



# Delhi Medical Association

## NEWS BULLETIN

FORTNIGHTLY

Official organ of Delhi State Branch Indian Medical Association

20 Pages

President  
**Dr. Ashwani Goyal**

Hony. State Secretary  
**Dr. G. S. Grewal**

Hony. Finance Secretary  
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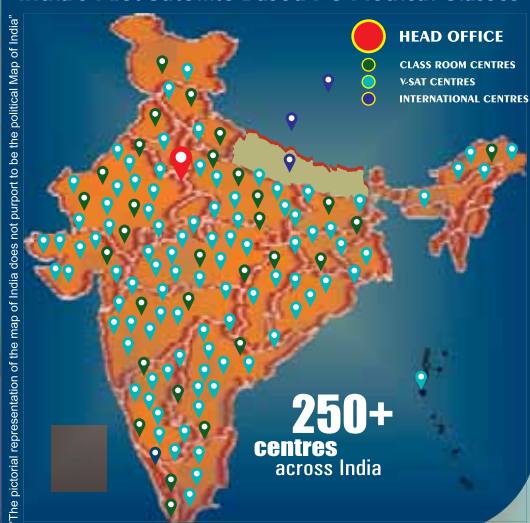
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# DELHI MEDICAL ASSOCIATION

Organizes



# NACON 2019

(National Academic Conclave)

Co-inciding with

## 61st Annual Delhi State Medical Conference

on Sunday the 24th March 2019  
from 9.00am - 6.00pm

At **Hotel Le-Meridien**, New Delhi-110001

**Registration Fee Rs. 1000/-** (Including Workshops)

Mode of Payment :

All payments to be made by cheque/demand draft in favour of  
"Delhi Medical Association" payable at

Delhi Medical Association

DMA House, Medical Association Road, Daryaganj, New Delhi-110002

Call, 23271726, 23285727

### PROGRAMME

24TH March 2019	NACON 2019	Hall A
<b>Time</b>		
9.00-10.00am	Recent Advances in Cardiology	
10.00-11.00 am	Recent Advances in Neurology	
11.00-12.00am	Recent Advances in Oncology	
12.00-1.00pm	Recent Advances in Orthopedics	
<b>1.00-2.00pm</b>	<b>LUNCH</b>	
<b>2.00-3.00pm</b>	<b>INAUGURATION</b>	
3.00-4.00pm	Recent Advances in Ophthalmology	
4.00-5.00pm	Recent Advances in Obs & Gynae	
5.00-6.00pm	Recent Advances in Paediatrics	
<b>24th March 2019</b>	<b>9.00am to 5.00pm</b>	<b>Hall B</b>
9.00-5.00pm	Workshop on PNDD Act	
	Workshop on Management of Bio Medical Waste	
	Workshop on Assault on Doctors	
	Workshop on Adolescent Health	
<b>24th March 2019</b>	<b>9.00am to 5.00pm</b>	<b>Hall C</b>
	Tutorial on Clinical Investigations	
	- How to Read X-ray / CT	
	- Basic ECG	
	- Basic Lab Investigations	
	- Basic Ultrasound	
	- Basic MRI	

Delegate Kits

Registration Rs. 1000/-

Many More Gifts

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Early Bird Prizes

Please Note :  
Workshop only for 30 Delegates.  
Send your Registration at the earliest.



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Conference Chairman & President, DMA  
Mob.: 9811113647



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Organizing Secretary & Hony. State Secretary  
Mob.: 9811078010



**Dr. M.K. Singhal**  
Chairman Finance & Hony. Fin. Secretary  
Mob.: 9873756425



**Dr. Girish Tyagi**  
Chairman Reception Comm. & President Elect  
Mob.: 9868116491



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Sr. Vice President  
Mob.: 9810885555



**Dr. Rajesh Makashir**  
Vice President  
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Chairman Scientific Comm.  
Mob.: 9810203358



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Co-Chairman Reception Comm.  
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**Dr. Hans Raj Satija**  
Chairman FSC., DMA  
Mob.: 9811050035

# President's Pen...



देश की रक्षा करते समय शहीद हुये जवानों को  
मैं सच्चे मन से नमन करता हूँ



Delhi Medical Association strongly condemns the recent terrorist attacks in Pulwama on CRPF convoy in which 42 Jawans lost their lives. Whole of the medical fraternity stand with the nation and with the bereaved families. Without the brave efforts of all the soldiers, and their families, this nation, would not stand so boldly, shine so brightly and live so freely.

