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Happy Republic day

For Circulation to Members

Delhi Medical Association

NEWS BULLETIN

FORTNIGHTLY

Official organ of Delhi State Branch Indian Medical Association

24 Pages

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Dr. Ashwani Goyal

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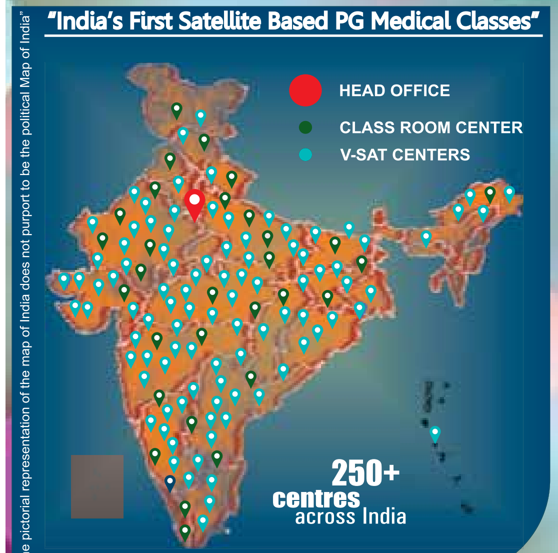

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President's Pen...

Heartiest congratulations to Dr. BB Wadhwa for unanimously getting elected as DMA President Elect (2019-20) and to Dr. Puneet Dhawan and Dr. Ashwini Dalmiya for getting elected as Vice-Presidents DMA, 2019-20.

I extend my thanks and gratitude to all the leaders in DMA for putting efforts in bringing unity and harmony. Only unitedly we can resolve the issues related to medical fraternity. I am quite confident that in coming two years under the leadership of Dr. Girish Tyagi and Dr. BB Wadhwa, DMA shall reach to greater heights. I would also like to appreciate the gesture of Dr. Rajiv Sood and Dr. Anil Sharma who for the sake of unity withdrew from the post of President Elect and Vice-President.

It had been a great victory of Delhi Medical Association that the one time registeration fee for Bio Medical Waste registration with DPCC has been reduced from 5,000 to 2,500 for which we have mentioned in our earlier edition but members are facing lot of problems with online registeration at DPCC site. We have strongly written to the Addl. Director (BMW DGHS Delhi) and also to the Chairman and Member Secretary of DPCC and Health Minister of Delhi. If the problem with the site persists, we shall be taking the legal action against DPCC.

Friends, the problem of assault on doctors is still a great menace. Recently, a resident doctor at Safdarjung Hospital was beaten by son of a Head Constable posted at the hospital itself. DMA took an immediate action and our team led by Joint Secretary Dr. Sandeep Sharma reached there in time and pressurised the MS, DCP and other authorities. The immediate FIR was lodged and the security of the Junior Residents was increased. Friends, the problem of the violence on Doctors is a real matter of concern and we will leave no stone unturned in curbing this menace once for all.

There had been a news few days back where it was mentioned that the Delhi Government is going to cap the charges on different procedures at nursing homes. We had earlier met Sh. Satyender Jain, Health Minister of Delhi in this regard and further agitate on this issue.

We are also fighting on the issue of the minimum salary to be provided to the staff nurses in the nursing homes and the next state of hearing is 1st of April, 2019.In the crosspathy case where DMA has won against the doctors of other pathies in the High Court and they were not allowed to prescribe the allopathy medicine, a leave has been granted to the doctors of other pathies by Hon'ble Supreme Court with an order not to take a coercive action. DMA, after taking the legal opinion, has decided to move to the court for modification of the judgement.

I invoke the support of all the Presidents and Secretaries of different branches and the senior leaders in all the issues related to Medical profession at large.

I'm quite confident that unitedly and collectively we will be able to resolve all of our issues in a very favorable way.

Dr. Ashwani Goyal
President, DMA
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E-mail: goyalak62@gmail.com

F.124/DMA/Elec/19 10.01.2019

UNDER POSTAL CERTIFICATE

The Presidents & Secretaries,
IMA Local Branches in Delhi
(Under Jurisdiction of DELHI MEDICAL ASSOCIATION).
New Delhi

Sub:D.M.A. Annual Elections to State Executive Committee for the year 2019

Dear Sir,

I am reproducing below the extract of article 14 (Amended) of the DMA Constitution for your infor-mation and necessary action.

"Hony. State Secretary shall inform the local branches under the jurisdiction of Delhi Medical Association i.e. DMA on any date after 31st Decem-ber but not later than 15th January, each year by a written notice intimating the branch Secretaries as well as by publishing in the DMA News Bulletin regarding the entitlement of their seats in the DMA Executive as per records available in the State Office i.e. DMA as on 31st December in the respective year. The notice will be given only to those branches whose H.F.C. has been received in DMA office on or before 31st December."

"On receipt of the Election Notice from the State Secretary the local branches shall initiate the process of election and will complete the same. The local branches will have to inform the elec-tion result before or on 28th February. If the results are not received in the DMA Office by 1st March the seats would be taken as vacant. Any seat falling vacant or remaining unfilled shall be filled by a similar procedure after the State Secretary has intimated the respective branch/branches where the seats remained unfilled or vacant."

As required in the above article 14, I am enclos-ing herewith the statement showing the number of members of the State Executive Committee as on **31.12.2018** for which each branch is eligible to hold election for the year 2019-2020 at branch level and forward the result of the same to the Delhi Medical Association before **1st March, 2019,** If the result are not received in DMA office by **01.03.2019** the seats would be taken as vacant. Unfilled seats thus created shall be filled by a similar procedure after the State Secretary has intimated the respective branch/branches where the seats have remained va-cant.

You are also requested to kindly furnish the fol-lowing information to unable us to publish in the DMA News Bulletin to avoid any controversy latest by 10th Feb 2019.

01. Date of calling the nominations

02. Date of opening & notifying the list of valid nominations.

03. Date of withdrawal

04. Date of Elections

05. Complete results of the elections including president/Vice presidents, State/ branch executives and central council members after the election.

Thanking you for your cooperation and taking imme-diate action in the matter.

Yours sincerely,

Dr. G.S.GREWAL
Hony. State Secretary, DMA
Encl: as above

Copy for publication in DMA News Bulletin.

STATEMENT SHOWING STRENGTH OF IMA LOCAL BRANCHES IN DELHI AS ON 31.12.2018 & NUMBER OF ELIGIBLE EXECUTIVE MEMBERS.

S.No.	Name of Branch	Valid Strength as on 31.12.2018	No. of Eligible Executive Members to be elected
01.	DMA Direct Members Branch	21	01
02.	IMA Central Delhi Branch	679	08
03.	IMA LHSP Branch	186	03
04.	IMA New Delhi Branch	490	06
05.	IMA South Delhi Branch	3046	32
06.	IMA Delhi North Zone	2064	22
07.	IMA Janakpuri Branch	634	08
08.	IMA Westown Branch	1542	17
09.	IMA East Delhi Branch	3493	36
10.	IMA Karol Bagh Branch	609	08
11.	IMA Outer West Branch	444	06
12.	IMA Rohini Branch	1227	14
13.	IMA Dwarka Branch	467	06
	Total	**14902**	**167**

DR. G. S. GREWAL
Hony. State Secretary, DMA

Copy: for publication in DMA News Bulletin

Secretary Pen...

