ARAB HEALTH 16TH ORTHOPAEDICS CONFERENCE IN DUBAI

VISIT TO VARANASI

INSTALLATION CEREMONY OF NEW OFFICE BEARER OF IMA TAMBARAM

CONCORDIA CONFERENCE HELD AT SURAT
Awake, Arise and Stop not ..........

Demonstration, Confrontation, Representation, Introspection, Submission ...... each of these activities have place in achieving our Goal in the democratic structure. We have attained substantially. But can’t snooze at this point of time. Hence this wakeup call – Awaken India - A Campaign planned for future of next-generation medical practitioners. So get ready for 12 th March, 2020 at New Delhi.

Violence against doctors and Healthcare Establishments is a serious concern. Silence cannot combat Violence, but peaceful action can. Our Awaken India Campaign aims at peaceful movement to emphasis on our genuine concerns through the society and general public. Hoping to receive you all in large number at ‘Raj Ghat’ in New Delhi on Thursday, 12 th March.

The day coincides incidentally with the starting Dandi March by the Father of Nation Mahatma Gandhi on 12 th March, 1930.

Long Live IMA !

Awaken IMA

Dear Colleague,

The slogan Awaken India rhymes well with the most powerful slogan ‘Quit India’ Apart from the punch, it carries the soft power of the profession and more subtly the concern for the health of the people. The prelude to Awaken India is obviously Awaken IMA. The gentle giant of freedom struggle in hibernation has to firmly take charge of the situation. The future of generations of doctors is at stake. The future of the Health of our people is at stake. Pseudo science and science cannot be mixed, Microbial basis of infection and the concept of vaccines are not the one and the same as dilution to the power of infinity potentiating drugs. History of medicine should sleep in archives. Putting it to practice is crime against humanity.
A meeting of Federation of Medical Association was held on 14 February 2020 at 2:00 pm at India International Centre, New Delhi

The following issues were discussed during the meeting.

1. Burning issues of medical profession proposal to launch a nationwide campaign on 12th March 2020
2. Corona Virus building a white paper and consensus statement
3. Health cess on medical equipments.

Decisions:
1. All member organisations of FOMA will be invited to participate in the launch of Awaken India campaign on violence on Thursday 12.03.2020 in Sri Sathya Baba auditorium, New Delhi.
2. All members of FOMA will support the campaign against Violence, Quackery and Crosspathy.
3. All members of FOMA will endorse a common guidelines and status document on COVID 19.
4. All members of FOMA will write to the Union Finance Minister to withdraw the 5% cess on imported medical equipments.
5. State level FOMA coordination between IMA state Branches and state chapters of FOMA member organisations have to be established. IMA State Branch shall take initiative in this regard. IMA State president will serve as the President of FOMA State chapters and IMA State Secretary will serve as the convenor.

WMA CALLS FOR INTERNATIONAL SUPPLY CHAIN TO FIGHT CORONAVIRUS

An urgent call has been made by the World Medical Association to governments and the World Health Organisation to set up an international supply chain for medicines and supplies to help health professionals fight the spread of coronavirus.

Dr. Frank Ulrich Montgomery, Chair of the WMA Council, said: ‘We have received urgent requests from our member associations in the Asian region about a dangerous shortage of medical supplies to prevent infection of health professionals. Gloves, masks, detergents, single use coats and cloaks are all in short supply. We are urging the World Health Organisation and governments around the world to immediately set up an international supply chain to fulfil the desperate needs of our colleagues.

‘Messages from China, Hong Kong and other Asian countries indicate the need for a diversification of international supply chains to reduce dependency from one country or region, or in extreme cases just from one producer. There also needs to be a decentralized stockpiling of necessary goods for emergency preparedness and a revision of dangerous cost containment laws which in the past have led to a cut in expenditure for emergency preparedness.’
COVID 19

1. Possibly behaves like SARS; causes mild illness in 82%, severe illness in 15%, critical illness in 3% and death in 2% cases (15% of admitted serious cases, 71% with comorbidity); affects all ages but predominately males (56%) with median age 59 years (2-74 years, less in children below 15); with variable incubation period days (2-14; mean 3 based on 1,324 cases, 5.2 days based on 425 cases, 6.4 days in travellers from Wuhan); mean time to symptoms 5 days, mean time to pneumonia 9 days, mean time to death 14 days, 3-4 reproductive number R0 (flu 1.2, SARS 2), epidemic doubling time 7.5 days (Korea 1 day probably due to super spreader), Tripling time in Korea 3 days, has origin possibly from bats, spreads like large droplets and predominately from people having lower respiratory infections and hence standard droplet precautions the answer for the public and close contacts and air born precautions for the healthcare workers dealing with the secretions.