On behalf of Delhi Medical Association our entire membership pledges for all sort of support in the ensuing period.

The brutal and cowardice attack was so powerful that it left 7meter deep crack on nearby area. This attack was condemned not only be our nation but by the world leaders unitedly. The nation paid sincere homage to the martyrs and each and every citizen of India was disturbed and had shown his solidarity. The world leaders have supported India's right to self defence against cross border terrorism emanating from Pakistan's soil.

The government is trying its best to crack down the terrorist hide outs and our Prime Minister has given the armed forces full freedom to retaliate at a time and place of their choice. Indian agencies are preparing a dossier for global financial watch agencies where it will seek black listing Pakistan. Whole country is in sympathy with the families of the jawans who have lost their precious lives while protecting our national security.

A tension between India and Pakistan has spiked and our Prime Minister reiterated that the time

for dialogue has passed and India is planning for a revenge and teaching Pakistan a strong lesson. It is really ironical Pakistan Premier instead of criticizing the incidence, demanded the evidence of the attack. India has already given enough evidences,& submitted the dossier in the past also but no concrete action has been taken by the Pakistan. The World leaders have called on UN to diffuse the tension All World leaders want that such acts must be stopped and Pakistan should immediately stop supporting terrorism and the mastermind behind such acts should be arrested and punished.

It should not be forgotten that at a time when nations have nuclear weapons to fight and there can be vide repercussions, one has to solve the problems and ensure that such terror acts are not repeated again and world becomes terror free. But it is now imminent that Pakistan is not going to follow the path of talks and dialogue and a strong and hard hitted reply is the need of hour which we are sure that our government has already planned and we have to wait for the right time of action.

I once again on behalf of the medical fraternity reiterate our total solidarity and support to Nation in this hour of crisis.

Dr. Ashwani Goyal  
President, DMA

Mob.: 9811113647

E-mail: goyalak62@gmail.com



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## 61st Annual Delhi State Medical Conference

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50% Concession for First 300 delegates Rs. 500/-  
Registration on First Cum First Serve Basis

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at DMA House**

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**Dr. Harish Gupta**  
Chairman, Hospitality Comm.  
Mob.: 9810219482

# Congratulations to Dr. K.S. Chadha this fortnight “FACE IN THE CROWD”

Congratulations to Dr K S Chadha & Dr Daljit Chadha for the official launch of their book "I SAW IT". 'The birth of an Islamic republic' at Iranian Culture Centre in New Delhi by Iranian Govt. dignitaries during celebration of 40 years of Islamic republic. Dr Chadha was asked to speak about the book and Iran. His talk was well appreciated with thundering applause.

Dr. Ehsanullah Shukrullahi, Ali Chegini Iranian ambassador in India, Dr. Ghulam Ali Haddad Adel Former Iranian parliament speaker, Dr. Ali Dehgahi, the Cultural Councilor of the Islamic Republic of Iran in New Delhi, Dr K S Chadha the co-author of the book & Mr Hersh Bhardwaj the publisher.

Dr Chadha is a Senior Consultant in Medicine practicing in Rajouri Garden. He is an ex-Maulanian from 1970 batch who was on deputation to Iran in that period which transformed the Iranian people and had a far reaching global effect which continue to feel even today. The book has received lot of appreciation with very good reviews from the readers.



