bringing in discussion negative values like… 'Credit seekers', 'Latch Ons', 'Sulkers', 'Perpetual critics', 'Yes mans' etc. These, although liabilities to organisations, bring some interesting facets to working.

There are also different aspects of thinking…. 'Lateral Thinking'; 'Parallel Thinking'; 'Adversial Thinking' etc.

Lateral thinking, is the ability to think creatively, or "outside the box" as it is sometimes referred to using your inspiration and imagination to solve problems by looking at them from unexpected perspectives. Lateral thinking involves discarding the obvious, leaving behind traditional modes of thought, and throwing away preconceptions. The limitations here is to work within the set ethics and compliance to the norms and laws of the organisation.

Parallel thinking is best understood in contrast to traditional argument or adversarial thinking. With the traditional argument or adversarial thinking each side takes a different position and then seeks to attack the other side. Each side seeks to prove that the other side is wrong. Adversarial thinking completely lacks a constructive, creative or design element. It was intended only to discover the 'truth' not to build anything.

With 'parallel thinking' both sides (or all parties involved) are thinking in parallel in the same direction. There is co-operative and co-ordinated thinking. The direction itself can be changed in order to give a full scan of the situation. But at every moment each thinker is thinking in parallel with all the other thinkers. There does not have to be agreement. Statements or thoughts which are indeed contradictory are not argued out but laid down in parallel. In the final stage the way forward is 'designed' from the parallel thoughts that have been laid out. This is where the Leadership comes in.

True Leadership qualities highlight the trick to understand:

- managing the appropriate proportion of each skill set in every organisation.

- the different approaches to compensating and motivating these very different people within the same group.

- how to bridge between them and make all kinds of people successful in an organisation and thereby leading to enhanced productiveness.

P. S: Disclaimer: The above findings are purely observational and short of fictional. There is immense generalization of several overlapping randomness. Any uncanny resemblance to known people is purely figment of your own imaginations. The author is not responsible for your overzealous interpretations.

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PRESIDENT'S REPORT

Dr. Niranjan Agarwal

Dear Friends,

As I pen down my last address in The Grasp as the president of our august association, I would at the very outset like to thank all of you for the unstinted support extended to us throughout the year. I must admit I enjoyed every moment of this leadership with sense of responsibility and duty alike. At the end I am feeling calm and contended at the developments of the entire year. Though it is practically impossible to satisfy each and every individual, we have tried our level best to be of assistance to one and all.

It was indeed a proud privilege to welcome you all to the most coveted AMC event AMCON. Unlike the usual One-day affair, we had made it a 'Two-day' event this year, with an entire day devoted to the theme making and maintaining your hospital, such CMEs though routinely held by the industry and administrative wings of corporate hospital, no one ever thought of teaching these skills of professional management to the Doctors, especially the owners of smaller hospitals who play the role of one-man army at their nursing homes dealing with not only the medical aspect of health-care but also look into the accounts, H.R. and other general administration etc. The response generated to the deliberations permits me to say, we did it successfully even though it was our maiden attempt. I also take this opportunity to thank you all for the unprecedented response to the AMC Meet-2 on "The Role of Spirituality in Medicine". It was for the first time in the history of AMC that registrations had to be stopped two days prior to the programme on 11th December.

Friends, AMC has looked into all aspects of your health this year. The physical health at AMC Meet-1 at Thane, the spiritual health at AMC Meet-2 at Worli, the social health at the Doctors' Day programme at Bombay Hospital, the overseas tour and the EsselWorld picnic. The mental health aspect was dealt by Acharya Goenkaji on the second day of AMCON whereas the first day dealt the financial health. We have had eight credit hours of MMC accreditation for all the above, two more than the required six per year. Needless to say that attending AMC programmes will take care of your registration renewal requirement too.

Here let me remind you to renew your MMC Registrations and the same can be done by submitting your documents to AMC office and we will do the needful for you without any service charges. We had a counter for same at the AMCON too.

True to its reputation of an association with a mission and commitment, AMC has successfully marched beyond the limits of Mumbai city and opened affiliate units at Bengaluru, Kolhapur, Mangalore, Mysore and shortly Kolkata, Aurangabad, Solapur units will see the light of the day. Our dream of AMC INDIA may take shape now in the near future. AMC name and logo are now in the process of being patented.

Due to repeated intervention of AMC many nursing homes have now received their COU Certificates and thereby their nursing home registrations. The ones being denied yet are being individually followed by AMC provided they have intimated to us about the same with all their details. Also most of the nursing homes who had contributed to AMC for same have been refunded their amount. Being inspired by the boycott of PPN by AMC Mumbai, Doctors from Aurangabad and Kolkata have also resisted the high handedness of the GIPSA and TPA Company. The ongoing PIL in the Mumbai High Court on the issue is likely to address many of our grievances. Our own intervention plea is kept ready to be filed at an appropriate moment and also we have requested the IRDA to include the providers also in the advisory council so that lots of issues can be addressed at that level itself. We are also in the process of working out an average cost for running a nursing home. I take this opportunity to thank all those who have been with us and strengthened our hands and pray that the shortsighted ones who have broken the unity realise their mistakes soon. As said by an American doctor friend, they are paying the price for the mistakes of their ancestors and as the Kolkata doctors say the fight is not for us, as most of us are done but if we do not resist it now our future generations may not forgive us.

Friends, AMC has proactively promoted the “Save the Girl Child” slogan and given it a prominent space not only on its stationary but programmes too. We have been working on resolving many issues in this regards for our friends in association with their respective speciality bodies. Here I would like to emphasise that though AMC works hard for resolving many issues for its members, we at no stage can be expected to side with the culprit involved in the female foeticide. Friends, I urge those involved in the same with folded hands please...please...please abstain. It’s not a murder of a daughter but that of potential mother.

Our medico-legal cell continues to relentlessly assist the members in their hours of despair though most of the times the members involved later do not wish to pursue the case leaving us cold handed. We also filed an RTI to get the data of all the violence against doctors and their outcomes as also the details of the wrongful arrest of our members but did not receive satisfactory reply. If individual members back out at the last moment how can we deliver the goods for all. Someone has to be a part of the test case for a larger gain. I would quote Napoleon here who once said “The world suffers a lot not because of violence of bad people, But because of silence of good people”. Having said my last message I would rest my case and wish you all the very best in everything. Long Live AMC.

e-mail: dr.ndagarwal@hotmail.com

ASSOCIATION OF MEDICAL CONSULTANTS
MEMBERSHIP

Total Membership of the Association	:	7131
Members under Professional Indemnity Scheme of AMC	:	4426
Persons (Members & Family) under H & A Scheme	:	4019
Members under CBS Scheme	:	1086

SECRETARYS' REPORT

Dr. Kishore Adyanthaya

Dear Friends,

We had many interesting programmes in the last few months, first of which was "Role of Spirituality in Medicine - 4th Dimension of Health". Jointly organised with Bhaktivedanta hospital and hosted in Hotel Mayfair, it was attended by over four hundred doctors. Eminent men such as His Holiness Radhanathji Maharaj, Dr. K. P. Mishra and Dr. Kirpalani stressed the importance of spiritual dimension of health.

AMCON was held in Bhakti Kala Kendra, ISKCON. This year it was a two-day affair with the first day totally dedicated to development of hospital infrastructure. Various topics like opening and expanding a hospital, cost-effective hospitals, ethical marketing in medicine etc., were dealt with by the top consultants in their respective fields. The Grand Gala Banquet in Hotel Sea Princess, held on the same day, also had a Talents Nite. Thirteen members - selected from over thirty entries after practice sessions and elimination by a professional singer - kept the audience enthralled for three hours nonstop. I must laud the efforts of Dr. Bipin Pandit which brought results of the highest quality. The second day had the usual AMCON topics after inauguration with Dr. C. L. Jhaveri's oration. Vipassana Acharya Sri. Satyanarayanji Goenka, the day's guest-of-honour enlightened the audience about the relevance of Vipassana in modern stressful life.

For the first time, representatives from our affiliate units from Dhule, Kolhapur, Solapur, Mangalore, Mysore and Bengaluru participated in AMCON.

The Medico-legal seminar held in Kolkata was a great success. The president, the managing trustees and some members of AMC interacted with the fraternity and gained first-hand knowledge of the problems faced by the consultants there. I am happy to announce that Kolkata would soon join our folds as a new affiliate.

A seminar is to be held in April, at Srinagar, the capital of Jammu and Kashmir. This has been planned with the aim of having several like-minded affiliates working for the welfare of consultants all over India. Whether this will happen, only time will tell. However, one thing is certain - our voice will be heard only if we have substantial numbers and a pan-India presence.

The process is on for patenting our logo and names – "Association of Medical Consultants, Mumbai" and "AMC". A project of updating the AMC directory is also on. You may get a phone call from next generation publishers, so please co operate with them and give the details. We need a very comprehensive directory which will give details of your practice.

During the last meeting with the Addl. Municipal Commissioner, she has promised us that most of the clearances have been done. Twenty-nine members have responded to our SMS and given the details of their pending files which have been forwarded to the concerned

authority and we are sure these will have their registration in a few days.

After the tragedy in Kolkata, the fire brigade is insisting on a safety certificate, which will be one of the requirements for future renewal of registration. Of the money collected to fight the COU issue 207 nursing home owner's money has been returned.

PcPNDT e-filing of F forms has started in the BMC website. In Mumbai few of the seize machines have been released; rest and others from Navi Mumbai have to file Court cases.

The Negotiations still continue with the insurance companies on the TPA issue. There is a PIL in the high court filed by a consumer activist.

And finally, our office has been totally renovated and members are invited to visit us and get their MMC registration renewal done in time. AMC office is collecting the papers for verification, to be forwarded to the MMC without service charges.

And thus is my last communication to you as secretary.

It has been a real honour to be the secretary of this esteemed organisation.

I am grateful to the Trustees, Office Bearers and Committee Members for their unconditional support. I am highly obliged to the ever-helpful office staff for their efficiency. A new team, with President Dr. Ajay Hariani will take over in March and I am sure they will take our association to colossal heights of glory. I wish them all the very best.

