• For circulation to Members

DMA NEWS BULLETIN

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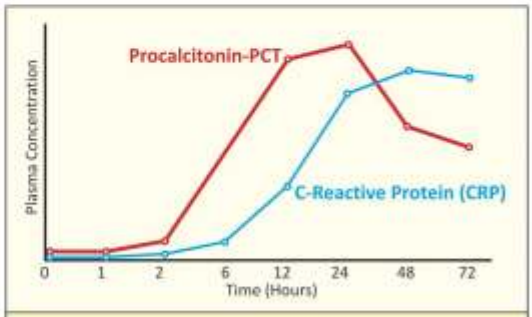
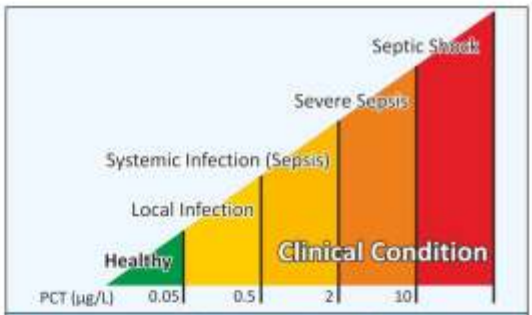
Procalcitonin - PCT

A specific marker of bacterial infection and sepsis

*Procalcitonin (PCT) test, results of which are available in **less than an hour** is useful in **differentiating bacterial from viral** infections, **starting antibiotic treatment** in patients suspected to be suffering from bacterial infections, helping in **deciding when to stop antibiotics treatment** and improving patient care by rational use of antibiotics leading to **prevention of antimicrobial resistance.***



Kinetic Profile of Procalcitonin PCT and CRP in Bacterial Infections



PCT increase reflecting continuous development from healthy condition to septic shock

Be An Antibiotic Guardian

Antibiotic resistance is one of the most urgent global health threats. Each one of us has a role to play in improving antibiotic use to help fight Antibiotic Resistance.

PROCALCITONIN as
Early & specific marker for bacterial infection

- ✓ PCT is detected in the bloodstream within 3 to 6 hours after an infectious challenge.
- ✓ It increases in response to bacterial infections only and not in cases of viral infections.
- ✓ PCT level rises with increasing severity of the infection, and returns to normal as the infection resolves.

PROCALCITONIN as
Useful tool to monitor treatment efficacy

- ✓ PCT has a half-life of 24 hours. In adults, levels decrease daily by around 50% if the bacterial infection is controlled by the immune system supported by effective antibiotic therapy.
- ✓ Non-decreasing levels may point to treatment failure.

PROCALCITONIN in
Critical Care : Sepsis

- ✓ Studies on patients in Intensive Care Units have demonstrated that relative decrease of plasma PCT levels allows a significant reduction in the duration of antibiotic therapy and the length of ICU stay.

PROCALCITONIN for
Assessment of Severity and Prognosis

- ✓ It has been demonstrated that increased PCT values are the best indicator for the severity of infection and organ dysfunction. PCT levels correlate with the severity of the infection and an increase in PCT indicates the progression of sepsis.

PROLACALCITONIN and
other common markers for inflammation

- ✓ Procalcitonin has an advantage over established common markers for inflammation i.e. CRP, ESR and Total Leucocyte count due to its better specificity.
- ✓ Procalcitonin estimation will continue as an important adjunct to comprehensive clinical assessment, especially in patients with multiple co-morbidities and in the ICUs where the timely & complex clinical decision making is required. A higher Negative Predictive Value (NPV) with repeatedly low serum PCT levels may have a better clinical utility.
- ✓ Use of Procalcitonin guidance strategies decreases antibiotic usage in ICUs and Outpatient settings.

North Delhi Pathology Clinic
27/5, Shakti Nagar, Nangia Park, Delhi-110007
Since 1982
9873247824, 23841122
8:30 AM to 6:00 PM

PRESIDENT'S PEN

Relatives of a 75 year old patient who was admitted at NRS hospital after a heart attack and suffered a second attack at the hospital infront of his relatives. Patient died and relatives beat up the junior doctors, resulting in serious injuries to two of them and sparking off a agitation practically all across India.

Patina Mukhopadhyay one of intern suffered depressed fracture in the right frontal region with contusion was operated and fortunately is stable now.

DMA calls for a strike in support of Bengal doctors where all corporate hospitals, nursing homes, clinics, diagnostic centres participated and it was success.

It was a total administration failure that led to crippling of health services in Kolkata which later spread across India. After assurances from West Bengal chief minister Mamata Banerjee, the agitating junior doctors in Kolkata formally called off their week long strike.

Violence against the doctors is on the rise all over the world. However India has a unique problem. Meagre government spending on healthcare has resulted in poor infrastructure and human resource crunch in government hospitals.

We are witnessing every other day a case of assault at one or the other hospital in Delhi. There is growing intolerance in the society and doctors are soft targets in case patient don't get desired results to their satisfaction. Among other causes of violence in India are the pathetic conditions in which patients are treated in government hospitals. There is overcrowding, long waiting time to meet doctors, absence of congenial environment, multiple visits to get job done, sharing a bed by two or sometimes three patients and poor hygiene and sanitation. Given the poor budgetary allocation for health in India, these problems are unlikely to change.

The Delhi Medicare service personnel and Medicare Service Institutions Act 2008 has the following features :

- Cognizable and non bailable offence with imprisonment up to 3 years and fine or both.
- Offender to pay a penalty of twice the amount of damage.
- If the offender fails to pay, then it shall be recovered as per land revenue recovery.

Types of violence which doctors routinely face are as follows:-

Telephonic threats, Intimidation, Oral/verbal abuse, Physical but non-injurious assault, Physical assault causing injury-simple and grievous, Vandalism and arson.

Cause and effect relationship after assault against doctors will lead to:- Defensive practice, Avoidance-High Risk case (Medically/ Socially), Physical Security- Barriers (Guards/Bouncers), Cultivation of contacts-media, social, political, Heavy insurance premiums-professional indemnity, property, personal.

Net effect is increase Cost of Services and decrease in Trust of doctor and patient relationship.

Inspite of legal remedies available against the violence against doctors, most complaints are not registered as FIR, a mandatory procedure to be followed by police. In few cases where FIR was lodged based on the complaint, it was cancelled after compromise was reached between aggrieved parties on the initiation of police itself, as they don't see any interest (financial) in these cases.