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(Administration & Academic Issues)

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on Sunday the 24th March 2019

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## **KIND ATTENTION !**

### **INVITATION FOR DMA CONSTITUTION AMENDMENTS**

Under DMA Memorandum & Bye Laws Rule, Article 5 of Constitutional Amendments, alteration/deletion/suggestion or Amendment of any article of the memorandum or rule, are invited for Annual General Body Meeting of DMA to be held in 31<sup>st</sup> March 2019. Members are requested to send the proposed amendments to the DMA office before 1<sup>st</sup> March 2019.

**Dr. Ashwani Goyal**  
President, DMA

**Dr. G.S. Grewal**  
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## Department of

# General and Laparoscopic Surgery



### The General and Laparoscopic Surgery Team

Sitting L to R : Dr. C.S. Ramchandran, Dr. V.K. Malik, Dr. Trilochan Singh, Dr. Vijay Arora, Dr. B.B. Agarwal, Dr. R. Sarangi

Standing L to R : Dr. Srikrishna Das, Dr. S.N. Taha Mustafa, Dr. Neeraj Dhamija, Dr. Pramoj Jindal, Dr. Manish K Gupta, Dr. Tarun Mittal, Dr. Ashish Dey

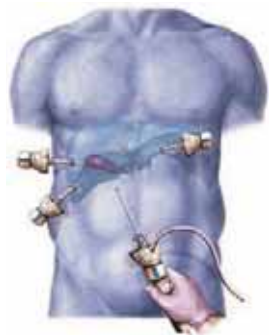
Helpline : 011-42252066, +91-9958065554

### An Overview...

The Department of General and Laparoscopic Surgery is regarded as the mother of all surgical specialties and continues to hold its own place of pride even in the face of stiff competition from its own "progeny". The thrust of the consultants in the department is on the complex abdominal surgery, laparoscopic surgery, colorectal, thyroid and breast surgery, robotic surgery, bariatric surgery and minimally invasive thoracic surgery. Oncology surgery is a part of department of surgery and takes up a considerable part of the repertoire. Free colorectal and obesity camps are also organized by the department on a yearly basis.

Three special clinics are being conducted in the department of general surgery.

- Breast Clinic
- Colo-Rectal Clinic
- Thyroid & Parathyroid Clinic



## Laparoscopic Surgery

The Department of General and Laparoscopic Surgery pioneered the start of laparoscopic surgery in the institution in 1991 and maintains its leadership due to continuous internationally acclaimed innovations and development of new techniques. Laparoscopy has allowed surgeons to perform the same procedures as in traditional open surgery, using small incisions (keyhole surgery) instead of large incisions. Major benefits of these surgeries are no large scars, reduced postoperative pain, reduced hospital stay, quicker return to normal physical activities and early return to work. Apart from establishing all laparoscopic procedures as routine the department due to its leadership in innovation of laparoscopic surgery, it is the only department to conduct even breast surgery laparoscopically. The department has been internationally recognized as a pioneer in enhancing the safety of laparoscopic surgeries due to innovations developed here.



## Colo-Rectal Surgery

The highlights of colo-rectal surgeries are developing newer investigations and therapeutic techniques in the surgeries for piles, fissures, fistulas and carcinoma rectum. Advancing the imaging techniques of defecography and the anal physiology studies involving manometry have resulted in the performance of advanced anal surgeries of Stapled Anopexy and STARR which was done in Asia for the first time in this department.



## Bariatric Surgery - Weight Loss

Obesity is a multifactorial disease due to accumulation of excess fat in the body. It refers to a spectrum of problems of excess weight, ranging from mild overweight to severe obesity. Obese people are more likely to develop reflux disorders and heartburn, high blood pressure, diabetes, arthritis, some cancers including prostate, breast, cervix and ovarian cancer, snoring and suffer sleep disorders, fatty liver disease, menstrual irregularities and infertility, depression and adjustment problems in society. With the epidemic of obesity no longer confined to the west, the demand for bariatric surgery has been on the increase. The focus is on Laparoscopic Roux-en-Y Gastric Bypass and Sleeve Gastrectomy. The benefits of laparoscopic surgery become particularly important as far as bariatric surgery is concerned. Weight loss surgery is almost guaranteed to help you lose weight, but like all good tools, it works best in the hands of a worker who is well trained.



