INDIAN MEDICAL ASSOCIATION

IMA NEWS

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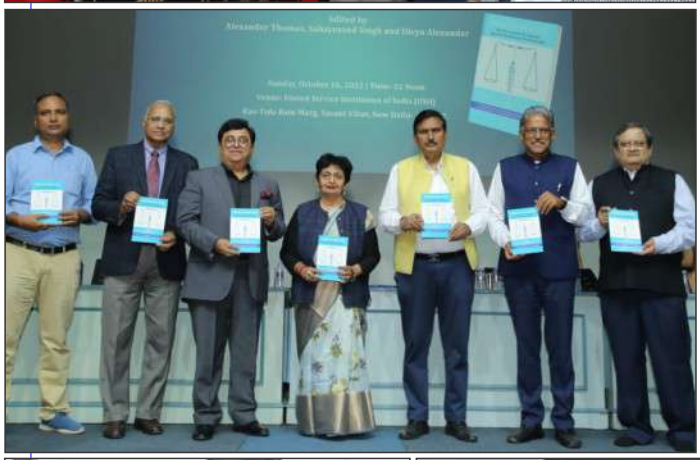
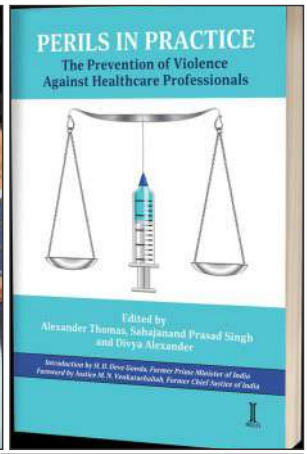
PRIORITY IN RURAL HEALTHCARE & DIGNITY OF PROFESSION

ACTIVITIES OF NATIONAL PRESIDENT & HONORARY SECRETARY GENERAL





From the pen of National President, IMA

Dear Friends,

Please accept my sincere greetings for the festival season of Dussehra and Deepawali. My best wishes for the upcoming Chat Pooja -Worship of Sun God – which will be celebrated on 6th November 2022. May this festive season bring you and your family all the happiness and prosperity.

It was nice to see vibrant activities in various Branches of IMA throughout the country. IMA Allahabad Branch had organized Cyclothon-2022 on October 2, 2022which was well attended and appreciated by all. IMA WDW had organized a wonderful conference of West Zone- EVECON-2022 at Surat on 8th – 9th October 2022. IMA WDW as well as IMA Surat Branch deserves appreciation for conducting a successful two days Conference.

A meeting of High Level Committee under the Chairmanship of Shri V K Paul, Member, Niti Aayog to consider the various issues pertaining to Marketing Practices by Pharma Companies was held on 13th October,2022 atNiti Aayog, Delhi. The meeting was attended by the representatives of National Medical Commission, Income Tax Department, Ministry of Chemicals and Fertilizers and Ministry of Health & Family Welfare.In the meeting, IMA put fourth its views onGeneric medicine as well as the role of pharma companies in Continuing Professional Development (CPD). These two issues were discussed and debated in detail and NMC was asked to revise its initial draft regulation accordingly.

A very useful Book pertinent to the ongoing problems of medical practitioners was released on 16th October, 2022 in association with Association of Healthcare Providers India. The Book titled"Perils in Practice - The Prevention of Violence against Healthcare Professionals" is authored by eminent IMA Leaders, Police Officers, Journalists and relevant stake holders. The book will be very useful and handy for medical professionals to look into solutions during their day-to-day practice.

I look forward for very active participation of members for various activities to be held in the ensuing months.

Jai Hind! Jai IMA!!

Sahajanand Prasad Singh

Dr. Sahajanand Pd. Singh
National President, IMA

Season's Greetings from Indian Medical Association HQs!

IMA News is the official mouth-piece of Indian Medical Association, covering the recent activities of IMA and its local branches for the information of all the members of the Association

All State and Local Branches are requested to register themselves in their local authorities and submit the Constitution of the State/Local Branch, PAN No., Society Registration Certificate / Charity Commissioner Registration Certificate and GST, if applicable as these requirements are mandatory and statutory. They further requested that Registration Certificate, PAN Card and GST Certificate of IMA HQs shall not be used by IMA State/Local Branches. The same was communicated to all State and Local Branch Presidents and Secretaries, IMA in my recent communication.

The following IMA Standing Committees/Wings have done tremendous work and organized the following events-

- IMA Standing Committee for Cultural and Literary Events has organized Navratri and Dandiya Beats Workshops on 22.9.2022.
- IMA Standing Committee for Stroke/Hypertension Control Initiative has organized Webinar on 25.9.2022
- IMA Women Doctors Wing – West Zone has organized EVECON 2022 on October 8-9, 2022 at Surat (Gujarat) which was attended by large number of participants with full enthusiasm and spirit.

IMA Standing Committee for Cultural and Literary Events is organizing Cultural Program on 12.11.2022 at IMA HQs, New Delhi. The information about this event will be sent to you soon with the request to kindly circulate it in your branch members to ensure maximum participation in the same.

I request all other Chairmen / Secretaries/ Conveners to organize the meetings of their respective Standing Committees in the coming months and send their reports to IMA HQs, so that the same can be published in our ensuing Agenda Papers.

I am happy to inform you that a Cough Algorithm Guidelines Book released by Dr Sahajanand Pd. Singh, National President, IMA on 13th October, 2022 by Virtual Mode.

Recently, Dr. Ravi Wankhedkar, Treasurer, WMA and Past National President, IMA attended the WMA General Assembly on October 5-8, 2022 in Berlin, Germany and played a key role in preparing 2 two important documents - New International Code of Medical Ethics (Geneva Declaration) and WMA Policy on "Workplace Violence in Health Sector" which was appreciated by all during the meeting, the same was sent to the membership of IMA.

A detailed Notification for attending the ensuing Central Working Committee along with Central Council meeting has been sent to the respective members. I request the concerned members to attend the same with full strength so as to make it a memorable CWC and CC.

Eagerly waiting to welcome you at Prayagraj,

J. M. Lele

JAI IMA !! LONG LIVE IMA !!