Why Doctors Need To Show More Empathy to Their Patients

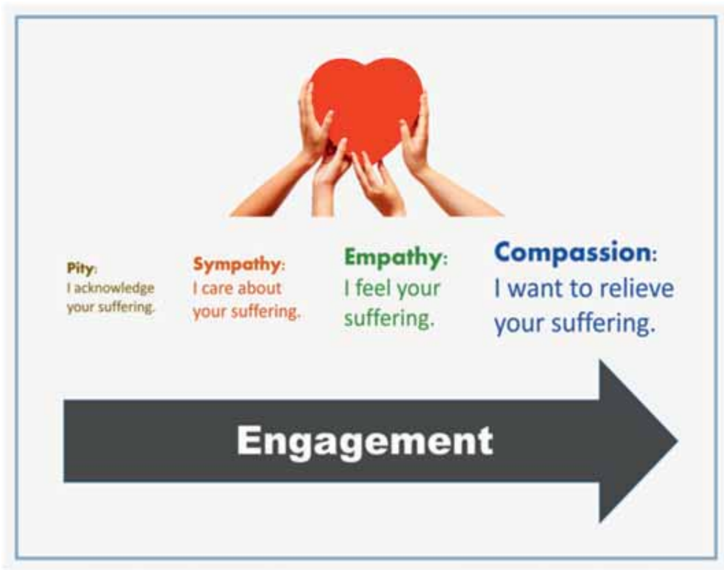
Empathy and sympathy, these words are often confused and for good reason.Both of the words deal with the relationship one has to the feelings and experiences of another. They are tools for engagement-between a doctor and the patient; a healthy engagement is essential for providing quality care without prejudice or bias. It is therefore important for doctors to choose and use the appropriate tool when engaging with their patients and that tool is EMPATHY.

Sympathy is an older word and is largely used to convey commiseration, pity, or feelings of sorrow for someone who is experiencing misfortune.

Empathy on the other hand is often used to refer to the capacity or ability to imagine oneself in the situation of another, thereby vicariously experiencing the emotions, ideas, or opinions of that person.

For me to share in someone else's perspective, I must do more than merely put myself into his position. Instead, I must imagine myself as him, and, more than that imagine me as him in the particular situation in which he finds himself. I cannot empathize with an abstract or detached feeling. To empathize with a particular person, I need to have at least some knowledge of who he is and what he is doing or trying to do. As John Steinbeck wrote, 'It means very little to know that a million Chinese are starving unless you know one Chinese who is starving.'

Empathy is often confused with pity, sympathy, and compassion, which are each reactions to the plight of others. Pity is a feeling of discomfort at the distress of one or more sentient beings, and often has paternalistic or condescending overtones. Implicit in the notion of pity is that its object does not deserve its plight, and, moreover, is unable to prevent, reverse, or overturn it. Pity is less engaged than empathy, sympathy, or compassion, amounting to little more than a conscious acknowledgement of the plight of its object.



Sympathy ('fellow feeling', 'community of feeling') is a feeling of care and concern for someone, often someone close, accompanied by a wish to see him better off or happier. Compared to pity, sympathy implies a greater sense of shared similarities together with a more profound personal engagement. However, sympathy, unlike empathy, does not involve a shared perspective or shared emotions, and while the facial expressions of sympathy do convey caring and concern, they do not convey shared distress. Sympathy and empathy often lead to each other, but not always. For instance, it is possible to sympathize with such things as hedgehogs and ladybirds, but not, strictly speaking, to empathize with them. Conversely,

psychopaths with absolutely no sympathy for their victims can nonetheless make use of empathy to snare or torture them. Sympathy should also be distinguished from benevolence, which is a much more detached and impartial attitude.

Instead of being urged to simply “be more compassionate,” doctors should learn specific empathy skills during their training to improve their care of patients, one doctor argues in a new paper.

According to Dr. David Jeffrey, an honorary lecturer in palliative medicine at the Center for Population Health Sciences in Edinburgh, Scotland, who wrote the paper, there is concern about a general lack of psychological and social support for patients from doctors. Some studies have found that medical students experience a decline in empathy for their patients as they get further along in their training.

In addition, the “commercialization of health care leaves people vulnerable” to being treated as though their care is simply an instrument to bring in money to the system, Jeffrey said. Patients can become dehumanized by the system, he said.

But there is also concern that if doctors become too emotionally involved with their patients, they may experience psychological distress and burnout, Jeffrey said.

In his article, Jeffrey distinguishes among the three terms that are often used interchangeably — empathy, sympathy and compassion — in an attempt to provide some clarity to this problem. Jeffrey argues that doctors would best serve their patients by striving to have empathy for their patients, rather than sympathy or compassion. [7 Medical Myths Even Doctors Believe]

For example, having empathy means imagining what it is like to be a specific person undergoing a specific experience, rather than imagining that they themselves are undergoing that experience, Jeffrey said.

“This more sophisticated approach requires mental flexibility, an ability to regulate one's emotions and to suppress one's own perspective in the patient's interests,” Jeffrey told said.

In contrast, having sympathy means taking a more “self-oriented” approach, and imagining what it would be like for yourself to be in another person's situation.

This is a way of trying to identify with a person, but it means that you assume that people will think and feel the way you do, Jeffrey said. Also, a doctor who attempts to sympathize with a patient may focus on the doctor's own distress, and risk burning out, he said.

Having compassion means being aware of the suffering of others, but not necessarily understanding their views, Jeffrey said.

What's more, Jeffrey said, compassion and sympathy are simply reactions, that don't involve much reflection.

It takes skill to develop empathy, and developing this skill should be a goal for medical education, Jeffrey said.

In Jeffrey's view, doctors should develop empathy by learning to build a connection with their patients that involves emotional sharing, as well as an “other-oriented” perspective, in which the doctor tries to imagine what it is like to be the patient. Doctors can then act appropriately on the understanding they have gained to help the patient, Jeffrey said.

“A benefit of this model of empathy is that it focuses on developing skills, attitudes and moral concern rather than just urging medical students and doctors to be more compassionate,” Jeffrey said. “Empathy, unlike compassion or sympathy, is not something that just happens to us, it is a choice to make to pay attention to extend ourselves. It requires an effort.”The paper was published yesterday (Dec. 6) in the Journal of the Royal Society of Medicine.

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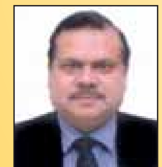

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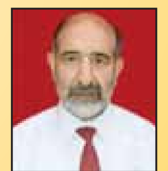

Dr. Girish Tyagi
President Elect
Mob.: 9868116491

31st Medicine Update

Department of Medicine, Sir Ganga Ram Hospital

1st & 2nd March 2019

TOPICS OF INTEREST

1st March 2019

- **Workshop on App Based Clinical Practice**
- **Obstructive Airway Disease**
  - **COPD : What is latest / Bronchial Asthma – Beyond Medications / Air Pollution & its ill effects**
- **Fungal Infections in Internal Medicine**
  - **Mucormycosis / Candida / Aspergillus**
- **Mixed Bag**
- **Ethics in Medical Practice**
- **Medical Quiz**

2nd March 2019

- **Workshop on Diet & Nutrition in Medical Illness**
- **Tuberculosis**
  - **Newer Rapid Diagnostic Modalities / Newer guidelines in management of TB / ATT in Special Population**
- **Question & Answer session**
- **Mixed Bag**
  - **Osteoporosis / PCOS / Pre & Post Exposure Prophylaxis in HIV**
- **Ethics in Medical Practice**

Time : 12.00 noon – 5.00 p.m.

Venue : The Auditorium, Sir Ganga Ram Hospital

Registration : Rs.300/- favouring **"Sir Ganga Ram Hospital"** including lunch & tea on both days, conference kit, certificate for participation, book containing proceedings of the conference and DMC CME credit hours.