2. Clinically all patients have fever, 75% have cough; 50% weakness; 50% breathlessness with low total white count and deranged liver enzymes. 20% need ICU care and 15% of them are fatal. Treatment is symptomatic though chloroquine, anti-viral and anti-HIV drugs have shown some efficacy.

3. Only 20% will have symptoms and will go for testing, rest may self-quarantine, 15% of serious will die. In Iran 16 died of 95 tested means they are only testing serious patients.

Present status as on 26th Feb: 41 countries, 503 new cases and 12 deaths outside China, Expected total deaths 4095.

Close contacts of COVID 19 patients definition will change with community spread:

Close contacts are people providing direct care to patients, working with infected health care workers, visiting infected patients or staying in the same close environment, working together in close proximity or sharing the same classroom environment with an infected patient, traveling together with infected patient in any kind of conveyance, living in the same household as an infected patient. The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration. But once the community spread occurs the definition will no longer be correct. Final phase of community spread closing borders will not contain the virus. All cases with flu like illness will be presumed to be VOLID 19 AND ONLY patients with breathlessness will be tested.

Preparedness for community spread:

Statistics on 26th February

Total cases: 80,598
Deaths: 2,712
Recovered: 28,110
Currently Infected Patients: 49,776
Mild cases: 40,556 (81%)
Serious or Critical: 9220 (19%)
Serious or critical mortality 15%
Likely minimum deaths 2712 + 1383 (9220 x15) = 4095 with the present trend and available treatment (plus

Travel Restrictions
Travel advisory
Level 1 in all countries (Exercise normal standard hygiene precautions)
Level 2 in all affected countries (Exercise a high degree of caution)
Level 3 in all countries with secondary cases (Reconsider your need to travel)
Level 4 in affected parts of China and Korea (Do not travel)

Number of flu deaths every year: 290,000 to 650,000 (795 to 1,781 deaths per day)

**About the Virus**

'Corona' means crown or the halo surrounding the sun. Heart is considered crown and hence coronary arteries. In electron microscope, it is round with spikes poking out from its periphery.

Single-strand, positive-sense RNA genome ranging from 26 to 32 kilobases in length, Beta coronavirus from Corona family.

**One of the three deadly human respiratory coronaviruses. Others are** Severe acute respiratory syndrome coronavirus [SARS-CoV] and Middle East respiratory syndrome coronavirus [MERS-CoV]. COVID 19 is 75 to 80% identical to the SARS-CoV

Virus is likely to be killed by sunlight, temperature, humidity. SARS stopped around May and June in 2003 due to more sunlight and more humidity.

**Transmission**

Zoonotic and linked to Huanan Seafood Wholesale Market

Bats are the primary reservoir for the virus.

It transmits predominantly with droplets like common flu.

**Quarantine has Limitations**

China imposed unprecedented quarantines across Hubei, locking in about 56 million people, in a bid to stop it spreading.

Villages in Vietnam with 10,000 people close to the nation's capital are placed under quarantine on 13th Feb after six cases of the deadly new coronavirus were discovered there.

1. 21% quarantined in Diamond Ship got infected.
2. The people on quarantine are kept under a 14-day quarantine. If they are placed together and if anyone is diagnosed during that period, the quarantine will add another 14 days.
3. The longer you have several thousand people cohoused you will continue to propagate waves of infection.
4. A better way to quarantine is to break up these people into smaller groups and quarantine them separately.
5. Why quarantine children < 15 years when the virus is not risky for them.
6. Why not separate elderly people with comorbid conditions at high risk of deaths and quarantine them separately in one to one or small groups.

**Standard Respiratory Droplets Precautions**

At triage: Surgical 3 layered mask to the patient; Isolation of at least three feet distance, Cough etiquette and Hand hygiene

Droplet precautions: Three-layer surgical mask by patients, their contacts and health care workers, in an adequately ventilated isolation room, health care workers while caring with the secretions should use eye protection, face shields/goggles. One should limit patient movement, restrict attendants and observe hand hygiene.

Contact precautions: When entering room - gown, mask, goggles, gloves – remove before leaving the room; Dedicated equipment/ disinfection after every use; Care for environment- door
knobs, handles, articles, laundry; Avoid patient transport and Hand hygiene

Public

Strict self-quarantine if sick with flu like illness: 2 weeks

Wash your hands often and for at least 20 seconds with soap and water or use an alcohol-based hand sanitizer.