Dr Jayesh Lele
Honorary Secretary General, IMA

06.10.2022

To,

Shri Amit Shah Ji
Honourable Union Minister of Home
Government of India

Dr. Mansukh Mandaviya
Honourable Union Minister of Health & Family Welfare
Government of India

Respected Sir,

Greetings from Indian Medical Association!

This is to seek your support and help in resolving the pending demands of IMA which are to be considered by the Government.

Our Hon'ble Health Minister, Shri Mansukh Mandaviya Ji was always kind enough to listen to us whenever we need his attention and has always shown us positive response and assured us on our unmet demands of IMA.

In a recent Swasthya Chintan Shivir held at Kevadia (Gujarat) on 5-7 May, 2022, I had the opportunity to putforth before the Council of Ministers, chaired by Hon'ble Health Minister, Shri Mansukh Madaviya Ji, where entire Council unanimously supported and requested the Chair to take necessary steps on the demands of IMA, as they are genuine demands.

Some of our demands are related to Ministries other than Health Ministry like Ministry of Home Affairs, Ministry of Environment, Forest and Climate Change and Ministry of Consumer Affairs, Food and Public Distribution. Hence, we require your blessings and support to fulfil our demands.

The main demands of IMA are listed below in brief for your kind perusal:

1. **CPA:** Health services were wilfully excluded from the ambit of CPA 2019 after detailed debate in the Parliament and intervention of the then Hon'ble Minister of Consumer Affairs Late Shri Ram Vilas Paswan in 2019. But the exclusion is not explicitly mentioned in the said act. The representation was submitted to Hon'ble Minister of Consumer Affairs, Shri Piyush Goyal after personally meeting on 2.2.2022. We humbly request you to take up this matter on priority with the concerned Ministry.
2. **Central law against violence in healthcare establishment and Doctors:** IMA has been pleading with the Government to enact Central law against violence in healthcare establishment and Doctors since 2015. At the behest of the then Hon'ble Minister of Health & Family Welfare, Shri J.P. Nadda, a committee was constituted representing all concerned Ministries. The Health Ministry, in principle, had agreed on the proposed draft prepared by IMA. However, the law is yet to be taken up for formal implementation.

The matter was discussed with Hon'ble Health Minister, Shri Mansukh Mandaviya Ji, on 12th May, 2022 wherein the Hon'ble Health Minister assured that he will take up this matter on priority basis.

Sir, violence against doctors has been a continuous process across the country. Recently the Chief Justice of India has also shown his concern over increasing incidences of violence against doctors. The situation needs immediate attention on priority so that the medical service continues uninterrupted.

We have been requesting the Government to enact similar Central Law in line with Clause 5 and 6 of The Epidemic Diseases (Amendment) Act, 2020 to curb the incidences of violence against healthcare workers and establishments.

3. **Death due to medical negligence:** The guidelines as proposed and adopted by the Ethics

Board of National Medical Commission, as per directions issued by the Hon'ble Supreme Court of India need to be incorporated in the Criminal Procedure Court (IPC). The Indian Medical Association which was part of the Task Committee constituted by the then President, MCI (Now NMC) has proposed new Section 304C in PIC new Section 427 A in IPC to enable the Govt to implement the recommendations of the Task Committee effectively.

Further, the Government needs to issue directives to all the State Governments to follow Supreme Courts' Guidelines to conduct an enquiry before filing an FIR in cases of Medical Negligence, and also not to invoke IPC Section 302 in cases of deaths during treatment.

4. **Mixopathy:** The Notification of CCIM dated 19.11.2020 has created confusion not only among the medical doctors practising modern medicine but also among the public. IMA has been requesting the Ministry of Health & Family Welfare as well as National Medical Commission to take necessary steps so that the curriculum of modern medicine shall not be converted into Mixopathy.

   In the recent Swasthya Chintan Shivir held at Kevadia (Gujarat) on 5-7 May, 2022 under the Chairmanship of Hon'ble Health Minister, the Council of Ministers have requested the Hon'ble Health Minister to form a Committee consisting of Leaders of Indian Medical Association, eminent experts from modern medicine (preferably from AIIMS- New Delhi, PGI, Chandigarh and similar Institutions), Ayurveda and Homeopathy streams to finalize the issue of mixopathy. Till that time, there should be no mixing of different systems of medicine for educational or clinical practice.

   Sir, we request your intervention in this matter to enforce the NMC to maintain the purity of Modern Medicine and allow the other streams of Ayush grow independently.

5. **CHS Doctors issue regarding enhancement of age of retirement:** Though the Government has enhanced the age of retirement up-to 65 years, the doctors are not allowed to continue in administrative posts. As a result, a large number of doctors remain redundant in their departments. It is proposed that these doctors should continue in the administrative posts till the age of retirement.

6. **Draft Regulations of licence to practice in India issued by National Medical Commission (NMC):** We would like to draw your attention on the Draft Regulations of licence to practice in India as placed by National Medical Commission in public domain for comments. IMA has gone through in detail and discussed this issue in our appropriate forum and feels that the proposed Draft Regulations is defective, plagued by inconsistencies, arbitrariness and aims at annihilating not only the authority of the State Medical Councils but also to make them look puppet in the hands of Ethics and Medical Rating Board in NMC by divesting them of their core authority of registering medical professionals in the concerned States, maintaining State Medical Register thereto, and incorporating additional qualifications thereunder. It is, therefore, requested that Draft Regulations be put on hold and reviewed as per the suggestions already issued by IMA to NMC on 25.4.2022.

   Further it is requested that the State Medical Councils should be allowed to continue their functioning as before.

7. **Upgradation of security services in various Govt. Hospitals:** We have been noticing frequent incidents of violence and riot-like situations in public hospitals where the workload of the doctor is very high especially in emergency services, maternity services and intensive care services. Most of the time the patients are brought at the end stage where the doctors collectively are not in a position to save their lives. Such situations frequently cause unrest among the patient's relatives and incites violence. The security provision through contractual services is quite inadequate as they are not trained enough to handle such emergency situations. It is, therefore, requested that

Central Industrial Security Force (CISF) who are capable of handling such grave situations need to be deployed in the Hospitals. A directive from the Ministry to all the State Governments is required, so that such practices are followed across the country uniformly.