## Minimally Invasive Thoracic & Foregut Surgery

Thoracoscopy is a minimally invasive diagnostic technique that provides access to the thoracic cavity for evaluation of intrathoracic pathology without surgical intervention. Intrathoracic structures can be visualized better with thoracoscopy than with an open thoracotomy. Thoracoscopy provides minimally invasive access to important diagnostic information with a very low incidence of complications. Esophageal cancers, lung cancers and stomach cancers can be treated through this technique.

## Robotic Surgery

Robotic surgical techniques are being utilized in all the specialties areas that continues in General Surgery where it is of immense help in colorectal, bariatric & endo thoracic surgeries. It brings the benefits of minimal invasive procedures, precise detail and excellent outcomes.



## Postgraduate Teaching and Research

**DNB Program** - The department has been the pioneer of DNB program in the institution. The consultants from the department are the examiners as well as the inspectors of the various DNB programs, thus contributing greatly towards academic and research training.

**DNB Surgical forum classes**- Organized by the department for the exam going students of Surgery under the banner of 'DNB Surgical Forum'. This was conducted successfully for the 6th consecutive year. Eminent teachers from across reputed Medical colleges of Delhi were part of the faculty. This was held under the aegis of Department of General Surgery and the Department of Academics, SGRH.

**IMRCS Examination Center** - In 2005, the Department of general surgery was entrusted with the task of organizing the IMRCS-Part 3 examination on behalf of Royal College of Physicians and Surgeons of Glasgow. It has been performed regularly till date. It has brought the hospital as well as New Delhi on the international map of surgical training.

**Thesis & Research** – The department enjoys the leadership position in country with high number of international publications and editorials. The thesis of research achievements by the department are towards establishing norms of anorectal physiology, measurement of abnormalities and their resolution. The pathologies of thyroid and parathyroid gland form an integral part of the department where a new trend of minimally invasive technique of thyroid and parathyroid surgery has been developed. Bariatric surgery awareness has resulted the focus to come on metabolic diseases associated with obesity and are being enquired into actively by the Department of General Surgery.

### Message from the Chairman



**Dr D S Rana**  
Chairman  
Board of Management

The Department of General and Laparoscopic Surgery as a pillar of surgical teaching and endeavor has grown along with the hospital. It provides areas of excellence with continued surgical support to all specialties in the hospital.

The Department has kept pace with the modernization of surgical techniques using minimally invasive and robotic procedures. It is heartening to note that the newer techniques have been developed in the sphere of Colo-rectal, Breast and Thyroid surgeries.



# How to Avoid Litigations in Medical Practice

## DEALING WITH UNEXPECTED DEATH IN MEDICAL PRACTICE

Dr. Arun Gupta  
President, DMC  
e-mail : dr.arun.medicolegal@gmail.com  
Ph.9811106056



Nothing causes more panic in medical fraternity than a sudden and unexpected death and nothing can be more challenging than handling situation arising out of sudden death.

Sudden unexplained death is defined as instantaneous, unexpected death without any warning and not caused by violence. In medical scenario a death occurring during the course of treatment when it is most unexpected is sudden death. You may encounter Sudden Death while sitting in OPD or you may face with admitted patients in ward or OT.

### **You are sitting in OPD and people rush in with a dead patient.**

Not an unusual situation encountered by physicians, nursing homes and hospitals. The dilemma faced by attending physician is what to do in such cases. The doctor has to see the patient anyway and declare death. The question arises as to death certificate, cause of death, and information to the police and what records to keep. These are the few suggestions that may help attending doctor in such situation.