Contact :-

Dr. Atul Gogia, Organising Secretary, Mobile – 9891003450, E.mail : atulgogs@gmail.com

Dr. S.P. Byotra, Organising Chairperson, M-66, Kirti Nagar, New Delhi – 110 015.
Mobile – 9811047379, E.mail : byotra@yahoo.co.in

Conference Secretariat : Department of Medicine, Room No.1417, 4th Floor A Block, Sir Ganga Ram Hospital, Old Rajinder Nagar, New Delhi – 110 060. Phone (Office) : 011-42251447, E.mail : dept.medicine.sgrh@gmail.com

APPROACH TO A PATIENT WITH DIZZINESS

Dr Charu Gauba,
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Dizziness refers to a misperception of spatial orientation. It is a non-specific symptom and accounts for 5% of out-patients. Dizzy patients can broadly be classified into those with (a) vertigo-50% (b) disequilibrium or imbalance-10% (c) near faintness or presyncope-15%and (d) light headedness, often psychogenic-15%.Most vertiginous patients have peripheral vertigo, but central vertigo is more common in the elderly. About 10% patients have an unidentifiable cause.

HISTORY - (1) Quality of dizziness. Near faintness implies a hemodynamic cause. Vertigo is any illusion of motion and implies a vestibular mechanism. (2) Timing and duration. Acute prolonged vertigo occurs in vestibular neuritis or strokes. Brief recurrent spells signify BPPV while recurrent spells lasting 1-15 minutes occur in vertebrobasilar TIAs. Recurrent dizziness lasting hours occurs in vestibular migraine or Meniere's disease. Continuous dizziness for many weeks usually signifies psychogenic causes, CNS lesions or drug toxicity. (3)Triggers. If dizziness is triggered by head movement it implies a vestibular cause (peripheral or central). BPPV is triggered only by certain head positions while dizziness occurring only on standing is usually due to hemodynamic or gait abnormalities. (4) Associated symptoms. Neurological symptoms imply CNS disease while hearing loss occurs with labyrinthine dysfunction. Nausea can occur with vestibular or hemodynamic causes.

EXAMINATION– (1) Neurological examination including for nystagmus (2) Orthostatic blood pressure and pulse measurements (3) Evaluation of hearing (4) Dix Hallpike manoeuvre for suspected BPPV and (5) Head impulse test and caloric test for suspected vestibular neuritis.

TAKE HOME MESSAGE – If patients are unable to describe their dizziness, try to identify the cause by asking about timing and duration of dizziness, triggers and associated symptoms. Do not miss central or hemodynamic causes which are usually more dangerous.

DR. CHARU GAUBA

COMMON MOVEMENT DISORDERS ENCOUNTERED IN CLINICAL PRACTICE

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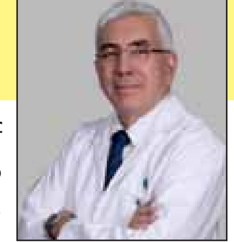


Movement disorders are neurological syndromes in which there is either an excess of movement (hyperkinesia), or a paucity of normal movements (hypokinesia) unrelated to weakness or spasticity. Parkinsonism is the commonest example of hypokinesia. Dystonia, tremor, tics, chorea and myoclonus are the common examples of hyperkinesias.

Parkinsonian patients exhibit resting tremor, hypokinesia , rigidity, stooping, shuffling gait and loss of postural reflexes. However,hypokinesia, not tremor is the cardinal feature of Parkinson's disease. Parkinsonism may be atypical (PSP, MSA). Often it is drug (eg. antipsycotics, levosulpiride) induced.

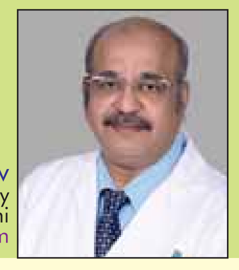
Dystonia is an involuntary twisting of a body part in which the agonist and antagonist muscles contract in a patterned manner. It may be primary (idiopathic) which represents 70 percent of all dystonias, or secondary (as a result to an underlying disorder). Primary dystonia may be young onset when it usually starts in the legs and tends to become generalized, or adult onset when it is confined to the cranio-cervical-brachial regions. The former may respond to drugs, but in the latter, (eg. blepharospasm, cervical dystonia, and writing dystonia),botulinum toxin injection in selected muscles is the treatment of choice.

Tremoris a rhythmic sinusoidal oscillation of a body part, and can be classified into rest (common example Parkinson's disease), postural (common examples essential tremor and drug induced), and kinetic (common example cerebellar disorders). Rarely tremor can be task specific (eg. writing tremor).

(Videos of patients suffering from the above disorders and those of tics,chorea (Huntington's disease and levodopa induced dyskinesias),tardive dyskinesia and myoclonus were shown during the conference)

TAKE HOME MESSAGE : Correct recognition and appropriate treatment of the above movement disorders can at times be very rewarding.

Precision Radiotherapy: A Way Forward



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Radiation Therapy is an important modality in the treatment of Oncology, using high energy X-rays and similar rays (such as electrons, protons, Gamma rays) for therapeutic purposes so as to cause damage to cancer cells.

The ultimate aim of radiotherapy is to deliver a high radiation dose to a tumor while minimizing the dose to surrounding healthy tissues. Introduction of treatment planning systems and invention of CT scans in 1970's led to the start of new era in the field of Radiotherapy. Today, the department of Radiation Oncology is equipped with the State of Art technology with Linear accelerators and treatment planning systems so as to aim higher accuracies for Precision Radiotherapy. With precision, comes accuracy which enables the radiation oncologist to deliver higher doses to the tumor leading to higher cure rates and higher survival rates. This platform of precision radiotherapy is based on perfect reproducibility, stereotactic accuracy, conformal delivery with millimeter accuracy under image guidance. Gating is the ability to take control over respiratory movements, and thus tracking the tumor during physiological motion during respiration in liver and lung tumor and as well as in breast cancer patients. Hence, aiming at curative intent with innovative techniques like SRS, SBRT, IGRT and IMRT. Not only malignancy, but Radiotherapy is also used in treatment of benign tumors likeacoustic neuromas, arteriovenous malformations (AVM), meningiomas, craniopharyngiomas, trigeminal neuralgia, pituitary adenoma etc.

It is for the first time in India and South East Asia, Apollo Hospital has launched a new revolution in radiotherapy that is the Proton Beam Treatment. Therapy with Protons allows for the very precise cancer treatment with better sparing of normal tissues, with the consequent reduction of acute and late toxicities and is particularly important for pediatric patients, neurological cases and for re-irradiation.

Take Home Message: The present and future of Radiation therapy is in treating only the tumor precisely with newer techniques like IMRT, IGRT, SBRT, SRS and thereby achieving greater cure results with least or no treatment related morbidities.

TREATMENT OF CARDIOVASCULAR DISORDERS – WHERE DO WE STAND IN 2020 AND WAY FORWARD

Dr. N. N. Khanna
Senior Consultant in Cardiology and Coordinator of Vascular Services at
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Cardiovascular disease accounts for 20% mortality and morbidity worldwide. It is estimated that 42% of people who have Coronary Artery Disease also have significant Vascular Disease in carotid, renal and peripheral arteries. The risk factors for developing vascular disease elsewhere are the same as a risk factor for developing coronary artery disease.

Although, a lot of advancements have happened in the field of coronary interventions, a lot of these treated patients of heart disease die because of various vascular diseases elsewhere in the body. The cardiologists and vascular interventionalists of today have to acquire additional skills of vascular surgeons and interventional radiologist and gear themselves to treat any vascular disorder in the body by endovascular techniques and treat these patients of generalized vasculopathy as a whole instead of just treating coronary artery disease.

We at Apollo Hospital, have started this mission of Global Endovascular Interventions and are routinely treating conditions like renal artery stenosis, renal bleeds, total occlusions of leg arteries (femoral, popliteal and below the knee) and carotid artery stenosis (catheter directed thrombolysis / thrombectomy / carotid artery stenting) for preventing major amputations and strokes.

