



# Delhi Medical Association

## NEWS BULLETIN

FORTNIGHTLY

Official organ of Delhi State Branch Indian Medical Association

28 Pages

President  
**Dr. Ashwani Bopal**

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

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# MEDOWSGREEN

## A GREEN AND CLEAN APPROACH FOR NCR POLLUTION

**T**erry Swearingen once rightly said “we are living on the planet as if we have another one to go on.” Residing in the most polluted city of the world, the most imperative question we must ask ourselves is about the ways to tackle such a major health threat. According to the Central Pollution Control Board (CPCB) the air quality in the NCR areas has deteriorated to the lowest level, which can be hazardous for health.

The Centre-run System of Air Quality and Weather Forecasting (SAFAR) also shown an AQI (Air Quality Index) of 468 for Delhi. Last week as many as 32 areas in the city recorded 'severe' air quality while it was 'very poor' in five areas, as per the CPCB data. Major concerns for human health from exposure to pollution include effects on breathing and respiratory systems, damage to lung tissue, cancer and premature death. The urban air database released by the World Health Organization in September 2011 reported that Delhi has exceeded the maximum PM10 limit by almost 10-times at 198 ug/m<sup>3</sup>, trailing in the third position after Ludhiana and Kanpur. As per the global air quality monitoring platform AirVisual, Delhi's pollution at the 'hazardous' level with 317 US AQI (Air Quality Index) with PM 2.5 air pollution.

One of the major causes of the deteriorating air quality was identified as tree cutting; implying an instantaneous solution of increased usage of plants and green solutions to cater to the rising concern.

In addition to this, a recent study conducted by the Harvard Business Review reveals that Air Pollution is Making Office Workers Less Productive.

<https://hbr.org/2016/09/air-pollution-is-making-office-workers-less-productive>

In modern world people use Air Purifiers to cope up with such a hazardous level of pollution. Air purifiers are based on mechanical air filtration i.e. natural air is not utilized. As a result, the immunity rate of organisms decreases. Therefore, plants are true solution for this problem. Plants can be used as both bio-monitors and bio-mitigators in urban and industrial environments to indicate the environmental quality and to ameliorate pollution level in a locality. Plants viz. bamboo palm, rubber plant and acaea palm, can purify and rejuvenate air within our home and workplaces, safeguarding us all from any side effects connected with prevalent toxins such as formaldehyde, ammonia and benzene.

With increasing hazards that come with an apparent solution to the problem, Medowsgreen is founded in year 2017 by Vishal Singh, Aashish Goyal & Manish Prajapati. With the vision to empower nature, Medowsgreen is here to provide its contribution in mitigating harmful effects of befouling. Adopting new methods of air purification, green solutions can help decontaminate one's surrounding air through natural phenomena and cater to this rising concern of warping. Recognised by the Government of India under Startup India and graduated by Y Combinator Class 2018, Medowsgreen is a new age Agritech Startup on a quest to support Green India and thus provide sustainable integrated plant care solutions for work and home environment.

**Dr. G.S. Grewal**  
Hony State Secy., DMA

Article by:  
Priyanka Arora (M.Sc. (Botany)  
Punjab University) & Srishti Choudhury  
(Eco (H) Delhi University)



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## **THE CONSUMER PROTECTION BILL, 2018**

### **Highlights of the Bill**

- The Consumer Protection Bill, 2018 passed on December 20<sup>th</sup> 2018 in Lok Sabha replaces previous bill of 1986. The Bill aims to enforce consumer rights, and to provide a mechanism for redressal of complaints regarding defect in goods and deficiency in services.
- Consumer Disputes Redressal Commissions are going to be set up at the District, State and National levels for adjudicating consumer complaints. Appeals from the District and State Commissions will be heard at the next level and from the National Commission by the Supreme Court.
- The Bill sets up a Central Consumer Protection Authority to promote, protect and enforce consumer rights as a class. It can issue safety notices for goods and services, order refunds, recall goods and rule against misleading advertisements.
- If a consumer suffers an injury from a defect in a good or a deficiency in service, he may file a claim of product liability against the manufacturer, the seller, or the service provider.
- The Bill defines contracts as 'unfair' if they significantly affect the rights of consumers. It also defines unfair and restrictive trade practices.

### **Ambiguous Issues and Analysis**

- The Bill sets up the Consumer Disputes Redressal Commissions as quasi-judicial bodies to adjudicate disputes. The Bill empowers the central government to appoint members to these Commissions. The Bill does not specify that the Commissions will comprise a judicial member. If the Commissions were to have members only from the executive, the principal of separation of powers may be violated.
- The Bill empowers the central government to appoint, remove and prescribe conditions of service for members of the District, State and

National Consumer Disputes Redressal Commissions. The Bill leaves the composition of the Commissions to the central government. This could affect the independence of these quasi-judicial bodies.

- Consumer Protection Councils will be set up at the district, state, and national level, as advisory bodies. The State and National Councils are headed by Ministers in-charge of Consumer Affairs. The Bill does not specify whom the Councils will advise. If the Councils advise the government, it is unclear in what capacity such advice will be given.

### **Composition of the Consumer Disputes Redressal Commissions**

The Bill sets up Consumer Disputes Redressal Commissions (consumer courts) at the district, state and national level, as quasi-judicial bodies for adjudication of consumer disputes.

The Bill specifies that the Commissions will be headed by a 'President' and will comprise other members. However, the Bill delegates to the central government the power of deciding the qualifications of the President and members. In particular, the Bill does not specify that the President or members should have minimum judicial qualifications. This is in contrast with the existing Consumer Protection Act, 1986, which states that the District Commission will be headed by a person qualified to be a district judge. Similarly, the State and National Commissions are headed by a person qualified to be a High Court or a Supreme Court Judge, respectively. The 1986 Act also specifies the minimum qualification of members. The earlier 2015 Bill too specified judicial members to head the State and National Commissions, though it permitted the District Commission to be headed by the district magistrate in addition to a person qualified to be a district judge.

## Executive Involvement in the appointment of Commissions may affect Judicial Independence

The 1986 Act contains provisions on selection committees that would appoint members on these Commissions. This method of selection was also specified in the 2015 Bill. These

selection committees were chaired by a judicial member. The 2018 Bill does not set up such selection committees and leaves it to the central government to appoint members of the Commissions. Following table sets out the composition of these selection committees under the existing and proposed law.