Avoid touching: Eyes, nose, and mouth with unwashed hands.

Avoid close contact: (3-6 feet) with people who are sick with cough or breathlessness

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces.

Masks

Surgical 3 layered Masks: For patients and close contacts

N 95 Masks: For health care providers when handling respiratory secretions.

Lab tests

1. There are two ways to detect a virus: through the genetic material DNA or RNA or to detect the protein of the virus. The rapid tests look at the protein. It takes 8-12 weeks to make commercial antibodies. So right now, for the diagnostics tests they are using PCR which give you a turnaround in 1-2 hours.

2. Lab precautions: BSL 2 (3 for viral culture labs)

Treatment

1. No proven antiviral treatment.

2. With SARS, in 6 months the virus was gone, and it never came back. Pharmaceutical companies may not spend millions and millions to develop a vaccine for something which may never come back.

3. Chloroquine had potent antiviral activity against the SARS-CoV, has been shown to have similar activity against HCoV-229E in cultured cells and against HCoV-OC43 both in cultured cells and in a mouse model.

4. PVP-I mouthwashes and gargles significantly reduce viral load in the oral cavity and the oropharynx.

5. The Drug Controller General of India has approved the “restricted use” of a combination of drugs (Lopinavir and ritonavir) used widely for controlling HIV infection in public health emergency for treating those affected by novel coronavirus.

Common Facts

1. People receiving packages from China are not at risk of contracting the COVID-19 as the virus does not survive long on objects, such as letters or packages.

2. There is no evidence that companion animals/pets such as dogs or cats can be infected with COVID-19.

3. Pneumococcal vaccine and Hib vaccine do not provide protection against COVID-19.

4. Regularly rinsing the nose with saline does not protect people from infection with COVID-19 or respiratory infections although it can help people recover more quickly from the common cold.

5. There is no evidence that using mouthwash will protect you from infection with COVID-19 although some brands or mouthwash can eliminate certain microbes for a few minutes in the saliva in your mouth.

6. There is no evidence that eating garlic protects people from COVID-19.
7. Sesame oil does not kill the new coronavirus. Chemical disinfectants that can kill the COVID 19 on surfaces are bleach/chlorine-based disinfectants, either solvents, 75% ethanol, peracetic acid and chloroform.

8. People of all ages can be infected by COVID 19. Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

9. Antibiotics do not work against viruses.

10. To date, there is no specific medicine recommended to prevent or treat it.

Case Definitions

Suspect case
A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation AND at least one of the following:

• a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
• patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness AND at least one of the following:

• close contact with a confirmed or probable case of COVID 19 in the 14 days prior to illness onset, or
• visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to
• symptom onset, or
• worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated COVID 19 infections have been reported.

Probable case
A suspect case for whom testing for COVID 19 is inconclusive or for whom testing was positive on a pan-coronavirus assay.

Confirmed case
A person with laboratory confirmation of COVID 19 infection, irrespective of clinical signs and symptoms.

Severe acute respiratory infection (SARI)
An ARI with history of fever or measured temperature ≥38 C° and cough; onset within the last ~ 10 days; and requiring hospitalization. Absence of fever does NOT exclude viral infection

Uncomplicated illness
Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain or malaise. The elderly and immunosuppressed may present with atypical symptoms. These patients do not have any signs of dehydration, sepsis or shortness of breath

Dr K K Aggarwal
President CMAAO
Past National President, IMA
Past Honorary Secretary General, IMA
To

All State Presidents and State Secretaries

The first phase and component of Awaken India movement ignited the fire in the minds of medical students by taking the torch of awareness to the medical colleges. The momentum of the same has to be further strengthened. Time is ripe to take the next step in the Awaken India movement. A Nationwide campaign will begin on 12th March 2020. The campaign will be launched by the National President Dr Rajan Sharma on 12th March 2020 in New Delhi.

Programme: 10 am Homage in Rajghat followed by lunch and a 3 hour interactive meeting in Sathya Sai auditorium, New Delhi between 2 pm and 5 pm.