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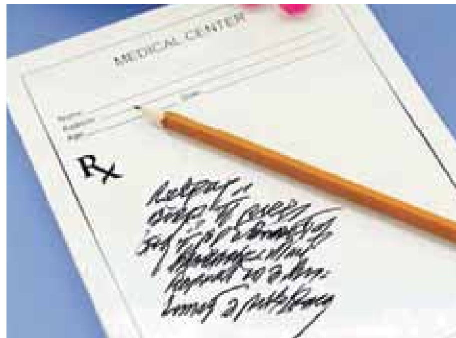
DOs' AND DON'Ts

HAZARDS OF BAD HANDWRITING

Dr. Lalit Kapoor

A pediatrician was called upon to see a three year old male child admitted in a private hospital near Delhi for high fever. The child was diagnosed as having typhoid fever. Included in the prescription, among other medicines, was *Inj. Chloromycetin* to be given intravenously, in an appropriate dose. Later, a nurse who came to administer the medicines deciphered *'chloromycetin'* as *'chloroquine'* and injected the same intravenously in the dose mentioned. Soon after, the child collapsed due to cardiac arrest. Attempts were made to resuscitate the child but the child suffered irreversible brain damage and subsequently continued to be in a vegetative state. The parents of the child filed a complaint in the National Consumer Forum claiming Rs.28 lakhs as damages from the hospital and treating doctors. After protracted hearings in the National Commission, a total of Rs.17.5 lakhs was awarded to the parents.



In 1999, in Texas, USA, a cardiologist, Dr. Ramchandra Kolluru, prescribed anti-anginal Tab. *Isordil 20 mg. qds*. The pharmacist read the prescription as Tab *Plendil,* an antihypertensive, which has a recommended maximum daily dose of 10 mgs. The patient thus received not only the wrong drug but eight times its recommended daily dosage. After taking several doses, the patient suffered a heart attack. He died two weeks later. The court awarded the patient's family $ 450,000 as compensation. The physician was required to pay half of this award, and the pharmacist the other $ 250,000. It was the first instance where a U. S. physician was found negligent solely on the basis of poor handwriting. Subsequently, six American States passed legislation making doctors' illegible handwriting a fineable offence.

It is thus clear that bad doctors' handwriting may not remain an issue of aesthetics or the subject matter of jokes, but may become an issue of ethics, at the least, and an issue of life and death, at the worst, as seen in the above cases. However, somehow, not much importance has been given to the potential serious hazards of bad or illegible handwriting. I have not come across much discussion on this issue in our country; nor do there seem to be any official guidelines or judicial precedents.

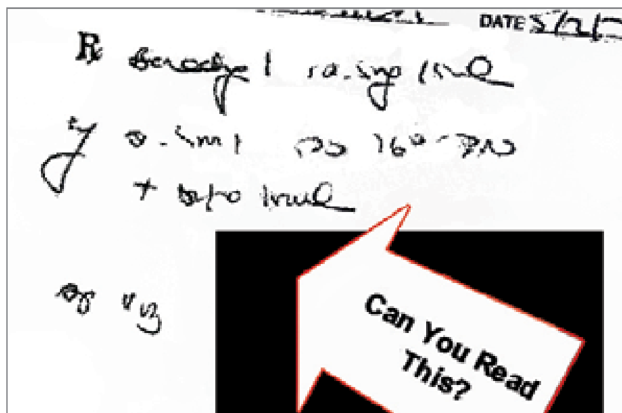
Handwriting is a means of communication between physicians and patients, pharmacists, nurses, administrators and other care givers including other physicians - present and future. Hence bad handwriting jeopardises effective communication and endangers patient safety.

Let us consider some statistics from the Western world, since there is a paucity of data from our own country.

Compared to other health-care professionals and administrators, physicians had the worst handwriting (British Medical Journal 1998).

Out of 50 outpatient progress notes, 16% of all words were illegible, which means one out of every six words were illegible (New England Journal of Medicine 1986).

One half of all orders written in a 500 bed teaching hospital required extra time to interpret because of poor handwriting (Journal of American Medical Association 1979).



37% of the referral letters from the primary care physician to the emergency room were difficult to read or illegible. (New Zealand Medical Journal 1993).

Pilot Pen Company of USA used a computer to examine the handwriting of 130,000 physicians and discovered that 10% of doctors had handwriting so illegible it often resembled **irregular ECG tracings!**

JCAHO has defined illegible handwriting as the inability of two out of three individuals being unable to read handwriting.

Medication errors due to bad handwriting can have serious consequences which can provide an obvious cause of action to the patient.

An antibiotic *"amoxil"* was mistaken on the prescription for *"daonil"*. This resulted in dangerous hypoglycaemia for the patient. Similarly, *Dioval* and *Daonil*, and Terbinafine and Terfenadine can be easily confused with disastrous consequences.

Many corrective measures are being put in place in the Western countries. It is worth examining them, adopting the ones that are appropriate for our country, and thereby preempting handwriting related medico-legal problems.

First, highlighting the problem through various communication channels including printed material, seminars, workshops, etc. Just doing this would raise alertness levels and make doctors more conscious for the need of legible handwriting. As someone wrote, doctors, handwriting need not be beautiful; it just needs to be readable.

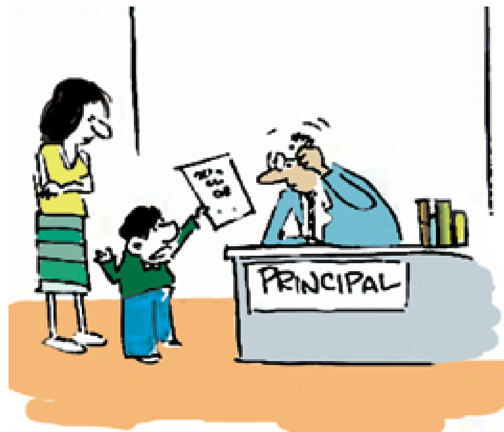
A simple measure which can be carried out by us, in India, to begin with, is to promote writing prescriptions in capital letters. It has zero cost; only the mind-set needs to be changed.

Another area of potential for medication errors that can be prevented is by being extra-cautious of the misplaced decimal point. A ten-month old baby died following administration of 204 mg. of *Cisplatin*. The child was to receive 20.4 mg. of the medication and while writing the physician left out the decimal point. Some cautionary suggestions are: Use a zero before a decimal e.g. .5 gms. may be easily mistaken as 5 gms. Similarly, do not use terminal zeros as 5.0 gms. can easily be interpreted as 50 grams. And of course, whenever possible, avoid decimals e.g. write 500 mgs. instead of 0.5 grams.

Saints Memorial Hospital in USA hired handwriting experts to conduct three hour seminars on handwriting improvement for their doctors. It also gifted expensive pens to physicians who had consistently legible handwriting. Of course, with the carrot came the stick.

JCAHO came up with this protocol for hospitals:

1. Patient records will be audited for illegible notes or orders.
2. Illegible records will be brought to the medical records committee. If legibility is found to be inadequate, the physician will receive a letter requesting improvement. The physician's notes will be monitored for the next thirty days.
3. If there is no improvement, the doctor will be asked to attend a handwriting course or to find someone to write or type his orders.
4. As a last resort, the doctor could be suspended until he or she comes up with an action plan to address the problem.



I DO have a note from my doctor, but nobody can read it!"

It is of course recognised that the ultimate answer to the problem of legibility is computerised physician order entry (CPOE) and electronic health records. It has been stated that handwritten notes take 46% longer time to read than typed notes. Also, printed notes are supposed to have reduced medication errors by as much as 81%. Some doctors in USA are now using handheld devices like Palm Pilots to write prescriptions.

Whatever the solutions, we need to acknowledge that the issue of legible handwriting is an important one and can someday haunt us. Prof V. N. Shrikhande, eminent surgeon and teacher, admitted in his talk in AMCON 2012, that he operated a hernia on the wrong side on account of a handwriting goof-up wherein"Rt" appeared to look like "Lt" in the notes of the patient. Another surgeon in Mumbai was acutely embarrassed in the Court when he could not read his own handwriting from the case papers of the patient.

To conclude, if 2 out of 3 people say your handwriting is bad and often illegible, take notice and take necessary action because, as has been wisely said, it is better to be safe than sorry!

References:

[1] Death by Handwriting, Maureen Glabman, Trustee Magazine.

[2] Handwriting Errors: Harmful, Wasteful and Preventable, Anne Bruner, Morton Kasdan, University of Louisville.

[3] Doctor's bad handwriting caused fatal prescription mix-up, Jean Hellwege, Trial Magazine.

[4] Doctor, Is Your Writing Legible? Animesh Jainz Prateek Rastogi, Journal of Forum for Medical Ethics Society.

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CENT DOCTOR

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The profession of doctors is considered to be the most noble and worthy as they help mankind lead better lives. People look up to doctors as saviours and with the advancement of science and technology, the profession has obviously improved by leaps and bounds. In this rush there is always a feeling that with better resources a doctor can help patients better.

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Central Bank of India salutes this noble profession and extends a helping hand to enable doctors to achieve greater heights in curing mankind.

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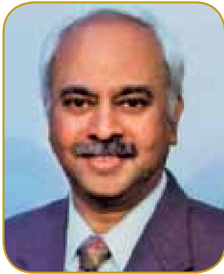

"GHOST SURGEONS" AND "GHOST SURGERIES"

Dr. Gopinath N. Shenoy

Many practicing surgeons/gynecologists are blessed with a heavy practice. They do operate but undertake only simple straight forward surgeries. When patients ask them to undertake surgeries by a newer technique, like for example, a laparoscopic cholecystectomy/ hysterectomy, they still accept to do the job in-spite of the fact that they very well know that they have never done it in their lifetime and are also incapable of doing it. Being very busy in their routine surgical/ gynecological practice, they have never found time to learn the changing trends in surgical practice.

But nothing is lost in the present era of out-sourcing.

These surgeons/ gynecologists are very much aware that there are many laparoscopy surgeons just waiting to be called to do the job, for and on behalf of the surgeons/gynecologists. These endoscopic surgeons will enter the operation theatre incognito, from the back door, once the patient is anesthetised; they will bring their own equipment; they will operate in the name of the "inviting surgeon"; they will not mind if their name is not mentioned anywhere in the records and finally they will leave by the back door without meeting the relatives – of course after collecting their envelop.