Now the Cardiologists also seem to be treating disease which were clearly in surgical domain like Budd Chiari Syndrome, Varicose Veins, Treatment of Valvular Heart Disease like Aortic Valve Replacement and Mitral Valve Repair, Aneurysms and Dissection of Aorta and Male Impotence.

The way forward is to have a one stop shopping for entire cardiovascular interventions. Imaging seems to be advancing at a rapid pace.Image Fusion and Image Integration and Robotic Cardiovascular Interventions will be the next wave in Cardiovascular Interventions.

MEDICAL MANAGEMENT OF HEART FAILURE

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Heart Failure is very common affecting millions of patients and is associated with high mortality , frequent hospitalization , poor quality of life and puts tremendous burden on our limited health care resources . Despite major advancements in drug therapy and devices , 5 year survival is very dismal , around 50 % , which is worse than many cancers .

Hypertension , Coronary artery disease , Rheumatic Heart disease , various cardiomyopathy states and myocarditis are common causes of heart failure in our population .

Recently a third category of Heart Failure with mid range Ejection Fraction (HFmrEF EF 40-50 %) has been added to the existing two categories of HFrEF (EF < 40 %) and HFpEF (EF > 50 %) .

Among the investigations biomarkers (BNP and ST2) are being used more often for diagnosis , prognosis and management of Heart Failure . ECHO remains the most useful investigation for diagnosis and follow up in heart failure patients .Cardiac MRI can be of use in assessing cardiac fibrosis and long term outcome and Iron deficiency should be looked for in all cases .Coronary angiography is recommended only when there is suspicion of coronary Artery Disease . Cardiac biopsy is rarely needed when specific cause is suspected like amyloidosis ,sarcoidosisetc.

General measures like diet , exercise ,immunization , water restriction are important and all hospitals should have a dedicated heart failure unit .

ACE inhibitors , beta blockers and MRA antagonists should be uses in all cases of HFrEF . The use of this triple therapy has been shown to prolong the life three times in heart failure with reduced ejection fraction . ARNI , which is combination of Valsartan and Sacubitril , has been found to be better than ACEI in chronic stable heart failure and should replace ACE if cost is not the factor. Ivabradine may be used in patients who are symptomatic despite medical therapy and heart rate is more than 70 bpm .Digoxin has not been shown to reduce mortality and should be used in patients who remain symptomatic to reduce hospitalization and for symptomatic improvement .

Coronary revascularization can be helpful if there is significant amount (more than 20 %) of viable and ischemic myocardium . Surgical and more recently non surgical (Mitra Clip) treatment of Severe MR can be helpful in some cases .

Routine use of Aspirin , anticoagulants , statins and anti arrhythmic is not helpful and may be harmful .Similarly COX 2 inhibitors , Thiazolidinediones , Non DHP calcium blockers like diltiazem and Verapamil should be avoided in Heart failure with reduced ejection fraction .

Cardiac Resynchronization Therapy (CRT) is beneficial in selected cases of Heart Failure with LBBB type broad QRS of more than 150 msecs on ECG with LVEF < 35 % in patients who are symptomatic on optimal medical therapy . AICD is useful in prevention of Sudden Cardiac Deaths due to VT/VF in patients with LV dysfunction more so in patients with ischemic cardiomyopathy .

Heart transplantation and Assist Devices are becoming a realistic option in our country and suitable patients with advanced heart failure should be considered for these options . Heart transplantation leads to 60-70 % 10 year survival . Blood group should be matched and ischemic time of less than 4 hours is optimal . Rejection and infection are the most important complications in early phase and vasculopathy and cancers are important long term complications . Most important need is to increase donor awareness by public education and all other possible ways .Assist devices are increasingly used as most heart failure patients do not get the heart due to donor scarcity and would die while waiting . Assist devices are getting better , smaller and more easy to manage with lesser complications and ideally used in patients not fit for transplantation or waiting for transplant . However cost and expertise for post implantation care remains the issue .

Timely treatment of Acute Coronary Syndrome , more aggressive control of hypertension and newer drugs in management of Diabetes are also important in preventing Heart Failure . SPRINT trial showed that targeting Systolic Blood Pressure reduction to less than 120 versus less than 140 mm Hg in high risk hypertensive patients reduced the occurrence of Herat Failure . SGLT2 inhibitors , a new class of anti diabetic medication which reduce blood sugar by causing glycosuria have been shown to reduce the occurrence of heart failure .

Unfortunately no specific class of drug has been shown to improve survival in patients with heart failure with preserved ejection fraction . Water restriction , diuretics and control of co morbid conditions remain the mainstay of treatment .

सत्येन्द्र जैन
Satyendar Jain
स्वास्थ्य, उद्योग, लोक निर्माण, ऊर्जा, गृह,
शहरी विकास, सिंचाई एवं बाढ़ नियंत्रण मंत्री
Minister of Health, Industries, PWD,
Power, Home, Urban Development and
Irrigation & Flood Control

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
'ए' विंग, सातवां तल, दिल्ली सचिवालय
'A' Wing, 7th Level, Delhi Secretariat,
आई.पी.एस्टेट, नई दिल्ली-110 002
I.P. Estate, New Delhi-110 002
दूरभाष/Tele No. : 23392116, 23392117
Fax No. : 23392044
E-mail : moh.delhi@gov.in

D.O. No. Minhealth/2018/11652
Date : 21/12/2018

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 scheduled the next round of the Intensified Pulse Polio Immunization Programme (IPPIP) 2018-19 on **3rd February 2019 (Sunday)** which is to be followed by five days of house to house "search and immunize" activity for immunizing children below five year 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 date.
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)

A Historical Footing !

Founded : Lahore, 1921..... Reinstated : Delhi, 1954

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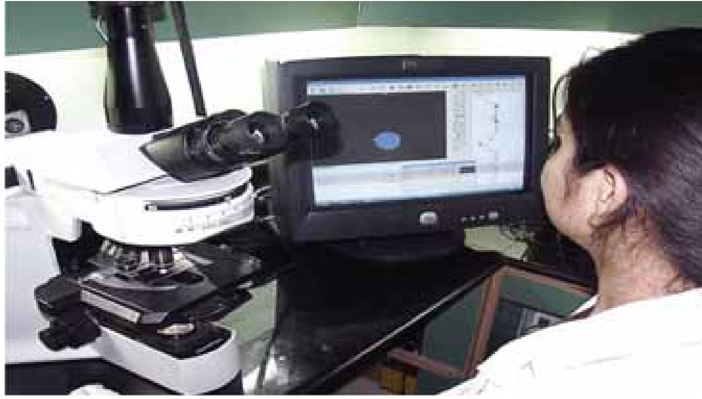
Institute of Medical Genetics & Genomics

Established in 1997, the Centre Continuously Strives for Excellence and is Committed to Compassionate Patient care, Accurate and timely performance of tests, and Generating new knowledge in the Field of Genetic Disorders in India. We keep abreast with latest advances in Genetics.



The Medical Genetics Team

Sitting (L to R) : R. Saxena, J. Verma, I. C. Verma, R. Puri, M. Lall, S. Bijarnia
Standing (L to R) : D. Thomas, M. Lallar, P. Roy, G. Roy, P. Paliwal, M.Jain, S. Aggarwal, P. Saviour, S. Mahajan, S. Dubey, S. Kohli

Helpline : + 91 11 25861767, 42251992-3, 09654290523

Premier Genetic Centre in India

Provides most comprehensive Genetic Services through five departments.

