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DELHI STATE BRANCH of IMA

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President

Dr. Alok Bhandari

M: 9811081892

Hony. State Secretary

Dr. Prakash Lalchandani

M: 9810181674

Hony. Finance Secretary

Dr. Satish Lamba

M: 9810425906

Hony. Associate Editor

Dr. Neelam Lekhi

M: 9818264848

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DMA House, Medical Association Road, Daryaganj, New Delhi-110002 | Tel: 41707375, 23271726

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President Pen...

Dear Friends,

Greetings from Delhi medical Association !!

Recent Elections of Delhi Assembly have given us Double Joy in the form of Victory of **Two Members of our Medical Family**

It is with great joy and pride that I extend my heartfelt congratulations to **Dr. Anil Goyal, Past President DMA** for his resounding victory in Delhi Assembly Election from Krishna Nagar. His dedication, hard work and commitment to serving the Society have been truly commendable and his victory is well-deserved.

I am confident that under his leadership, the Health Services in Delhi will prosper.

I would also like to congratulate the Youngest MLA in New Assembly, **Mr. Umang Bajaj**, the newly elected MLA from Rajendra Nagar. As the son of our esteemed member, **Dr. Archana Dhawan Bajaj**, of Karol Bagh Branch, Umang's success is a testament to the strong values and dedication to public service that run through the family. I am certain that Umang will carry forward the legacy of his family and work tirelessly for the betterment of the community and Medical Fraternity.

Both of them are valuable assets to our community, and we look forward to seeing them achieve great heights in their new roles

Dr. Anil Goyal's experience and unwavering commitment to the health and welfare of the community have always been an inspiration to us all. We are confident in his vision for the development of Medical Fraternity.

On Behalf of entire Medical Profession and Community at large, I **Appeal** to the Central Leadership and also to **Hon'ble Prime Minister Shri Narendra Modi Ji** to Give Chance to our Past President and most knowledgeable Medical Technocrat, Dr Anil Goyal ji to lead Health Ministry and Visualise Delhi as City with Ideal Health Service, Dr Anil Goyal's Health care Model shall be emulated by all other States for Health Services.

Delhi Medical Association looks forward to his leadership in creating meaningful changes, particularly in healthcare, and stands ready to work with him in addressing the pressing challenges faced by our city.

Once again, congratulations, **Dr. Anil Goyal!** We wish him the very best in his new role, and we are excited for the positive impact he will make in the years to come.

At Delhi Medical Association I'm happy to inform you that The New Team for Next Year has been Elected unanimously signifying harmony and unity in the Medical Professionals of Delhi in these challenging times.

It is with immense pleasure and great honor that I extend my heartiest congratulations to **Dr. Neelam Lekhi** on her unanimous election as **President Elect** of the Delhi Medical Association. Her dedication, exemplary leadership, and commitment to the medical community have been an inspiration to us all. I also congratulate **Dr Sunil Satrawal** (Sr Vice President) and **Dr Prashant Seth** (Vice president). I look forward to working closely with them in this new capacity and wish them every success in their tenure ahead. Together, we will continue to serve and uplift the medical fraternity.

Warm regards,
Dr. Alok Bhandari
President, Delhi Medical Association

Associate Editor's Pen

Respected Seniors and Dear Colleagues,

It is with immense joy and pride that I extend my heartfelt congratulations to Dr. Anil Goyal on his resounding victory in the 2025 Delhi Assembly elections from Krishna Nagar. This is a moment of pride not just for his supporters but for the entire medical fraternity. Winning by an impressive margin, his success reflects the trust and confidence people have placed in his leadership and vision.

A distinguished urologist and former President of the Delhi Medical Association (DMA), Dr. Goyal has tirelessly worked to advance both medical excellence and public service. His leadership in various medical organizations has earned him deep respect among doctors and healthcare professionals. Now, as a member of the Delhi Assembly, he is in a pivotal position to address the long-standing challenges faced by the healthcare sector.