These are the "Ghost Surgeons" and the surgeries performed by them are "Ghost Surgeries".

How legal are ghost surgeons and ghost surgeries?

At the outset, it must be remembered that in most of such cases, the surgeon/ gynecologist wants his patients to believe that he and only he has operated upon the case. The consent stands only in his name and therefore there is a contractual obligation only between him and the patient. The ghost surgeon is nowhere in the picture.

The legalities involved in such a situation came before the Supreme Court of New Jersey in Perna vs. Pirozzi, 92, N.J. 446, 457 A.2d 431 (1983).

Here, the patient claimed that he had not authorized any surgeon other than the one chosen by him to perform the operation. He executed a consent form in the name of the chosen doctor as the operating surgeon with his assistants, who were unnamed, to perform the surgery. His doctor did not perform the operation. He learnt of the identity of the operating surgeon only upon re-operation for post-surgical complications.

The Supreme Court of New Jersey held that there was a breach of the patient's agreement to operate as also a breach of fiduciary duty the doctor owed his patient.

The substitution of one surgeon for another without the consent of the patient was observed thus:

"A patient has a right to choose the surgeon who will operate on him and to refuse to accept a substitute. Correlative to that right is the duty of the doctor to provide his or her personal services in accordance with the agreement with the patient.

Few decisions bespeak greater trust and confidence that the decision of the patient to proceed with surgery. Implicit in that decision is a willingness of the patient to put his life or her life in the hands of a known and trusted medical doctor."

This issue also came up before the Court of Special Appeals of Maryland in ***Deborah M. Belin vs. Lenox Dingle. Jr.*** Et al. No. 462, Sept. Term, 1998. The Court held:

"To have another physician operate on one's patient without the patient's knowledge and consent is a deceit. The patient is entitled to choose his own physician and should be permitted not to acquiesce in or refuse to accept the substitute. The surgeon's obligation to the patient requires him to perform the surgical operation: (1) within the scope of authority granted by the consent to the operation; (2) in accordance with the terms of the contractual relationship; (3) with complete disclosure of all facts relevant to the need and the performance of the operation; and (4) to utilize his best skill in performing the operation. The patient is entitled to the services of the particular surgeon with whom he or she contracts. The surgeon, in accepting the patient is obligated to utilize his personal talents in the performance of the operation to the extent required by the agreement creating the physician-patient relationship. He cannot delegate to another the duties which he is required to perform personally."

It was further held in Belin's case that the consent form of the patient should reflect the patient's decision. It was further observed that the failure of the surgeon to perform a medical procedure as per patient's consent would be deviation from the standard medical care.

It was observed that:

"It is malpractice whether the right surgeon operates on the wrong part or the wrong surgeon operates on the right part of the patient. In each instance, the surgeon has breached his duty to care for the patient.

.....the doctor who, without the consent of the patient, permits another surgeon to operate violates not only a fundamental tenet of the medical profession, but also a legal obligation."

In this case the doctrine of informed consent which has been oft used in the U.S. was also considered. The judgment considered that the consent given to one doctor cannot be taken to be consent given to others as the patient exercises his choice of his volition and, therefore, there would be "lack of informed consent" to the doctor actually operating.

In the above case, Dr. Dingle was paid $2,800 to perform the surgery. The patient wanted him to be his operating surgeon. The patient having been operated upon by another doctor, her informed consent was questioned. The express agreement between the patient and the doctor led the Court to hold the doctor accountable for the surgery.

What are the liabilities issues involved in such cases?

If the patient dies, say on the seventh day, due to an accidental bowel injury (cautery burn) inflicted by the ghost surgeon, it will be the inviting surgeon who will be accountable in the court. He will then be estopped (prevented) from contending that he was not the operating surgeon.

It will be the inviting surgeon who will be prima-facie accountable for civil and criminal liabilities and also for the proceedings before the Medical Councils that may crop up in such cases. It goes without saying that the ghost surgeon gets paid and may have no civil/criminal liabilities until his involvement is proved. Once his involvement is proved, the ghost surgeon can also be sued for having operated on the patient without authorization/consent and if there is a patient death, the ghost surgeon might land into deep trouble.

Under the situation how should both the inviting surgeon and the ghost surgeon protect their interests?

Ideally, the inviting surgeon should inform the patient and relatives that he will be performing the surgery with the help of another surgeon whose name must be disclosed. In the consent form, the name of this second surgeon must also be expressly mentioned. Payment must be officially done and must be evident in the bill. And finally, if there are any post-operative complications, the second surgeon must be equally and openly involved. Such an arrangement is absolutely permissible and legal.

Liability, under the situation, will be correctly shared by both and the "ghost surgeon" will then automatically be an "associate surgeon".

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PROGRAMME COMMITTEE REPORT

Dr. Smita Sharma - Programme Committee Chairman

AMCON 2011-12 was held on the 4th and 5th of February 2012 at the ISKCON auditorium, Juhu. The programme touched upon a very new theme -"Making and Maintaining your Hospital." This topic attracted the interest of consultants in private practice as well as those attached to corporate hospitals. The topics comprehensively covered every aspect. This two-day programme was the yet another first in the tenure of Dr. Niranjan Agarwal. In fact this theme and concept was the brain wave of Dr. Agarwal. A lot of homework was done by him to get the so many distinguished speakers. The academic value of this programme helped us to get 3 MMC credit hours for the event.

This was followed by a fun filled evening -Talent Nite at the Sea Princess Hospital. Under the guidance of Dr. Bipin Pandit, the participants performed to their full potential. It was a relaxing evening for all and Dr. Khambay as usual ensured that the banqueting arrangements were completely in order.

Day-2 was the traditional AMCON. Distinguished speakers from different walks of life shared their views and experiences. The C. L. Jhaveri Oration was delivered by Vipassana Acharya Shri. Satyanarayanji Goenka. He spoke pearls of wisdom and enlightened us on the simple practices, value of silence and the whole concept of mind over matter. As Doctors we take the burden of healing others and we look to spiritual leaders like him to guide us on how to heal ourselves.

We had every possible support from ISKCON management. The food was very much appreciated by all. Their Chief Priest Swami Bhima Prabhu also graced the occasion.

We had nine lucky dips in three categories AMC was happy to be able to give some very attractive and useful gifts to our members.

The video recording of the entire conference has been done and AMC is in the process of making the DVDs of the same.

This year we have successfully executed spot registrations and it was received very favorably by our members. We need the ongoing support and co operation of our members to be able to organize the programmes efficiently.

I once again would like to acknowledge Dr. Niranjan Agarwal for giving us such a rich programme, Dr. Kishore Adyanthaya for his efforts and contribution in every department, Dr. Umesh Oza for his guidance and experience and the entire organising team of AMCON. I take this opportunity to thank all our team members. I also wish to say a special thanks to our AMC members for being our partner in the time management of this programme and for encouraging us to work hard each time to give you a good **programme.**

e-mail: smitasharma29@hotmail.com

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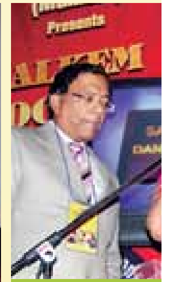

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SOFT TARGETS

Dr. Aditi G. Kapadia

One day, I sat with my morning cup of tea, with the newspaper as usual. I noticed the headline which said "BEWARE - Doctors make big money on vaccines". I read further in utter disbelief. The reporter claimed that the doctors buy the vaccines at half the MRP. and administer them to you charging the MRP. I wondered if the reporter had enquired with the cloth store what their profit was. Was the cloth merchant selling his wares at a loss? Had he asked the famous eatery in his neighborhood what his profit margin was or how dare he make so much money? I was upset to see no reaction to these remarks from our fraternity.

I thought about our interns and post-graduate students, remembered the days when we spent nights in those tiny cramped stinky quarters which were meant for less than half the number of interns than were actually occupying them. Spending days with negligible sleep during emergency and on-call days as housemen. To add the icing, our post graduate students have to sign a bond saying they will work in rural areas after passing, whether they like it or not. I wonder if engineers or management science graduates are required in rural areas to create a better infrastructure and better conditions of living? Sadly, only doctors have to take up the yoke of improving society by sacrificing the best part of their lives in rural areas because of a bond.

After years of running a hospital successfully, a senior doctor is highly respected in his locality. But it takes only a handful of miscreants to blame him for a case gone wrong (for whatever the reason) and to attack him and vandalise his hospital, ending years of his faith in humanity and service to mankind. He has to spend years in repairing not only the hospital, but also the damage to his reputation. Does this ever happen to a cloth merchant, engineer, chartered accountant or a lawyer? Are they not as responsible for their duty as the doctor?

Nursing home owners have been made to pay a really fat sum for getting "change of user" for their premises. Even after payment, process is troublesome. How many lawyers and CA's offices are in residential premises? Why are only doctors targeted? Because they are soft targets and are ready to pay money to avoid additional tensions in their lives. We don't have the will and time to fight against unjust rules.

Do we deserve all this after spending half of our life studying, a major part of our life doing house-posts and another major part of our life trying to establish our practice? By the time we settle in life, our contemporaries have a head start in their respective fields and have already gone ahead in life!

Friends, I think it is high time our fraternity gets together and takes a firm stand. If auto rickshaw drivers can come together for their cause even if they were at fault for faulty meters, I am sure we doctors can come together to change the outlook of people and government towards us. Because united we will stand! Let us decide to treat our colleagues as partners and not competitors. Let us decide to help each other in difficult situations. Let us try and create a win-win situation for all of us!

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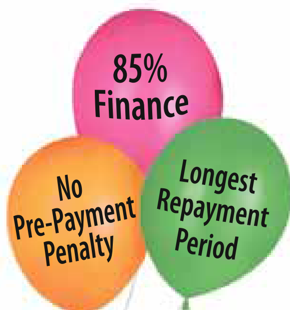

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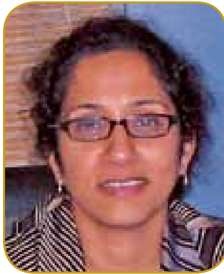

ECONOMICS OF SPIRITUAL HEALTH

Dr. Kavitha Chintala

"We are not human beings having a spiritual experience ...we are spiritual beings having a human experience"
- Teilhard deChardin

Medicine originally comprised of taking care of physical, emotional, psychological and spiritual aspects of patients. Over time we have separated the emotional and spiritual components and are treating only physical aspects of disease. The technological advances of the past century have changed the focus of medicine from a caring, service oriented model to a technological, cure-oriented model. For hundreds of years Western medicine has looked at mind and body as totally separate entities, to the point where saying something 'is all in your head' implied that it was imaginary. We now have robust evidence that activity of mind can alter physical aspects of disease including proof that the changing the activity of the mind can alter the way basic genetic instructions are implemented. A met analysis of 1200 studies and 400 reviews reveals that there is 60-80% relation between better health and religion or spirituality[1].