### Selection Committees under the 1986 Act, 2015 Bill and 2018 Bill

	1986 Act	2015 Bill	2018 Bill
<b>National Commission</b>	Comprises Supreme Court Judge and two central government officials. Head of Commission to be appointed in consultation with Chief Justice of India.	Comprises Supreme Court Judge and two central government officials. Head of Commission to be appointed in consultation with Chief Justice of India.	No provision for selection committee. Central government will appoint through notification.
<b>State Commission</b>	Comprises High Court Judge and two state government officials. Head of Commission to be appointed in consultation with Chief Justice of High Court.	Comprises High Court Judge and two state government officials. Head of Commission to be appointed in consultation with Chief Justice of High Court.	No provision for selection committee. Central government will appoint through notification.
<b>District Commission</b>	Comprises High Court Judge and two state government officials.	No provision for selection committee. State government appoints on the recommendation of State Public Service Commission.	No provision for selection committee. Central government will appoint through notification.
<b>Pecuniary jurisdiction of Commissions</b>	District: Up to Rs 20 lakh.		District: Up to Rs one crore
	State: Between Rs 20 lakh and up to Rs one crore.		State: Between Rs one crore and up to Rs 10 crore.
	National: Above Rs one crore.		National: Above Rs 10 crore.

This enhanced pecuniary jurisdiction of the Consumer Protection Commissions and Forums at District, State and National Level have implications for medical fraternity

Districts Forum would be most accessible to complainants ; so , more and more cases will be filed before the District Forum so doctors will now have to increase their professional indemnity insurance up to Rs one crore. Because , the compensation claims now will be one crore at least and may even run into many crores .

The outcome would be an increase in the cost of treatment.

This should a matter of concern. A country like ours where patients pay most of their medical expenses out of their own pockets

The goal of providing quality and affordable healthcare like Ayushman Bharat seems defeated . How these two diametrically opposite paradigms go to gather.

Government in the garb of regulations, is bringing in more and more stringent bills and there is a strong need for uniting on these core issues and a concerted and sustained effort, might save us.

**We fully endorse the suggestions by IMA.**

1 Expert opinion should be sought before taking

up a case of medical negligence by consumer fora

2 The compensation in medical negligence should be capped according to the package and not according to the financial


capacity of individual.

3 Representatives of Indian Medical Association and State Medical Associations have to be included in the consumer mediation cells and district, State and national consumer courts .

4 Provisions for imposing sufficient penalty for frivolous complaints against the medical provision to be introduced.

Friends it is high time to put in concerted efforts with a united force and DMA is seeking legal opinion to move to the court for capping on compensation simultaneously. We have to be ready to go on strike on the issue and have complete medical band if required.

I seek your urgent opinion.



**Dr. Ashwani Goyal**  
President, DMA

Mob.: 9811113647

E-mail: goyalak62@gmail.com

# Secretary Pen...

**Dear Honourable Member of the  
Delhi Medical Association  
I wish you a Very happy New Year!**



Let's celebrate the New Year by making a resolve to make India an 'AGE FRIENDLY INDIA' where people of all ages, young and old, are respected, looked after and Included In society.

We are lucky to be living at a time when we are living longer than ever before. The average life expectancy today is approximately 69 years! This was 37 in 1947 and in 2001 it was 63! This increase in life span has been more than the average increase in population of India-we are a faster 'ageing society' than an economically growing society-India will be an 'older' country before it becomes a 'economical rich' country.

The big question is: Has this longevity insured quality and dignity in the life of the older person?

Unfortunately the answer is NO!

As we live longer more of us are experiencing neglect, abuse and loneliness. Whether you are an older person or have an older family member, I am sure you will agree that all older people deserve to live with dignity and a good quality of life. The time has come to look beyond diseases in the older persons and start concentrating on factors that directly affect their quality of life: nutrition, memory loss, frailty, abuse, social exclusion and ageism are some of them.

Everyone, even the older person, has the right to live a life of good quality, dignity, have a purpose and a goal, regardless of their age.

The older persons want to age actively, continue to contribute to their family and their community and participate in activities they value for as long as possible. They can't do this by themselves; the community must assist them to achieve this goal.

This partnership between the older person the family and community will lead to appropriate

## ELDER-CARE.

Society today considers older persons vulnerable, but in reality, it is society that is hostile towards them. The sad truth is that today's society considers the older person a burden!

It is the community and not the government that must accept the responsibility of changing this attitude.

As a profession we need to 'JOIN' our own older professional colleagues and as an association we need to 'Join' our older members to support them age actively and gracefully.

Starting today I call upon all younger members of the association to look around their area of working and identify at least 3 older members, make it point to greet them with New-Year wishes, give us a feedback by email or by whatsapp, with a photo of yourself with the older member, we shall publish it in the News Bulletin, let this chain grow, let us be proud of our older members, one day you will be needing this support yourself!

For our older members I invite you to let us know in case there is any specific issue which they need the support of the association we shall ensure you are reached by a local member and the issue is attended.

**The older person in our society is not looking for sympathy or charity but want their rightful, well deserved place in society. They are now saying:**

**"NOTHING ABOUT US, WITHOUT US"**

**"HAMARE BARE MEIN, HAMARE BINA NAHIN"**

**JAI HINDI**

**Dr. G.S. Grewal  
E-mail : [grewals47@yahoo.in](mailto:grewals47@yahoo.in)  
Mob : 9811078010**



**DELHI POLLUTION CONTROL COMMITTEE**  
 DEPARTMENT OF ENVIRONMENT, (GOVT. OF NCT OF DELHI)  
 4<sup>th</sup> & 5<sup>th</sup> FLOOR, ISBT BUILDING, KASHMERE GATE, DELHI-6  
 ( visit us at website : <http://dpcc.delhigovt.nic.in/> )

F. No. DPCC/BMW/DMA/2018/8808- 6817

Dated: 5/12/18

### OFFICE ORDER

The representation of Delhi Medical Association to reduce the one time fees of Rs. 5000 /- mandatorily for the stand alone clinics/non-bedded HCF was considered in DPCC and Competent Authority has decided to reduce the mandatory onetime fee from Rs. 5000/- to Rs. 2500/- for the non-bedded/stand alone clinics.

Therefore, in partial modification and subsequent to the office order F. No. DPCC/WMC-I/2016/3940 to 48 dated 30.09.2016, the onetime fee for Non-bedded HCF/stand alone clinics is reduced from Rs. 5000/- to Rs. 2500/- subject to ratification in DPCC Board.

This issues with the approval of Chairman, DPCC .