8. **Indian Medical Services (IMS):** Uniformity in health services across the country is necessitated due to various National Health Schemes. National Health Mission (NHM) was also created in 1995 to have uniform services in the patient care across the country. The present covid pandemic has once again proved the requirement of centralized uniform dictat for smooth and adequate discharge of health care delivery. Had it been Indian Medical Services during the Covid pandemic, the result of public healthcare delivery would have been more effective and efficient. Apart from giving doctors their well-deserved role and responsibility in national building, it will be the appropriate answer to the current situation and a huge leap into the future.

   Indian Medical Services was conceived during the British period and was approved under Section 312 of the Indian Constitution. The rules were also once notified but not implemented. Implementation of Indian Medical Services in line with other All India Group- 'A' services will make the healthcare care in different States inconsonant with the Central Guidelines.

   Indian Medical Association has already submitted a detailed report on Indian Medical Services (IMS) prepared by the National Working Group in 2020. Earlier a Report of Study Group constituted by President, Medical Council of India in 2017 is also with Health Ministry for ready reference. IMA requests to take necessary steps to implement the Indian Medical Services based on these reports at the earliest.

9. **GST Exemption for Healthcare Services:** 47th GST Council meeting has recommended that "Like CTEPs, common bio-medical waste treatment facilities for treatment or disposal of biomedical waste shall be taxed at 12% so as to allow them ITC." This is to be effective from 18th of July 2022. This was earlier in GST exempted category.

   47th GST Council meeting has also recommended that "Room rent, excluding ICU, exceeding Rs 5,000per day per patient charged by the hospital will also be taxed at 5 per cent, without ITC." This is to be effective from 18th of July 2022. This was earlier in GST exempted category.

   We, as collective voice of all establishments and doctors of the country express our serious concerns and objections to these new taxes in healthcare sector. This step will add big additional cost to the healthcare of people.

We have already requested Honorable Minister of Finance and Chairperson, GST Council to withdraw any such step to levy GST on Healthcare Services.

You are requested to convince the GST Council our concern in public interest

Your goodself has always supported us whenever we were in need.

We request you to kindly help us in expediting our demands which are pending with various Ministries.

Dr. Sahajanand Prasad Singh

National President, IMA

07.10.2022

Dear IMA leaders,

October: **International Breast Cancer Awareness Month**

Breast Cancer-Early detection is the key to successful treatment

Worldover Breast cancer is diagnosed in approx. 2.3 million women every year and it causes 6,85,000 deaths each year. With over 70% of all new cases and 81% of all deaths observed in women aged 50 and above, the global burden from breast cancer remains concentrated in this age group. By 2040, the number of newly diagnosed breast cancers is projected to grow by over 40%, to about 3 million cases every year. Similarly, deaths from breast cancer are set out to increase more than 50%, from 685,000 in 2020 to 1 million in 2040

As per GLOBOCAN survey 2020-1,78,361 new cases and 90,408 deaths were reported for breast cancer in India. While the earlier projections for 2020 by Indian Cance registry were 2,05,424 new cases in year 2020. Many countries in the world have an higher incidence of Breast Cancer, then India but, their mortality rate is much lower, as the patient is diagnosed & treated in an early stage.

RISK FACTORS:-The risk factors of Breast cancer can be divided into Non Modifiable risk factors: Being a female, increasing age, early menarche, late menopause, having first degree relatives with Breast Cancer are non modifiable risks.
Modifiable Risk Factors: Avoidance of smoking, alcohol, Obesity (specially after menopause), long term use of hormone replacement therapy or contraceptive pills, advanced age at first pregnancy and doing regular physical exercises, breastfeeding for at least a few months etc can help in prevention of Breast cancer.

SYMPTOMS:Irrespective of the age, Breast Lump & Breast Pain are the two most common complaints for which a female seeks Doctors advice. Other common symptoms are change of breast shape, recent nipple retraction, nipple discharge etc.

BREAST LUMP-Although nearly 80-85 % of breast lumps are not malignant (Cancer), all lumps must be investigated before a final diagnosis is made.
GENETICS:-The genetic origin of the disease is also found in a small percentage of patients. Hence the need, for extra precautions in female relatives of Breast Cancer patients. The individual risk of developing Breast Cancer is affected by the numbers of the family members affected with the disease. The age of the affected relative at time of diagnosis also influences risk.

Early diagnosis is the key to timely proper treatment of the breast cancer but unfortunately, in our country we still see patients in advanced stages of the cancer. Regular monthly self examination of the breast, yearly clinical examination of the breast by a Doctor, screening mammography every 2/3 years after the age of 40 definitely helps in diagnosis of the cancer at an early stage. Breast cancer stage increases once it spreads by lymphatic to draining lymph nodes in armpit and other places, by blood to distant organs- liver, lungs etc., and also by local increase in size with adherence to underlying muscles and overlying skin.

The 5 year survival for Breast cancer is nearly 95% if pt. is diagnosed & treated in Stage 1, while this drops down to around 25% if pt trearment starts in advanced stage.

The Self Examination of Breast is to be done every month around same dates, preferably following the periods. For this, one should stand in front of a mirror, with both the hands raised near ear and later by

hands on waist pressing slightly, to compare the shape & size of both breasts, check the level of nipples, note if there is any nipple discharge, look for any bulge anywhere in the breast area, compare the skin texture. Then by putting the arm in 90 degrees one should examine the armpit for any swelling. Then lying down on the bed, with a pillow underneath the shoulder, one should, with the help of finger tip pulp and palm examine whole of both the breast from outside to nipple area, in a circular fashion starting from collar bone above, lower ribs below, midline medially and anterior armpit fold laterally. Any difference between the two breasts or palpation of a lump warrants examination by an experienced doctor/ surgeon.

Mammography is a special X ray of the breast which also helps in early detection of a breast lump especially when it is small lump, more so in a bulky breast. Mammography has become a standard screening tool also. At times it can not differentiate if the lump has a solid or cystic (fluid filled) component, hence, now a days we prefer to do a sonography along with the mammography.

Core Biopsy:-Once a lump has been located either on self/clinical examination or by a sono-mammography, it is important to confirm its nature, whether it is benign or malignant. The mammography picture of a lump gives some idea of the nature of the lump but an examination of the cells by a pathologist only can confirm this. For this, the lump (excision biopsy)or its piece(core biopsy) has to be done and sent for histopathological examination..