Having said this, a modern man living in this materialistic society where health-care expenses are rapidly rising, would aptly question if there are any financial benefits to incorporating spirituality into health-care. Let's explore the economic aspects of providing spiritual health to patients, which is the aim of this article. In order to do this, we need to first understand the burden of disease in this world and the cost of health-care. The leading causes of death in the developed nations are cardiovascular disease, cancer and stroke [2]. Two out of three deaths in the US are due to cardiovascular disease, cancer or diabetes. Nearly one in two adults in US have some form of chronic disease amounting to about 133 million adults. More than 75% of health-care costs are consumed by these chronic diseases. Cardiovascular disease, cancer and diabetes cost the country about $700 billion! [3]. The situation is not very different inZ developing countries like India. There are about 60 million suffering from cardiovascular disease in India and expenditure for care of chronic disease amounts to about $9 million. WHO estimates that by 2020, India will have 60% of the world's heart patients. A new

study finds that obesity costs US 147 Billion Dollars a year[4]. About 40% of US adults have metabolic syndrome and $4 out of every $10 is spent on its treatment. High risk behaviors especially among youth adds to health-care burden by causing problems such as traffic accidents, drug abuse induced psychiatric diseases, sexually transmitted diseases and teenage pregnancy. Cost of treating alcohol and drug abuse-induced psychiatric disorders is $3.06 billion and cost of depression alone is $44 billion. According to CDC, chronic diseases such as heart disease, stroke, cancer, diabetes and arthritis are among the most common, costly, and preventable of all health problems in the U.S. and are related to poor lifestyle, something, that is modifiable.

Let's look at how spirituality can help us save health-care money. Spirituality refers to a belief in a higher power, an awareness of life and its meaning, the centering of a person with purpose in life. It involves relationships with a higher being, with self, and with the world around the individual. Spirituality implies living with moral standards.[5] It is a way of life that extends beyond religions and faiths and includes Healthy diet, Regulated behaviors, Less stress, Good relationships, Positive attitude and emotions/happiness, Service attitude - giving and caring, Self and sense control. Other spiritual attributes are Non-violence, Non-material (simple), Responsible, Compliant, More social support, Gratitude, Forgiveness, Hope/Optimism, Humility/ Accurate self-esteem. All these attributes lead to healthy lifestyle which aid in disease prevention, speedy recovery and coping in the face of ill health. Methods such as drug treatment, counseling, and intervention programme tend to provide temporary benefits and the disease frequently relapses. In contrast, spirituality changes human consciousness which is the foundation of all human behavior and hence the effects are sustained, usually for a lifetime.

There is an urgent need for change in human behavior which in more scientific terms is called "therapeutic life style changes". The 3rd Report on National Cholesterol Education Program and the 7th Report on National Blood Pressure Control Programme advocate lifestyle changes as first line of therapy for treatment of hypertension, hyperlipidemia and metabolic syndrome. Spirituality promotes healthy diet, stress relaxation, avoidance of risky behaviors, promotes happiness, good relationships, service attitude, etc., and all these go a long way in prevention and management of chronic diseases. These therapeutic lifestyle changes dramatically reduce risk of cardiovascular disease, increase insulin sensitivity, eliminate risk of Type-2 diabetes, reduce obesity, slow down age related degenerative disease, improve cognitive function while removing the risk factors for Alzheimer's disease and through all these mechanisms reduce financial burden of Rx of chronic disease.

There is evidence that those who attend religious services at least weekly tend to live approximately seven years longer than those who do not, even when factors such as baseline health and health behaviors are statistically controlled[1]. Spirituality has been shown to reduce atherosclerosis, left ventricular hypertrophy and exercise induced myocardial ischemia[6] and overall reduces cardiovascular mortality by 34%.[7] Stress management clearly reduces the financial burden of cardiovascular disease as demonstrated in this study where health costs of standard management of cardiovascular disease over 1 and 5 years was $4523 and $14997 respectively while cost for the group that underwent stress management was much lower at $1228 and $9541. Spirituality also positively impacts our immune system as demonstrated in a study where the helper and cytotoxic T-cell counts were higher among metastatic breast cancer women with higher spirituality.[8] Those attending church were half as likely to have elevated levels of Interleukin-6 which are associated with increased incidence of disease.[9] In a study of heart transplant patients, it was observed that those who participated in religious activities had better compliance with follow-up treatment, improved physical functioning at the Twelve-month follow-up, higher levels of self-esteem, less anxiety and fewer health worries. Recovery from depression was also much faster in group who practiced spirituality thus reducing health-care costs.

Spirituality of the caregiver also offers many benefits to the medical institution. The enhanced caregiver quality and the holistic care improve patient satisfaction and increases business. Patients appreciate spirituality amongst doctors, nurses and paramedical staff as demonstrated in the USA Weekend Faith and Health Poll, where 65% patients felt that it was good for doctors to speak with them about their spiritual beliefs, yet only 10% said a doctor had such a conversation with them.[10] The emotional stability and psychological maturity of the employee reduces distress and burnout, improves staff morale and hence their retention at workplace.

Direct evidence of economic benefit from spirituality can be demonstrated from this recent study that shows that hospitals can save big bucks by putting chaplains on their health-care teams. Patients who had the most contact with the chaplains were discharged two days sooner than patients who did not receive regular visits, thus saving about $4,000 per day. The group visited by chaplains also had fewer complications after surgery. Chaplain contacts also have shown to improve treatment outcomes in residential treatment programme for delinquent adolescents.

With such convincing evidence of financial benefits with spirituality, our next steps should include incorporating this into our health-care model, thus making it holistic health-care model that addresses physical, emotional, social and spiritual aspects of a patient. Integration of biophysical and spiritual sciences is the need of the hour. We have to work towards national recognition of spiritual care as is happening in the United States, where the Joint Commission on Accreditation of Health-care Organisation has a policy that states that hospitals should be able to provide for pastoral care and other spiritual services for patients who request them. The American College of Physicians also concluded that physicians should extend their care for those with serious medical illness by attention to psychosocial, existential, or spiritual suffering. The Association of American Medical Colleges is incorporating spirituality in medical

school curriculum. Future research should be aimed at clinical trials of spiritual interventions on health outcomes, religious and spiritual needs of different patient populations, benefits and costs of physicians' enquiring into spirituality within the doctor-patient relationship, impact of religious or spiritual instruction on students' attitudes and behaviors and on patient care and to explore ethical issues with physicians eliciting and discussing patients' spirituality.

References:

[1] *Koenig HK, McCullough ME, Larson DB. - Handbook of Religion and Health. Oxford University Press, 2001.*

[2] *National Center for Health Statistics, 2006.*

[3] *Heldenreich PA, Policy Statement from American Heart Association. Circulation: 2011;123(8):933-944.*

[4] *Center for Disease Control; July issue.*

[5] *National Center of Continuing Education, Inc. Death and Dying, page: 23.*

[6] *Walton KG, Behav Med. 2002; 28(3): 106-123.*

[7] *American Psychological Association: July 2002, Vol.: 33.*

[8] *Sephton SE. -The Breast Journal. Volume: 7, Issue: 5, pages: 345-353.*

[9] *Koenig, HG et.al. International Journal of Psychiatry in Medicine. 1997 27(3) 233-250.*

[10] *McNichol T. The New Faith in Medicine. USA Today Weekend, April 5-7, 1996:4-5.*

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THUMB RULES FOR PLANNING AND DESIGNING OF HOSPITALS

Dr. Kshititi Nagarkar.

Traditional rules of thumb in health-care planning have changed. Once-accepted rules can now be the wrong course to take for health-care institutions looking to maintain and grow their competitive position in the marketplace.

Whether in urban or rural setting, development costs for new facilities are a major concern. Facility operating costs also have gone through the roof, in part because health-care environments have become more complex and need uninterrupted power sources and upgraded information system technology. Stricter government regulations and standards of care that are more reliant on sophisticated data and medical equipment have also forced the non-personnel costs of medical institution operations to rise.

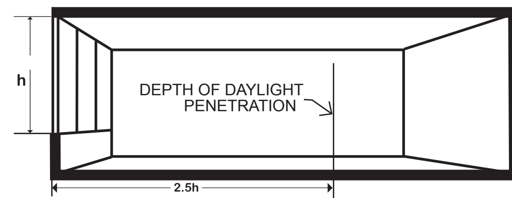
In light of these societal, economic and social changes, health facility planners and administrators need to revisit their strategic thinking about future facility changes and expansions.

So, what are the new thumb rules an institution should follow when undergoing a facility master planning exercise? A few salient ones to consider are presented here.

PARADIGM SHIFT IN APPROACH

In today's health-care scenario each specialty desires its own entrance, image and identity. Like the retail industry, which has moved from aisles of merchandise to numerous mini-boutiques within departments, hospitals are moving away from the image of a monolithic medical provider where all health-care is under one roof. Hospitals are touting their specialties, boutique practices and celebrity physicians and the terms differentiation, repositioning, and branding have entered the health-care provider's dictionary.

As a result, facility planning rules have changed. Let us look at some of the parameters that can be identified as Thumb Rules for developing an efficient, patient friendly health-care facility.



DESIGN PARAMETERS FOR PATIENT CENTERED CARE

The essential theme for patient-centered care is that health-care should be delivered in a manner that works best for patients.

Patient's Values and Needs

1. Providing adequate privacy to patients during examination and discussion by providing proper screens/separate rooms for examination and treatment as well as counseling rooms near OT and ICU for discussion.
2. Movement of in-patients from rooms/ wards to treatment/diagnostic areas through separate corridors, other than

used by visitors, minimizes patient discomfort.