#### Copy to :-

1. PS To Chairman, DPCC for kind information of Chairman, please
2. All Sr. Env. Engineers, DPCC
3. All. Env. Engineers, DPCC
4. SEE(IT) for necessary action as per above.
5. Scientist-D, DPCC
6. Sr. Scientist, DPCC
7. Administrative Officer, DPCC
8. Sr. Accounts Officer, DPCC
9. Legal Branch, DPCC
10. Master File

*Ajey*  
SEE (WMC-I)

## Congratulations

With the persistent efforts of DMA and DMA NHF office bearers, the Delhi Pollution Control committee has agreed to reduce the one-time registration charges for the single doctor clinic and non bedded HCF from Rs. 5000 to Rs. 2500/-.

DMA is thankful to Dr. Arun Gupta President, DMC for his constant support and follow up.

We are also thankful to Sh. Satyendra Jain, Health Minister, and Sh. Imran Hussain, Minister of Environment, Delhi Government.

As Now NGT is very strict for the biomedical waste disposal, members having the non bedded clinic are also requested to get the agreement done with the BMW service providers and get registered with Delhi Pollution Control Committee.

BMW Collection service providers: Mr. Ankit Gupta, 9899910083, Biotic Waste Solution AREA : SOUTH, SOUTH EAST, NEW DELHI, NORTH & NORTH WEST DELHI & Mr. Jitender, 8744076006 & Mr. Piyush, 8744076032 , SMS Water Grace BMW Pvt. Ltd. , AREA : EAST DELHI, CENTRAL DELHI, SOUTH WEST DELHI , WEST DELHI.

**Dr. Ashwani Goyal**  
President, DMA

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

**Dr. M.K. Singhal**  
Hony. Fin. Secretary, DMA

**Dr. Anil Agarwal**  
Chairman  
DMA NH & MEF

**Dr. V. K. Goyal**  
Secretary  
DMA NH & MEF

**Dr. Ajey Badi**  
Co-Chairman  
DMA NH & MEF



# DELHI MEDICAL ASSOCIATION



In the State Executive Committee Meeting of DMA held on 5th December, 2018, the following were elected as the members Election Commission for the forthcoming DMA Annual Election 2019-2020.



**Dr. Arvind Chopra**  
CDB-1614  
Mob. 9910515062



**Dr. I.P. Dhalla**  
CDB-96  
Mob. 9810745433



**Dr. V. K. Narang**  
SDB-896  
Mob. 9312653182



**Dr. Hans Raj Setia**  
OWB-108  
Mob. 9811050035



**Dr. Arvind Narayan**  
EDB-1511  
Mob. 9873710770



**Dr. Subhash Aggarwal**  
DNZ-406  
Mob. 9810128494



**Dr. V. K. Mutreja**  
DKB-106  
Mob. 9810786142



**Dr. G. S. Grewal**  
Hony. State Secretary &  
Convener  
DMA Election Commission  
Mob. 0911078010

## IMPORTANT ELECTION INFORMATION

### As per Article 15 & DMA Bye Laws Rules

“Communication to the voters by the candidate or candidates is allowed through DMA News Bulletin on payment, maximum of two pages in one issue is permissible.”

Any member who wish to contest the elections, may submit their Bio-Data latest by 28<sup>th</sup> January, 2019 till 5.00pm on payment of Rs. 12,600/- per page to accommodate the same in the DMA News Bulletin for circulation in time.

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

**Dr. Arvind Chopra**  
Election Commissioner

## KIND ATTENTION !

### INVITATION FOR DMA CONSTITUTION AMENDMENTS

Under DMA Memorandum & Bye Laws Rule, Article 5 of Constitutional Amendments, alteration/deletion/suggestion or Amendment of any article of the memorandum or rule, are invited for Annual General Body Meeting of DMA to be held in 31<sup>st</sup> March 2019. Members are requested to send the proposed amendments to the DMA office before 28<sup>th</sup> February 2019.

**Dr. Ashwani Goyal**  
President, DMA

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

# DMA ANNUAL ELECTIONS - 2019-2020

Delhi Medical Association invites nominations for the post of :

- I) The President Elect (2019-2020)
- II) Two Vice Presidents for the year 2019-2020

**Election Schedule :**

- |                                                             |                                                          |
|-------------------------------------------------------------|----------------------------------------------------------|
| — Last date for receipt of Nomination Papers                | 24th January, 2019 (till 3.00 p.m.)                      |
| — Executive Committee Meeting to open the Nomination Papers | 24th January, 2019 (at 3.30 p.m.)                        |
| — Last date for receipt of withdrawals                      | 28th January, 2019 (till 3.00 p.m.)                      |
| — Executive Committee Meeting to open withdrawals           | 28th January, 2019 (at 3.30 p.m.)                        |
| — Date of Election                                          | Sunday, 10th February, 2019<br>from 9.00am. to 5.00 p.m. |

## DATE OF ELECTION

**Sunday 10th February, 2019 from 9.00 a.m. to 5.00 p.m.**

## ZONES OF ELECTION

**ZONE : BRANCHES**

**Central Zone :** Central Delhi Branch, LHSP Branch, Direct Members, Karol Bagh Branch

**East Zone :** East Delhi Branch

**South Zone :** South Delhi Branch, New Delhi Branch

**West Zone :** Westtown Branch, Janakpuri Branch, Dwarka Branch, Outerwest Branch

**North Zone :** Delhi North Zone Branch and Rohini Branch

## DMA RULES & REGULATIONS

### ELECTION OF PRESIDENT ELECT AND TWO VICE PRESIDENTS

#### **Election Commission**

The State Executive Committee shall appoint Election Commission comprising of Seven members, one of which shall act as Chairman of the commission and Hony. Secretary as the convenor. Any body who is contesting shall not be the part of the Commission. The Chairman, Election Commission shall on or before 10th January each year call the nomination through DMA News Bulletin from the valid members as on 31st December of Previous year.

- a) For the post of President Elect
- b) Two Vice Presidents

#### **Criteria for the Candidature :**

- a) President elect and Vice Presidents
  - i) Minimum 5 years of continuous membership of the association either direct or through a local branch or through both.
  - ii) Must enroll himself as life member of IMA.
- ii-(a) Any member seeking election to the above mentioned elective posts of DMA should have been either a member of the State Executive for 3 years or should have held any post of DMA as Office bearers for at least one year.
- iii) A candidate who polls less than 5% of total votes polled shall not be eligible to contest for any of the above for next 3 years.

## Code of Conduct

- I) One cloth Banner measuring 3 meter outside DMA Building or venue of Zone on the adjacent road is allowed to each candidate. The banner shall be outside the Polling area decided by the Chairman of the election.
- II) Press advertisement, Press release & Press conference for election purpose shall be banned Electronic Canvassing is permissible.
- III) Communication to the voters by the candidate or candidates is allowed through DMA News Bulletin on payment of maximum of two pages in one issue, duly approved by Election Commission. No other communication is permissible.
- IV) Any contravention or violation of electoral Rules & Bye Laws will be taken as election dispute and dealt accordingly. If the contravention or violation is proved the defaulter will be disqualified for four years including the year of election in which violation has been committed.