1. Always attend the brought dead patient. Do not delegate the responsibility to nursing staff of someone else.
2. Write down the history given by the relatives at verbatim.
3. Record at least two identification marks of the dead body.
4. Declared the death after careful examination and auscultations for at least 5 minutes, if possible record ECG.
5. Prepare an OPD case paper with date and timing of arrival of the deceased. Put in details the names of accompanying persons, their relations with the deceased, and at least two identification marks of each of them and take their signatures. Have two witnesses with you to sign, preferably other bystanders or relatives

of the deceased. Avoid your own staff as witness.

6. In case of suspicion, do not hesitate to inform police and ask them to take necessary action. It's of utmost importance. Even if relatives are reluctant, inform the police and record time and mode of informing the Police.
7. In case the deceased is known and under your treatment for a terminal illness, you may give death certificate.
8. Keep your OPD record carefully. The investigating officer may ask for a copy or you may have to attend court as witness in case of eventuality.

### **Death in Ward or Room During the Course of Treatment**

Such death is usually postoperative or due to unexpected turn in the health of a patient being treated in ward or room. Such death usually happens to be unattended by treating physician and nursing staff and is witnessed by the attendant of the deceased. Sudden death itself constitutes a shock to the family. It is equally shocking to the treating doctor. Treating doctor or nursing staff on the site with whatever available resources usually makes intense efforts. This is the time when certain deficiencies are noticed by the bystanders or the relatives of the deceased. Usually, there is shouting, loud orders by the doctors, commotion and lot of hurry and worry in the body language of all those who are trying to resuscitate the ailing patient. This all is witnessed by relatives of the patient and when death is declared, the efforts go unnoticed and this is only the deficiencies that are pointed out.

*The gravity of the situation can be diluted by:*

1. Keeping all-resuscitative measures ready all 24 hours. They include emergency drug tray with drugs within expiry date. Resuscitation equipments, oxygen cylinder, tubes, etc.

2. All the relatives and bystanders must be asked politely to leave the ward or room.
3. Informing the seriousness of the health and assurance that all measures are being taken to revive the patient. High-risk consents, informed consent and dissent need to be recorded in writing on case papers in signed by relatives and the witness.
4. Breaking the sad news in a highly polite and dignified way. By dignified way means doctor is not supposed to show extreme emotions like crying in front of the relatives. The doctor must keep his composure and show confidence. He must share sorrow with the relatives but only professionally. This may appear odd to begin with but one must remember the more extreme emotions you show the relatives become more suspicious.

After the death is declared, all the responsible relatives must be called upon for sharing information. At this point remember to call out only responsible relatives and talk to them in a separate room preferably your consulting room. The relatives must be taken into confidence, the situation explained and if cause of death is obvious, it must be explained properly. If there is doubt as to cause of death, clinical postmortem examination must be done. It takes a lot of efforts to convince the relatives about the necessity of postmortem but it is worth taking the efforts than to land in trouble later on. If you feel postmortem is a must and relatives are not giving consent, you can take help of the police and get it done.

### **Death in Operation Theatre or Postoperative Recovery Room**

This again is a very difficult situation particularly in elective operations. Majority of the times the patient enters OT in good physical and mental condition and relatives are assured of a good outcome. Attendants are not mentally prepared to face a situation where they receive a bad news that their loved one is no more.

#### *Reactions of Relatives in Such Situations.*

- Anger and anguish.
- Demanding immediate explanation from doctor.
- Verbal and physical abuse and immediate retaliation with destruction of property.
- Lodge a police complaint and Insist on arrest of the doctor.
- Invite the media to spread the news.
- Demand for money.

These situations are to be dealt with tact as per circumstances.

Following are few suggestions.

#### **What you shouldn't do.**

- Do not run away from the situation. It will only make the things worse.
- Do not try to cover up and unnecessary explanations. One should keep his nerves, take a break for few minutes after exhaustive resuscitative efforts have failed, organize the things in OT, pool all the empty vials used during resuscitate measures, take a look at the papers and take them into your custody, (this is to prevent unauthorized copying of the papers without knowledge of anybody). Later on, one should call only the responsible relatives separately into the counselling or consulting room and explain the situation
- Do not try to settle the matter by political or financial means- this is the most common practice adopted by doctors but these should be avoided as they set precedence to future mischief.
- Fight the situation overconfidently- this one should not do even when the body language. Dismissing the relatives and not given proper explanation will aggravate the situation.
- Do not retaliate with anger. The relatives may abuse in any language you cannot reply in the same language. This increases the tension in the atmosphere and temperature starts running very high.