The medical community has been grappling with numerous issues for years, including fire NOC regulations for hospitals, the need for a single-window system for nursing home registration, increasing incidents of violence against doctors, harassment under the draconian PC-PNDT Act, challenges faced by single-doctor clinics, and many more. Additionally, service doctors continue to struggle with concerns related to fair wages, working conditions, and excessive regulatory burdens. With Dr. Anil Goyal in the Assembly, we are hopeful that these concerns will be addressed effectively, leading to much-needed reforms that will benefit both healthcare professionals and patients.

With the Bharatiya Janata Party's decisive victory in Delhi, this election marks a new era of governance that prioritizes healthcare, infrastructure, and public welfare. Dr. Goyal's presence in the Assembly ensures that the medical community has a strong voice in policymaking, strengthening healthcare facilities and improving working conditions for doctors.

Alongside this political milestone, I am deeply honored to have been unanimously elected as President-Elect (2025-26) of the Delhi Medical Association (DMA). This victory is not just mine but belongs to the entire medical community that has placed its trust in me. I extend my sincere gratitude to Dr. Vinay Aggarwal Sir, the leadership, members, and colleagues who have supported me throughout this journey. Your confidence in my abilities inspires me to dedicate myself fully to the responsibilities entrusted to me.

With ongoing challenges such as regulatory hurdles, workplace safety, and professional rights, I commit to leading with integrity, commitment, and dedication. Together, we will work towards a stronger and more united medical community.

Kind Regards,

Dr. Neelam Lekhi

Associate Editor, DMA (2024-25)

President-Elect, DMA (2025-26)



36th Medicine Update

Department of Medicine, Sir Ganga Ram Hospital

9th March 2025, 9.00 a.m. – 2.00 p.m., Hotel Shangri La, Ashoka Road, New Delhi

TOPICS

- **INTERESTING CASES**
- **INFECTIOUS DISEASES UPDATE** : Chikungunya / Recurrent UTI
- **TB UPDATE** : Latent TB / TB in Special Situations
- **COMMON PRESENTATIONS IN OPD** : Management of Hypertension – A Guide for Healthcare Professionals / Irritable Bowel Syndrome
- **METABOLIC DISEASES** : Management of Obesity / Recent ADA Update
- **SYSTEMIC DISEASES & THE WAY AHEAD** : Artificial Intelligence in Medicine / Ankylosing Spondylitis
- **GUEST LECTURE** : Mental Health and Suicide in Doctors

Registration fee : Rs.200/- favouring “Sir Ganga Ram Hospital”.

Contact :-

Organising Secretary : Dr. Shipra Gulati / Dr. Vinus Taneja, Mobile –8130149063 / 9560149441,

E.mail : shipra.gulati@sgrh.com / card.neuro@gmail.com

Organising Chairperson : Dr. Atul Kakar, 9811110802, E.mail : atulkakar@hotmail.com

Advisor : Dr. S.P. Byotra, Mobile – 9811047379, E.mail : byotra@yahoo.co.in

Conférence Secrétariat : 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, Email; medicine.update.sgrh@gmail.com



Dr. Prakash Lalchandani
Hony. State Secretary, DMA

ELECTORAL REFORMS

- A PERSPECTIVE - LONG OVERDUE NEED

Electoral reforms are essential in any large association or society to ensure that the electoral process remains fair, transparent, and relevant to the needs of its growing and evolving membership. Here's why these reforms are necessary-

1. Adapting to Growing Membership

Increased Membership Strength: As an association grows, the traditional voting methods may no longer be effective in representing the diverse views and interests of its larger and more varied membership. Electoral reforms can make the system more inclusive, ensuring that all members have an equal opportunity to participate and influence decisions.

2. Online Voting for Inclusivity

Access and Convenience: Online voting makes it easier for members to participate, especially for those in remote or international locations, or those with disabilities. This reduces barriers to participation, making the electoral process more inclusive and representative of the full membership.

Increased Turnout: Online voting tends to increase voter turnout by making the process more accessible and convenient. Members can vote from the comfort of their homes, which is particularly important for associations with members across various time zones or geographic locations. Online voting removes physical and logistical barriers such as travel costs, long wait times, or in-person voting requirements, which can disenfranchise members who may be otherwise unable to participate.