There is an urgent need to make Health Care facilities a safe environment. Only then healthcare professionals be expected to work with devotion and dedication. Healthcare professionals are now reluctant to handle serious cases, hence many precious lives that could have been saved are being lost.

Immediate steps should be taken by individuals:-
Do not respond to anger with anger, Depute someone-Photograph, Audio/Video, Get the medical records photocopied, Inform- Lawyer, Inform police immediately-Record/document, Identity troublemakers/leaders of the mob, Get written signed statement-persons presents, Lodge an FIR, Request to register case under relevant act, Do not try to settle-money.

Steps needed to be taken by Government :
Any complaint filed by a patient or the relatives in an court of law, DMC/MCI, should be automatically infructuous and cancelled ab initio if proof of violence by patients or the relatives can be provided by hospital/doctor. This single change will drastically bring down the cases of violence against doctors. Relevant sections of IPC be added to the FIR under Medicare service protection act.

A central law for prevention of violence against healthcare persons and institutions be enacted.

Restricting entry of public/relatives with the patient
Provide good security preferably by deploying ex army personnel.

Bring legal changes to equate assault on a doctor with assault on a public servant on duty.

Awareness - about the Delhi Medicare Act.

Round the clock presence of a Incident Response Team (IRT),

Increase the budget on Health care

Dr. Girish Tyagi
President

Hony. Associate Editor's Pen...

Dear all,

The medical fraternity across the nation have witnessed and expressed it's unprecedented unity and capability to fight against the epidemic of violence against healthcare workers.

It was for the first time that the Kolkata incidence was taken across the nation and had not only awaken the millions of health workers from lethargic inertia but also occupied well deserved prime space over all national and regional media whether print, electronic or social.

If we analyse the achievement of recent struggle, I would say that **"showing the strength on periodic basis is must for knowing the strength"** and now with therecent show of strength, we know more about our power to move the callous political, bureaucratic and judicial systems.

How much big the achievement is, It can be belittled if we become complacent and do not sustain the pressure on our most genuine demands of security at workplace.

Though a special act exist in most of the states against such miscreants but our demand of a central act to cover remaining part of India should be pressurised by our national body and all of us on the policy of **"Hit the Iron when it is hot"**

Unfortunately even after a decade of promulgation of this act most of the police stations , executive wings and judicial officers are not aware of existence of this particular law.

It is therefore very important that whenever a central act comes, it should have categorical provisions of punitive actions against all the law enforcing agencies if they fail to to register the case of violence in any healthcare organisation under this special act , which is a strong enough deterrent against such vandalism.

It is equally important that it all the healthcare management bodies should mandatorily register and follow the FIR with local police station under this special act only, and not leave this important job for only the hapless individual victim of violence , whether it is a doctor nurse or any other staff.

The society at large and "media" must be sensitised to the facts that the violence against health care worker is in fact violence against Society at large since, under threat of violence ,verbal or physical if the healthcare workers runs away for his own safety or goes on strike then the society at large and poor patients in particular have to pay the price for it.

Needless to say a that governments across the country are time and again confronted with the situation to deal with doctors Strike. So the prevention of such unfortunate situation is not only in providing adequate security to all the health care establishments, private or public, but also to ensure that all such complaints are promptly attended and taken to its final conclusion under the stringent laws.

The same should be widely publicised in all forms of medias so as to enlighten the common public of the severe punishment they can be subjected to if they indulge in to any sort of vandalism in healthcare facilities.

Finally any complaints of violence should be totally delinked with any allegations of medical negligence.

Dr. Kamal Parwal
Hony. Associate Editor
drkamalparwal@gmail.com 9811112714

CHAIRMAN'S PEN...

DMA NURSING HOME & MEDICAL ESTABLISHMENT FORUM

Dear Friends,

If you become leader of a group/ organization, then your prime duty is to help the members associated with us and members of DMA/DMA Nursing Home & Medical Establishment Forum should support the leadership because now a days Govt. is going to become strict on certain laws like Fire NOC, which is a burning issue. If you would comply basic fire norms along with structural changes in the building then only you will get NOC from Fire Department, which is not possible in old buildings. In this regard members should have multiple approach to Govt./Fire Agencies/ other bureaucrats agencies to simplify the laws for which we would have to show our strength during meetings called by DMA / DMA Nursing Home Forum. Otherwise we would not be able to get registered by DGHS and compel to close our nursing homes / hospitals.

Other major issue to run a nursing home hospital is water. Many nursing homes have received the notice regarding the permission for drawing grounding water through bore-well or tube-well.

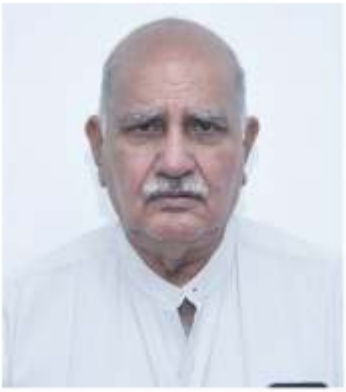
As per the requirement a minimum amount of 415 liters of water per bed per day is required for running a hospital, whereas the Delhi Jal Board is not able to supply sufficient amount of water to the hospitals. Hence the reaming requirement is usually fulfilled by the bore well. Without the sufficient amount of water, it is not possible to run a nursing home/hospital.

Recently DMA officials called a meeting on 5th June 2019 in which Hon'ble Health Minister Sh. Satyendera Jain was invited as chief guest and he was willing to announce some relief against problems faced by us, unfortunately due to lack of attendance he did not turned up. Now I will request to our members whenever you get a call from DMA / DMA Nursing Home Forum, please show your strength otherwise Govt. agency will not entertain.

Regarding conversion and parking charges as you all are aware that our case is pending in court of law but being a Chairman of the Forum I request our members if anybody have approach in Urban Development ministry, they should come forward to discuss at ministerial level and abolish the Conversion and Parking Charges to settle the matter forever.

At last I once again request to our member that please show your strength during crises like other associations come together to fight for their rights.

Dr. Rajender Sharma
Chairman, DMA NH & MEF



Hony. State Secretary's Pen...

We are seriously concerned about frequent episodes of assault on doctors in various government and private hospitals in all over India. In the last few days many medical establishments and doctors have witnessed violence and damage to their properties by the attendants of the patients.

Doctors are the integral part society. These instances are occurring both in government as well as Private institutions. In the grab of expressing dissatisfaction regarding the medical services, patients and or relatives resort to taking law into their own hands and indulge in assault, rampage and vandalism.