Role of State Branches:

1. All State Presidents and State Secretaries are expected to join the Homage at Rajghat and the Launch meet at Sathya Sai Auditorium.
2. The Delegation from every state should be as per the number of CWC members. The State Branch should arrange for the air travel or otherwise of this delegation.
3. IMA HQ will arrange for hotel accommodation and food.
4. The list of participants in the state delegation will be finalised by the State President.
5. The meeting at 2 pm is to be of representative character of the whole nation and fraternity.
6. Junior Doctors Network and Medical Students Network is being handled directly from IMA Hq. All state branches should connect with their JDN and MSN and facilitate their participation.
7. FOMA meeting has been called next week to co ordinate the speciality organisations.
8. State Presidents and State Secretaries are expected to attend the Second State Presidents and State Secretaries meeting at 12 noon in Kanyakumari on Saturday 29.02. 2020 to expedite the preparations for the campaign.
9. Social media campaign needs to precede the campaign period.
10.Liaisoning with MPs, MLAs, political and cultural leaders and opinion makers is integral to the campaign.

Dr. Rajan Sharma  Dr. A. Marthanda Pillai  Dr. R. V. Asokan
National President, IMA  Chairman Action Committee, IMA  Hony Secretary General, IMA
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF DELHI FIRE SERVICE, NEW DELHI - 110001

F NO: DFS/MS/SP/2019 Dated 01/09/19

To,

The Director General Health Services,
Govt. of NCT of Delhi
F-17 Karkardooma, Delhi-32

Sub: Issuance of Fire NOC in re/Day Care establishments such as Eye Centre/Dental Clinics/Dr. Clinic/OPD/Lab from fire safety point of view: reg.

Sir,

This department is receiving many requests from the occupiers/owners of Eye Centre/Dental Clinic/OPD/laboratories for issuance of Fire NOC, as they have been issued Show Cause Notice from Directorate General of Health Services. In this regard it is to inform you that the Day Care establishments such as Eye Centre/Dental Clinic/Doctor’s Clinic/OPD centre/Diagnostic LAB, if they are not having sleeping facilities/night stay for the patient in their Centers/Clinic, are categorized under business occupancy (as per clause 3.1.6 of National Building Code Part-4/2016) and business building having height less than 15 meter or less than ground plus four upper stories including mezzanine is not covered under Rule 27(7) of DFS Rules 2010 under DFS Act 2007. Hence, NOC/Fire Safety Certificate to above said occupancies is not required from this department. Moreover, Nursing Home having height less than 9 meter or less than ground plus two upper floor are also not required to obtain Fire Safety Certificate/NOC from this department.

Yours faithfully

[Vipin Kental]
Director
Delhi Fire Service
Ph. 011-23414000

[Signature]
To,
The Chairman
CPCB, New Delhi.
Dear Sir,
Greetings from Indian Medical Association.

As National representation to all hospitals across the country, the National IMA working group under the leadership of our National President Dr. Rajan Sharma had a brainstorming meeting with CPCB at New Delhi regarding concerns of HCEs regarding BMW rules & Amendments.

We at IMA are thankful to you & CPCB Member Secretary Dr. Prashant Gargav for your kind attention towards the practical issues in implementation of BMW Act Amendments.

During meeting, National President Dr. Rajan Sharma expressed his concerns regarding adverse effects of BMW Rules & Amendments on the health sector. He also stressed on the urgent need to review these rules which is of utmost importance for survival of small & mid-sector hospitals. All important issues were discussed during the meeting.

We herewith rewrite the excerpts of the meeting, our concerns and demands:

1. Categorisation: IMA has objected to categorisation of hospitals at par with industries & has requested for the separate categorization for HCEs. CPCB was kind to agree with the same stating that they will be Categorising hospitals into special category separate from industries will be considered. We are thankful to CPCB for that.

2. Consent & Authorization: IMA raised issues of CTO, CTE & Authorization. It was too agreed during the meeting that Simple and hassle free procedure for Authorisation with State PCBs will be worked out and same will be recommended to state PCBs. IMA demanded waiving of fees for authorisation under Water Act 1974 and Air Act and without any need of CA attested assets certificate and Bank Guarantee. We see no need for additional CTO/CTE in presence of authorisation as both serve the same purpose and do not have any difference.

3. ETPs & STPs: IMA objected to compulsion on each hospitals for STP/ETP. IMA expressed concerns about expenses, space constraints, viability & practicality of the same. This compulsion will force closure of hospitals in this sector. CPCB has documented the importance of "Common Effluent Collection System" along with its advantages in view of compliance, viability, affordability. IMA carries the same views & ETP/STP compulsion for individual hospitals is not possible to comply with. It should be the responsibility of the ULBs. We request that those hospitals connected with sewers having terminal STP by ULBs be exempted from compulsion of setting up individual ETPs. These hospitals are already pre treating their liquid waste as prescribed before discharging it into sewers of Municipalities. We urge you to revisit the said guidelines about liquid waste management & request you to instruct the state PCBs against the unwarranted compulsions on hospitals for individual ETP/STP plants by SPCBs. We hope that you will consider the concerns of small and medium hospitals and will be highly obliged if this relief is given to small to medium sector hospitals which make the backbone of the private healthcare in the country.