The nominations in sealed envelop must reach the office of the Election Commission i.e. DMA by 3.00 pm on 24th January every year. Nomination paper shall bear the endorsement from the Branch Secretary verifying that the candidates, proposer and seconder have paid their membership subscription upto 31st December. In case, the endorsement of payment has not been made by the branch Secretary, the nomination paper shall stand valid only if DMA records, confirm that the signatories have paid dues upto 31st December. Nomination shall be accepted only on nomination paper/s issued by DMA office.

The nominations shall be opened in the meeting of State Executive on 24th January every year. The valid nominations will be communicated to Presidents/Secretaries of all branches by post (Speed Post) and would also be displayed on DMA Notice Board.

The last date of withdrawal will be upto 3:00 p.m., 28th January every year. Withdrawal must be submitted in sealed envelopes, which shall be opened in the Executive Committee on the same day. Withdrawal papers once submitted cannot be withdrawn. After the withdrawals only, the name of the valid candidate will be circulated through DMA News Bulletin. They will also be communicated to all concerned by Speed Post / Email.

The voting shall be held in five zones of Delhi on Sunday 9.00 a.m. to 5.00 p.m. after having given a clear time of 10 days for canvassing but not later than 15th Feb every year. The local branches shall vote as follows in various zones.

**Central Zone** : Central Delhi Branch, LHSP Branch, Direct Members, Karol Bagh Branch

**East Zone** : East Delhi Branch

**South Zone** : South Delhi Branch, New Delhi Branch

**West Zone** : Westtown Branch, Janakpuri Branch, Dwarka Branch, Outerwest Branch

**North Zone** : Delhi North Zone Branch and Rohini Branch

**Venue of election for each zone shall be decided by DMA executive.** One member of Election-commission shall be responsible for the conduct of election in each zone with the help of professional team.

**No member of DMA except for the member of election commission shall have any role in conduct of election.**

Member of election commission appointed to a particular zone will not be a member of either of the branches voting at the centre.

Each candidate shall be entitled to send one representative to each centre as an observer.

**No voter without a photo identity proof shall be allowed to cast his/her votes.**

After the polling, member election commission of that zonal centre shall seal the ballot boxes in presence of the Observers of all the candidates. The details of number of ballots issued at that centre shall be provided to the observers at the centre itself.

The sealed ballot boxes shall be taken to DMA House for counting to be undertaken on same day. All the arrangements for the election shall be made by DMA. Local branches shall have no role in conduct of election.

No other election can be tied up with DMA elections.

The executive committee of any local branch through a resolution can request DMA to cast its vote at any of the zonal centres.

## Election Process

- i) The valid voter list available phone nos & emails should be provided to the contestants for better/electronic communication to voters.

The election for the above post shall be held with use of most modern technology aimed at increasing the participation of maximum members and ensuring the fairness of procedures. Therefore A valid voter list with available home nos. & E-mail should be provided to the contestants for better/electronic communication to voters.

## **POLLING BOOTH VOTING BY SECRET BALLOT OR ELECTRONIC VOTING MACHINE**

II) The election shall be held by **Electronic Voting Machine/secret ballot** (at the time of polling) issued to all members on the rolls of association on whose behalf H.F.C. has been deposited by 31st December as life member. The valid list will also include the annual members on whose behalf H.F.C. has been deposited by 30th June. The valid list shall also be displayed on the notice board of DMA and same will be sent to the branch Secretaries by 10th January of every year.

III) Ballot papers shall bear the seal of the association and signature of any two members of the Election Commission for this purpose. No envelope shall be necessary for the Ballot Paper.

Ballot papers will be delivered to the Chairman, Election Commission at least 48 hours before the Polling date.

IV) The ballot paper shall be issued by the polling Officer to the valid members against the signature after establishing the identity through one of the means- Photo identity card issued by Voter ID Card, issued by Delhi Govt., Driving License, Ration Card valid one if it carries your photograph, Pass Port, Aadhar Card. Photo Identity Card issued by any recognized statutory authority (e.g. PAN, Post Office, Police etc.) to cast the vote.

**Each member shall be issued separate ballot paper each year for post of President elect and two Vice- Presidents.**

v) The ballot box shall be sealed in presence of President/Vice President, one of the Secretaries, Presiding Officer/Election Commission and Candidates or his observer for the election.

vi) The Ballot Box shall be kept in the custody of the Presiding Officer during the Polling time and shall be kept in the office under the key which shall remain with Chairman, Election Commission.

vii) After total polling is over, the counting shall take place immediately. The Chairman, Election commission and his team shall hand over the sealed ballot box to the team of Scrutinizers (3-5) appointed by the Election Commission.

The Chairman shall open the ballot box before the Scrutinizers and the candidates or their Observer nominated by them, and hand over the ballots to the Scrutinizers. The Ballot papers would be counted and if any discrepancy between ballots issued and recovered from the box is found, it shall be recorded and signed by the Chairman and the Scrutinizers.

viii) The Scrutinizers will count the votes before the candidates or their observers nominated by them, criteria for invalidating a vote would be mentioned on the ballot paper and the same shall act as guidelines for the Scrutinizers.

The ballot papers shall be sorted out separately for the President elect, Vice Presidents counted accordingly.

(ix) For each category the scrutinizers shall record the votes polled in the names printed on the ballot papers.

(x) These results shall be signed by all the scrutinizers and submitted to the President, who shall place these results before the State Executive Committee within 2 days of receiving it. Among the Vice Presidents, candidate polling maximum votes shall be the Senior Vice President. For any post candidate/s securing votes in order of merit shall be decided depending upon the number of seats vacant.

The result shall be displayed on the Notice Board and published in DMA News Bulletin and communicated to all elected candidates and branches by post (Speed Post).

**The nomination paper can be collected from office of Election Commission  
Delhi Medical Association during the office hours**

**DMA ANNUAL ELECTIONS-2019 - APPEAL**

**DEAR VOTERS**

**KINDLY BRING SOME IDENTIFICATION DOCUMENTS WHICH MAY BE:**

1. Voter ID Card issued by Delhi Govt.
2. Driving License
5. Pass Port
4. Aadhar Card
5. Pan Card
6. Photo Identity Card issued by any recognized statutory authority (e.g. Govt., Post Office, Police etc.) to cast the vote.
7. Digital Photo Identity will be accepted to cast his/her vote.