- **Clinical Genetics :** Four Clinical Genetics Consultants
- **Molecular Genetics :** Four PhD Consultants, Three Junior Scientists
- **Cytogenetics :** Five PhD Consultants, Two Junior Scientists
- **Biochemical Genetics :** Three PhD Consultants
- **HLA / Immunogenetic** : One PhD Consultant
- **Technical Staff** : Thirty Seven

Molecular Genetics Laboratory

- Performs largest number of molecular tests in India, covering almost **500 genes**
- **Next Generation Sequencing**, Sanger Sequencing, Real-time PCR, PCR and MLPA,
- **Major Research Projects:** (i) Mutation studies in Familial Hypercholesterolemia; (ii) Adult polycystic kidney disease; (iii) NGS in Organic acidurias; (iv) Primary immunodeficiencies; (v) Sudden cardiac death due to long QT interval syndrome;(vi) Non invasive prenatal diagnosis of Thalassemia and chromosomal disease using cell free fetal DNA in maternal plasma; (vii) Lysosomal storage disorders; (viii) Exome sequencing in anomalous foetuses; (ix) NGS in sick kids and infants

The Cytogenetic Laboratory

- **Chromosomal studies / Microarray analysis** in various conditions like developmental delay, autism, intellectual disability and congenital malformations in children, product of conception, prenatal samples of amniotic fluid/CVS
- **Chromosomal Fragility tests**
- **Fluorescence Insitu Hybridisation (FISH)** in prenatals and postnatal samples or aneuploidy detection, microdeletions and subtle translocations

The Biochemical Genetics

- Variety of metabolic tests such as Galactosemia, Tyrosinemia, Biotin deficiency, Glycogen and lysosomal storage disorders
- Only centre in India to assay enzymes on filter paper blood specimens
- Only lab in India performing tests in 1st trimester to predict Pre Eclempsia
- Screening of chromosomal disorders in 1st trimester and 2nd trimester **(Double, Triple and Quadruple tests)**
- **Urine GCMS and blood aminoacid analysis**
- Only Centre in India offering reliable prenatal diagnosis for lysosomal storage disorders

Cancer Genetics

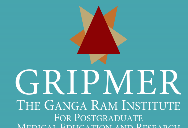
- Familial cancer such as Breast, Colon, Retinoblastoma, VHL disease, MEN2, MEN1, Li Fraumeni syndrome etc.
- Mutations in Her2neu, EGFR, KRAS, NRAS, MGMT, Methylation, IDH1/ IDH2, Bcr Abl, C Kit, PDGFR, ALK, BRAF, NPM1 and FLT3 genes for Personalized Therapy
- Bone Marrow Chromosomes and FISH panels for Leukemias
- The first centre in North India to Start a **Cancer Genetic Counseling Clinic**

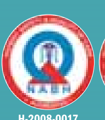
Clinical Genetics Service

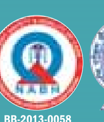
- **Largest Clinical Genetic Centre**
- Provide Genetic Counseling to about 5000 patients every year
- Patients include those with Developmental delay, Malformations, Autism, Thalassemia, Hemophilias, Metabolic disorders, Skeletal dysplasias, Recurrent abortions, Infertility, Deafness, Retinitis pigmentosa, Muscular dystrophies, Dementias, CMT, Hereditary Cancers
- Genetic diseases in foetuses, **Pre-pregnancy counseling**

Sir Ganga Ram Hospital

Generations of Healing & Trust...







Latest technologies, like Next Gen Sequencing and Microarrays, are used for helping the many patients with genetic disorders in India.

HLA and Transplant Immunogenetics Laboratory

- Lab performs **more than 1000 HLA typings** every year for patients and donors undergoing transplantation
- Latest Rapid and more accurate diagnostic methods like **Luminex based Typing** and Antibody screening, Fluogene based SSP typing, Fluorescence based CDC crossmatch
- **Immunostaining of muscle biopsies,** merosin deficiency testing in prenatal samples
- **DNA profiling studies** by international standard STR based Analysis

Our Strength

- All Genetic laboratories in the hospital are accredited by NABL. Unmatched Enrolment in Quality Assurance Programs as compared to other labs in India
- **Molecular Genetics Lab** : European Molecular Quality Assurance Network, + National labs such as CMC Vellore, NIIH, Mumbai
- **Biochemical Genetics Lab** : Quality Assurance Program from European Rare Disease Network Metabolic (Netherlands), National University Metabolic Lab, Taiwan, and CDC Atlanta for Newborn screening
- **Cytogenetics Lab** : Quality Assurance Certificate from UK National External Quality Assurance Service (NEQAS)
- **HLA and Immunogenetics** : Quality Control Program with Asia Pacific Histocompatibility and Immunogenetics Association (APHIA) in Australia, and National Reference Laboratory at AIIMS
- National DNB Super Specialty Program in Medical Genetics funded by DBT
- ICMR supported registry for Rare Disorders
- Clinical trials for Rare Genetic Disorders

FICCI HEALTHCARE EXCELLENCE AWARD 2017

FICCI award for Preventive care – 2018 to Sir Ganga Ram Hospital's Institute of Medical Genetics and Genomics Project title: "Control and prevention of Genetic Diseases through Creating Awareness, Genetic Counselling and Prenatal Diagnosis using Advanced Molecular, Cytogenetic and Biochemical Techniques"

Message from the Chairman

Dr D S Rana
Chairman
Board of Management

Sir Ganga Ram Hospital was the pioneer in the private sector to start a Genetics Department in 1997 and within a short span of time it has blossomed as a premier Centre for providing Genetic services in India, primarily due to the excellence and commitment of the scientific and clinical staff.

The Centre receives consultations and samples from all over India, from a strong network of about 60 collaborating institutions as well as from Dubai, Pakistan, Bangladesh and Sri Lanka. The tariff of certain high end investigations provided here is available at a fraction of the cost, compared to those in the in the West.

Medical Genetics is among the prestigious Centres of Excellence at Sir Ganga Ram Hospital.

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110060, 24 Hour Helpline : 25750000, 42254000, Fax: +91-11-25861002, E-mail: gangaram@sgrh.com Visit us at www.sgrh.com

How to Avoid Litigations in Medical Practice

BLOOD TRANSFUSION SERVICES

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

Errors in laboratory tests, wrong blood group reporting and transfusion related complications are major areas of litigations in medical profession.

In this article I will focus mainly on Blood transfusion services.

Blood transfusion is one therapy which is used practically in all branches of medicine.

Over a period of years laboratory techniques have improved so much that any wrong blood group reporting or contamination of blood products are not taken as errors but as negligence and carelessness.

Following are some of example cases decided by various Councils, Courts and Forums in blood transfusion related complaints.

Issues related to wrong blood groups

A laboratory gave a blood group as A+ve, while other two Laboratories gave report of the same person as B+ve. Expert testified that on some occasions, fine clumping of RBCs may lead to error and gave reference of textbook by Gradwhol stating that blood group should be carried out in two Laboratories. It was held that a mistaken report in this respect is not necessarily a negligent report'

*Normally one does not get blood group tested from two laboratories, but its recommended that a second technician should **verify** the blood group.*

In case of Bharat Pathology Laboratory vs Mangi Lal Vyas National CDRC. III(2003) CPJ:94; it was held that “Pathologist given wrong blood group report amounts to medical negligence, when contingency of transfusion of blood arises” and therefore court granted compensation to complainant

Mismatch Blood Transfusion

Positive Blood Group Patient Transfused Negative Blood

In a case, a patient having blood group B+ve was admitted in a critical condition. Blood grouping done thrice showed blood group of B-ve. Patient was given blood transfusion of B-ve. Court dismissed the complaint and held that "transfusion of B-ve blood to B+ve patient is a recognized treatment".

Wrong blood group transfused

In a case of mismatched blood transfusion, it was contended that cause of death of the patient was septicaemia. Court observed that patient's condition deteriorated after blood transfusion. Hence, the treating doctor was held liable.