4. Bar Coding and Individual Websites: As discussed, Barcoding and individual website of every hospital is not practical. As suggested by IMA & agreed principally by you, Common Bar-Coding software should be provided by CPCB or SPCBs to all hospitals. There should be common website of CPCB & SPCBs where the data of BMW can be uploaded by the concerned CBMWTF. CPCB should look into the possibility of erecting their website for data collection/barcoding and reporting rather than compelling HCEs to have their own. Barcoding software be provided by CPCB or SPCB to hospitals free of cost.

5. Environmental Compensation Charges: IMA requests that, CPCB should form a committee to look into the issues related to environmental compensation and steps should be taken after their report. IMA should be a part of the committee. There shouldn’t be retrospective penalisation monetary or otherwise. We need urgent response from your end to move ahead towards positive end results. IMA assure you a complete cooperation in the practical working with BMW Management in the country. Looking forward for your kind feedback at the earliest.

Dr. Rajan Sharma
National President, IMA

Dr. R.V. Asokan
Honorary Secretary General, IMA.
North East IMA Conclave
08th February 2020 Shillong, Meghalaya

North East Conclave has traveled a long distance beginning from Assam going through Manipur Mizoram to Arunachal missing Nagaland but reached to Meghalaya Shillong with untiring efforts of Team Assam led by State President Dr Satyajit Bohra with guidance of Dean IMACGP Dr Hiranmay Adhikary.

North East conclave was attended by all States from NE states except Tripura as they were having their State Conference and Nagaland. Sikkim added the energy and stimulation for Meghalaya to repeat the reactivation of IMA activity.

Colours to NEC were given by the energetic National President Dr. Rajan Sharma who was the Chief Guest, Dr. Santanu Sen, Imm. Past National President and Hony. Secretary General, Dr R V Asokan and Vice President incharge of North East Dr.D.D.Choudhary were the Guest of Honour.

Meeting started by decorating the Dias with the Guest from States and HQs. welcome address was delivered by Assam State President, Dr Satyajit Borah and Inaugural Lamp lighting was done by National President Dr Rajan Sharma and other on the Dias. All the guest were formally welcomed by Assam State Team and National leaders were honoured by other states leaders as well.

National Co-ordinator Dr R N Tandon presented brief about NE Conclave history and purpose of stating this conclave to strengthen the bonding between all states. Dr. Satyajit Borha invited all the States to briefly present their activities and their issues and their expectations from HQs. Every State presented their great work in all fields of work education health camps outreach prgorammes social activities for members and society. Every one appreciated work done by Arunanchal Prades and the methodology of their presentation. Encouraging words of Dr Santanu Sen and reminder of freedom fighters from this area was appreciated by all. Dr R V Asokan, Dr D D Chaudhury and Dr Hiranmay Adhikari reminded all present about the IMA and its role in protecting the interest of profession and society. Presence of FOMA members from Shillong was well appreciated by Dr R V Asokan, Hony. Secretary General, IMA and they were all asked to join IMA to strengthen Meghalaya branch. Inaugural Speech by National President was icing on the cake. Then Meghalaya session was conducted under the watchful eyes of National President and Hony. Secretary General. Present Secretary Dr Sethi talked about the issues and problems. Good numbers of local medical professionals were present in this meeting they all were very enthusiastic to rejuvenate the branch by joining IMA. They were explained about the process and benefits of joining IMA. As Dr Sethi wanted that new Executive to formed in presence of President but they were informed that can be done in AGM but they were of opinion that good number is present and they are going to form strong branch. They were advised to complete the formality of making more than 100 members before April Working Committee. The names were proposed and seconded on floor and temporary Executive was formed pending completing constitutional formalities.

Meeting ended with words of advice from National President and Hony. Secretary General and vote of thanks from Secretary Assam State Dr. Hemenga Baishya.

Wonderful musical program was followed by dinner gave opportunity to all present to interact with each other.