**Note:** *In order to avoid last minute embarrassment, members are requested to check from their branches regarding their eligibility to cast the vote & confirmation of their branch number.*

**Dr. G.S. Grewal**  
Convener Election Commission  
Delhi Medical Association

**Dr. Arvind Chopra**  
Chairman, Election Commission  
Delhi Medical Association

# State Mid Term Conference Held on 23<sup>rd</sup> December, 2018 at Hotel Surya, New Delhi

The Mid Term Conference of Delhi Medical Association was organized by Delhi Medical Association on Sunday, 23<sup>rd</sup> December 2018 at Hotel Surya, New Delhi on the eve of Christmas Celebrations powered by Apollo Hospital. This was for first time the State Conference was hosted by local branch i.e. IMA South Delhi Branch which was appreciated by one and all and attended by more than 300 members.

The scientific feast on Oncology, Cardiology, and Neurology was designed and prepared by the Apollo hospital with renowned and experience speakers like Dr. Ramesh Sarin, Dr. P.N. Renjan, Dr. Prem Aggarwal, Dr. N.N. Khanna, Dr. S.K. Wangnoo, Dr. S.K. Gupta etc..

Sh. Ashok Bajpai, Managing Director Indraprastha Apollo Hospitals and Dr. Anupam Sibal, Group Medical Director Apollo Hospitals Group and Maj. Gen. Jagtar Singh DMS were the Guest of Honours in the conference. He thanked Delhi Medical Association especially and IMA South Delhi branch and Dr. Ashwani Goyal, Dr. G.S. Grewal, Dr. V.K. Narang, Dr. A.N. Srivastava for organizing this wonderful, well organized and well-attended conference. They assured DMA to organize more such conferences in future also.

On this occasion, DMA honoured some members with DMA Distinguished Award for their outstanding contribution in Medical field.







# A Historical Footing !

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



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with Dedication, Trust,  
Excellence &  
Nobility for Non Profita...



## Institute of Renal Sciences

1988-2018 : 30 Years of Dedicated Service

### CREATING A BENCHMARK !

### Leader in Kidney Transplant

### 4000 Surgeries

### Renal Transplant Services

In 2018, the Department of Kidney Transplant Surgery celebrated 30 years of journey and successfully completed 4000 kidney Transplants since its inception.



**Renal Transplant Team**

Sitting : Dr. Harsha Jauhari, Standing from left to right :  
Dr. Sudhir Chahal, Dr. Vipin Tyagi, Dr. Mrinal Pathwa



**Nephrology Team**

Front Row : Dr. A. K. Bhatta, Dr. D. S. Rana, Dr. Ashwani Gupta,  
Dr. Manish Malik Rear Row : Dr. Anurag Gupta, Dr. Vinant Bhargava

Helpline : Nephrology / Renal

+ 91 11 42252969, 9358947432

- First Transplant Center in Non-Government Sector in North India
- First Transplant Center to conduct Kidney Transplant in HBeAg + ve patient
- Among the pioneers to conduct Transplant in Diabetic, Post CABG and High Risk Patient
- First Transplant Center to conduct Swap Kidney Transplant
- Pioneered CAPD for Dialysis
- Among the pioneers to start ABO Incompatible Kidney Transplant
- Pioneered Cadaveric Organ Retrieval & Transplant In India
- Mentored and trained various surgeons and Centers In Government and Non Government Sectors In commencing Kidney Transplant program
- Participation, Presentation, Oration and Publications on National and International Forums

#### Message from the Chairman - Renal Transplant



Dr. Harsha Jauhari  
Chairman  
Dept. of Renal Transplant

Thirty years ago, Dr. D.S.Rana & myself set out on a journey of creating a centre of excellence for Nephrology & Kidney Transplant Surgery. Today we have completed over 4000 successful transplants.

The faith of our patients, the support of our colleagues and the backing of the Hospital and Government authorities have led us to this landmark. Our younger colleagues have come and shouldered our responsibilities. This is probably the largest single centre, single unit service, anywhere, where the original team is still active & united.

# Sir Ganga Ram Hospital

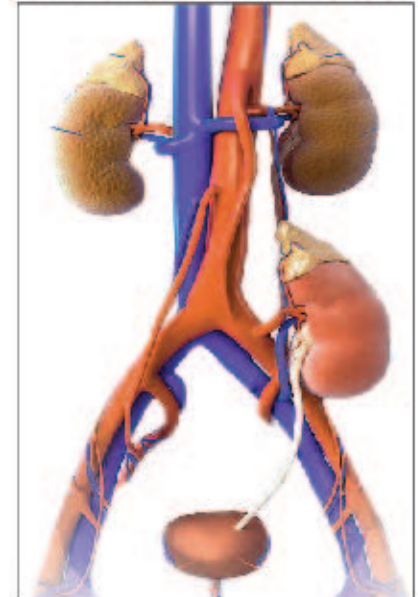
Generations of Healing & Trust...



## About Institute of Renal Sciences

- 1975: Visionary Dr. B. K. Vohra, the then Chairman, Board of Management (SGRH) performed the first Transurethral Resection of Prostate (TURP) in a non government hospital in Delhi; In 1982: Department of Urology, the first in non government sector was created under his leadership.
- 1981: Another visionary, Dr. D. S. Rana created a Haemodialysis Unit and then the Department of Nephrology, for the first time in Northern India in a private healthcare setting. He also laid the foundation of starting a Renal Transplant Program, again a first in the non government sector in Northern India.
- 1988: Dr. Harsha Jauhari returned from the Institute of Urology, London to start the Department of Renal Transplant Surgery.
- 1990: The three departments had been recognized as Centres of Excellence by the Government of India and started training DNB students.
- 1998: Dr. S. N. Wadhwa, formerly Professor and Head of Department of Urology, AIIMS and Emeritus Professor of National Academy of Medical Sciences, joined the department, bringing in his clinical and academic expertise. DNB program in Urology was started in year 2001 with two candidates / year.
- 2010: The three departments were amalgamated to form the Institute of Renal Sciences. The departments, while retaining their identities will have a functional and administrative inter-dependence. The Kidney Transplant Unit / Dialysis / CAPD / HDU are geographically in the same area, as are the office areas of the above departments which have facilities for seminars and I.T. enabled teaching. The patient areas are also spread out horizontally on the same floor for ease of management.
- The Institute of Renal Sciences continue to excel in the fields of Nephrology, Urology and Kidney Transplant Surgery, accepting all Innovations and Technology.

## Kidney Transplant Surgery



## Nephrology Services

Starting with 2 dialysis machines in 1981, the department now boasts of over 60 machines at SGRH / City / Kolmet Hospitals and is performing 3000 Dx / month or 36000 / year. In the past 30 years almost 5,00,000 Dx have been performed, 10,000 A-V shunts / fistulae have been created and 3000 CAPD patients managed.