Males are also known to have breast cancer and 1 out of every 100 patients of breast cancer is a male-the treatment options are the same.

IMA leaders & the branches are advised to organise Breast Cancer prevention & early detection awareness lectures for schools/college/ladies clubs/media/public/social groups/police, give talk show on Radio/TV, distribute pamphlets, arrange Cancer detection camps, webinars etc etc.

Kindly send the activities report along with photographs to HSG (hsg@ima-india.org) and a copy to dilipacharya@gmail.com. Call Dr. Acharya 9826010500 for any expert support.

Dr.Shahjanand Prasad Singh
National President,
Indian Medical Association

Dr.Jayesh Lele
Hon. Secy. General
Indian Medical Association

Dr.Dilip Kumar Acharya
National Chairman of IMA Cancer & Tobacco Control Committee

11.10.2022

NEWSPAPER REPORT BASED ON INFORMATION GAINED UNDER RIGHT TO INFORMATION ACT

To,

Dr. Suresh Chandra Sharma
Chairman,
National Medical Commission.

Sub.:

Respected Sir,

In terms of reports published in a section of media referring to the information gained under the Right to Information Act, it is brought out that the National Medical Commission has held a joint sitting on 26th June as contemplated within the scope and meaning of Section 50(1) of the National Medical Commission Act and has invoked recommendations, which aim at promoting what can be designated as 'Mixopathy'.

The text of Section 50 of National Medical Commission Act, 2019 is reproduced herein below:

"(1) *There shall be a joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine at least once a year, at such time and place as they mutually appoint, to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.*

(2) *The agenda for the joint sitting may be prepared with mutual agreement between the Chairpersons of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine or be prepared separately by each of them.*

(3) *The joint sitting referred to in sub-section (1) may, by an affirmative vote of all members present and voting, decide on approving specific educational modules or programmes that may be introduced in the undergraduate course and the postgraduate course across medical systems and promote medical pluralism."*

In terms of availing the aforesaid provisions of the NMC Act the Joint meeting reportedly held on 29th June, 2022 amongst other things has embarked on reportedly certain decisions whereby it would be made compulsory for every Medical College to have a 'Department of Integrative Medicine Research' to promote integration of Modern Medicine with Homeopathy and Indian System of Medicine such as Ayurveda, Unani, Siddha, Naturopathy and Homeopathy.

It is also gathered that in terms of the very decision 'Yoga' has been made as 'Mandatory Practice' for ten days every year for undergraduate students and faculty in a medical college in continuation of the earlier decision of the NMC whereby posting MBBS students to do one week internship in Ayush Systems in Homeopathy Colleges has been publicly notifying and put into operation.

There is no reason as to why any and every system of medicine needs to be disrespected. As a matter of fact, each system is based on its own conceptual principles, scope and resultant mandate vested thereto. But then the concern turns out to be paramount when systems based on divergence of core principles are intended to be mixed with each other without even an iota of evidence thereto.

It is pertinent to note that in terms of policy decision Government of India created a separate Ministry titled 'Ministry of Ayush' for the purpose of upholding the cause of Indian system of Medicine that includes Ayurveda, Unani, Naturopath and Siddha. The word "AYUSH" is an abbreviation wherein "A" stands for "Ayurveda", "Y" stands for "Naturopathy", "U" stands for "Unanai", "S" stands for "Siddha" and "H" stands of "Hemeopathy". The objectives that have been well laid and defined by the Govt. of India for creation of AYUSH Ministry state as under:

A) To provide Medicare facilities to the people of the State through Ayurvedic, Unani and Homeopathy System of Medicine.

B) To impart quality education at Graduation and Post-Graduation level through the Ayurvedic Medical Colleges, Unani and Homeopathy System of Medicine to produce qualified medical practitioners in these systems of medicines.

C) To manufacture quality Ayurvedic, Homeopathy and Unani medicines through the Govt. Pharmacies and make them available on free of cost to the patients coming for treatment to hospitals and dysenteries being run by the Dept. Under these 3 systems of medicines.

D) To regulate the manufacture and sale of Ayurvedic, Unani and Homeopathic drugs in accordance with law.

E) To monitor the quality of Ayurvedic, Unani and Homeopathic drugs being manufactured or sold in the State.

F) To maintain the State Medical Register of medical practitioners in Ayurveda, Unani and Homeopathy.

Further, each of the streams of health professional system scheduled are governed by relevant statutory regulatory authorities created and constituted by The Parliamentary Enactment from time to time. For that matter, for modern medicine the Regulatory Authority titled Medical Council of India was invoked under Indian Medical Council Act 1956 (as amended from time to time) which as of now is with National Medical Council under National Medical Council Act 2019 whereby Indian Medical Council Act 1956 stands repealed. Likewise for Dental Sciences, the Regulatory Authority is Dental Council of India created under Indian Dentists Act 1948. The Pharmaceutical Sciences are governed by the Regulatory Authority titled Pharmacy Council of India created under Pharmacy Council Act of India 1948 (as amended from time to time). In the same vein, Nursing Sciences are governed by Nursing Council of India created under the Indian Nursing Council Act 1947 (as amended from time to time) Indian System of Medical Sciences that included Ayurveda, Unani, Naturopathy and Siddha are governed by Central Council of Indian Medicine created under Central Council of Indian Medicine Act 1973 (as amended by time to time) for Paramedical Sciences, a Paramedical Council is in operation

under the Indian Paramedical Sciences Act 2014 (as amended from time to time), and for Homeopathy Sciences Central Council for Homeopathy created in terms of Central Council for Homeopathy Act 1983. As such, each of the scheduled registering qualification is governed by a specific regulatory authority assigned with

the responsibility of maintenance of the register of the said specialty of the registered practitioner entitled to practice the same modality exclusively as a part of conferred privileges by the registering authority within the tenets of the prescribed code of ethics embodying the do's and don'ts including the disciplinary authority vested in the said statutory council/authority as the case may be on the erring registered practitioner of the concerned modality with reference to ethical breech or negligence thereto.