There has been a recent upsurge in the incidence and severity of violence against the medical professionals. This can be easily demonstrated from recent incident in Kolkatta and elsewhere. These are unfortunate and condemnable instances with factors beyond the control of the doctors. To make the medical profession accountable for all adverse events in patient care reveals a negative mindset of society. This has been fuelled by adverse, irresponsible and unwarranted statements by people in authority. These events will adversely impact delivery of effective medical care on a long term basis.

In the recent incident, three doctors on duty who were treating sick patients in the hospital were inhumanity assaulted by miscreants in the hospital following the natural death of a 85-year-old person. All the resident doctors have been forced to stop their work after receiving threats and without any support from the local administration and police.

Delhi Medical Association in its Emergent State Executive Committee held on 13th June 2019 called for **TOTAL MEDICAL BANDH** to protest against the assault on the doctor of NRS Medical College, Kolkata, Dr Paribaha Mukharjee who was brutally attacked is critical and fighting for his life. Entire medical fraternity expresses our solidarity with the Residents who are on strike. There is complete Medical Bandh in all Medical establishments clinics/private and corporate hospitals including Apollo, Sir Ganga Ram, Mata Chanan Devi, Action Balaji, Maharaja Agarsen, St Stephen and members of DMA has shut down their OPDs and protest by wearing black badges to show solidarity towards the medical profession and unity of doctors. More than 500 doctors set on dharna infront of Delhi Medical Association building in which Dr. R.V. Asokan, Hony. Secretary-General, IMA Hqs and Dr. Rajan, President Elect IMA Hqs have also participated in the dharna. A protest march also was taken out from DMA office to Rajghat.

Delhi Medical Association has been demanding a NATIONAL LAW AGAINST HOSPITAL VIOLENCE. The organization has declared a zero-tolerance policy against violence on doctors and healthcare establishments. World Medical Association has also passed a resolution against violence on healthcare establishments and urged to bring stronger legislation against this menace.

National Law against violence on hospitals has to be brought in urgently. The law should provide a minimum of seven years imprisonment for hospital violence. To ensure that the cases are registered, culprits are arrested and conviction is necessitated, appropriate mandatory provisions as provided in the POCSO act has to be instituted. Hospitals should be declared as special zones and provision of appropriate security should be the responsibility of the state. Also like Women Cell, Children Cell, a **Health Provider cell** in all the police stations all over India will also be formed for the help of assault victims.

In many states like Delhi a Act namely **The Delhi Medicare Service Personnel and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act 2008,** passed by the Legislative Assembly of the National Capital Territory of Delhi. The act was duly notified in Delhi to prevent such incidences and it has provisions of non-bailable offences for such miscreants, Even though the police is not taking any action against the culprits due to unawareness of this act. DMA in the past also written to Police commissioner and all the police stations in Delhi for the same.

UNITED WE STAND, UNITED WE WIN

Dr. Arvind Chopra
Hony. State Secretary

BRANCH NEWS

IMA CENTRAL DELHI

Celebrates

DOCTOR'S DAY WEEK

(1st July, to 6th July, 2019)

COMPLIMENTARY HEALTH CHECK UP CAMPS

TIME	DAY	TEST	VENUE
8.00-10.00am	Any Day	CBC HbA1C KFT Lipid Profile	Dr. R.K. Dusaj Dr. Dusaj Lab, Daryaganj
8.00-11.00am		X-ray USG	Dr. P.D. Gupta P.D. Gupta Lab, Daryaganj
11.00-2.00pm		CVS Checkup Pulmonary Checkup 2 D Echo	Dr. Manav Aggarwal Sanjeevan Hospital Dr. Mrigakshi Aggarwal

Wishing you all a healthy, happy & positive life

DR. ASHWINI DALMIYA
Secretary, IMA CDB

DR. PREM AGGARWAL
President, IMA CDB

IMA-EAST DELHI BRANCH

Anti Tobacco Day

Attended Anti Tobacco Day seminar on 30th May 2019 at IMA-HQ on the occasion of World No Tobacco Day.

WORLD ENVIRONMENT DAY

Held on Wednesday the 5th June, 2019 at DMA Auditorium, Daryaganj.

ZERO TOLERANCE AGAINST ASSUALT ON DOCTORS

Glimpses of **Delhi Medical Band against Assault on Doctors** and
Protest March from **DMA To Rajghat on 14th June 2019**





















I Association
BANDH
June 2019


Medical Association
MEDICAL BANDH



DMA IN NEWS

Delhi docs to boycott work today over Kolkata violence

The Statesman

डॉक्टरों पर हमले से गुस्सा, आज हड़ताल

एम्स और सफदरजंग में आज हड़ताल का ऐलान

हिन्दुस्तान

एम्स समेत देश के अस्पतालों में आज स्वास्थ्य सेवाएं रहेंगी प्रभावित

सहारा

डीडीयू अस्पताल में डॉक्टर से मारपीट के बाद हड़ताल

अमर उजाला

आज सिर्फ आपात सेवा

बंगाल डॉक्टरों के समर्थन में दिल्ली के डॉक्टर

हिन्दुस्तान 02

पश्चिमी दिल्ली, (पंजाब केसरी): कोलकाता के एनआरएस मेडिकल कॉलेज में भीड़ द्वारा डॉक्टरों को पीटने के मामले ने तूल पकड़ लिया है। इसे लेकर अब पीड़ित डॉक्टरों का समर्थन में दिल्ली के डॉक्टर भी कर रहे हैं। ज्ञात हो कि एनआरएस मेडिकल कॉलेज में एक बुजुर्ग की मौत के बाद हंगामा हो गया। डॉक्टरों का कहना है की बुजुर्ग की हालत काफी नाजुक थी जिसके चलते इलाज के दौरान बुजुर्ग की मौत हो गई। इसे लेकर लोगों ने डॉक्टरों पर हमला कर दिया और अस्पताल के इमरजेंसी वार्ड को काफी नुकसान पहुंचाया। इस बारे फेडरेशन ऑफ रेजिडेंट डॉक्टर एसोसिएशन (फोर्डा) के प्रेसीडेंट सुप्रेय चाउरे हैं कि उन डॉक्टर 200 से भी ज्यादा लोगों ने किया और उनके साथ खूब की। एम्स की आरडीए के डॉ. अमरिंदर सलारी का कहना इस हमले से राज्य व केंद्र व्यवस्था पर सवाल उठा