The department was the first to dialyze HBsAg, HCV, HIV positive patients; provides bed side dialysis at ICU / CCU / HDU; Continuous Renal Replacement Therapy (CRRT), Sustained Low Exchange Dialysis (SLED) and plasmapheresis are regularly provided.

Academics: 30 DNB candidates have successfully completed their course till date

## New Frontiers - Robotic Surgery

In 2012, the Institute of Renal Sciences started to perform Robotic Surgeries. Since then, Surgeries like Partial Nephrectomy, Radical Cystectomy, Radical Prostatectomy, Pyloplasty, VVF and Re-implantation of Ureter and others are all being done as Robot assisted procedures causing minimal morbidity, fast recovery with excellent outcomes.

Recently the Department of Kidney Transplant also started to take the advantage of Robotic assistance in selected cases of Kidney Transplant Surgeries. Thus, Institute of Renal Sciences is moving ahead with the changing pace of Surgical and Medical advances.

## Message from the Chairman - SGRH



Dr. D. S. Rana  
Chairman  
Board of Management

The sheer volume, variety and quality of work in the past decades by the participating departments of Institute of Renal Sciences give clinicians the experience, maturity as well as humility to face the future as a group to render quality health care to the patients, which has remained the prime motto and ideology of 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



## EXPERIENCE HOLISTIC RESPIRATORY, CRITICAL CARE & SLEEP WELLNESS

**Medeor JCS Institute of Pulmonary, Critical Care and Sleep Medicine is a first-of-its-kind tertiary care center in the field. The Institute boasts of a dedicated team of superspecialists, nurses and technicians under the able leadership of Professor JC Suri, former Head – Pulmonary, Critical Care and Sleep Medicine at VMMC and Safdarjung Hospital, New Delhi. Equipped with the latest diagnostic and therapeutic technologies, the Institute provides state-of-the-art round the clock care to patients suffering from respiratory ailments, sleep disorders and critical illnesses. The Institute is empanelled with all major PSUs, TPAs & provides cashless Mediclaim facility for convenience of the patients.**

### Our Departments

- Department of Airway Diseases
- Department of Diffuse Parenchymal Lung Diseases
- Department of Infectious Pulmonary Diseases
- Department of Pulmonary Vascular Diseases
- Department of Pulmonary Function Testing
- Department of Lung Transplantation
- Department of Interventional Pulmonology
- Department of Lung Cancer
- Department of Sleep Medicine
- Department of Pulmonary Rehabilitation
- Department of Critical Care
- Department of Thoracic Surgery

### Our Doctors Team

**Dr J C Suri MD, DNB, DTCD, FNCCP**  
Chairman- Medeor JCS Institute of Pulmonary,  
Critical Care & Sleep Medicine, Gurgaon, Delhi

**Dr. Ayush Gupta DTCD, DNB, DM**  
Consultant- Pulmonary, Critical Care  
& Sleep Medicine

**Dr. Abhijeet Singh MD, DNB, DM**  
Consultant- Pulmonary, Critical Care  
& Sleep Medicine

**Dr. Anshul Mittal MD (Medicine) DM**  
Associate Consultant- Pulmonary, Critical Care  
& Sleep Medicine

**Dr. Nikhil Bante DNB, FNB**  
Associate Consultant- Pulmonary, Critical Care  
& Sleep Medicine

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# MATRIMONIAL



**Name :** Kunal Puri  
**Son of :** Rajni and Mohan Puri  
**Has a single sibling :** Kanya who is married to Rohit Bhatia who is the head of Southern India operations of Edelweiss.

Is a Hindu Punjabi Khatri and stays with his parents on Bannerghata Road, Bangalore.

Majority of our extended family is based out of Bangalore and Delhi and we have been staying in Bangalore since 1964.

We have a family business of distributorship of VIP products.

**Age :** 33 years.  
**City of birth :** Bangalore. Date and time of birth: 6 August 1985, 7.12 pm.  
**Profession :** A doctor by profession and working as an Associate Medical Data Review Manager at IQVIA, Bangalore.

He is looking for a well read, diligent and a working partner who will be there with him in thick and thin.

His hobbies include reading, travelling, music and poetry to name a few.

Medico / Non Medico Match.

**Contact Number of mother Rajni Puri : 9686369244**



## MOOLCHAND MEDCITY & DELHI MEDICAL ASSOCIATION Invitation & Announcement ENTCON-2019 (A CME on ENT).



1:00:1:45 PM	Lunch Anchor: Dr. Manish Gaba Coordinators: Dr. Karishma Walla, Dr. Nisarg Patel, Dr. Rajesh Yadav
1:45 3:05 PM	Scientific Programme
1:45-2:05 PM	Welcome Address : Dr. H.K. Chopra, Chairman CME, COP, Moolchand Medcity. Dr. G.S. Grewal, Secretary, DMA. Dr. V.K. Narang, President, IMA, SDB Introduction: Dr. Chanchal Pal, Organising Chairperson.
	Guests of Honour Accolades: Prof. S.K. Kalkar, Ex Dean AIIMS, New Delhi Prof. Arun Agrawal, Ex Dean Maulana Azad Medical college, New Delhi
2:06- 3:00 PM	Scientific Session Chairpersons: Prof. S.K. Kalkar, Prof Arun Agrawal, Prof Rajeev Puri, Dr. V. Anand. Speakers
2:06-2:25 PM	Dr. Chanchal Pal HOD, Dept of ENT, Moolchand Medcity Stimmed Polyps: Medical management Vs Endoscopic Sinus Surgery
2:26 - 2:35 PM	Archana, Sharma Dept of Audiology Moolchand Medcity TINNITUS -Diagnosis and Management: Where we stand today?
2:36-3:00 PM	Panel Discussion Dilemma In Management Of Adenoids And Tonsils In Children Moderator Dr. Chanchal Pal
Expert Panel	Dr Swaraj Mishra, Dr BB Khatri, Dr LM Parashar, Dr Gritish Raha, Dr Sanjay Sachdeva, Dr Atul Ahuja, Dr Anjali Mathur, Dr Anoop Sabrawal, Dr Sanjay Siddharth, Dr. BS Ghazdhi, Dr Neeraj Kumar, Dr Vijay Langer, Dr Rajesh Bhargav, Dr. P.K. Mangla, Dr. A.K. Ball, Dr. Srikant Sharma, Dr. Rajesh Misra.
03:01-03:05pm	Dr. Madhu Handa Vote of Thanks
ENTCON-2019:	Org. Chairperson Dr. Chanchal Pal, HOD Dept of ENT. Chairman CME, COP Dr. H.K. Chopra. Delhi Medical Association: President Dr. Ashwani Goyal, Secretary Dr. G.S. Grewal. IMA South Delhi Branch: President, Dr. V. K. Narang, Secretary, Dr. A.N. Srivastav.