Real-Time Results and Transparency: Online voting systems can provide real-time results, ensuring transparency and immediacy. This enhances trust in the electoral process and allows for faster decision-making, which is important in large associations that need to adapt quickly to new challenges.

3. Evolving with Time

Technological Advancements: The world is rapidly evolving, and so are the tools available for managing elections. Digital technologies, including blockchain for security, can ensure that voting systems remain secure, efficient, and resistant to tampering.

Changing Social Norms: Societies and associations evolve, and the values of members may shift. Constitutions or electoral rules need to evolve with these changes to stay relevant and maintain member engagement. A flexible, evolving constitution allows for the introduction of reforms and the adoption of new practices without requiring a complete overhaul.

4. Efficiency and Cost Reduction

Faster and More Efficient: Online voting is typically faster than traditional methods, with instant tabulation of results. This leads to quicker decision-making and less delay in governance.

Cost-Effective: Running in-person elections can be costly, especially for large organizations. Online voting reduces the costs of venues, paper ballots, and administrative personnel.

Electoral reforms, including the adoption of online voting, are crucial for adapting to a growing membership, ensuring fair representation, and keeping electoral processes relevant in a changing world. As associations expand, embracing technological advancements and ensuring the constitution evolves with time can foster inclusivity, improve efficiency, and maintain member engagement. In a rapidly evolving society, the ability to adjust electoral systems and governance structures is key to long-term success.

14th ANNUAL CME BY SIR GANGA RAM HOSPITAL

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🕒 9:00 AM – 5:00 PM 📅 Sunday, 16th February 2025 📍 India Habitat Centre

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(HALL A)

SESSION A1:

1. Complications of Gallbladder Disease
2. Essentials of lab investigations in rheumatology
3. Stone Management - New options
4. Febrile UTI in Children
5. Blood in the Urine - Evaluation
6. Management of Enlarged Prostate in Senior Citizen

SESSION A2:

1. Failed IVF: What to do next?
2. Acute DVT and Pulmonary Embolism: New Trends and Bold Strategies
3. Shaping the Future
4. Prenatal Diagnosis for Genetic Disorders
5. Therapeutic Advances for Genetic Disorders
6. The next generation clinic: prevention for all
7. Paediatrician and Family physician: a bridge to paediatric surgeon

SESSION A3:

1. When not to do tests for allergies?
2. Unusual treatment of usual childhood Pneumonia
3. Freedom from glasses after cataract surgery
4. Head SSS Assessment for psychological well-being in Adolescent
5. Current trends in Face plastic surgery
6. Management of Globus Pharyngeus (pseudo obstruction) in throat

SESSION A4:

1. Vitamin - D supplementation: What, When and How ?
2. Total Knee replacement in dealing difficult situations of bone defects in himalayan terrain
3. Screening and early evaluation of CKD (SEEK)
4. Diabetes and CKD : Newer treatment options

SESSION A5:

1. Stereotactic Body Radiotherapy (SBRT) in the Curative Management of Cancer
2. Stereotactic Body Radiotherapy (SBRT) Management of Metastatic Cancer/ Oligometastasis
3. New Advances in Myeloma: Bispecific Therapy
4. Improving Childhood Cancer Outcomes with less chemotherapy- Little Miracles for Little Ones
5. Laproscopic Radical Cholecystectomy for Cancer Gall Bladder
6. Fluorescence Guidance in Cancer Surgery
7. Advances in Gynaecological Oncology
8. Role of Immunotherapy in cancer
9. Anti Drug Conjugate
10. Lung Cancer Screening with Low Dose CT
11. Integrating Next generation sequencing (NGS) based genetic testing into precision oncology

(HALL B)

SESSION B1:

1. Minimal Access Surgical Management of Gastro Esophageal Reflux Disease (GERD) and Hiatus Hernia
2. Saving Young Lives: "Addressing the crisis to teen suicide"
3. Ensuring safe blood transfusion
4. Prevention of Colorectal Cancers in India
5. Cancer Reconstruction
6. Legal Aspects of End of Life care