Dr. R.N. Tandon
Chairman,
IMA Standing Committee for North East.
From the archives

Dated

The British Medical Association
and
The Indian Medical Association

Agreement

for

Affiliation
This Agreement is made the fourteenth day of December One thousand nine hundred and fifty-nine between the British Medical Association incorporated under the Companies Acts without the addition of the word "Limited" by Licence of the Board of Trade whose registered office is situated at British Medical Association House Tavistock Square W.C.1. in the County of London (hereinafter called "the B.M.A.") of the one part and the Indian Medical Association incorporated in India whose registered office is situated at 'Hanging Bridge' Daryaganj Delhi India (hereinafter called "the I.M.A.") of the other part

Whereas the B.M.A. and the I.M.A. welcome mutual affiliation and each reciprocates the desire of the other to work in close cooperation

Now in furtherance thereof it is hereby mutually agreed as follows:-

1. THE B.M.A. agrees that on all its official documents which shall include the ordinary note paper and the B.M.A. Handbooks an announcement shall appear that the B.M.A. is affiliated to the I.M.A.

2. THE I.M.A. agrees that on its ordinary note paper and on any official documents similar to those enumerated in the preceding clause an announcement shall appear that the I.M.A. is affiliated to the B.M.A.

3. THE B.M.A. and I.M.A. mutually agree that they will interchange official documents issued by them respectively considered to be of general and mutual interest and particularly:-

1) That the B.M.A. will send without charge to six of the chief officers and officials of the I.M.A. nominated for this purpose by the I.M.A. an official copy of the British Medical Journal each week and the I.M.A. will send without charge to six of the chief
hundred and fifty and BETWEEN THE BRITISH MEDICAL
ASSOCIATION incorporated under the Companies Acts without the
addition of the word "Limited" by Licence of the Board of Trade whose
registered office is situated at British Medical Association House
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the B.M.A. a copy of the Journal of the I.M.A.
(b) That the B.M.A. will send to the I.M.A. six copies of
their official publications of general interest including the B.M.A.
Handbooks and the I.M.A will send to the B.M.A. an equal number of
any comparable publications by them

4. THE I.M.A. shall have the right to avail themselves of Important Notices published by the B.M.A. on terms to be mutually agreed between them and the I.M.A. will at the request of the B.M.A... publish in the Journal of the I.M.A. a notice drawing attention to any objection taken by the B.M.A. to the terms of any appointment offered to Medical Practitioners in India.

5. SUBJECT as herinafter provided the class of Membership of the B.M.A. known as "Affiliated Membership" shall be open to all members of the I.M.A. visiting or temporarily resident in the area of any organised Branch of the B.M.A. and the I.M.A. shall afford similar facilities and advantages to members of the B.M.A. visiting or temporarily resident in India. The period of visiting or temporary residence for which Affiliated Membership of either Association shall be available to any individual member of the other Association shall not extend beyond a period of two years at any one time. The method by which Members of either Association shall become entitled to Affiliated Membership of the other and the privileges and liabilities attaching to such Affiliated Membership shall be such as shall from time to time be laid down by the Articles of Association and By-Laws of the Association from whom such Affiliated Membership is sought. Each Association shall accept a certificate signed by the Secretary of the other Association as prima facie evidence of the membership of such Association of the person to whom such certificate relates.

6. SUBJECT as herinafter provided:

(a) The B.M.A. shall take steps to dissolve as soon as reasonably possible branches or divisions of the B.M.A. within India. The I.M.A. shall similarly dissolve any branch or division of the I.M.A. within the area of any organised Branch of the B.M.A.

(b) Members of the B.M.A. resident in India shall be at liberty to retain their membership of the B.M.A. as unattached members resident outside the area of any Branch paying therefor the subscription...
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(b) Members of the B.M.A. resident in India shall be at liberty to retain their membership of the B.M.A. as unattached members resident outside the area of any Branch paying therefor the subscription applicable to overseas members. Similarly members of the I.M.A. resident within the area of any Branch of the Association shall be at liberty to retain their membership of the I.M.A. as unattached members resident outside the area of any Branch paying therefor the subscription applicable to overseas members. Such unattached members...
of the B.M.A. shall not have the right to form a Branch or Division of the B.M.A. within India; and members of the I.M.A. shall not have the right to form a Branch or Division of that body in any area where there is already an organised Branch or Division of the B.M.A.

7. IN the event of the I.M.A. making provision for members outside India no such members shall have the right to form a Branch or Division of the I.M.A. in any area where there is already an organised Branch or Division of the B.M.A.

8. MEMBERS of the I.M.A. shall be entitled to receive the British Medical Journal for an amount equivalent to that paid by members of the B.M.A. residing in any part of the British Commonwealth overseas.

9. THE I.M.A. shall have the right to nominate two members to attend the Annual Meetings of the B.M.A. as their official delegates who shall be accorded all usual courtesies extended to representative Members of the Profession and the B.M.A. shall have a similar right with regard to the Annual Meetings of the I.M.A.