Each of the Health professional modality scheduled and catalogued is in terms of a structured academic qualification like MBBS in case of medical sciences, BDS in case of Dental Sciences, B. Pharm in case of Pharmaceutical Sciences, BAMS in case of Ayurveda, DHMS in case of Homeopathy Sciences, B.Sc. Nursing in case of Nursing Sciences, B.P.T.H. in case of Physiotherapy Sciences, B. O Th. in case of Occupational Therapy Sciences respectively laid down by the concerned Regulatory Council / Authority as the case may be which has the authority of permitting an applicant institution for launching the same including augmentation of the annual intake thereto and recognizing the concerned institution for the conferment of the required academic qualification thereto by the examining university subject to fulfillment of condition prescribed thereto. The concerned regulatory authority is also vested with the jurisdiction of the renewal of the said recognition of approval periodically from time to time and is also armoured with the authority of withdrawal of the said recognition wherever mandated in terms of the prescribed procedure.

The depiction of the differentiation and also commensurate regulatory authorities created by the Parliamentary Enactment with the right and jurisdiction of maintenance of national register of the registered practitioners of the concerned pathy including prescription ofthe requisite standards governing the academics and assessment of the academic registering qualification clearly brings out that each stream of health professionals is a separate and distinct identity and theregulatory authority is cast upon with the duty to ensure that the said identity is maintained including in the arena of the practicing by the said registered medical practitioner registered for the concerned pathy of practice under the relevant regulatory statutory council.

The Modern Medical System is purely scientific and is totally evidence based. The evidence generation thereto is in terms of the standard procedure carved out for the same which is globally practiced without any compromise or marginalization of any type. This provides for evolution of modern medicine as and when new evidences emerge. Alternative systems are more based on concepts. Modern Medicine adopts transparency in its evolution. This entails admission and correction of errors as well as incremental course corrections in the best interest of the patient care and safety. Double Blind Control studies and replicability in unbiased settings elsewhere are the sine quo non of modern medicine. Whatever is empirical remains in the region of off label prescription. Modern Medicine lends itself to a code of ethics and etiquette as well as subjects itself to civil and criminal liability.

As such, mixing of the systems which are based on different basic principles turns out to be not only unscientific but it shall have a huge negative impact on entire healthcare delivery system causing peril to the health status of the population at large. Alternative systems belong to history of medicine and have a right to their legacy and purity. Mixing all systems of medicine will lead on to extinction of their identity and existence like what happened to Chinese Traditional Medicine. All systems have equal right to jurisdiction and development in their respective competencies. The sense of pride and belonging is no reason to compromise on patient care and safety.

As a matter of fact the policy declaration by the Government of India while establishing AYUSH Ministry is loud and clear to the extent that the purity, identity, glory and development of Indian System of Medicine is paramount. However, by virtue of the present venture undertaken by the National Medical Commission, it ends up in polluting the identity of both Indian System of Medicine including Ayurveda as well as Modern Medicine by creating a most undesired, unwarranted, unholy, unscientific and unrealistic admixture of the two. This is going to result in eating into the vitals of both the systems as a double aged weapon at the cost of annihilation of the identity of both the systems of medicine.

It is also true that Hon'ble Prime Minister has been the strongest advocate of the purity and identity of Indian System of Medicine and it is his laudable initiative whereby he has placed the same on the Global Map and observance of International Yoga Day by the entire world speaks volumes about his commitment to the cause and image of India that stands carved out by the same. The unacceptable initiative of National Medical Commission in a way tramples upon the entire initiative of the Hon'ble Prime Minister in the most undesired manner more so in a highhanded mode at the cost of peril of the image of India so assiduously built by the herculean effort of the Hon'ble Prime Minister in a very cogent, credible, committed and unparalleled manner.

What is really desired is to work out Indian System of Medicine including Ayurveda in an evidenced based manner through diligent research in the said domain without disturbing, distorting and deviating from the cardinal principles enshrined in the age-old system of medicine that has a history and legacy of more than 5000 years. The various parts of the world have fallen and are falling for its adoption in the purest form as depicted in the Indian Sanhitas brought out by leading exponents of the Yester years including the all-time great Charak, Shrushrut and several others. Why should that legacy be ruined by such a questionable venture as is undertaken by National Medical Commission turns out to be a million dollar question which merits an appropriate answer through wisdom and not insanity.

Realistically speaking National Medical Commission should act as the Guardian body and a bonafide custodian of modern medical science ensuring upholding of its purity, sanctity and identity. Instead of pointing out the harmful effects of mixing of systems ending up in an avoidable catastrophe totally inconsistent with the cardinal concept of scientific temperament evidence based in nature and

character, venture is initiated to crate and cause a doom to the very identity of modern medicine as a practicing pathy of health profession which is globally relevant. Today Indian modern medicine doctors are adequately skilled to perform any latest

sophisticated surgery or procedure that India is a much sought-after destination for medical care

for South Asia, Gulf, Africa and even the West. Losing such leadership in soft power of the nation to mediocrity is a regressive step. NRI doctors are ambassadors of Indian diaspora exerting influence on the relationship with nations. It is a difficult constituency to develop yet easy to lose. Ultimately mixing of the systems will only end up compromising the quality of care and the standards of safety endangering life on a massive scale. Unfortunately, it will be the poor and marginalized who will be shortchanged. To that extent mixopathy remains anti poor and anti people.

Furthermore, the National Medical Commission is headed by your goodself as its "Chairman" who is a known and pioneering figure in the stream of modern medicine in the domain of ENT as a speciality and steered the department as head at premier institute of the country AIIMS, New Delhi. The stature and the identity that is accruable to your goodself apart from your hard-earned effort is also equally attributable to modern medicine as a pathy which has been your citadel. As such, it is definitely binding on your part as Chairman of the National Medical Commission to uphold the sanctity of the said modern medicine rather than being party to initiatives that invariably would erode its purity and trample upon its sanctity. The posterity therefore would definitely will not be in a position to forgive your goodself for being a party to the initiative that is going to end up not only in its wreckage but also its ruinage.

Indian Medical Association as a premier association of practitioners of modern medicine is committed to uphold the purity, sanctity and identity of modern medicine as a practicing scheduled modality of medicine and therefore has strongly condemned any compromise on the said count more so in the name of creating and admixture of different pathies of health practice and invoking a disastrous modality of mixopathy.