Emergency Blood Transfusion with Different Blood Group

A six month old child was admitted to JIPMER with acute gastroenteritis and was again readmitted for reduced urine output at Child's Trust Hospital. Hemolytic uremic syndrome, septicemia, peritonitis and circulatory failure was diagnosed. Child's blood group was AB +ve and he was given B +ve blood after cross matching as an emergency procedure, since AB +ve blood was not available. Treatment was given for 13 days. Child did not improve. Father took discharge against Medical Advice (DAMA). Court held that,” All investigations and treatment given was as per the standard textbooks, expert witness opined that given such blood in emergency as correct. Therefore no negligence was held against the doctor

No harm no negligence

If treatment is not going to be based on the test done and test is found wrong, at the most, cost of test may be refunded. In case of Madhyamgram Consumers Welfare Society vs KK Chatterjee West Bengal SCDRC II(2002) CPJ, 381 wrong report was given by laboratory. No treatment was started on the basis of the wrong report. There was no loss or injury suffered by patient and therefore complainant not entitled to compensation. Court only ordered to refund blood examination charges and cost of litigation.

In similar case Blood group of complainant was

tested by opponent and reported as AB +ve. Second report showed B +v. It was held that no blood transfusion was given and no suffering occurred to the patient. Hence, case was dismissed

Delay In Blood Transfusion

A child was admitted to the hospital with septicaemia, where patient party alleged wrong diagnosis as no investigations were done and there was delay in giving blood transfusion. The Forum held the doctor guilty. Doctor appealed to state Commission saying that patient was referred to him in serious condition with septicaemia after two days and therefore, started antibiotics immediately; blood culture was not possible as it takes long time for results to come. Blood transfusion takes at least three hours after demand for requisition is put in, as blood bank has to carry out certain test as per government notification. Even civil surgeon also certified that treatment administered was proper, which was accepted by court and doctor was not held liable.

Transmission of Hepatitis

In one case, a patient underwent hysterectomy during which blood has to be transfused. Ten days after the operation patient took ill and her blood, tested positive for Hepatitis-B. It was alleged that this infection occurred as the blood was transfused without rechecking and re-screening for infection of hepatitis B. The blood was supplied by a blood bank in a well-known institution and screened for hepatitis B, etc. A certificate was issued along with the two pints. The patient developed hepatitis B, 10 days after transfusion, while the incubation period for hepatitis B virus is between 50 to 160 days. Also, it is known that hepatitis B may occur by other means too. The Commission held that when a disease can occur due to other causes as well it is for the complainant to prove that the particular act of the opposite party was the proximate cause of his ailment. Hence, the complaint was dismissed.

In another case a patient was operated for prostate by transurethral resection of prostrate (TURP), where blood transfusion was given during surgery. Later, patient developed hepatitis. Expert testified that incubation period of hepatitis is one month. Patient developed hepatitis earlier than incubation period. Therefore, blood cannot be source of infection. The case was dismissed as there was no evidence and nexus with blood transfusion.

Technical issues in blood banking, transportation and storage

- o Whole blood can be stored for 35 to 42 days at 4 C.
- o Platelets can be stored at 22 C with continuous agitation up to 5 days.
- o FFP and plasma can be stored for 1 year at -30 or less

  Should be rapidly frozen and thawed just before use.
- o Transportation should be temperature controlled.
- o Should be transfused as early as possible. Whole blood/ RBC transfusion should be completed within 4 -6 hours of issuing.

General precautions

- A separate valid informed consent is a must for blood transfusion
- Consent has to be signed by the patient himself unless exempted as per rules of valid consent
- Doctor **or/ &** qualified nurse should check name, age of donor and recipient along with their respective blood groups before starting the transfusion. Treating doctor is not responsible for wrong cross matching or tests of Hepatitis B,HIV etc. But treating doctor is responsible to see that blood is transfused at a proper rate and proper volume. He must give proper written orders to watch pulse rate, temperature, Blood pressure and any signs of mismatched transfusion.
- For any wrong report of blood group or HIV, Hepatitis B etc pathologist is responsible.
- Any transfusion reaction or untoward reaction should be documented and reported to blood issuing blood bank.

Special thanks to

Dr Anil Gupta MD

(NABH accessor) Pragya Lab Pitampura

Former HOD blood transfusion services Sunderlal jain hospital

Dr. Arun Gupta, MD

President, DMC

e-mail : dr.arun.medicolegal@gmail.com

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 or WhatsApp 9811106056

FACE IN THE CROWD

BRIEF PROFILE

Name	:	**Dr. (Mrs.) Indira Surendra Jain**
Date of Birth	:	26th February 1942
Qualifications	:	MBBS (Hons) Gold Medallist, FGSI
Academic Career	:	First class first in MBBS. Awarded two Gold Medals, one for standing first in University & another for securing honours in Medicine.
Work Experience	:	Served Armed Forces from 1965-1972 including 1971 Indo-Pak War. Worked in 300 to 500 bedded Armed Forces Hospitals in various capacities including Administration. Awarded 3 medals, Naga Hills, Paschim Star and Samar Sangram.
Current Post	:	Working as full time medical consultant since 1994 with Indian Farmers Fertiliser Cooperative Limited (IFFCO), fully cooperative.
Special interest	:	Social service especially for under privileged Society & aging person. I would like to join hands with like minded people to achieve the goal.

Dr.(Mrs) I. S. Jain
Medical Consultant (H.O.)
Indian Farmers Fertiliser Cooperative Ltd.
IFFCO SADAN, C-1, District Centre, Saket Place, New Delhi - 110017
Tel.- +91-11-40593125
Mob.- 09810504974
Fax No.: 011-42592650

FACE IN THE CROWD

BRIEF PROFILE

Face in the crowd. Here I write in a few lines about a great dedicated GP in practice for last 44 yrs and still going strong. He is none other than Dr Virender Pratap. Born on 2nd Oct 1949 he Graduated from M.L.N. Medical College in Nov1972 then pursued internship from Rohtak Medical College and later finished House Job from Hindu Rao . He started his own family physician practice from 5th oct1975 at Lajpat Nagar-I, New Delhi . I know him closely for almost four decades.

Working for Long hours from Dawn till dusk and serving his patients was his passion .He had to pass through multiple medical emergencies. First- 100 % LAD block in 2004 had PTCA done. Again Very soon he suffered from Meningitis in May 2007 and was admitted in Apollo for three weeks Again third time in Dec 2016 suffered massive heart attack. Was diagnosed with Triple vessel disease TVD and had to undergo CABG. I was very pained to see him on all above occasions. In spite of these massive hurdles he is still in active practice in same location and the same vigor and warmth. He admits that all through five decades there has been Rapid changes in Medical practice. I am happy he has adjusted with changing times and shines bright.

He has an excellent partner his wife who dedicated housewife Mrs. Nirmal Pratap who is very well known in the area for her social work and as he says and I second has been the main source of inspiration behind his success. He is blessed with one son and one daughter both happily married, blessed with four grand children. He attributes his success to his initial training at his Guru- Dr PM Dalal at Bungalow road new Delhi

Compiled and Written by Dr. Rajesh Makashir- 9811153427 Director Dr Makashir Diagnostic Medical Lab

Dr. Virender Pratap- - address and phone No- A-209 Lajpat nagar-part 1. Tel- 9811017786

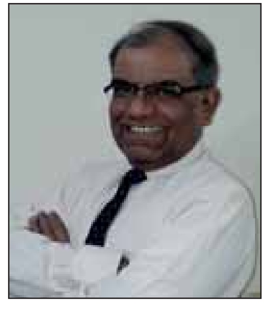
FACE IN THE CROWD

In his pulmonology practice, an observation that many poor TB patients deny free public sector treatment made him study this paradoxical behavior. Subsequently, he came up with a path breaking research on the 'delivery of healthcare in economically challenged countries' which is globally acknowledged as a landmark study. Bill Gates, the renowned philanthropist, met him in order to understand the treatment pathways taken by TB patients. Accessed over 11,000 times worldwide, his research has been referenced in studies by institutions like Duke's, McGill, USAID, WHO, Clinton foundation to name a few. The Harvard Medical School invited him at its Global Health Delivery meet to decipher the patient behavior in order to control the menace of drug resistant TB. His 'disease poverty trap' theory conceptualizes that disease and poverty fuel up each other is well accepted since many funding bodies readily volunteer grants which would take care of both the maladies in one step.