Venue: Moolchand Auditorium, Moolchand Medcity, Lajpat Nagar-III, New Delhi -110024

Date: Friday, Jan. 25<sup>th</sup>, 2019 Time: 01:00PM- 3:05PM

Registration is Complimentary: Please Contact: M +919953495337s [medical.administration@moolchandhealthcare.com](mailto:medical.administration@moolchandhealthcare.com)

# How to Avoid Litigations in Medical Practice

## Transmission of HIV

Dr. Arun Gupta  
President, DMC  
e-mail : dr.arun.medicolegal@gmail.com  
Ph.9811106066



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 Gradwohl 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 it is 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 that 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 prostate (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 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) Pragma Lab Pitampura**

Former HOD blood transfusion services Sunderlal Jain hospital

**Dr. Arun Gupta, MD**

President, DMC

e-mail : [dr.arun.medicolegal@gmail.com](mailto: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](mailto:dr.arun.medicolegal@gmail.com) or WhatsApp 9811106056**



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# Delhi Medical Council

306 A, 3rd Floor, Administrative Block, Maulana Azad Medical College  
Bahadur Shah Zafar Marg, New Delhi -02 Ph. : 23237962 (4 Lines) Fax : 23234418  
Website : delhimedicalcouncil.org E-mail : delhimedicalcouncil@gmail.com

It is, hereby, informed that the following named individuals were found to be practicing modern scientific system of medicine (allopathy) without holding any requisite medical qualification in the NCT of Delhi and DMC has passed the closure orders pertaining to the following named individuals.

It is further informed that police has been requested to register FIR against following named individuals under Section 27 of Delhi medical Council Act, 1997.

S.No	Name	Address
1.	Shri Bhudev Biswas	Shiv Mandir Wali Gali No.19, Near Jal Board Office, Wazirabad Gaon, Delhi-110093.
2.	Shri Sagar Biswas	B-Block, Gali No.33, Main 25 Foota Raod, Masjid Wali Gali, Sant Nagar, Burari, Delhi-110084
3.	Shri V.K. Biswas	Bengali Clinic, 226, 33 futa Raod, Harsh Vihar, Delhi-110093
4.	Shri Kunal Kumar	TU-9, 1 <sup>st</sup> Floor, Pitampura, New Delhi-110093
5.	Shri Debstosh Sarkar	Bengali Clinic, A-269, Bharat Vihar, Sani Bazar Kakrola, New Delhi-110078.
6.	Shri Shri Mohd. Pasa	H.No.198, Fali No.2, C-Block, Near Budh Bazar Chowk, 20 foot Raod, Brijpuri, Delhi-110094.
7.	Shri Mohd. Izhar	Izhar Clinic, B-366, Camp No.2, Nangloi, Delhi-110041.
8.	Shri Satpal Singh (S.P. Singh)	Gahlot Clinic, 198, Veer Bazar Raod, Near Stri Shakti Kendra, Ronholl Village, Nangloi, Delhi-110041
9.	Shri Vijay Kumar Tripathi	Janta Clinic, Near Bhajanpura Patrol Pump, Delhi-110093

It is, hereby, informed that the following named individual (DBCP Registered) was found to be practicing modern scientific system of medicine (allopathy) without holding any requisite medical qualification in the NCT of Delhi and DMC has passed the closure order pertaining to the following named individual.

S.No	Name	Address
1.	Shri Sameem Ahmed	Izhar Clinic, B-366, Camp No.2, Nangloi, Delhi-110041.

**Note:-DMA members are requested to intimate DMC/DMA in case any person is found to be practicing at the above mentioned address.**

It has come to the notice of Delhi Medical Council, during its Anti Quackery drive, that some of the qualified registered practitioners have been found to be associating in connection with their professional practice with unqualified person in flagrant violation of the Regulation 1.6 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002 which mandates "every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician shall not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and shall not permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required."

It is directed that the medical professionals registered with the Delhi Medical Council should refrain from such associations, as the same constitute professional misconduct, rendering such doctors liable to disciplinary action.

**(Dr. Arun Gupta)**  
President, DMC  
9811106056

**(Dr. Girish Tyagi)**  
Secretary, DMC  
9868116491

**(Dr. Anil Agarwal)**  
Chairman  
9811049765

**(Dr. Ravindra Aggarwal)**  
Addl. Director, BMW/AQ Cell, DHS  
8745011399



# Delhi Medical Council

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It is further informed that police has been requested to register FIR against following named individuals under Section 27 of Delhi medical Council Act, 1997.

S.No	Name	Address
1.	Shri Ashok Kumar Das (A.K. Das)	A-78, Gali No.1, Near State Bank ATM, Braham Puri, New Delhi-110053.
2.	Shri Santosh Ray	Joy Clinic, C-77, Kalu Mohalla, East of Kailash, Garti, P.S. Amer Colony, Delhi-110085
3.	Shri M.S. Khan	Life Ever Clinic, 96, Main Market Garti, East of Kailash, Garti, New Delhi-110085.
4.	Shri Bicharan Kumar	Visvaas Clinic, 62-A Sari Kale Khan, New Delhi-110013.
5.	Shri Sunil Ray	Chandsi Clinic, T-86, Sarai Kale Khan, Delhi-110013

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1.	Shri Jasbir Singh	G.N. Clinic, RZ- B-98, Som Bazar Road, Jeevan Park, New Delhi-110059
2.	Shri Nooman Ahmad	Vikash Dental Clinic, Shop No.4, D Block, Ratiya Marg, Sangam Vihar, New Delhi-110080.
3.	Shri Mahendra	Arogya Niketan, 310, Begraj Complex, Main Market Tehkand, New Delhi-110020.

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1.	Shri Bikash Sarkar	Shipali Clinic, H-14, Near Mandir Wali Gali (Near Lal Flats) Vijay Vihar, Phase-II, Sector-4, Rohini, Delhi-110085
2.	Shri Madhu Sudan Mandal	RZF 754/13, Raj Nagar Part-II, Palam Colony, Delhi-110077
3.	Shri Raj Kumar	Raj Clinic, C-9/1058, Khajoori Khas, Delhi-110094
4.	Shri Adil Noor Ilhai	Main Market, Yamuna Vihar Petrol Pump, Nearby Taj Medical Store, Delhi-110053.