10. AS far as is possible arrangements shall be made for the interchange of occasional official visits between the parties.

11. THE B.M.A. and the I.M.A. respectively shall at regular intervals interchange information as to the activities of the respective bodies and as to matters affecting generally the medical profession.

12. THE B.M.A. and I.M.A. respectively will so far as possible foster friendly relations between their respective Associations and work in close co-operation in all matters generally affecting the profession.

13. IT is expressly agreed that notwithstanding anything hereinbefore contained the B.M.A. shall not be required to take any steps to dissolve the Assam Branch which shall continue as heretofore as a Branch of the B.M.A. and accordingly references in these presents to Branches and Divisions or members of the B.M.A. shall not inclu-
where there is already an organised Branch or Division of the B.M.A.

7. IN the event of the I.M.A. making provision for members outside India no such members shall have the right to form a Branch or Division of the I.M.A. in any area where there is already an organised Branch or Division of the B.M.A.

8. MEMBERS of the I.M.A. shall be entitled to receive the British Medical Journal for an amount equivalent to that paid by members of the B.M.A. residing in any part of the British Commonwealth overseas.

9. THE I.M.A. shall have the right to nominate two members to attend the Annual Meetings of the B.M.A. as their official delegates who shall be accorded all usual courtesies extended to representative Members of the Profession and the B.M.A. shall have a similar right with regard to the Annual Meetings of the I.M.A.

10. As far as is possible arrangements shall be made for the interchange of occasional official visits between the parties.

11. THE B.M.A. and the I.M.A. respectively shall at regular intervals interchange information as to the activities of the respective bodies and as to all matters affecting generally the medical profession.

12. THE B.M.A. and I.M.A. respectively will so far as possible foster friendly relations between their respective Associations and work in close co-operation in all matters generally affecting the profession.

13. IT is expressly agreed that notwithstanding anything hereinbefore contained the B.M.A. shall not be required to take any steps to dissolve the Assam Branch which shall continue as hitherto as a Branch of the B.M.A. and accordingly references in these presents to Branches and Divisions or members of the B.M.A. shall not include the Assam Branch or any Division of that Branch or the members of that Branch.

14. THIS Agreement may be terminated by either party giving to the other not less than six months notice in writing.
their respective Common Seals to be hereunto affixed the day and 
year first above written


(The COMMON SEAL of THE INDIAN 
MEDICAL ASSOCIATION was here-
unto affixed in the presence 
of:- 

Darya gunj, Delhi - )
IN THE SUPREME COURT OF INDIA
Criminal APPELLATE JURISDICTION

CRIMINAL APPEAL NO. 770 OF 2009

Anjana Agnihotri & Anr. ......Appellant(s)

Vs.

The State of Haryana & Anr. ......Respondent(s)

ORDER

This Appeal is directed against the judgment dated 23.04.2008 of the Punjab and Haryana High Court whereby the High Court upheld the order of Additional Sessions Judge dated 24.09.2004 by which the order dated 30.11.2000 of the learned Sub-Divisional Judicial Magistrate, Dabwali discharging the appellants for having committed offences under Section 304A Indian Penal Code, 1860 and Section 18-C/27-B of the Drugs and Cosmetics Act, 1940, was set aside.

The prosecution story is that Santosh Rani (deceased) was admitted to the Agnihotri Hospital run by the appellants herein. On 15.11.1998 at about 5.00 a.m. Santosh Rani was expecting a child and she was advised caesarian operation. Such operation was conducted at about 8.00 a.m. and a male child was born. After the birth of the child the doctors felt that blood was required to be given to Santosh Rani. Thereafter, her husband Nand Lal and brother Bhajan Lal offered to give blood and this blood was taken
and transfused to Santosh Rani at about 2.30 p.m. At about 2.00 a.m. the next morning Santosh Rani expired. Thereafter, Mulkh Raj, brother of the husband of the deceased filed an FIR with the police. It is important to note that in the FIR it is stated that in the hospital the blood of Nand Lal and Bhajan Lal was taken by the dispenser and Dr. Agnihotri of the hospital. It is further stated that these two persons tested the blood and transfused it to Santosh Rani and oxygen was also administered.