3. Providing of ramps with proper 1:10 / 1:8 slopes – even stairs are to be designed with uniform steps all through the facility to prevent fall during movement of people.

4. Providing of accessible toilets for patients, senior citizens and the differently-abled.

5. Designing a "way-finding" process into every project both Indoor and Outdoor. Patients, visitors and staff, all need to know where they are, what their destination is and how to get there and return. Making spaces easy to find, identify and use without asking for help.

Patient's Comfort

1. Provide spacious room to reduce crowding.

2. Provide proportionate size and scale of room with use of non-reflective finishes in cheerful and varied colours.

3. Provide each patient a variety of spatial experiences, including access to a garden or a day space – 2 slides (for this point).

4. Provide views of the outdoors from every patient bed or photo murals of nature scenes are helpful where outdoor views are not available.

5. Provide Natural light - The distinction between daylight and electrically lit spaces is significant - Daylight intensity levels are in the range of 10,000 to 40,000 lux, while a brightly lit interior averages between 300 and 500 lux.

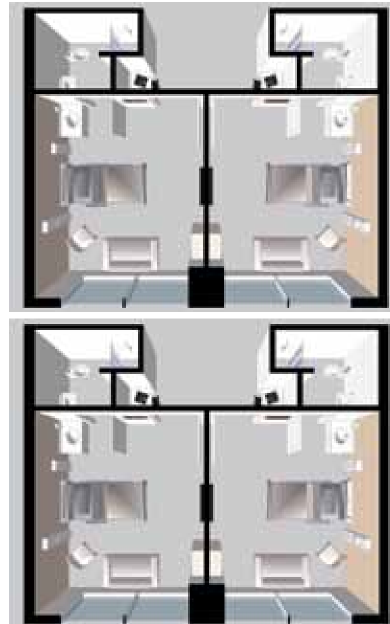
Benefits

Daylight can reduce a patient's post surgical recovery time. The human biological clock or the circadian system plays an important role in maintaining the well-being.

Studies show that "ICU psychosis", a state of delirium experienced in critical care environments, is dramatically reduced when spaces are day-lit.

Research shows that physical and visual connections to the natural environment assists in patient recovery and healing, reduce stress and improve the overall health-care environment.

Staff is also benefitted, thus leading to improved delivery of services to the patients they serve.



DESIGN PARAMETERS FOR OPTIMISATION

The designs of new health-care facilities need to be flexible enough to cope with changing patient expectations, new treatments and medical advances. Health-care facilities space is used by a wide range of user groups including clinical and support staff, patients and their relatives, volunteers and visitors. This has created the need for multi-use and multi-functional health-care facility space, which forms a key parameter to optimise the design of health-care spaces. The need is for multi-use and multi-functional space, flexible planning and standardisation.

Design Flexible Spaces

1. Modular concepts of space planning.
2. Design of generic bay sizes for patient rooms / OT / ICU so as to be able to accommodate these spaces optimally within the planning grid.
3. Where size and programme allow design on a modular structural and engineering systems. For large projects, this provides continuing adaptability to changing programmes and needs if properly planned and designed.
4. Open-ended corridor spaces, with well planned directions for future expansion provide flexibility to expand as per need at that time.

Standardisation

1. Currently standardisation has become an important strategy in health-care facility designs.
2. It is observed that standardised clinical areas promote efficiency in care and treatment, make life easier for clinical staff and reduce the incidence of medical error.
3. There are significant relationships between space optimisation from a functional perspective and from a construction perspective.

Planning for Identical OTs increases work efficiency for the OT staff during operations as they can retrieve and locate instruments effortlessly.

Planning for Identical ICUs improves the response time of ICU staff in emergency situations as the equipments / monitors etc would be located at exactly the same location in each cubicle and hence there is no time loss for locating them.

Planning for Identical Nursing Rooms also improves staff efficiency to a great extent. However, rooms with mirror layouts help optimise for services.

ECO-FRIENDLY DESIGN

Reduction in Noise Levels

Noise is a well-documented source of stress in health-care settings. Noise increases stress levels for patients and caregivers. WHO recommends that continuous background noise in hospital rooms should not exceed 35 decibels (dB), and night time peaks in patient care areas should not exceed 40 dB. Today, Fenestration is available to keep out the outdoor noise levels. Use of sound insulated partitions and false ceilings help reduce indoor noise levels and prevent transfer of sound from one space to the other.

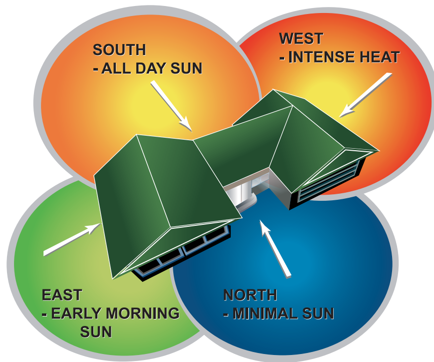
Improving Indoor Air Quality

The importance of good air quality in controlling and preventing airborne infections in health-care facilities cannot be over-emphasised. Providing clean, filtered air and effectively controlling indoor air pollution through ventilation are two key aspects of maintaining good air quality.

1. High-efficiency particulate air (HEPA) filters in particular are highly effective in filtering out harmful pathogens and are strongly recommended in areas housing immune-compromised patients.
2. Adequate ventilation rates as per NABH standards and regular cleaning and maintenance of the ventilation system are critical for controlling the level of pathogens in the air. The operation theatres and ICU set-ups in particular need to have minimum second stage filtration system. The patient rooms may not have air-conditioning but necessarily need to have ventilation prescribing to the requisite air changes.
3. Some special precautions to prevent infection during periods of construction and renovation like installing barriers between patient care and construction areas is recommended.

Building Orientation

Well-orientated buildings maximise day lighting through building facades reducing the need for artificial lighting. In the equatorial location, if solar heat gain is to be avoided, the main windows should face north. Solar heat gain on the west side can be particularly troublesome as its maximum intensity coincides with the hottest part of the day. In urban buildings with an east or west orientation, where there is a demand for large openings, a special glazing that reduces solar heat gains should be chosen. Provision of proper sun-shading devices to every external opening of the building according their orientation is essential.



SUSTAINABLE DESIGN

It is important to design sustainable hospitals to improve on operational efficiency and reduce working costs. As we saw earlier, the building itself also needs to be planned to maximise on functionality while choosing on the aesthetic features, such as glazing, careful choices need to be made.

Building Fabric

Building fabric protects the building occupants and plays a major role in regulating the indoor environment. It is a major factor in determining the amount of energy a building will use in its operation. Solar heat gains can be controlled by the sensible sizing and positioning of the glazed surfaces taking the orientation into consideration. Selecting glass appropriately, like heat-reflective glass helps in conserving energy.

Conserve Water and Electricity

1. Take advantages of gravity flow where possible for distribution of water supply.
2. Use rain water harvesting or ground water recharge system, which is mandatory to be provided for hospitals.
3. Installation of a sewage treatment plant.
4. Reuse storm water or gray water for non potable applications.
5. Use of LED light fittings and Energy Efficient Equipments for Medical and AC.
6. Include solar panels or photo-voltaic cells on the roof and generate electricity and heat water for hospital use from the Sun's energy. Alternately the panels could be used to generate power for back-up lighting or street lighting.

These are a few thumb rules that I believe would add value to our projects from a patient as well as a doctor's perspective also taking into account the GREEN aspect thereby making the facilities cost-effective at an operational level and also help reduce the CARBON footprint for the project.

References:

[1] New Planning Rules of Thumb for New Hospitals: April 1, 2006 by Gary Vance, AIA, ACHA and Scott Radcliff.

[2] HaCIRIC -excerpts from research synopsis of Developing an integrated approach to the design of high quality health-care space using Modelling, Simulation and Visualisation(MSV)

[3] Hospital Health-care facilities -Whole building design guide. htm, article by Robert F. Carr.

[4] AE DESIGN II - BUILDING OPTIMIZATION - Rule of thumb for window configuration.

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FIRE SAFETY AND PROTECTION IN HOSPITALS

Mr. Tarun Katiyar

Fire safety and protection is matter of vital importance concerning everyone in the hospital industry. After the grief-stricken incidence of Kolkata question of safety of patients have raised in India. Unawareness of safety measures specially among staff of hospital led to death toll of more than ninety persons including patients as well as staff. Whole incidence turned out as an eye opener for government as well as health care providers.

For fire safety and protection in hospital an intelligent building design is needed.

To cater to various potential emergency situations to avoid further incidence of same kind. The main objective of fire safety design of buildings should be assurance of life safety, property protection and continuity of operations or functioning. The designer must recognise the type of danger posed by each component and incorporate effective counter-measures in hospital. Fire Protection Engineering has made substantial strides in its professional development and all should be implemented.

Many old hospitals, mostly government hospitals, do not have fire safety equipment like sprinklers. Even the roads inside big hospitals, which should be 6 metres wide, are blocked with parked vehicles. If a fire breaks out, the fire tenders cannot even enter. Therefore norms and codes for building design and fire safety should be followed not only for high rise hospital buildings but also for small set up or nursing homes properly. Fire Codes process is a complex process which integrates many skills, products and techniques into its system. It has been observed that a big hurdle in the way of efficient fire safety measures is the blocked staircase area in most private hospitals across India. The staircase is usually blocked by locked glass doors, meant to restrict the entry of patient's relatives or other unwanted people; instead of giving priority to safety. This could be resolved by keeping security guard to keep outsider at bay and leaving the staircase open for emergencies.

Hospital Engineering service provision for Fire Protection according to NABH:

1. Fire fighting installation approval must be obtained.
2. Location of control room should be easily accessible.
3. Control panel and manned, PA equipment should be connected with detection system or fire alarm system.
4. Pumps and pump rooms.
5. Two separate pumps i.e. electric and diesel pump should be available.
6. Provision of forced ventilation should be there.
7. Arrangement of filling fire tenders.
8. Four way fire inlet must be present in case of emergency.
9. Proper access for Fire tender to fire tanks.
10. Fire Drill should be performed.
11. Yard Hydrants should be available.
12. Ring main and Yard Hydrants should be as per strategic locations.
13. Two way fire heads to charge the Ring main.
14. Landing Hydrant and Hose reels.