आज फिर हड़ताल, एम्स ने किया किनारा

सरकारी अस्पतालों में भी डॉक्टरों की हड़ताल, एमरजेंसी वार्ड, प्रसूति और पोस्टमार्टम बाधित नहीं रहेंगे

चरमरा सकती है स्वास्थ्य सेवाएं, मरीज होंगे परेशान

इलाज न मिलने से राजधानी आ रहे मरीजों का बुरा हाल

आइएमए ने गृह मंत्री को पत्र लिखकर सुरक्षा मांगी

आपके भवन से निकलता है मेडिकल वेस्ट तो जल्द कराएं रजिस्ट्रेशन

डीडीयू अस्पताल में डॉक्टर से मारपीट होने के बाद बेमियादी हड़ताल

सहारा

डॉक्टरों पर हमले से गुस्सा, आज हड़ताल

'कोई चाकू, कोई पिस्टल लेकर पहुंचता है इमरजेंसी में'

पंजाब केसरी
13 जून, 2019 ▸ गुरुवार

बंगाल में मारपीट पर दिल्ली के डॉक्टरों ने मांगा इंसाफ

नई दिल्ली। कोलकाता के एनआरएस मेडिकल कॉलेज में भीड़ द्वारा डॉक्टरों को पीटने के मामले ने तूल पकड़ लिया है। इसे लेकर अब पीड़ित डॉक्टरों के समर्थन में दिल्ली के डॉक्टर भी आ गए हैं। डॉक्टरों का कहना है कि 85 साल के एक बुजुर्ग को अस्पताल में भर्ती किया था। जब उन्हें अस्पताल लाया गया था तो हालत खराब थी। इलाज के दौरान मौत हो गई। इसे लेकर लोगों ने डॉक्टरों पर हमला कर दिया। फेडरेशन ऑफ रेजिडेंट डॉक्टर्स एसोसिएशन (फोर्डा) के अध्यक्ष डॉ. सुमेध ... मामले में राज्य सरकार व केंद्र सरकार डॉक... है कि इस

डॉक्टरों की हड़ताल, मरीज बेहाल

पर्ची बनवाने सुबह पांच बजे से लग गए लाइन में, फिर भी नहीं बना ओपीडी कार्ड

THE TIMES OF INDIA, NEW DELHI
SATURDAY, JUNE 15, 2019

Doc bodies seek law to thwart violence

DOCS UNDER ATTACK

Over 75% of doctors across the country are reported to have faced at least some form of violence

New Delhi: In the midst of doctors' stir, Indian Medical Association and some doctors' bodies like the Alliance of Doctors for Ethical Healthcare (ADEH) have urged the government to frame a central law to check violence against health care workers in hospitals.

There have been demands for such a law and the latest incidents of violence against doctors in West Bengal and ongoing protests have put it in spotlight.

हिन्दुस्तान
नई दिल्ली • शनिवार • 15 जून 2019 | 04
दिल्ली

दिल्ली के 15 अस्पतालों में आज डॉक्टर हड़ताल पर

नई दिल्ली | वरिष्ठ संवाददाता

ये अस्पताल शामिल होंगे

अमर उजाला
नई दिल्ली | शुक्रवार, 14 जून 2019 | 6

तीन दिन तक विरोध प्रदर्शन करेंगे डॉक्टर

आज भी रहेगी हड़ताल

यहां ठप रहेंगी सेवाएं

Today, docs wear black b...

▸ Continued from P 1

"We are observing black day on Friday," said Dr Aparna Jaswal, senior cardiologist at Fortis Escorts Heart Institute. Some other senior doctors at private hospitals in Delhi echoed her.

The Delhi Medical Association (DMA) and Maharashtra Association of Resident Doctors (MARD) separately gave a call on Thursday to this effect. President of MARD central Dr Kalyani Dongre said around 4,500 resident doctors in Maharashtra would stay away from work.

The shutdown call from DMA, MARD and resident doctors of three AIIMS centres came even as Union health minister Harsh Vardhan said he would take up the issue with the concerned CMs.

"We work tirelessly for hours to save lives. But today, our own lives are in danger. How can we work ...

... Maharashtra Association of Bonded Senior Resident Doctors has also extended support to the protest. "It's government's failure to create a safe work environment for us," said Dongre, warning protests would be intensified if the Bengal government didn't meet demands of the protesting doctors in the state.

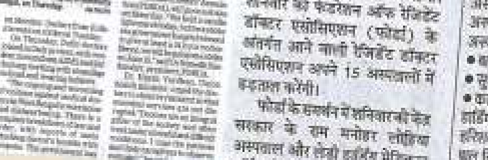
Indian Medical Association will send an appeal to the PM and Union home minister demanding a strict central hospital ... Act" to protect ... from attacks ... across the ... wear black b... as a mark of ...

HINDUSTAN TIMES, NEW DELHI
FRIDAY, JUNE 14, 2019

Docs to go on strike, no OPDs will work at AIIMS, Safdarjung today

पंजाब केसरी

आईएमए का 24 घंटे की हड़ताल का ऐलान, देंगे धरना



आईएमए के समर्थन में आए आयुष डॉक्टर

'मांगें नहीं मानीं तो 17 जून से पूरे देश में हड़ताल'

हर बड़े हॉस्पिटल में हुई परेशानी

अपना शहर
दिल्ली
3

हड़ताल का असर : पहले से तय 600 से ज्यादा ऑपरेशन टले

सहारा

आज सुबह से देशभर में ठप रहेगी ओपीडी सेवा

डॉक्टर ममता से शर्तों के साथ वार्ता को तैयार

HINDUSTAN TIMES, NEW DELHI, SATURDAY, JUNE 15, 2019

Docs strike in support of Bengal counterparts; services affected

आज एम्स में इलाज, बाकी जगह हड़ताल

अगर हो जाए किसी तरह की इमरजेंसी तो इन बातों का जानना आपके लिए है जरूरी

ध्यान दें : आज एक दर्जन से अधिक अस्पतालों में हड़ताल

500 डॉक्टरों ने दिया धरना राजघाट तक मार्च निकाला

हिंसा के खिलाफ राजघाट तक मार्च निकालते डॉक्टर।

नई दिल्ली। दरियागंज स्थित तक डॉक्टरों का प्रदर्शन जारी दिल्ली मेडिकल एसोसिएशन के रहेगा। उन्होंने बताया कि शुक्रवार बैनर तले 500 डॉक्टरों ने धरना को दिल्ली एम्स और सफदरजंग के दिया। धरना प्रदर्शन के बाद सभी अलावा सर गंगाराम अस्पताल, डॉक्टरों ने राजघाट तक मार्च अपोलो, सेंट स्टीफंस, माता निकाला। एसोसिएशन के अध्यक्ष चनन देवी, एक्शन बालाजी डॉ. गिरीश त्यागी ने बताया कि जब अस्पताल, महाराजा अग्रसेन तक डॉक्टरों की सुरक्षा को लेकर अस्पताल में भी डॉक्टरों ने ओपीडी ठोस कानून लागू नहीं होगा, तब सेवा को बंद रखा।