It is for these reasons we deem it necessary to call upon the National Medical Commission to make all concerned decipher the consequences and the implications of mixing of various health practicing pathies at the cost of peril rather than be a front runner in propagating the same through a tragic, unfortunate and unwarranted initiative as is evident in the instant case. The decimation of Chinese Traditional Medicine due to the Integrative medicine (mixing modern medicine with CTM) is a case in point. Today India remains the frontier of modern medicine with the right blend of evidence based and clinical medicine. China is not our role model.

It is our considered opinion and belief that each system should develop on its own based on research and credible evidences generated thereof, so that quality-based treatment is stands extended to all concerned through a robust and effective healthcare delivery system. Hence any compromise on the said count is not only damaging but is also inhuman in nature and character as well.

Hence, we sincerely appeal to National Medical Commission through your goodself to desist from such a misadventure that would ruin the entire modern medicine and would inflict a death blow to the effective healthcare delivery system at the cost of sacrificing desired levels of healthcare by adopting the path of sanity in larger public interest.

Hence this earnest communication in public interest.

Dr. Sahajanand Prasad Singh
National President, IMA

Dr. Jayesh Lele
Honorary Secretary General, IMA

To,

All State/Local Branch Presidents and Hony. Secretaries, IMA

Dear Colleagues,

Greetings from Indian Medical Association Hqs!

All IMA State/Local Branches are requested to get themselves registered in their respective concerned Local authorities as per statutory requirements. It is brought to our notice that some of the Branches have not yet followed this process till date.

All State/Local Branches of IMA are therefore requested to register themselves in their local authorities as these requirements are mandatory and statutory.

Accordingly, you are requested to submitthe following documents to IMA HQs at the earliest: -

1. Constitution of the State/Local Branch
2. PAN No.
3. Society Registration Certificate / Charity Commissioner Registration Certificate.
4. GST, if applicable

Registration Certificate, PANCard and GST Certificate of IMA HQs shall not be used by IMA State/Local Branches.

Dr. Jayesh Lele
Honorary Secretary General, IMA

DELIVERING TB PREVENTIVE TREATMENT (TPT) TO THE RIGHT PEOPLE AT THE RIGHT TIME

As you might be aware, India has set an aggressive target of eliminating tuberculosis by 2025. Over the past two years, due to the COVID-19 pandemic, this programme has faced its challenges. However, it's now imperative that we utilise the awareness and infrastructure the pandemic has created around airborne diseases. Tuberculosis has been a silent epidemic, of which India has one-fourth of the world's caseload.

Apart from active case finding and treatment, the National Tuberculosis Elimination Programme has also mandated Tuberculosis Preventive Treatment (TPT) for household contacts of pulmonary TB patients. TPT is an extremely effective method of reducing TB by preventing Latent Tuberculosis Infection (LTBI) from turning into full-blown TB disease. Therefore, apart from treating the index patients when they present symptoms of TB, we must also screen their family members, and once they test negative for active TB disease, we must prescribe TPT and counsel them to complete the preventive treatment. The medication can be prescribed to young children as well as senior citizens, as it significantly reduces the chances of the occurrence of TB in the family members of the index patient.

As we doctors always say "prevention is better than cure." So, let's educate and counsel household contacts of TB index patients about TPT, and ensure they complete the treatment course.

Let's pave the way for timely diagnosis and lead patients towards a TB-free tomorrow.

Dr.Pranati
Program Lead
William J Clinton Foundation

भारतीय भेषजसंहिता आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
सैक्टर - 23, राज नगर
गाजियाबाद - 201 002 (उ.प्र.), भारत

INDIAN PHARMACOPOEIA COMMISSION
Ministry of Health & Family Welfare, Government of India
Sector-23, Raj Nagar
Ghaziabad - 201 002 (U.P.) INDIA

Date: 11th October, 2022

List of Monthly Drug Safety Alerts issued by PvPI in last 06 months

The preliminary analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed that the following suspected drugs are associated with the ADRs as given below

S. No	Issue Date	Suspected drugs	Indication	Adverse Reactions
01	28th April, 2022	Cefuroxime	• Antibiotic- Indicated for lower & upper respiratory tract infection, UTI, gynaecological infection, skin or soft tissue infection etc. • Antibiotic- Indicated in the treatment of respiratory tract infections, UTI, ENT soft tissue infections etc.	Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)
02	30th May, 2022	Itraconazole	• Systemic aspergillosis and candidiasis, cryptococcosis, sporotrichosis, Paracoccidioidomycosis, blastomycosis and other rarely occurring systemic or tropical mycoses. • Empiric therapy of febrile neutropenic patients with suspected fungal infections.	Symmetrical Drug Related-Intertriginous and Flexural Exanthema (SDRIFE)
03	17th June, 2022	Trimetazidine	• Ischaemic heart disease, angina pectoris, sequalae of infarction. • Cardiac drug indicated in the treatment of angina pectoris and intermittent claudication.	Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)
04	15th July, 2022	Tacrolimus	• For prophylaxis of transplant rejection in adult kidney or liver allograft rejection.	Gingival Hypertrophy

			• Prophylaxis of transplant rejection in kidney, liver or heart allograft recipient. • For prophylaxis of transplant rejection in liver, pancreas, lung, heart and kidney allograft recipients and treatment of allograft rejection resistant to treatment with other immuno- suppressive medicinal products. • By nephrologists only- for the prophylaxis of organ rejection in patients receiving allogenic kidney transplant. • For dermatologists-for treatment of patients with moderate to severe atopic dermatitis in whom the use of alternative conventional therapy is advisable.	
05	23rd August, 2022	Cefoperazone	Urinary infections, biliary infections, respiratory infections, infections of skin tissues, meningitis, septicaemia, Pseudomonas, Salmonella typhi & B. fragilis infections.	Coagulopathy
06	26th September, 2022	Piroxicam	• In the treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, cervical spondylitis and other musculoskeletal disorder. • Anti-inflammatory agent- Indicated in the treatment of rheumatoid arthritis, ankylosing spondylitis and other musculoskeletal disorders. • 3. Indicated in the treatment of musculoskeletal disorders, acute gout, pain after operative intervention following acute trauma and in primary dysmenorrhoea (12 years age or older)	Fixed Drug Eruption

WMA NEWS ON TWO IMPORTANT ISSUES RELEVANT TO IMA ALONG WITH POLICY DOCUMENTS

Dear Doctor,

We are sending short briefs of WMA news on two important issues relevant to IMA alongwith policy documents and few photos.