“Vague symptoms, faulty treatment adherence, difficulty in assessing cure, drug resistance and stigma attached make TB a tricky disease,” he says.

He is also a research assessor for many international research journals. However what distinguishes him is his overwhelming humility and commitment to serve the poor and feeble.

His research can be accessed at: 'How did the TB patients reach DOTS services in Delhi? A study of patient treatment seeking behavior'. PLoS One. 2012;7(8):e42458. doi: 10.1371/journal.pone.0042458.



Dr Sunil K Kapoor is a chest specialist and holds a MBA in healthcare administration from FMS, Delhi.

RADIOLOGIST REQUIRED

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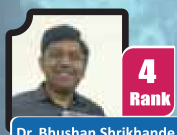
NEET SS | BLS/ACLS | DRTP

SMASHING RECORDS BY DAMSONIANS IN 2018

NEET PG TOPPERS JAN 2018

2 Rank Dr. Shiralle Ranwal


4 Rank Dr. Bhushan Shrikhande

6 Rank Dr. Anand Krishna Dev

8 Rank Dr. Shikha Rupal Shah

9 Rank Dr. Virinchi Yadav

11 Rank Dr. Rahul Gupta

AIIMS TOPPERS NOV 2018

1 Rank Dr. Umang Arora

2 Rank Dr. Aayush Goyal

3 Rank Dr. Rahul Neema

3 Rank (Cat). Dr. Lokesh

4 Rank Dr. Sarvesh Goyal

5 Rank Dr. Pawan Gabra

PGI TOPPERS NOV 2018

1 Rank Dr. Sarthak Wadhera

1 Rank (Inst). Dr. Namrata Das

2 Rank Dr. Pawan Gabra

3 Rank Dr. Shivam Bansal

4 Rank Dr. Nikhil Singhania

5 Rank Dr. Mayank Saini

JIPMER TOPPERS NOV. 2018

1 Rank Dr. Amiya Ranjan Nayak

2 Rank Dr. Niveditha K.H

3 Rank Dr. Ragunath K.

4 Rank (Inst). Dr. Vineet Aggarwal

5 Rank Dr. Malini M.

6 Rank Dr. Aatish Rengan

DNB TOPPERS MID YEAR 2018

1 Rank Dr. Nivedita Kh

2 Rank Dr. Debayan Chakraborty

3 Rank Dr. Sumit Aggarwal

6 Rank Dr. Siladitya Mahanty

7 Rank Dr. Athira

8 Rank Dr. Deep Mehta

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IMA-DWARKA BRANCH NEWS

Medifest is Annual Convention of IMA DWARKA, Celebrated by IMA DWARKA FAMILY Members every year with great zeal and fervour. This programme has been appreciated by one and all including Delegate Members, Speakers , Sponsors and Dignitaries as well.

This year also we took a challenge to meet very high standards set by Predecessors.

This year ,IMA DWARKA celebrated Medifest 2018 at Raddison Blu on 23rd December.

Highlights of the Programme included-

Registration with High Tea and Early Bird Prizes started from 2.30 p.m to 3.30 p.m.

Academic Session which included 8 C.M.E s started at 3.30 p.m. Eminent Speakers deliberated and gave insight to the various topics. Various sessions were chaired by Eminent Doctors of IMA DWARKA .All the Speakers and Chairpersons were felicitated by Mementos and Plants. Lots of Lucky Dip Prizes were also given away to the delegates in between the Sessions.

The ACADEMIC SESSIONS were conducted by Dr DEEP MALA AND DR MUKESH VERMA.

The Academic Session was followed by the FELICITATION AND INAUGURAL Ceremony ,which was conducted by DR. PRAKASH LALCHANDANI ,Past President IMA DWARKA ,Joint Secretary D.M.A He was the ORGANIZING CHAIRPERSON and DR.NEERU KIRAN was the Co-ORGANIZING CHAIR PERSON of the MEDIFEST 2018.

Smt. KAMALJEET SEHRAWAT - Leader of the House -S.D.M.C and Shri SATPAL MALIK --Deputy Mayor -S.D.M.C were the Guest Of Honour.DR. ASHWANI GOYAL -Presitent D.M.A along with IMA DWARKA OFFICE BEARER - Dr. Deep Mala, Dr. Neeru Kiran, Dr. Mukesh Verma and Dr. Tushar Arya were present on the Dias.

Dr .MATHEW VERGHESE, Eminent Orthopaedician from St. Stephens Hospital was the Guest Speaker and Guest Of Honour. He spoke in a very contemporary topic- " ROAD SAFETY' in his inimitable style.

Dr. Deep Mala, President IMA DWARKA gave Presidential Welcome Speech. Dr. Mukesh Verma, Secretary IMA DWARKA presented Annual Report Of IMA DWARKA Activities.

Dr. Harish Gupta, Past President D.M.A and Dr. Wadhwa, Vice President D.M.A. also graced the occasion.

All the Dignitaries formally inaugurated MEDIFEST 2018 with Lamp Lighting and Saraswati Vandana. All the Dignitaries were Felicitated by I .M. A Dwarka Office Bearers and All the Executives were felicitated by Dignitaries for their exemplary work.

The Programme was concluded with Vote Of Thanks by DR.TUSHAR ARYA Finance Secretary IMA DWARKA. The Academic Session was followed by Gala Banquet Dinner and Scintillating Musical

Evening. The Programme was highly successful as all the Member Delegates enjoyed and danced till Midnight with Friends and Families.

DR. DEEP MALA
PRESIDENT IMA-DWARKA

MATRIMONIAL

MATRIMONIAL ALLIANCE REQUIRED

Kashyap family (Haryana Native) DELHI Resident, Govt Servant looking for a suitable match for their Doctor Daughter

Complexion : Fair
Caste : Brahamin

Height: 5' 8"
Gotra : Kashyap

DOB. 19.03.1993

MBBS, M.D (PAED) DELHI MAMC ALUMNUS

ALLIANCE PREFERABLY BRAHMIN

Contact : Tarun Kashyap- 8750874447

Email. kashyaptk@yahoo.co.in

Congratulations to

Dr. Col. C.S. Pant, VSM

For being conferred Shri K.R. Gupta Memorial Life Time Achievement Award 2019 at the inaugural Ceremony of the 72nd Annual Conference of **INDIAN RADIOLOGICAL & IMAGING ASSOCIATION** held at **PGIMER**, Chandigarh on **17th January, 2019**.