THE TIMES OF INDIA, NEW DELHI
FRIDAY, JUNE 14, 2019

Doctors' stir spreads to city, OPDs shut today

Times News Network

Healthcare services across Delhi and Maharashtra are likely to be paralysed on Friday with doctors giving a call for complete shutdown of OPD services and routine surgeries in government hospitals as a mark of solidarity with members of their fraternity in Bengal who have been protesting against murderous attacks on them.

Only emergency services will function. The OPDs at AIIMS Delhi and Safdarjung — two of the biggest public hospitals in the country that witness a footfall of over 10,000 daily — will remain shut. AIIMS Patna and Raipur will also be hit as doctors there have joined the protest.

In a show of solidarity, many doctors from corporate-run hospitals, too, will join the strike. Dr Girish Tyagi, president of Delhi Medical Association which has a membership of 18,000 doctors, said OPD services at private hospitals would also remain shut.

Didi warns medics, they continue stir

Bengal CM Mamata Banerjee on Thursday warned striking doctors in the state to go back to work or face action, but they vowed to continue their stir. The principal and his deputy at NRS hospital — the epicentre of the standoff where the "murderous assault" on two interns on Monday led to the paralysed state of Bengal's healthcare system — resigned, citing their failure to "overcome the prevailing crisis". P8

FULL COVERAGE: P 6 & 8

▶ To wear black badge, P 14

DR. GIRISH TYAGI, President &
Members of State Executive

Delhi Medical Association

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Hon'ble Union Health Minister, Govt. of India

Guests of Honour
Dr. Sanjay Tyagi
Dean, Maulana Azad Medical College

Prof. O.P. Kalra
Vice Chancellor, Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak

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shall be followed by Dinner.

PROGRAMME

4.30 - 5.00pm	:	Registration and Fellowship
5.00 - 6.30pm	:	CME
6.30 - 9.00pm	:	Inauguration, Award Ceremony & Cultural Programme
8.30pm	:	Vote of thanks & Dinner

R.S.V.P

Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

Dr. Ashok Aggarwal
Hony. Finance Secretary
M: 9810048230

Dr. K.K. Aggarwal
Chairman, Doctor's Day
M: 9811090206

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Delhi-110052

DELHI MEDICAL ASSOCIATION

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Vaishali, Sec-V, Gzb (Opp. Anand
Vihar Bs Stand Gzb.)

DELHI MEDICAL ASSOCIATION

DR. ASHOK AGGARWAL

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Date of Birth :
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University .....

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Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

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Glimpses of **Annual General Body Meeting** of **DMA NHF**
held on 14th June, 2019 at DMA

Department of Ophthalmology *an overview...*

The Department of Ophthalmology at Sir Ganga Ram Hospital is recognized all over the country and abroad for its quality of services and pioneering efforts in several subspecialties. The department has provided leadership to Ophthalmic bodies worldwide and is well known in the academic field.

Strengths

- **State of the Art Equipment–Diagnostic & Therapeutic**
- **Cataract Surgery–Microincision Phacoemulsification**
- **Oculoplastic Surgery**
- **Vitreo-Retinal Surgery**
- **Pediatric Ophthalmology**
- **Corneal Transplantation and Eye Banking**
- **Academics & Teaching**
- **Research & Publication**
- **Active Role in Professional Bodies (National, International)**

State of the Art Equipment

Diagnostic

- Humphrey Visual Field
- Optical Biometry
- Pachymetry
- Ultrasonography (B-scan & A-scan)
- Optical Coherence Tomography
- Fluorescein Angiography
- Endothelial Specular Microscope

Therapeutic

- Double Frequency Nd YAG Laser for Retinal Pathology
- Advanced Carl–Zeiss Microscopes (Lumeira)
- B & L Stellaris & Alcon Phacoemulsification Machines
- YAG Laser for Iridotomy and Capsulotomy
- Constellation Vitrectomy Machine

Phacoemulsification

Micro Incision Cataract Surgery with IOL implantation using state of the art equipment. Advanced IOL implantation with multifocal, Toric, Accommodative & other advanced IOL's providing best quality vision. Department is a pioneer in Phacoemulsification & stitchless surgery under Topical Anesthesia (Eye Drops only).

Oculoplastic Services

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Repair of Eyelid Defect

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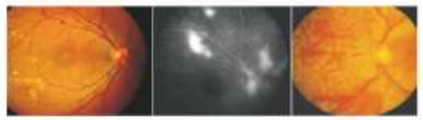
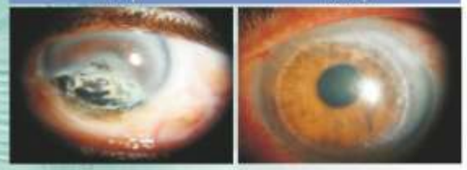


Ophthalmology Team

Standing L to R : Dr. Anurag Mittal, Mr. Dhandhir, Mr. Suresh Kumar, Mr. Prashant Kumar, Ms. Deepika Thakur, Mr. B.S. Bisht, Mr. Amar John, Dr. Richa Goyal, Dr. Arindam Rakshit, Mr. Balwant Singh Negi, Ms. Anu Jose, Ms. Rajwanti, Ms. Shakuntala Saxena, Ms. Gursharan,Mr. Lakshman Singh Negi, Mr. Balwant Singh,

Sitting, L to R : Dr. Amrita Sawhney, Dr. Shaloo Bajeja, Dr. Neeraj Manchanda, Dr. S.N. Jha, Dr. A.K. Grover, Dr. Harbansh Lal, Dr. Tinku Bali Razdan, Dr. Ikeda Lal, Dr. Anita Ganger, Dr. Sonia Garg, Dr. Tushar Grover

Corneal Graft



Research & Publications

Faculty has authored text books, contributed scores of chapters in International text books & several articles in journals. Faculty has chaired sessions, conducted courses, performed live surgeries & lectured in World Congress, American Academy & Asia Pacific Academy, Afro Asian Congress and all over the globe

Helpline : Ophthalmology 9811771213, 7840002217

Message from the Chairman

'The Deptartment of Ophthalmology, a Centre of Excellence with an extremely eminent faculty, has been providing a world class service with the best of instrumentation. It has excelled in academics as a Centre

Pediatric Ophthalmology & Squint

Management of Squint, Double Vision and other disorders of eye alignment and movement, both in children and adults; Management of Amblyopia or lazy eyes; Refraction and advanced Visual Acuity Testing techniques in young children.