#### **What you should do.**

- Call the colleagues and seniors for help- this probably works more than anything else. Prepare a task force on local level like branches of IMA/DMA. Make a system to send SOS to all colleagues in vicinity. All senior colleagues should rush to the troubled spot at the shortest notice. This diffuses the situation very fast. There are many persons in the mob who happened to be patient of one of the other doctor and such senior consultant can diffuse the situation and mediate on behalf of the treating doctor.
- Discuss the problem with colleagues who have come into help and prepare a logical sequence of events
- If the situation is going out of the hand, call the police.
- No repeated explanatory statements to be made in front of different people who demand

explanation.

- Involve only the responsible person for the aggrieved family.
- Be a patient listener to the allegations and abuses.
- Take time to prepare the case paper and put proper notes. Case papers do not showing any entry of vital parameters makes court to conclude the monitoring was not done.
- In case cause of death can be given, certify the death
- Ideally postmortem is a must.

### **Breaking The News**

Breaking the bad news is to be handled very carefully. Each case deserves to be handled by its merits. The various ways in which a bad news can be broken are:

- Immediate- sometime it is necessary to declare death immediately. This method has both its pros and cons. It can bring around immediate violent reaction. Sometimes immediate declaration reflects transparency and relatives do not grumble much. This all is circumstantial and doctor has to use his utmost management skills
- Wear empathetic, sympathetic attitude and observing courteousness in communication while explaining SUD to relatives
- After cover up- cover up does not mean manipulations. The procedure of keeping the patient on artificial means and pretending to be alive does not work in true sense. It is common practice to keep the patient on ventilator and breaking the news slowly after intensifying the situation step-by-step. The problem here is many of the bystanders and witnessing relatives happen to have realized that the things have gone wrong. They feel that extension and pretensions are drama for other causes and then they retaliate.
- May be done by another person like a staff or hospital manager - this probable is the simplest way but sometimes agitated relatives are not happy and they want a direct interaction with doctor
- Warn doctors and staff members to be careful to loose talk.
- After asking all the responsible relatives to gather and then explain in presence of colleagues. This probably is the safest way to break the news. This should be done preferable

in your own consulting room. Remember that your consulting room is the most comfortable place for such thing. You happen to be the most powerful in your own consulting room. Sit comfortably on your chair, ask your colleagues to set by your side and ask the relative to sit across the table this creates a wall of power between you and the relatives and keeps you safe. Never go directly into the mob and start giving explanation, this may precipitate direct manhandling.

### **Medico legal Aspects of Sudden Death**

- Sudden death is treated as an accidental death and it requires a very high degree of negligence to prove that it was caused by negligent and rash, act.
- It is cognizable and bailable offence. Bail can be granted by the investigating officer, no court is needed.
- On request of the doctor, custody of the human remains in taken by the police and shifted for postmortem.
- The investigating officer can demand copies of all documents and charts related to the case. It is not necessary to provide that immediately you can ask for some time complete the paper to the last detail and provide the officer with Xerox copies. In fact never handover original paper to the authorities. You may lose your defense forever.

*Other legal actions, a doctor can face after such mishap are:*

- Actions under Consumer Protection Act
  - Action in Civil Court for compensation.
- Both these issues have been dealt in previous issues of DMA bulletins but here its pertinent to mention that, the honorable Supreme Court has said that Consumer Court or Civil Court should not admit a case against doctor immediately. Instead the courts should serve notice to the concerned doctor and ask for explanation or expert opinion from competent medical board. If not satisfied with the reply or on the recommendation of the competent board, the court may proceed to admit a complaint.