SESSION B2:

1. Necrotizing Pancreatitis - A surgeon's perspective and role
2. Eye Bank and Corneal Grafting in India and Future trends
3. Endoscopic management of complex ventral hernia - surgical challenges
4. Movement disorders: not a curse anymore
5. Venous thromboembolism-Current management strategies
6. Role of physician in management of substance use disorders



Dr. (Prof.) D.S. Rana
Chairman
Sir Ganga Ram Trust Society



Dr. Ajay Swaroop
Chairman
Board of Management



Dr. Harbansh Lal
Chairman
CME

SESSION B3:

1. Evaluation of an obese child
2. The Right choice for weight loss in current scenario
3. Management of Melasma
4. Present the ABC: initial assessment and management in trauma
5. Minimally Invasive Image- Guided Musculoskeletal Interventions for pain management and sports Injuries
6. Parotid surgery for parotid swelling

SESSION B4:

1. Role of Coronary Artery Calcium for stratifying Cardiovascular Risk
2. Arterial bypass grafts and minimal access cardiac surgery
3. Memory - What we can do?
4. Swellings of the hand. How to deal as a medical practitioner?
5. Lessons Learnt over two decades of management of Tubercular meningitis with Hydrocephalus



Dr. Arun Gupta
President, DMC



Dr. Girish Tyagi
Secretary, DMC

TWENTY-EIGHT ERRORS THAT SHOULD NEVER HAPPEN IN MEDICAL PRACTICE

The National Quality Forum, a nonprofit health care safety agency of the US, has created a list of twenty-eight so-called “never events” that detail avoidable errors. The list included the following injuries, infections, or conditions:

1. Surgery on the wrong body part.
2. Surgery on the wrong patient.
3. Wrong surgical procedure performed on a patient.
4. Object left in-patient after surgery.
5. Death of patient who had been generally healthy during or immediately after surgery for a localized problem.
6. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics.
7. Patient death or serious disability associated with the misuse or malfunction of a device.
8. Patient death or serious disability associated with intravascular air embolism.
9. Infant discharged to wrong person.
10. Patient death or serious disability associated with patient disappearing for more than four hours.
11. Patient suicide or attempted suicide resulting in serious disability.
12. Patient death or serious disability associated with a medication error.
13. Patient death or serious disability associated with transfusion of blood or blood product of the wrong type.
14. Maternal death or serious disability associated

with labor or delivery in a low-risk pregnancy.

15. Patient death or serious disability associated with hypoglycemia.
16. Death or serious disability associated with failure to identify and treat hyperbilirubinemia, in newborns.
17. Severe pressure ulcers acquired in the hospital.
18. Patient death or serious disability due to spinal manipulative therapy.
19. Patient death or serious disability associated with an electric shock.
20. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.
21. Patient death or serious disability associated with a burn in the hospital.
22. Patient death associated with a fall suffered in the hospital.
23. Patient death or serious disability associated with the use of restraints or bedrails.
24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed health care provider.
25. Abduction of a patient.
26. Sexual assault on a patient.
27. Death of significant injury of a patient or staff member resulting from a physical assault in the hospital.
28. Artificial insemination with the wrong donor sperm or donor egg.

(Source: National Quality Forum USA)

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 31st March 2025. Members are requested to send the proposed amendments to the DMA office before 20th February 2025.

President
Dr. Alok Bhandari

Hony. State Secretary
Dr. Prakash Lalchandani

KIND ATTENTION

PLEASE SAVE DMA OFFICIAL WHATSAPP NUMBER FOR
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President
Dr. Alok Bhandari

Hony. State Secretary
Dr. Prakash Lalchandani

Hony. Fin. Secretary
Dr. Satish Lamba

OBITUARY

DMA regrets to inform the sad demise of **Sh Ram Swarup Chhabra** Father of Dr Sudhir Chhabra and FIL of Dr Anshu Chhabra.

We pray God to rest his soul in peace and give strength to his family to bear this irreparable loss.