Dr. Ravi Wankhedkar, Treasurer, WMA and Past National President, IMA played a key role in preparing these documents.

They were appreciated at WMA by all during the meeting at the recently held council in Berlin, Germany.

Dr. Sahajanand Prasad Singh
National President, IMA

Dr. Jayesh Lele
Honorary Secretary General, IMA

WMA NEWS

New International Code of Medical Ethics (Geneva Declaration)

WMA Policy on "Workplace Violence in Health Sector"

Under the able guidance of our Patron Dr. Ketan Desai, Past President of WMA and with kind cooperation of NP, HSG, HFS IMA has made its mark felt on Various International fora.

This year WMA modified the very important Geneva Declaration, i.e. International Code of Medical Ethics.

The Declaration of Geneva (Modern Version of Hippocratic Oath) was first adopted by the General Assembly of the World Medical Association at Geneva in 1948, amended in 1968, 1983, 1994, editorially revised in 2005 and 2006 and last amended in 2017.

The latest revision exercise was going on for last 3 years. Multiple meetings were held in all continents, with all stake holders including Patient's groups, Ethicists, Legal luminaries etc worldwide.

Dr. Ravi Wankhedkar, Treasurer WMA, actively participated in many such deliberations and was an active member of this exercise.

Finally it has been adopted by the General Assembly in Berlin in October 2022.

IMA through Dr. Ravi Wankhedkar was given the responsibility of framing a policy document on "Workplace Violence in Health Care Sector".

It was done under guidance of Dr. Ketan Desai, Past President, WMA with inputs from various IMA leaders and was well appreciated and unanimously approved and adopted by the General assembly of WMA held in Berlin in October 2022.

Both documents are available on WMA website.

WMA INTERNATIONAL CODE OF MEDICAL ETHICS

Preamble

1. The World Medical Association (WMA) has developed the International Code of Medical Ethics as a canon of ethical principles for the members of the medical profession worldwide. In concordance with the WMA Declaration of Geneva: The Physician's Pledge and the WMA's entire body of policies, it defines and elucidates the professional duties of physicians towards their patients, other physicians and health professionals, themselves, and society as a whole.

   The physician must be aware of applicable national ethical, legal, and regulatory norms and standards, as well as relevant international norms and standards.

   Such norms and standards must not reduce the physician's commitment to the ethical principles set forth in this Code.

   The International Code of Medical Ethics should be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs. Consistent with the mandate of the WMA, the Code is addressed to physicians. The WMA encourages others who are involved in healthcare to adopt these ethical principles.

General principles

2. The primary duty of the physician is to promote the health and well-being of individual patients by providing competent, timely, and compassionate care in accordance with good medical practice and professionalism.
   The physician also has a responsibility to contribute to the health and well-being of the populations the physician serves and society as a whole, including future generations.
   The physician must provide care with the utmost respect for human life and dignity, and for the autonomy and rights of the patient.

3. The physician must practise medicine fairly and justly and provide care based on the patient's health needs without bias or engaging in discriminatory conduct on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, culture, sexual orientation, social standing, or any other factor.

4. The physician must strive to use health care resources in a way that optimally benefits the patient, in keeping with fair, just, and prudent stewardship of the shared resources with which the physician is entrusted.

5. The physician must practise with conscience, honesty, integrity, and accountability, while always exercising independent professional judgement and maintaining the highest standards of professional conduct.

6. Physicians must not allow their individual professional judgement to be influenced by the possibility of benefit to themselves or their institution. The physician must recognise and avoid real or potential conflicts of interest. Where such conflicts are unavoidable, they must be declared in advance and properly managed.

7. Physicians must take responsibility for their individual medical decisions and must not alter their sound professional medical judgements on the basis of instructions contrary to medical considerations.

8. When medically appropriate, the physician must collaborate with other physicians and health professionals who are involved in the care of the patient or who are qualified to assess or recommend care options. This communication must respect patient confidentiality and be confined to necessary information.

9. When providing professional certification, the physician must only certify what the physician has personally verified.

10. The physician should provide help in medical emergencies, while considering the physician's own safety and competence, and the availability of other viable options for care.

11. The physician must never participate in or facilitate acts of torture, or other cruel, inhuman, or degrading practices and punishments.

12. The physician must engage in continuous learning throughout professional life in order to maintain and develop professional knowledge and skills.

13. The physician should strive to practise medicine in ways that are environmentally sustainable with a view to minimising environmental health risks to current and future generations.

Duties to the patient

14. In providing medical care, the physician must respect the dignity, autonomy, and rights of the patient.
The physician must respect the patient's right to freely accept or refuse care in keeping with the patient's values and preferences.

15. The physician must commit to the primacy of patient health and well-being and must offer care in the patient's best interests. In doing so, the physician must strive to prevent or minimise harm for the patient and seek a positive balance between the intended benefit to the patient and any potential harm.

16. The physician must respect the patient's right to be informed in every phase of the care process. The physician must obtain the patient's voluntary informed consent prior to any medical care provided, ensuring that the patient receives and understands the information needed to make an independent, informed decision about the proposed care. The physician must respect the patient's decision to withhold or withdraw consent at any time and for any reason.

17. When a patient has substantially limited, underdeveloped, impaired, or fluctuating decision-making capacity, the physician must involve the patient as much as possible in medical decisions. In addition, the physician must work with the patient's trusted representative, if available, to make decisions in keeping with the patient's preferences,

when those are known or can reasonably be inferred. When the patient's preferences cannot be determined, the physician must make decisions in the patient's best interests. All decisions must be made in keeping with the principles set forth in this Code.

18. In emergencies, where the patient is not able to participate in decision making and no representative is readily available, the physician may initiate an intervention without prior informed consent in the best interests of the patient and with respect for the patient's preferences, where known.

19. If the patient regains decision-making capacity, the physician must obtain informed consent for further intervention.