15. Wet Riser System must be installed.
16. First aid fire fighting appliances must be in working conditions.
17. First aid equipment cabinets.
18. Provision of escape routes - escape stairs.
19. Sprinklers system - basement and building above 15 M. in height.
20. Automatic Smoke Detectors/Heat Detectors.
21. Provision of Fire Alarm System and Fire extinguishers.

Regulations as per National Building Code 2005:

1. All high-rise buildings need to get NOC as per the zoning regulations of their jurisdiction concerned.
2. A road which abuts a high rise should be more than twelve metres wide, to facilitate free movement of fire services vehicles, specially the Hydraulic Platform and Turn Table Ladder.
3. Entrance width and clearance should not be less than six metres or five metres, respectively.
4. At least forty per cent of the occupants should be trained in conducting proper evacuation, operation of systems and equipment and other fire safety provisions in the building, apart from having a designated fire officer at the helm.
5. The buildings should have open spaces, as per the zonal regulations.
6. Minimum of two staircases with one of them on the external walls of the building. They should be enclosed with smoke-stop-swing-doors of two-hour fire resistance on the exit to the lobby.

General Recommendations:

1. Hospitals of high rise buildings are found to be utilising the cellars for generators and transformers, which is strictly prohibited.
2. Canteens, O. P. blocks, dormitories and pathological labs are not allowed in cellars.
3. Regular refresher training courses for the fire brigade personnel.
4. Recommendation for creating Rural Fire Services in areas which are not at present under any full time Fire Service Cover.
5. Augmentation of Municipal Hydrant System.
6. Adoption of best practices from other city codes like Mumbai, Delhi and Hyderabad by State Government for fire safety.
7. Clarifying position of CFO and Fire Protection Consultant in approval procedures.
8. Recommendation for establishment of Disaster Control Room for cities.
9. A passing reference to NBC rules like provision of fire doors, fire separating walls, fire exit and fire lifts should not be overlooked.

Fire safety Measures have four Parameters namely means of access through approach roads, open spaces, means of escapes like external staircases and Fire fighting equipment. Thus provision of all these is necessary from safety point of view within hospital premises. An effective fire program calls for an understanding of the hospital fire plan and the active participation of every employee at all times. Also at least one well trained fire officer should be elected at every hospital. There is no better protection against fire than constant vigil to detect fire hazards, prompt action to eliminate in safe conditions and a high degree of preparedness to fight fire.

Everyone should remember that every big fire starts from small one therefore nothing should be considered insignificant within hospital premises. Some hospitals lack trained staff to handle such emergencies therefore frequent mock as well as evacuation drills must be taken. Panic and confusion are the greatest hazards of fire and they can be countered only by sufficient preparedness which should be avoided by means of hospital staff in case of fire emergency. Strong actions like putting board of ‘Fire Unsafe Building' in front of hospitals, which did not initiate fire safety measures like Fire Department (Hyderabad) should be implemented in other cities and states. The best form of protection from fire is its prevention.

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KALANDI KHAL
- A TREK ABOVE THE CLOUDS

Dr. Amita Suchak

Infamously famous, as of the toughest Himalayan treks in India – Kalandi Khal at 19,600 ft., is a 'feather in the cap for any trekker'. The strenuous 100 Km. trek starts from Gangotri and ends at Badrinath – is a test of bravery, stamina and courage.

We attempted this spectacular Twelve-day trek in August last year. An eclectic group of eight - (Dr. Amita Suchak, Shilpa Suchak, Urvashi Thakkar, Pradnya Thakkar, Sejal Mody, Mahindra Kumar, Rudra Mandal and Mr. Bose) - we had a mix of adventurers, veteran trekkers and mountain enthusiasts, supported by two guides and twenty five odd porters – we achieved this lofty goal.

The route passes through one of the most breathtaking landscape under the shadow of great peaks of Garhwal - Bhagirathi II, III and I Shivlinga, Vasuki, Chandraparbat, Satopanth and so on. The trekking route offers all kinds of challenges like boulders, glaciers, scree, crevasses, river crossing, roping and snow.

We started this quest – never sure whether we will actually make it or not - hounded by too many stories of trekkers disappearing on route, the pass has a high mortality rate. In fact that year in July, eight bodies were recovered of a West Bengal trekking team from the region.

But we started, nevertheless, with a twinkling in our eyes, like dreamers – full of belief, that our odd member team had a chance at crossing one of the most dangerous terrains the Himalayas has to offer.

Till Gaumukh (Origin of river Ganges), the trek route is well-defined trail. From Gangotri to Chirbhasa and Bhojbasa it was simple and picturesque. But after Gaumukh, it is full of boulders on Glacier, where we had to jump from boulder to boulder in some places. Through this terrain we had to find our own rhythm, dance through these boulders and rocks, find our own body balance and still maintain our speed.

After crossing the moraine and glacier, we left the Gangotri glacier below and climbed very steep hill to reach Tapovan, from where rises the Shivling Peak (6543m) flanked by Meru (6630m) and Kedar Dome (6808 m.) Tapovan itself is at the base of Shivling and offers a clear view of Bhagirathi and Sudershan. We were greeted at Tapovan by

a huge heard of wild mountain goats who stared at us curiously as we set up camp. The view from Tapovan was definitely worth the effort.

The next day began bright and sunny as we crossed from Tapovan to Nandanvan. Here we traversed along the Gangotri and Chaturangi glaciers and got a first-hand experience at rock climbing. Nandavan, the beauty is spell-bounding. The grassy field with an accessional blue, orange, yellow flower is literally flanked by snow peaks on all four sides – Bhagirathi II, III & I, Kedar Dome, Karchakunda, and Shiblinga. Since ancient times, ascetics have climbed into these inhospitable heights in search of peace. Nandavan and Tapovan have captured the imaginations of many writers, poets, artist and explorers.

Surrounded by the beauty, our minds were in awe but our bodies had started to feel the pressure of the trek and the altitude. Next day we got ready to trek through the Chaturangi glacier from Nandavan to Vasuki Tal (16180 ft.) Walking through high ridges and Lammergeyer we could distinctly see the 4 varied colours of the glacier. The Vasuki Tal "not so big" glacial lake was placed in the serene surroundings of Chaturangi Bhamak. On the left of the lake was Bhagirathi Bhamak, leading to the Bhagirathi group of the peaks. We took a day's rest to catch up and gear up for the next half of the trek.

The days that followed went by in anticipation of the pass. Trek from Vasuki Tal to Khara Pathar (16800 ft.) leads to Satopanth (7075 Mts.), one of the two, 7000 meter mountains of Gangotri Glacier. Here we were greeted by sleet and snow. We quickly made way into our tents for the night and prayed for clear skies the next day.

Khara Pathar is where the trek reaches a point of no return. So we waited for an additional day to get clear blue skies. The day after we darted from Khara Pathar to Sweta Glacier (17350 ft.) a steep walk through moraine full of rock and boulders and surrounded with big mountains. We saw many shades of blue in the glacier lakes that we passed by. We set up an overnight camp on a glacier. On the way we saw and heard many avalanches. We could sense we were getting closer to our destination.

The journey so far had been inexplicably smooth. The next day the walk from Sweta Glacier to Kalandi Base (18580 ft.) was through scree, moraine and boulders. While crossing Sweta glacier, we tranverses through the Chaturangi glacier; which is a major tributary to the Gangotri glacier. Chaturangi glacier is approximately 13-15 Kms. long, approximately half the length of Gangotri glacier. Chaturangi literally means a Glacier of four colours and the moraines over the glacier range from pink, yellow to brown.

We were feeling totally exhausted, our guide had to cut steps on the ice wall and we had to courageously jump through a narrow gap or a stream to land on the other side. The terrain had quickly changed from brown rocky boulders to white patchy glacier and ice fields. Our adrenalin kicked in and we walked through biting ice and thinning air to reach Kalandi Bhamak camp, which is just next to the Kalandi Glaciers snout. Up ahead we could see the grandiose Kalandi Khal (5940 Meters), (Khal means a pass); in this case the pass was a deep gap between Avalanche Peak (6413 Meters) and Kalandi Peak (6102 Meters).

We were now on fire even though some of us (including the porters) were feeling mild

altitude sickness. We couldn't wait for the next day - the pass felt so close. We ate dinner in our tents and slept early to start our walk at 5am next morning. We started from Kalandi Base to Kalandi Khal (19600 ft.) and straight to Raj Parav (16500 ft.) We started our ascent through what felt like a lazer show as the sunrays gently lit the white mountain peaks in different hues. The summit of Kalandi peak was only 150 Meters higher than the pass, in fact the summit camp for Kalandi peak lies below the pass.

Every step on the way was calculated and charted out by our guide. We were moving in a single line roped to each other led by our guide. On the way we saw frozen bodies (withered down to just skeletons) of some unfortunate trekkers. The day was clearer than any day surrounded by silence with a single minded focus we made our way. After a few hours of toiling through the snow, snaking upwards with wobbling knees and avoiding the crevasses we were on the pass!

A few places in the world can harmonize such beauty and mystery! We were now above the clouds and surrounded by legendary peaks that added to the exotic view. We had a panoramic view of Mound Kamet (7756 Meters), Mound Mana (7272 Meters), Abi Gamin (7355 Meters) and Mana Parbat (6797 Meters) and many more.

We could feel the grandeur of our mission but simultaneously felt paralysed by the beauty. We quickly took a few pictures and descended our way down through the ice fields. It then became a scramble to run down the snowfields, as the visibility almost came down to zero. The snow caved in as our feet sunk into it, the cold water seeped in through our shoes and socks. We felt tricked by the snow on every step - it didn't matter where we put our foot there was no way to know how deep the snow was. We fell into crevasses but were pulled out by our guide. We desperately wanted to reach rock - any rock.

Utterly at a point of collapse we reached Raj Parav. The rest of the trip was a blur. From Raj Parav to Ghastoli via Arwa Tal we crossed streams and silt and boulders. Trekking through light drizzle, pounding on the boulders, still in a daze. We still could not believe that we had crossed over the legendary and mystical Kalandi.

On our way back we were greeted with a warm welcome from the Indian Army at Gashtoli - they were amazed at our experience. No incident, no tragedy and no rescue mission. A group of eight lay trekkers (Five of them women) had completed the feat. We were shivering from the walk, they lit a small chimney fire for us in a room. And as we gathered around the flame with a warm cup of tea in our hands - slowly in began to sink in - we started feeling a sense of pride - the realization hit – that we had crossed the pass and felt the sweet sense of achievement.