President
Dr. Alok Bhandari

Hony. State Secretary
Dr. Prakash Lalchandani

Hony. Fin. Secretary
Dr. Satish Lamba

Congratulations

to

DR. NEELAM LEKHI



For being elected as **President Elect DMA**
for the year **2025-26**



Dr. Sunil Satrawal

Sr. Vice President (2025-26)



Dr. Prashant Seth

Vice President (2025-26)

President
Dr. Alok Bhandari

Hony. State Secretary
Dr. Prakash Lalchandani

Hony. Fin. Secretary
Dr. Satish Lamba

Kind Attention

As you may be aware, the renovation of the 2nd floor of the DMA Building is nearly complete. DMA has received a proposal to rent out the space on as is where is basis which has been approved by the State Executive Committee to help generate revenue for the Association.

We invite all members to review the proposal and share any alternative suggestions. Please ensure that your proposals reach DMA before 28th February, 2025.

Dr. Alok Bhandari
President, DMA

Dr. Prakash Lalchandani
Hony. State Secretary, DMA

Proposal Already Received

Subject: Proposal for DMA 2nd Floor Rent

Dear Sir,

We have been informed that Delhi Medical Association desires to rent out its roof top with a temporary structure hall which includes a kitchen, 2 bathrooms, one room and the open space for the usage of banquet, restaurant and convection centre or any other appropriate use.

We have been informed that Rs. 1,00,000,00 (Rupees One Crore) is required to be deposited as advance rent out of which Rs. 1,00,000/- (Rupees One Lakh) every month shall be deducted as an advance rent.

We have also been informed that Rs. 1,50,000/- (Rupees One Lakh Fifty Thousand) + GST has to be deposited as rent every month in advance by 7th Day of the month.

We have shown it to our client who is willing to be a tenant for the 2nd floor as per the following and client has agreed for the same.

We accept the financial liabilities as rent of Rupees One Crore advance and Rs. 1.5 lakh per month provided:

- ❖ To use the premises for the purpose of banquet, restaurant/ convection centre it is mandatory for the for the building to have a fire NOC. The landlord I.e. the Delhi Medical Association shall get the fire NOC for the total building.
- ❖ An uninterrupted electricity supply has to be provided for the 2nd floor. The electricity shall be charged on the basis of actuals by a separate sub-meter.
- ❖ There will be a water supply for at least 10,000 litres exclusively for the 2nd floor and the space for setting of RO Plant near the water tanks shall also be arranged.
- ❖ A separate lift shall be installed and a separate staircase and entry shall be available for the uninterrupted usage of 2nd floor. The usage of other stair shall be available 24X7 as a fire exit and also when there is banqueting process going on Ground and 1st floors. The usage of other lift shall be uses the 2nd lift, he shall pay Rs. 2500/- per day.
- ❖ The area of the roof which is lying vacant shall be allowed to be converted into covered area. The cost of covering the area and decorating it as per the purpose shall be borne by the tenant and shall be the property of DMA after expiry of the tenure.

The tenure of the tenancy shall be 9 years with the rent escalating by 15% every three years.

After the completion of tenure seeing the investment in business, the first right of refusal for renewing the lease shall remain with the tenant with the escalation of 20% of the rent.

The DMA Shall be eligible for the 12 usages in a year if the banquet space for lunch or dinner as a part of the agreement and more if desired shall have to pay the rent charged by the tenant with the discount of 25%.

The Tenant shall also be allowed to book the other parts of Delhi Medical Association building if available for the rent with the discount of 25% at the prevailing and decided rates.

The tenant shall be responsible for upkeeping of the top floor in best of its form.

The banqueting and tenting rights of DMA convection hall shall be exclusively remained with the tenant.

He will provide a continuous kitchen and cafeteria for DMA office.

He tenant shall provide DMA functions banqueting at a pre-fixed and pre-decided rates with only 5% market escalation every year.

Kindly note that 3 months rent shall be our commission for the convenient conduction of the deal. If you agree kindly inform me and issue an acceptance letter for me to enable me to pursue the matter further for further negotiation.

(Sn. Proposal)

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