Dr. Ashwani Goyal	**Dr. G.S. Grewal**	**Dr. M.K. Singhal**
President, DMA	Hony. State Secretary, DMA	Hony. Finance Secretary, DMA

BLK Centre for Child Health, BLK Super Specialty Hospital
in association with IAP Delhi, IAP Central Delhi Branch & IMA Karol Bagh Branch
is organizing its
5th Annual Pediatric Update
at **Jaypee Siddharth Hotel**, Delhi
on Sunday the 3rd February 2019,
from 8:30 am to 4 pm
Limited seats are available, so please register timely.
Registration Charges Rs 200/- only till 15th January, 2019
After 15-1-2019 or Spot Registration charges would be Rs 1000/-
Registration free for Senior Members(>70 yrs) & IAP Office bearers
Payments can be submitted **only through Paytm on 9810248092** (Vipul Baweja)

After Submitting your registrations, please fill out the registration form at link below-
https://goo.gl/forms/qTe07FjUpcFyzxAm2

Academic Program

08.30-09.00 am	**REGISTRATIONS**		
Time	**Topic**	**Speaker**	**Chairpersons**
09.00-09.20 am	**Febrile Encephalopathy : Beyond the common**	Dr Rajni Farmania	Dr Deepak Singla/Dr Suresh Gupta/Dr K C Tamaria
09.25-09.45 am	**Sepsis- What's new?**	Dr Vibin Kumar Vasudevan	Prof Virender Kumar/Dr P. Khilnani/ Dr Rachna Sharma
09.50-10.10 am	**Feeding Issues in neonates**	Dr. Kumar Ankur/ Dr Shachee Baweja	Dr Arti Maria/Dr Lalan Bharti/Dr Sanjeev Chettry
10.10-11. 00 am	**Modern Medical Practice: Coping with stress and burnout**	Dr Anand Prakash	Dr S C Arya/ Dr J S Bhasin/Dr Anil Gulati Ms. Satinder Walia
11.00 -11:40 am	**TEA BREAK/Inauguration**		
Time	**Topic**	**Speaker**	**Chairpersons**
11.40-12.10.pm	**Pain abdomen : Causes beyond the usual**	Dr Mridul Das (Medical) Dr Prashant Jain (Surgical)	Dr Anupam Sibal/Dr Yogesh Sarin/Dr Renu Trehan
12.10-12.30 pm	**Spectrum of AKI in Children**	Dr Swati Bhardwaj / Dr Rachna Sharma	Dr P K Pruthi /Dr Vinay Kr. Aggarwal / Dr R K Nabh
12.30- 12.50 pm	**Perineal rash in early infancy**	Dr Tanvi Pal	Dr Mehndiratta Vibhu/ Dr Shikha Mahajan
12.50-1.20 pm	**Non resolving Pneumonias**	Dr Ankit Parakh	Dr K C Chugh /Prof Varinder Singh/Dr B B Aggarwal
01.20-02.10 pm	**LUNCH BREAK**		
02.10-03.45 pm	**POST LUNCH SESSIONS**		
Time	**Topic**	**Speaker**	**Chairpersons**
02.10-3.00 pm	**Vaccines Update**	Dr R K Alwadhi	Prof A K Dutta/ Prof Harish Pemde/ Dr Ajay Gupta
3.00 pm-3.15 pm	**Pediatric Interventional Cardiology at BLK**	Dr Gaurav Agrawal	Dr Smita Mishra/Dr Dinesh Laroia/Dr Vipul Baweja
3:15 pm	**Vote of Thanks and Tea**	Dr B B Agarwal / Dr Kumar Ankur	

Dr Jasjit S. Bhasin
Senior Consultant & HOD
Dr B.B.Aggarwal
Chairperson, Org Committee

Dr K.C. Tamaria
President IAP Delhi
Dr Ajay Gupta
Secretary, IAP Delhi

Dr Kumar Ankur
Secretary, Org Committee
Dr Amit Tyagi
Secretary, Org Committee

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Thankyou

OBITUARY

DMA regrets to inform the sudden & untimely demise of
Dr. (Mrs.) C.K. Kapoor (SDB-1011) M/o. Mr. Rohit Kapoor on 21st June, 2018.
We pray to God to rest her soul in peace and give strength to the family to bear this irreparable loss.

Dr. Ashwani Goyal
President, DMA

Dr. G.S. Grewal
Hony. State Secretary, DMA

Dr. M.K. Singhal
Hony. Finance Secretary, DMA

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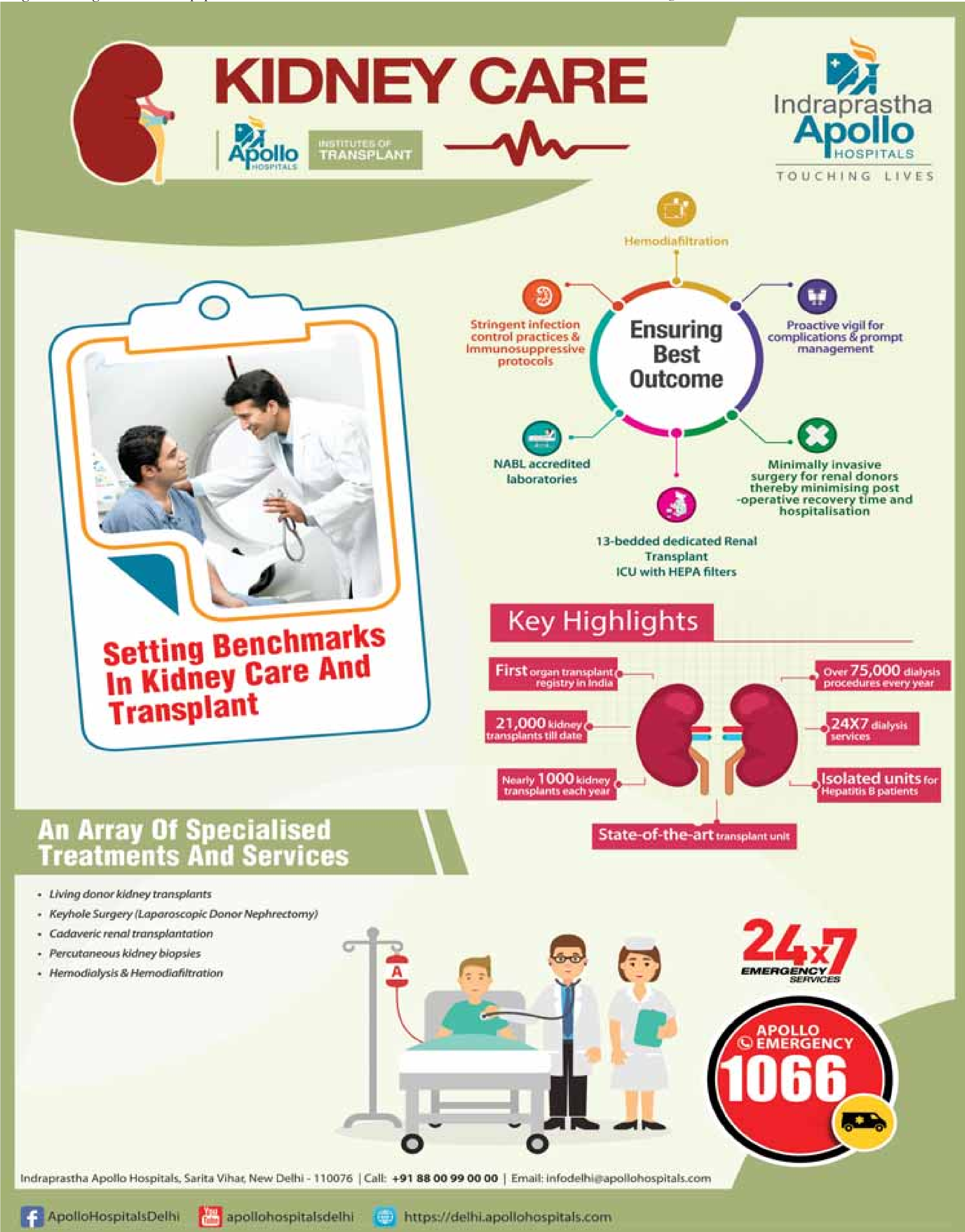

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