Corneal Transplantation and Eye Banking

Leading Center for referral for Corneal Diseases like Keratoconus, Bullous Keratopathy, Corneal Dystrophy and Infectious Keratitis. Sir Ganga Ram Hospital Eye Bank is working in collaboration with Rotary Delhi Central Eye Bank for over 25 years. Advanced corneal grafting techniques like DALK and DSAEK are being performed.

Academic & Teaching

- DNB & Vitreo-Retina Fellowship recognized by the National Board of Examinations.
- Department recognized as an Examination Centre for :
  Fellowship of the Royal College of Surgeons (FRCS) (Glasgow).
  International Council of Ophthalmology (ICO).

Active Role in Professional Bodies

Chairmen or Presidents of Academic bodies at World, Asia-Pacific and National level; Department has three past Presidents of All India Ophthalmological Society - highest professional accolade; Chairman Awarded Padma Shri by the President of India.

Charitable Services

The department has been at the forefront of providing services to the needy and underserved population with free services at the hospital and through many eye camps.

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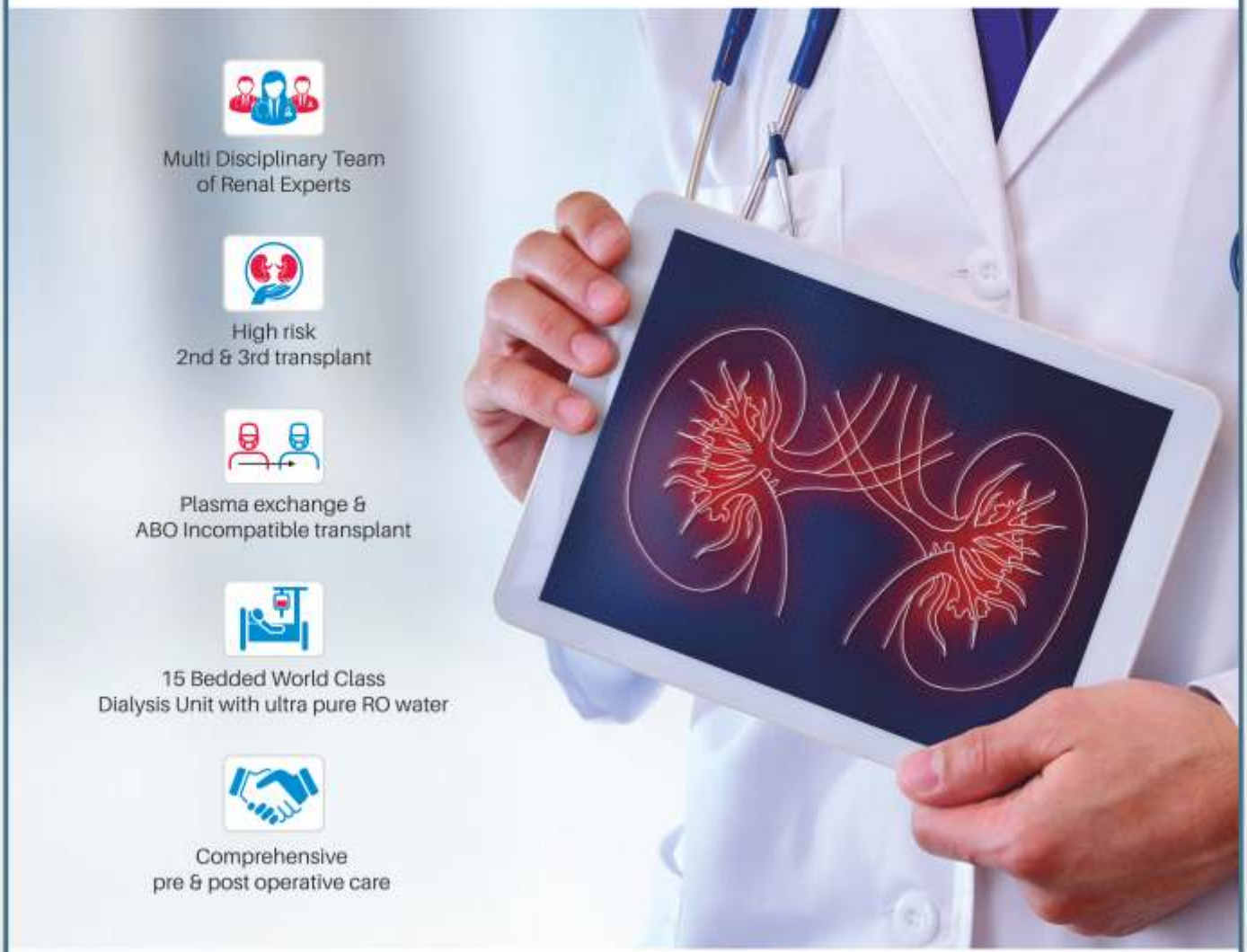

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For Registration Please Visit : www.ccaccd.com

Check out Program highlights @ www.ccaccd.com

24 - 25 AUGUST, 2019

The Bio Medical Waste Where we stand today

Dr Kamal K. Parwal
Member, Delhi medical council
State executive & Associate editor
Delhi medical association
9811112714, 8800635155

Ambiguous andtotally unnecessary, but draconian provisions in BMW Management Rules 2016, as notified in March 2016 and are being forcefully implemented. Needless to say the new rules shall have not only the recurring financial burden on medical professionals but also make them engaged in totally useless documentary work and expose them to the worst kind of *Inspector Raj* and corruption.

May I take up few points for your valued appraisal?