**Dr. Arun Gupta, MD**

President, Delhi Medical Council

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Ph.9811106056

**Ps. soon will start articles on medico-legal cases pertaining to various specialties. If you have any query related to your specialty please mail it to [dr.arun.medicolegal@gmail.com](mailto:dr.arun.medicolegal@gmail.com) or WhatsApp 9811106056**

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D.O. No. minhealth/1191  
Date : 12/02/2019

**APPEAL FROM THE HON'BLE HEALTH MINISTER OF DELHI FOR PUBLICATION  
IN DMA BULLETIN**

Dear Doctor,

I wish to extend my sincere thanks to every member of DMA and IMA for the wholehearted support in polio eradication efforts over the years.

Government of India has rescheduled the 3rd February 2019 round of the Intensified Pulse Polio Immunization Program (IPPIP) 2018-19 to **10th March 2019 (Sunday)** which is to be followed by five days of house to house "search and immunize" activity, for immunizing children below 5 years of age. The Government looks forward to increased participation of private/voluntary sector in the programme. I earnestly appeal to all of you to participate actively in the programme of polio eradication by organizing:

1. Polio Immunization booths at your Clinics/ Nursing Homes on the above-mentioned dates.
2. Advocacy with parents, community leaders, Resident Welfare Associations (RWAs).
3. Display publicity material at your clinics/ nursing homes.

Govt. of Delhi will provide all vaccines, logistics and publicity materials.

For any assistance/ clarification, DMA/IMA may coordinate with Dr Anil Jagrat, OSD PPIP, Directorate of Family Welfare, Vikas Bhawan-II, 7th Floor, B & C Wing, Near Metcalf House, Civil Lines, Delhi-110054. Tel. No.23813210.

With regards,

Yours sincerely,

( Satyendar Jain)

**DELHI MEDICAL ASSOCIATION on behalf of GAPIO provides brief details of the GAPIO midyear conference in collaboration with American University of Antigua (AUA), Antigua.**

**Dr. Ramesh Mehta from UK is the current President of GAPIO and Dr. Anupam Sibal is the current Vice President of GAPIO Dr. Anupam Sibal (Member SDB) is presently Group Director, Medical Apollo Group.**

Global Association of Physicians of Indian Origin (GAPIO) is a non-profit organization, founded by Padma Vibhushan, Dr. Prathap C Reddy, Chairman of Apollo Hospitals Group in January 2011 to bring together 1.2 million physicians of Indian origin in the world on one professional platform. This substantial workforce of physicians is a valuable resource, which can help to mobilize significant developments in the healthcare globally. GAPIO has representation from 34 countries and from 25 States in India.

GAPIO is happy and excited to collaborate with Delhi Medical Association for its 9th midyear conference to be held on 4th and 5th May 2019 in American University of Antigua (AUA), Antigua.

Antigua and Barbuda is a beautiful island with plenty of attractive places for tourist. The shorelines of both islands are greatly indented with beaches, lagoons, and natural harbours. The islands are rimmed by reefs and shoals. The country is nicknamed "Land of 365 Beaches" or "one beach for every day of the year", due to the many beaches surrounding the islands. The country attracts more than 700,000 visitors every year.

**Registration is free.**

Scientific session will be held on 4th May and reputed speakers from India, UK and USA will deliver talks on Cardiology; Endocrinology / Diabetes; Obesity; Nephrology / Transplant; Family Medicine; Neurology / Stroke, Artificial Intelligence; Vedic and Leadership.

On 5th of May 2019 there will be round of AUA university and sightseeing.

Contact person for free registration is:

**Name** : Mr. Jitendra Malik  
**Mobile No.** : 8527849960  
**Email** : [gapio.jm@gmail.com](mailto:gapio.jm@gmail.com)  
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fresher to 1-year experience

### Residents

MBBS with critical care  
experience 1-2 years

Contact: -  
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Indraprastha Apollo Hospitals  
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