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**Note:-DMA members are requested to intimate DMC/DMA in case any person is found to be practicing at the above mentioned address.**

It has come to the notice of Delhi Medical Council, during its Anti Quackery drive, that some of the qualified registered practitioners have been found to be associating in connection with their professional practice with unqualified person in flagrant violation of the Regulation 1.6 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002 which mandates *“every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician shall not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and shall not permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required.”*

It is directed that the medical professionals registered with the Delhi Medical Council should refrain from such associations, as the same constitute professional misconduct, rendering such doctors liable to disciplinary action.

**(Dr. Arun Gupta)**  
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9811106056

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# COSTING FRAMEWORK FOR HEALTH CARE ORGANIZATION

By CMA DEEPIKA BHUGRA PRASAD

2018

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investment-refers to a change in the capital stock.

## Capital Cycle

Total capital costs vary in a predictable pattern throughout the useful life of capital goods.

During the early years, a mortgage payment consists of high interest costs and a small repayment of principal (which incidentally, unlike depreciation, is not a cost of capital).

The interest costs decline and repayment of principal increases each year until the mortgage is paid off.

Since interest is a cost and repayment of principal is not, this type of capital cost decreases each year.

In contrast, under straight-line accounting methods, depreciation is constant over the useful life of the asset.

As a result, total capital costs also decline over time if the capital acquisition is financed by borrowing. The pattern above highlights, how the combination of these two forces—declining interest costs and increasing costs of construction—leads to much higher costs for newer hospitals.

The capital cycle is not the only source of variation in hospital capital costs. Construction costs, interest rates, and styles of medical practice vary across the country, from hospital to hospital, and from year to year.

The presence of the capital cycle, however, implies that capital costs would be expected to vary considerably among similar types of hospitals in the same geographic area.

The Capital Costs may also vary heavily due to locational differences of various hospitals.

There are three main categories of Capital Assets purchased by all of the hospitals regularly. These must be clearly defined for the hospital as well as for each department to an extent it is possible.

### Land and land improvements

Buildings, fixtures, and building improvements including Electrical Installations

Fixed and movable equipment

## Treatment of the Cost of Capital to form part of Total Costs

The total cost of capital forms part of the operational cost and is shown in the detailed department wise calculations in the form of:

### Depreciation

#### Interest on funds borrowed

These must be calculated for the entire hospital as well as for each department, to an extent possible. If calculated for the whole hospital, it will be distributed to departments based on area and capital spent for each department.

### Other Important factors impacting the Cost of Capital

#### Useful life of Assets/ Equipment

For the purposes of calculation of depreciation and also so as to accurately work out the replacement costs, it is imperative that the useful life of the assets and equipment be worked out with utmost care.

The fast obsolescence due to technological impact may also be considered in deciding accurately the useful life of the assets.

#### Capacity Utilisation

The impact of inadequate capacity management on achievement of operational efficiency in order to minimise costs cannot be over emphasised.

Operational capacity in healthcare is a measure of how well a hospital or health system manages its resources—physical space, infrastructure, staff, equipment, and support services—in order to provide patient care.

Needless to say, optimisation of capacity is one of the major factors to determine the operational costs in a hospital and must be defined accurately before working out the detailed costs of any department.

Capacity utilisation may also be a cause of variations in cost of various hospitals even within the same geographical area.

# Laughter for Happier Healthier and Graceful Living

**Dr. Santosh Sahl Laughter Session**  
M.D.OBGY; Certified Laughter Yoga Teacher  
Founder; Delhi Academy of Laughter Yoga  
[www.laughteryogadelhi.com](http://www.laughteryogadelhi.com)



Humour, laughter, playfulness, spontaneity are necessary ingredients for a happy healthy life. Laughter is indeed the best medicine. For years humour has been used in medicine throughout recorded history. Surgeons have been using humour to distract patients from pain since early 13th century. Later in 20th century, came the scientific study of the effect of humour on overall health and wellness.

Many have given credit for this to Norman Cousins; a journalist, who after years of prolonged pain from chronic illness, "ankylosing spondylitis", and claims to have cured himself with self-invented regimen of Laughter. In his book "Anatomy of an Illness", Cousins describes how watching comic movies helped him recover from his illness.

Laughter is our birth right. An infant begins to smile during the first week of life and laugh out loud within months of being born. Children laugh 400 times a day.

Research has shown that laughter has profound physical, psychological, social, mental and spiritual benefits. The sound of roaring laughter is far more contagious than any cough, snuffle or sneeze. Laughter triggers healthy physical changes and makes one feel good instantly. It is a powerful antidote to stress, pain, and conflict. Humour lightens the burden, inspires hopes, connects to others and keeps one grounded, focused and alert.

Laughter triggers the release of Endorphins, the body's natural feel good chemicals, which are natural pain killers, it in turn helps to relieve pain and promotes an overall sense of wellbeing.

Laughter boosts the immune system by reducing the release of stress hormone (cortisol) It increases numbers of the immune cells (the natural killer cells) and infections fighting antibodies, thus improving the resistance to diseases.

Laughter protects the heart; laughter increases the oxygenation of tissues, improves the function of blood vessels and increases blood flow, which protects the heart against attacks and other cardiac problems. It acts as aerobic exercise just like "internal jogging", in which the heart, lungs, digestive track, are all massaged. It is a good cardio-workout. Laughter lowers the blood pressure.

Laughter relaxes the whole body; a hearty laugh relieves the physical tension and stress and leaves

muscles relaxed.

The mental health benefits of laughter are numerous; it relieves stress, improves moods, eases anxiety, fears and adds joys and zest to life. It encourages positive thinking, clarity and creativity.

Laughing in the "Face of Cancer", studies show that cancer patients, who laugh, live longer. It is all scientific and related with the body chemistry. When one loves and laughs in the face of cancer, the body gets a message and does all that it can to help the survivor. Humour is the fastest fleetest way of giving; it can change pain to joy in a mere millisecond.

Laughter is a powerful tool for keeping relationships fresh and strong.

Humour is an effective way to heal resentment, disagreements and hurt, and laughter unites people during difficult times.

A daily dose of laughter is anti-aging and beats any anti-oxidant pill on the market.

Laughter exercises 15-17 facial muscles which in turn give the face a pink and happier glow. It beats any cosmetics in replacing wrinkles and worry lines with laugh lines. It is a free natural face-lift.

For senior citizens laughter and playful communication is a very effective tool for maintaining a strong and long lasting relationship. When we laugh together we are united. Humour fights loneliness and isolation, sheds the shyness and enhances the relationship. "You don't stop laughing because you grow old; you grow old because you stop laughing."

*Best of all this priceless medicine is fun, free, and easy to use.*



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