1. Accordingly to new rules every smallest clinic, consultant doctor chamber, Health room in the school or even domiciliary health care worker shall have to register with state Pollution control committee to get a "License to generate" the BMW by depositing 5000/- and lot more formalities. Irrespective of quantity of so called **Bio Medial waste** it generates (May be <100 gm. in a month).
2. Every single doctor (Allopath, dentist, Ayush, quacksetc) has to register with BMW common treatment facility by ensuring to pay around Rs.900/- every month to collect the BMW (generated or not) daily.
3. Every single doctor has to pay at least Rs.1000/- per month in order to seal his package of BMW with a "Bar Code Sticker" attached to it daily.

Sir, since last 15-20 years small doctor clinics which caters to less than 1000 patient / month i.e. 35 patients per day were exempted from above formalities / complexities and financial burden **but now with the new rules millions of health care professionals across the country shall have to cough out billions of rupeesto make the pollution boards and state authorized common treatment facility richer, and make themselves vulnerable toinspector Raj.**

As health care professional I, you and all of us certainly agree to the utmost need of proper disposal of BMW in order to efficiently check the spread of infections and toxic contaminants of health care activities in environment, but the present rules and their 'whimsical implementation" totally defies the intent and purpose of such act. Needless to say the inspector's whims has to be respected to avoid the trap of such draconian act.

The definition of BMW should have the key words like toxic or infectious or hazardous and not every waste coming out of health care activity.Unfortunately in present practice the principles of reduce, reuse and recycle is totally defied.

WHAT HAPPENS AT PRESENT :

a. Non-toxic and non infectious hospital wastes like **a large part of IV set, infusion bottles, urinary bag and tubings, etc.** are being made to pack in BMW bags which unnecessary increases the weight and volume of contaminated stuff. There seems to be vested interest to make financial gains by, on one hand chargingthe health care professional for collecting such waste and on other hand selling the waste to "Plastic Recyclers.". Such practice are against principles of reduce, reuse and recycle and aimed at showing the magnitude of issue out of proportion for creating subtle business opportunities (FICCI, n. ASSOCHAM doing seminars on it in five star hotels on the issue is an example).

b. The voluminous **plaster cast / synthetic plasters, diapers with human excreta etc.** are hardly ever toxic or infectious but are made to pack up with BMW and they are being incinerated by disposing agencies thereby increasing environmental pollution as the heavy incinerators are run-on High-speed diesel as fuel.

c. All the waste medicines (expired / solid / liquid) are to be incinerated along with their packing, so burning chemicals and packing plastic / aluminum indiscriminately in only polluting environment more.

d. All the glass bottles and vials which are hardly toxic or infectious are also considered BMW only to increase the weight and volume for statistical purposes .likewise the orthopedic implants are also considered as BMW,may be to realize the market cost of valuable metal like quality stainless steel and titanium etc.

e. All the health care facilities of more than 50 beds are presently required to establish and maintain their own **sewage treatment plant**. Needless to say, such mandate is not only economically unfeasible by small hospitals but also full of bureaucratic complexities and vulnerable to inspector Raj on 24 X 365 days basis. It is pertinent to mention here that in many expert committees it has been opined that the requirement of STP should be made mandatory in hospitals above 100 beds only but the expert'srecommendation is being time and again over ruled by bureaucratic interventions.

It has been opined by various experts in workshops and panel discussions on Bio Medical Waste that the current practice of unnecessary increasing the volume of Bio Medical Waste are arbitrary and out of individual whims rather than out of any scientific reason, but the practice continues.

Our humble request to all relevant authorities viz DPCC, GNCTD,DHS,CENTRAL MINISTRY

1. Exempt small clinics, catering less than 1000 patients per month from all above formalities and payments, **however they must be instructed to correctly segregate and dispose the BMW generated in designated community BMW bins** (maintained by Municipal authorities as envisaged in BMW Management Rules 2016.) or in near by bigger public or Private hospitals.
2. General public should also be educated to dispose off their toxic or infectious waste (expired or unused medicines, insulin needles, menstrual pads or other BMW out of domiciliary health care in designated Municipal BMW bins.
3. All the issues regarding wrong practice resulting in increasing the volume of BMW and resultant pollution should be examined by non bureaucratic technical experts without any prejudices and considering the Indian scenario of health care activities.

4. The mandatory requirement of establishing sewage treatment plant for 50 bedded hospitals (as mandated by DPCC) should be abolished and made for above 100 bedded hospitals, if at all required.
5. The penal provisions should be made more logical and rationale to avoid the vulnerability of medical fraternity to the *Inspector raj* and corruption.
6. The registration process by DPCC for thousands of HCF has been made unnecessarily tedious and therefore it could hardly be achieved in last 3 years. It could be simply done by taking a list form CBMWTF which should provide a registration number to HCF. It is ironical that every individual and smallest HCF is asked to register online(hardly working web portal), upload so many documents and pay the heavy fee for no good reason. Please just take the list from TF as registration with them is mandatory before trying the DPCC website. Moreover, the whole issue of registering small clinics and putting them to unnecessary financial n bureaucratic hard ship is under consideration of MOEFCC. However the charges should be just token amount, may be ₹ one thousand maximum one time or every 5 years.
7. The entire issue of bar coding , the rationale of which is being reviewed by MOEFCC ,should be the responsibility of either DPCC or TF than to pass on to every individual HCF and thus making them vulnerable to 'inspector raj' and financial burden on this issue as well.
8. The charges leviable by TF should be rationale and monopolistic cartelisation should be avoided. Ironically Delhi govt. decides the charges taken from private HCF and the govt. It self doesn't pay for it's own hospitals. More TF should be established and HCF be allowed to choose one as per competitive market rates.

The silver lining in whole matter is with our sincere efforts and support by our well wishers in central ministry , Dr Harsh Vardhan and Dr. Mahesh Sharma following reliefs have been provided vide the latest gazette notification by union environment ministry On feb.19, 2019.

1. Non bedded health care units are exempted from maintain day today register and display monthly record on website.
2. Non bedded health care units wont have to create and maintain their web site for this purpose. However bedded hospital have to do it by 16th march 2020.
3. The HCF having less than 10 beds won't require their own STP as written in 2018 gazette, however they shall have to comply with out put discharge standards by 31stDec, 2019. So effectively NO STP for up to 50 beds as of now.