The main allegation against the appellants in the case is that they did not attend to Santosh Rani from 2.30 p.m. to 2.00 a.m. The Trial Court on the application of the accused discharged them relying upon the judgment of this Court in Jacob Mathew vs. State of Punjab & Anr. (2005) 6 SCC 1 case. The Additional Sessions Judge set aside the order of discharge and the order of Additional Sessions Judge in revision has been upheld. In Jacob Mathew’s Case this Court clearly held that in criminal law medical professionals are placed on a pedestal different from ordinary mortals. It was further held that to prosecute the medical professionals for negligence under criminal law, something more than mere negligence had to be proved. Medical professionals deal with patients and they are expected to take the best decisions in the circumstances of the case. Sometimes, the decision may not be correct, and that would not mean that the medical professional is guilty of criminal negligence. Such a medical profession may be liable to pay damages but unless negligence of a high order is shown the medical
professionals should not be dragged into criminal proceedings. That is why in Jacob Mathew’s case (supra) this Court held that in case of criminal negligence against a medical professional it must be shown that the accused did something or failed to do something in the given facts and circumstances of the case which no medical professional in his ordinary senses and prudence would have done or failed to do. Therefore, this Court also directed in such cases an independent opinion of a medical professional should be obtained in this regard. We may make reference to the following observations in Jacob Mathew’s case (supra). While concluding the judgment this Court gave certain guidelines. We need not refer to all, however Para 48(7) which is relevant is as under:

“(7) To prosecute a medical professional for negligence under criminal law it must be shown that the accused did something or failed to do something which in the given facts and circumstances no medical professional in his ordinary senses and prudence would have done or failed to do. The hazard taken by the accused doctor should be of such a nature that the injury which resulted was most likely imminent.”

Further this Court held in para 52 as under:

“The investigating officer should, before proceeding against the doctor accused of rash or negligent act or omission, obtain an independent and competent medical opinion preferably from a doctor in government service, qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying the Bolam test to the facts collected in the investigation.”
In the present case the appellants failed to obtain any opinion of an independent doctor. The postmortem report does not show that the death of Santosh Rani had occurred due to the transfusion of blood. The only negligence that could be attributed to the accused is that they carried out the blood transfusion in violation of some instructions issued by the Chief Medical Officer that blood should be obtained from a licensed blood bank and that no direct blood transfusion from the donor to the patient should be done. In our opinion even if this is true the negligence is not such as to fall within the ambit of Jacob Mathew’s case (supra).

In view of the above, we set aside the judgment of the High Court and restore the order of the trial court and discharge the appellants.

The Appeal is accordingly allowed.

Pending application(s), if any, shall stand disposed of.

..................J.
(DEEPAK GUPTA)

..................J.
(HEMANT GUPTA)

New Delhi;
ITEM NO.102       COURT NO.14       SECTION II-B

SUPREME COURT OF INDIA
RECORD OF PROCEEDINGS

Criminal Appeal No(s). 770/2009

ANJANA AGNIHOTRI & ANR.          Appellant(s)

VERSUS

THE STATE OF HARYANA & ANR.       Respondent(s)

(List the matter on 04.2.2020. (Ref.: R/P dated 23.10.2019) )

Date : 06-02-2020 This appeal was called on for hearing today.

CORAM :
HON'BLE MR. JUSTICE DEEPAK GUPTA
HON'BLE MR. JUSTICE HEMANT GUPTA

For Appellant(s)       Mr. Vivek Sharma,Adv.
                       Mr. Vivek Narayan Sharma, AOR

For Respondent(s)      Mr. Atul Mangla,AAG.
                       Mr. Enderjeet,Adv.
                       Mr. Prince Jindal,Adv.
                       Mr. Ashish Kaushik,Adv.
                       Mr. Vishwa Pal Singh,Adv.
                       Dr. Monika Gusain, AOR

UPON hearing the counsel the Court made the following
ORDER

The Appeal is allowed in terms of the signed order.
Pending applications, if any, stand disposed of.

(SUMAN WADHWYA)             (PRADEEP KUMAR)
AR CUM PS                   BRANCH OFFICER
Signed order is placed on the file.
INDIAN MEDICAL ASSOCIATION

Protect the Single and Couples Doctor Setups

2nd February, 2020
IMA H                   I.P. Estate, New Delhi – 110002

NATIONAL COUNCIL MEETING OF
IMA JUNIOR DOCTORS NETWORK (JDN)
2nd February, 2020
IMA H                   I.P. Estate, New Delhi – 110002

NATIONAL COUNCIL MEETING OF
IMA MEDICAL STUDENTS NETWORK (MSN)

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12th MARCH 2020, 2:00 PM and 5:00 PM

Sri Sathya Sai International Centre, Pragati Vihar,
Bhisham Pitamah Marg, Lodhi Road, New Delhi-11003

NO TO NEXT

16.02.2020