The next couple of day's exhaustion took over our bodies, our feet were swollen and most of us had lost several kilos of weight. I'm sure we all thought to ourselves at some point or the other during the excruciating expedition - why did we do it? Was it worth the pain, the danger?

The answer is simple. Even today when we close our eyes we can visualize the panoramic view of the Himalaya's soaring above the clouds - as we tower over famous peaks – all of it still feels like a dream!

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JUDGEMENT REGARDING NOISE POLLUTION AT RELIGIOUS PLACES

IN THE HIGH COURT OF DELHI *at* NEW DELHI

W.P.(C) 7942/2011

MADHAV ROY : Petitioner Through Mr. Jai Bansal, Advocate

versus

UOI AND ORS : Respondent Through Ms. Anjana Gosain and S. Fatima for GNCTD Mr. Sunil Kumar for R-4

CORAM: HON'BLE JUSTICE MR. VIPIN SANGHI

O R D E R Dated 06.01.2012

The petitioner is aggrieved by the noise pollution caused by the respondent temple and Mosque in Ekta Vihar and surrounding areas due to the use of the loudspeakers by these religious establishments/bodies on high volume.

Mr. Kamdeo Tiwari, Pradhan and Mr. Damodar Prasad, Secretary of Jai Mata Mandir situated at Ekta Vihar and Mohd. Ragibul Islam, Imam of Goshiya Mosque situated at Sunder Nagri are present in Court today. The ACP Traffic is also present in Court along with Mr. Lekh Singh, SHO, Nandnagri.

I have spoken to the aforesaid representatives of the Jai Mata Mandir as well as to the Imam of the Mosque.

I find from the photograph shown to the Court -and judicial notice.

Can be taken of the fact that in temples, masjids and other religious places, loudspeakers are installed at nearly the highest-point, facing outside, with the result that when the same are operated, the noise spreads in a large area around the religious place of worship. This causes unjustifiable interference in the peaceful life and existence of the persons, not only in the immediate neighborhood, but also those who may be living at some distance from the religious place.

No person is entitled, on the pretext of practicing or propagating one's religion, to cause such nuisance in his/her neighborhood, and disturb the peace in the area, merely because one considers it beneficial for others to hear the Aarti, Aazan, Religious prayers, or Sermons. One cannot thrust the same upon others, against their will, and at the cost of their peace and tranquility. The freedom to practice one's religion does not give a right to anyone to breach and trample upon the fundamental and civil rights of others in the community.

Religious tolerance in a secular state means the exercise of self-restraint and the maintenance of self-discipline. It means that persons of all communities acknowledge, and exhibit sensitiveness and respect to the legitimate needs, comforts and rights of others. It does not mean the forcible stamping of one religion or religious practices on others, whether one likes it or not, and even though the same may legitimately be considered by them as a source of nuisance or inconvenience, with the expectation that the other persons should quietly accept and tolerate such activities. Such acts cause irritation to persons who may not be interested in such practices and propagations whether belonging to the same religious community or other religious communities. Such acts are likely to lead to simmering of ill-will and grievances, which in turn, leads to communal tensions. Therefore, such practices and tendencies deserve to be curbed to preserve the rights of the citizens.

The Supreme Court in Forum, Prevention of Environment and Sound Pollution v. Union of India and Anr., Civil Appeal No. 3735/2005 decided on 28.10.2005, reported as AIR 2006 SC 348, has taken note of the Noise Pollution (Regulation and Control) Rules, 2000 which have come into force on 14.02.2000. The Supreme Court in its order has quoted with approval a passage from the Times of India (The Speaking Tree) dated 07.10.2005 which are appropriate

to be taken note of and I, therefore, reproduce the same herein below:

"Those who favour the use of loudspeakers plead that it is a devotee's religious duty enjoined by the shastras to make others listen and enjoy the singing of bhajans. Azaan too is necessary to inform others that it is time for namaz, a job assigned to the muezzin of the Mosque.

Wait a minute. There were no loudspeakers in the old days. When different civilisations developed or adopted different faiths or when holy books were written to guide devotees, they did not mention the use of loudspeakers as being vital to spread religious devotion. So the use of loudspeakers cannot be a must for performing any religious act. Some argue that every religion asks its followers to spread its teachings and the loudspeaker is a modern instrument that helps to do this more effectively. They cannot be more wrong. No religion ever says to force the unwilling to listen to expressions of religious beliefs.

In the Bhagavad Gita, Krishna says to Arjuna: "This secret gospel of the Gita should never be imparted to a man who lacks penance, nor to him who is wanting in devotion, nor even to him who lends not a willing ear; and in no case to him who finds fault with Me... He who, offering the highest love to Me, preaches the most profound gospel of the Gita among My devotees, shall come to Me alone; there is no doubt about it" (18.67-68).

The gospel should be delivered to only those who enjoy listening to it and who have the patience to do so. It shall never be forced upon those who do not want it. The Holy Quran says, "Lakum Deenokum Walia Deen" - your religion and belief is for you and my religion and belief is for me. Each stay happy with her own religion and belief. It never says, make others listen to the gospel of your faith by using loudspeakers.

A similar instance is found in Biblical literature. The Gospel according to Saint Luke says: "When Jesus had called the Twelve together, he gave them power and authority to drive out all demons and to cure diseases, and he sent them out to preach the kingdom of God and to heal the sick.

He told them: 'Take nothing for the journey - no staff, no bag, no bread, no money, no extra tunic. Whatever house you enter, stay there until you leave that town. If people do not welcome you, shake the dust off your feet when you leave their town, as a testimony against them'. So they set out and went from village to village, preaching the gospel and healing people everywhere" (9.1-10).

The earlier Supreme Court judgment banning the unsolicited use of loudspeakers at inconvenient times is in conformity with religious tenets."

The aforesaid words of wisdom should not only remain as a part of newspaper articles or law reports, but should also be put into action.

I, therefore, direct that no religious establishment, or institution, or place of worship in Ekta Vihar and Sunder Nagri shall install the loudspeakers at a high point, or close to the pinnacle of the religious place of worship. The same shall be installed at a height not more than eight feet from the ground. They should also not be facing outside. Their direction should be such that the sound waves are focused at the centre of the place of worship, so that only those devotees/ believers, who are interested in visiting the religious place of worship, and are interested in listening to the religious prayers, sermons etc. get to hear the sound waves, and noise pollution is not caused in the vicinity of the religious place of worship.

The aforesaid directions have been explained to the epresentatives, namely, Mr. Kamdeo Tiwari, Pradhan and Mr. Damodar Prasad, Secretary of Jai Mata Mandir and Mohd. Ragibul Islam, Imam of Goshiya Mosque, and they have undertaken to the Court to abide by these directions. They shall remain bound by their undertaking and the directions issued by the Court.

The ACP (Traffic), who has been designated as the authority by the notification dated 03.04.2008 for maintenance of the ambient air quality standards in respect of noise, under the Environment (Protection) Act, 1986 in the NCT of Delhi, as well as other officers who are so designated by notification dated 10.12.2001, shall ensure strict compliance of this order, the provisions of the Environment (Protection) Act, and the maintenance of the decibel levels around all religious places of worship in the area in question. List for compliance on 12.03.2012.

Dasti under the signatures of the Court Master.

VIPIN SANGHI J.

January 06, 2012

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HOUSE ON THE ROCK

Dr. Ajay Kothari

How many of us would think of creating memorable structure in memory of a departed soul? It is not the money but thought and love that brings out the creativity from within.

Alex Jordan was a well-known architect in America. His wife died and he thought of constructing unique structure in memory of his wife. Back of his mind was Shahjahan and his love for Mumtaz and which resulted in Taj Mahal - a masterpiece.

> People travel abroad and spend their time in cities. But there is more to see beyond these cities. After seeing plenty of gardens, palaces, churches, temples, rivers, lakes and mountains then what? One must explore the unusual places. At times even locals have not visited these places. Today Internet has brought all these places in our office provide some one has hinted at that. Here is my effort to showcase you one such place. I am sure we all have visited Chicago but must not have visited this place which is just 180 Kms. north of Chicago. It is a day trip leaving everlasting impression in your mind.

But where?

What kind of a dream construction he had in mind?

Well! He had no idea. No concept. Where he should begin?

While in search of a suitable memorial he came across thousand of acres of barren land of Wyoming Valley. He saw a solitary hillock in the Valley as if waiting since years for Alex to arrive. It was love at first sight for Alex. Land owners were thrilled to get a buyer for the lands which were dead to them. Alex purchased 200 acres of land at throw away price and thoughts started pouring in his creative mind for the memorial.

He decided to retain the outer appearance of the rock to an extent not to cut any tree or even twigs inside or encircling the rock. No labourer was willing to come to this barren land and biting weather. In the absence of available technical machinery he quarried at and carried the needed stones and mortar in basket on his back climbing the rock, started the construction in 1940. He started carving the rock to divide into 'Yesterday, Today and Tomorrow' The Americans had come by boat some 200 years ago from England and landed on the east shore of America which is now known as New England. He took his creativity from this point and called it Yesterday.

He made a street of half a kilometre long underground in Yesterday. At one end of the street he constructed a huge 200 ft. long Mississippi colossal steamboat called 'Gladiator'. It was whimsical, musical light and sound effect of Gladiator, whistles blew, wheels rotate and the front light bleeding as if Gladiator started its journey. The brass fitting all over adding to the beauty of the energy engine. As we strolled down the street of Yesterday, we came across a little coin operated mechanical hocus-pocus called Esperalda - the female astrologer. We inserted a coin and her mechanical hand threw one card out from the slot showing our future. Houses after houses were constructed in the street.