We are persistently requesting all authorities to consider the above objectively and seek direct inputs from all the stake holders in order to facilitate the just, logical and implementable interpretation of the BMW management rules and save millions of small health care providers from irrational hardship, financial burden and vulnerability to corruption.

TRANS RADIAL ARTERY INTERVENTIONS
Simple Solution to Complex Situations

Dr Sarita Gulati
Senior Consultant Cardiologist
Manipal Hospitals Dwarka

The Transfemoral route for diagnostic angiogram (TFA)and subsequent percutaneous coronary interventions (PCI) have been in vogue since the inception of this technique, way back in 1977. Anatomically, Femoral area has a relatively complex anatomy,wherein femoral artery is flanked by vein and nerve. Potential space in the area and distortions of landmarks in obese patients along with the fact that proximal part of the artery lies in the retroperitoneal space, makes this area prone to numerous complications like groin haematoma, pseudoaneurysm, AV fistula formation and retroperitoneal bleed, which can lead to life threatening consequences. Major and minor bleeding (1.2-10%) secondary to procedure are associated with higher risk of short term and long-term mortality.

Disadvantages of Femoral Route

- Groin haematoma(1-10%)
- Pseudoaneurysm formation (1-5%)
- Retroperitoneal Bleed (0.1-0.9%)
- AV fistula (<1%)
- Longer time to ambulation.
- Patient discomfort
- Post complication situation may preclude future interventions viz. Renal Transplant, TAVR etc.

The above complications are lesser with Trans Radial Access (TRA) for PCI, especially in patients with Acute coronary syndromes (ACS). Mortality rates in ACS are lesser with TRA vis a vis TFA, although all-cause mortality is same when the patient cohort is widened to include stable IHD as well. Given that TRA is associated with improved QOL, reduced healthcare costs and resource usage, it is advocated as the default strategy for patients with ACS,and highrisk situations such as elderly age,women, patients with co -morbidities like CKD. During radial interventions care must be taken to avoid radial artery spasm, and circumvent upper limb vessel tortuosity

Advantages of Radial Route

- Anatomy is simple with no fat collection or communication with retroperitoneal space.
- Radial artery can be easily compressed against Radius bone.
- Site is easily visible for post procedure care.
- Patient convenience, and preference for re-intervention.
- Early ambulation and discharge after angiography or PCI.

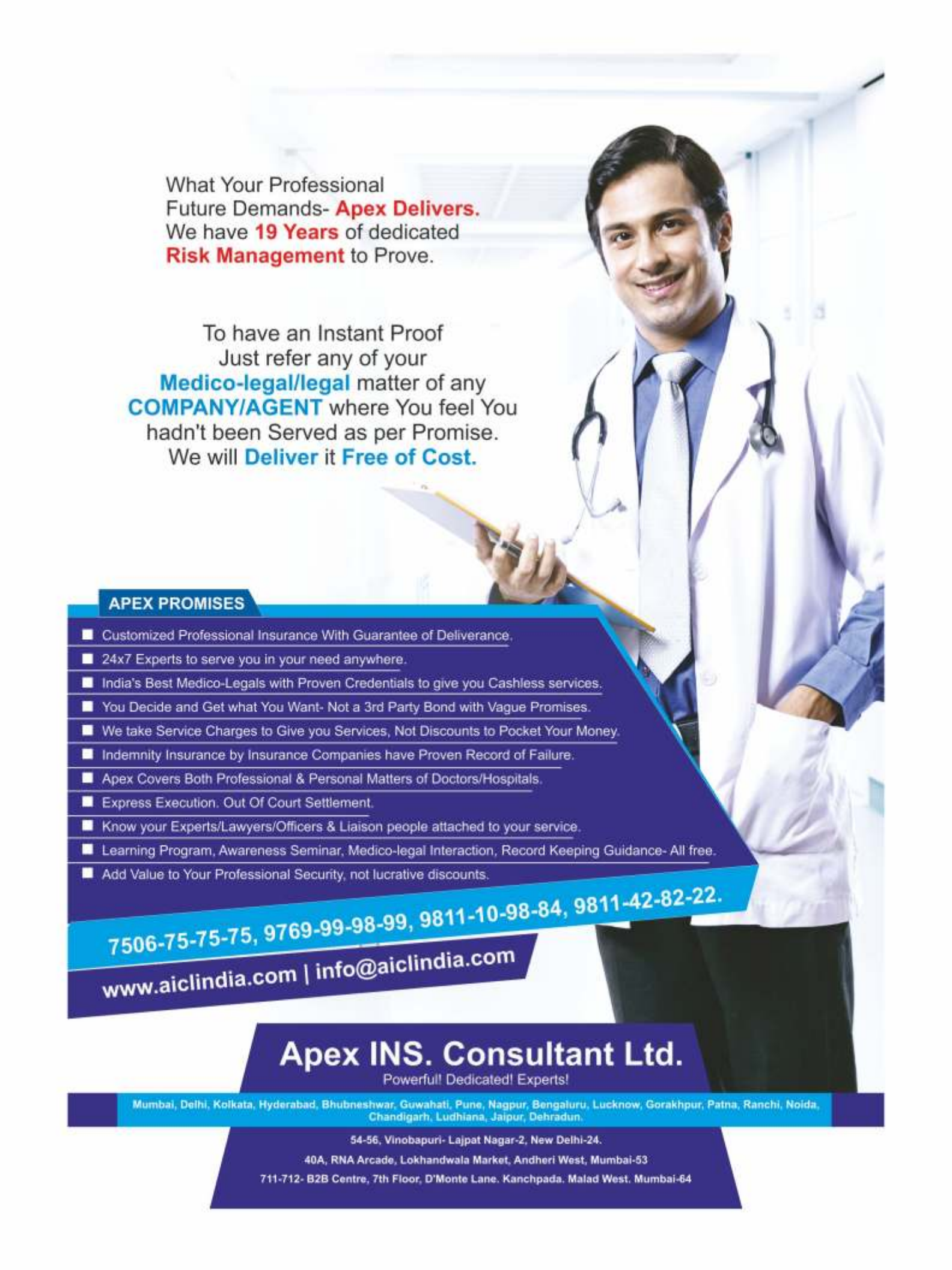
Complications

Radial artery occlusion -usually asymptomatic, because hand is supplied by ulnar artery as well

Rare--Pseudoaneurysm, Haematoma, Radial artery avulsion (case report).

Operator experience goes a long way in avoiding these complications

To conclude, TRA should be the preferred route for PCI, particularly in high risk situations.



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