Horse carts stable, Sheriff's station but the sheriff sitting in the barbershop next door, Grandma's house, Rich man's house displaying food in expensive imported China glassware. At both equally shocked and a popcorn Wagon-R outside under the soft glow of street level. One could buy medicines like tech firm to lose weight or no pills and brain tonic in a toy shop, gun shop with armory and polished guns, talented German woodcarver and fire station next to woodcarver was well thought of. Ageing half spectacled large moustache fellow waiting for the kids to arrive for the

puppet show. Imagine a constant cacophony of tic- tock and cuckoo coming out of clock in a clock shop inviting the visitors. We saw the sign boards of chimneys, shades and globes which guided us to the lamp shop. The lighting was set in a romantic mood. Largest number of dolls were displayed and then a bank. One of the highlights was 'Fantastic Blue'. Jordan arranged the instruments in concert formation in this unique music chamber. There were violins, drum, organ, piano, Jazz, saxophone etc. These were actually playing by 'invisible hands' for the spectators on a drop of a coin. The whole movement was an illusion. Sound instruments were playing different symphony with each coin dropped. Another highlight was World's largest Carousel room with 20,000 bulbs, 269 hand crafted animals and not even one horse in those animals and 182 magnificent chandeliers. If was so fascinating, let's visit Today.

Today was spread out inside the Rock. It had 14 rooms. When Jordan was constructing the house he realised that he has to protect the house mates from biting winter of Wyoming Valley. He constructed the fireplace in one corner of one room in such a way that it provided warmth in all the 14 rooms. There was no furniture, but still there were sofas and reclining chairs, corner and centre tables, all made out of carved rock covered by plush carpet providing not only elegance but also cushy comforts. Throw away pillows added to the comfort. Stained glass windows, cobble mushroom lamps, stone pots with beautiful plants, trunk of giant tree in the corner and even in the centre of the room providing unusual grand deco. Even the seating arrangements and steps were covered with carpet. Bedroom, study room, coffee

room, music room, with kinds of luxuries were created in unique style. There was a formal study room and non-formal study room. In non- formal study room only carpet formed the furniture. One can sprawl on it by the side of the giant window. Fantastic collection of butterflies seen to be believed, exquisite curio table from China completed Today. We felt the Today was far superior to any luxurious bungalow of today. Each room was overlooking something of Tomorrow.

We came out of Today by round cobbled door called Sun as if visitors entering new era of Tomorrow comprising rock shelter with mixture of natural and artificial light on the Japanese-style rock garden and waterfalls. This lead to Infinity room made up of glass and metal suspend bridge. Terrace Gallery overlooking the expanse of Wyoming Valley. While coming out in the open through a room where visitors were sitting in trance as if to come back to reality of today. They were looking at the monumental Mikado. Huge Chinese sculpture surrounded by organ in red shades. Visitors fascinated, amazed and dazed were found sitting in front of Mikado. We silently joined them.

There were established architects sitting deciphering Jordan, there were children dumbstruck, adults who were amazed and there were perplexed interior designers.

We read the board at the exit:

This is not a museum nor it is a collection of artefacts of Jordan. House on the Rock and it is, Today and Tomorrow are the evil ends, build by a band in memory of his wife over a period of seven years.

We saluted Jordan who died in 1989, for his love, passion, intelligence, innovation, vision and above all his patience.

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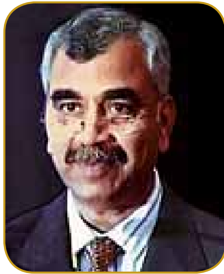

FROM THE PRESS

Compiled by: Dr. Pradeep Baliga

November 03, 2011: BMC gains 133 doctors after HC's order on posting.

Mumbai: The Bombay High Court's recent order to the state government to post super-specialty doctors in hospitals where their skills would be properly utilized has come as a God send for the BMC. For its three tertiary hospitals in Mumbai - KEM, Sion and Nair - the BMC has gained 133 super-specialty doctors, who have been appointed as assistant professors.

November 07, 2011: BMC wants doctors to upload PNDT form on private website.

Mumbai: The BMC has for a week been training doctors across Mumbai on how to upload the Form F. This is considered an important tool of the Act because it has every scan's details. Now, the state government wants doctors to upload Form F on to its website. It will become mandatory from December 1 for doctors in the city to upload Form F.

November 09, 2011: A national health regulatory body is a must.

New Delhi: Planning Commission's all-powerful group on health suggests putting in place a patients' charter of rights including ethical standards. According to the panel, India immediately needs a new National Health Regulatory and Development Authority, which will be statutorily empowered to monitor and enforce essential health-care regulations to control entry, quality, quantity and price. NHRDA will audit both the public and the private sectors and ensure enforcement and re-adressal.

November 16, 2011: Abortion pills fly under Govt. radar.

Mumbai: Civic records show that the number of medically terminated pregnancies in public hospitals and the few private centres registered with the BMC has risen in 2010-2011 since the previous year, but doctors fear that this rise is just the tip of the iceberg. The introduction of abortion pills that can be easily procured over the counter without the knowledge of a doctor or the BMC has complicated a health monitoring system, which is exacerbated by the fact that policy makers do not record the sale of these pills.

November 22, 2011: No study confirms direct relation to cancer, say doctors.

Mumbai: The Indian government may be set to bring down the permissible level of mobile tower radiation emission, but activists and health experts say that this is not enough. No study, however, has conclusively linked radiation from cell phone towers to cancer, and that in itself is worrying, said experts.

December 04, 2011: Clinic chains come up as alternative to family doctors.

Mumbai: Welcome to the corporatised avatar of the family doctor. After the emergence of private super-speciality hospitals and nursing homes, it is now the turn of the primary health-care provider to

turn corporate. These clinics, often in the form of chains, offer yearly health plans at a discount, conduct house calls, though at a premium, and boast a 24 x 7 doctor, albeit in shifts.

December 07, 2011: Ambiguity on use of dual line of treatment.

Mumbai: The State Consumer Disputes Re-addressel Commission order has put the issue of ayurveda doctors prescribing allopathic medicine under the spotlight. Lack of clarity on the laws has added to the confusion. A Medical Council of India release last year, it may be recalled, stated that ayurveda candidates cannot practise allopathy. In fact, when the States were asked to frame their own laws, Maharashtra had decided to go lenient and allowed certain ayurveda courses to practise allopathy.

December 10, 2011: Doctor makes insurance company pay claim amount.

Mumbai: The South Mumbai District Consumer Disputes Re-adressal Forum recently directed The New India Assurance Company Ltd. to pay advocate fees to a doctor who was earlier acquitted on charges of medical negligence. The forum observed that the insurance company had changed the policy's terms and conditions on advocate fees without the consent and prior knowledge of the doctor. (Medico-legal cell of AMC assisted the doctor in this case)

December 15, 2011: Doctors protest against seizure of Sonography machines.

Navi Mumbai: Under what circumstances are the State authorities eligible to seize Ultrasound Sonography machines from the clinics of private medical practitioners? Five doctors from Navi Mumbai have added to the debate. They recently moved the Bombay High Court seeking a release of their machines from the NMMC custody.

December 20, 2011: Civic body files case against 3 doctors.

Mumbai: The BMC has filed a case against three doctors in the city for alleged violation of the pre-natal sex selection law. The charged invoked against the doctors were under various sections of the PcPNDT Act which attract a punishment of up to three years' jail and a Rs. 10,000 fine.

December 20, 2011: In a first, five state doctors suspended over sex tests.

Mumbai: In the first-ever stringent action against medical practitioners carrying out illegal sex determination, the Maharashtra Medical Council on Monday suspended the registration of five doctors who had violated the law on this count. The doctors will remain suspended till the pendency of the criminal complaints against them. Invoking the provisions of the MMC Act and the PcPNDT Act, disciplinary action was launched against the doctors.

December 25, 2011: National Eligibility cum-Entrance Test to roll out from 2013.

New Delhi: The first ever single NEET for MBBS and post-graduate medical courses will now be rolled out from 2013. This was indicated by the Union Health Ministry following a meeting with the Medical Council of India on Friday.

January 03, 2012: Special training for docs posted in rural areas.

Mumbai: The Directorate of Medical Education and Research in collaboration with the state Public Health Department will soon start a crash course in specialised health-care for medical officers and doctors posted in rural areas. The six month-long courses will involve training of MBBS doctors and medical officers posted in rural primary health centres, hospitals and sub-district hospitals.

January 03, 2012: Govt. gives family doctors a shot in arm.

New Delhi: With India witnessing a rush of medical students keen on becoming "specialists", the Union Health Ministry and MCI have notified introduction of a new three-year post-graduate course - MD in family medicine. This doctor will be the one "who will know a little of every discipline, from pediatrics to gynecology and will be able to treat the community as a whole."

January 04, 2012: Sealed Sonography machines being released without court orders.

Mumbai: Civic officials have returned several Sonography machines that were seized from doctors booked under the law aimed at preventing sex determination tests, an RTI query has revealed. The PcPNDT Act clearly states that sealed and confiscated equipment cannot be given back without courts' consent. The RTI query was filed by the Indian Radiological & Imaging Association, which is upset with BMC and local authorities' selective and unfair approach towards returning Sonography machines.

January 04, 2012: MCI says no to rural MBBS course.

New Delhi: The Medical Council of India has told the Health MInistry that the rural MBBS programme of three-and-a-half years, as it has been envisaged for the last more than two years, is not feasible.

January 15, 2012: Govt. bans portable USG machines; -machines to cost doctors dear.

New Delhi: India has banned unregistered 'on call' portable ultrasound machines. The landmark decision was taken by the Central Supervisory Board of the PcPNDT Act, 1994. The Union Health MInistry sent the notification, which it will appear in the gazette next week.

Mumbai: A hike in the registration fees for new ultrasound machines and a cap on attachments for radiologists is the two-pronged strategy adopted by the Centre to check child sex ratio in the country. Both these measures will be implemented across the nation and were mooted by the Maharashtra government to arrest the declining child sex ratio in the state.

January 19, 2011: There's nothing called TDR TB - Central team.

Mumbai: There is nothing called Totally Drug Resistant TB, said the team of experts sent by the Central government after local hospital released a study showing 12 patients suffering from TDR TB. Terming the study as "premature", the six-member team said that the term to be used is "extra extremely drug resistant TB".

January 31, 2011: 25 doctors' licences may be suspended over sex tests.

The public health department handed over a list naming these 25 doctors to the Maharashtra Medical Council last week. MMC authorities have already started issuing show cause notices to the doctors and are awaiting replies. It is only under the PcPNDT Act that the licence of a doctor can be suspended even before the court's order.

(Sourced from various Agencies)

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