20. The physician should be considerate of and communicate with others, where available, who are close to the patient, in keeping with the patient's preferences and best interests and with due regard for patient confidentiality.

21. If any aspect of caring for the patient is beyond the capacity of a physician, the physician must consult with or refer the patient to another appropriately qualified physician or health professional who has the necessary capacity.

22. The physician must ensure accurate and timely medical documentation.

23. The physician must respect the patient's privacy and confidentiality, even after the patient has died. A physician may disclose confidential information if the patient provides voluntary informed consent or, in exceptional cases, when disclosure is necessary to safeguard a significant and overriding ethical obligation to which all other possible solutions have been exhausted, even when the patient does not or cannot consent to it. This disclosure must be limited to the minimal necessary information, recipients, and duration.

24. If a physician is acting on behalf of or reporting to any third parties with respect to the care of a patient, the physician must inform the patient accordingly at the outset and, where appropriate, during the course of any interactions. The physician must disclose to the patient the nature and extent of those commitments and must obtain consent for the interaction.

25. The physician must refrain from intrusive or otherwise inappropriate advertising and marketing and ensure that all information used by the physician in advertising and marketing is factual and not misleading.

26. The physician must not allow commercial, financial, or other conflicting interests to affect the physician's professional judgement.

27. When providing medical care remotely, the physician must ensure that this form of communication is medically justifiable and that the necessary medical care is provided. The physician must also inform the patient about the benefits and limitations of receiving medical care remotely, obtain the patient's consent, and ensure that patient confidentiality is upheld. Wherever medically appropriate, the physician must aim to provide care to the patient through direct, personal contact.

28. The physician must maintain appropriate professional boundaries. The physician must never engage in abusive, exploitative, or other inappropriate relationships or behaviour with a patient and must not engage in a sexual relationship with a current patient.

29. In order to provide care of the highest standards, physicians must attend to their own health, well-being, and abilities. This includes seeking appropriate care to ensure that they are able to practise safely.

30. This Code represents the physician's ethical duties. However, on some issues there are profound moral dilemmas concerning which physicians and patients may hold deeply considered but conflicting conscientious beliefs.

    The physician has an ethical obligation to minimise disruption to patient care. Physician conscientious objection to provision of any lawful medical interventions may only be exercised if the individual patient is not harmed or discriminated against and if the patient's health is not endangered.

    The physician must immediately and respectfully inform the patient of this objection and of the patient's right to consult another qualified physician and provide sufficient information to enable the patient to initiate such a consultation in a timely manner.

Duties to other physicians, health professionals, students, and other personnel

31. The physician must engage with other physicians, health professionals and other personnel in a respectful and collaborative manner without bias, harassment, or discriminatory conduct. The physician must also ensure that ethical principles are upheld when working in teams.

32. The physician should respect colleagues' patient-physician relationships and not intervene unless requested by either party or needed to protect the patient from harm. This should not prevent the physician from recommending alternative courses of action considered to be in the patient's best interests.

33. The physician should report to the appropriate authorities conditions or circumstances which impede the physician or other health professionals from providing care of the highest standards or from upholding the principles of this Code. This includes any form of abuse or violence against physicians and other health personnel, inappropriate working conditions, or other circumstances that produce excessive and sustained levels of stress.

34. The physician must accord due respect to teachers and students.

Duties to society

35. The physician must support fair and equitable provision of health care. This includes addressing inequities in health and care, the determinants of those inequities, as well as violations of the rights of both patients and health professionals.

36. Physicians play an important role in matters relating to health, health education, and health literacy. In fulfilling this responsibility, physicians must be prudent in discussing new discoveries, technologies, or treatments in non-professional, public settings, including

social media, and should ensure that their own statements are scientifically accurate and understandable.

Physicians must indicate if their own opinions are contrary to evidence-based scientific information.

37. The physician must support sound medical scientific research in keeping with the WMA Declaration of Helsinki and the WMA Declaration of Taipei.

38. The physician should avoid acting in such a way as to weaken public trust in the medical profession. To maintain that trust, individual physicians must hold themselves and fellow physicians to the highest standards of professional conduct and be prepared to report behaviour that conflicts with the principles of this Code to the appropriate authorities.

39. The physician should share medical knowledge and expertise for the benefit of patients and the advancement of health care, as well as public and global health.

Duties as a member of the medical profession

40. The physician should follow, protect, and promote the ethical principles of this Code. The physician should help prevent national or international ethical, legal, organisational, or regulatory requirements that undermine any of the duties set forth in this Code.

41. The physician should support fellow physicians in upholding the responsibilities set out in this Code and take measures to protect them from undue influence, abuse, exploitation, violence, or oppression.

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07.10.2022

WORLD MEDICAL ASSOCIATION

Document no: **Title:**	**SMAC221/Violence in the Health Sector REV/Oct2022** **Proposed revision of WMA Statement on Violence in the Health Sector by Patients and Those Close to Them**	Original: English
Destination:	WMA General Assembly, Berlin 2022 The Ritz-Carlton Hotel Berlin, Germany 5-8 October 2022	Action(s) required: **For consideration**
Note:	The 220th Council session (April 2022) decided that the WMA Statement on Violence in the Health Sector by Patients and Those Close to Them should undergo a major revision as part of the annual policy review process.Dr Ravindra Wankhedkar of the Indian Medical Association volunteered to undertake this task.	

WMA Statement on Workplace Violence in the Health Sector

PREAMBLE

1. Violence in the health sector has increased substantially in the new millennium, especially in time of COVID-19 pandemic. All persons have the right to work in a safe environment without the threat of violence. Workplace violence includes both physical and non-physical, such as ~~(~~psychological~~)~~ violence, intimidation and cyber harassment, among others.

2. Cyber and social media harassment particularly includes online threats and intimidation towards physicians who take part in a public debate in order to give adequate information and fight disinformation. These physicians are increasingly confronted with, amongst others, malicious messages on social media, death threats and intimidating home visits.

3. For the purposes of this document, the broad WHO definition of workplace violence will be used: "The intentional use of power, threatened or actual, against another person or against a group, in work-related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation".

4. In addition to the numerous consequences on victims' health, violence against health personnel has potentially destructive social effects. It affects the entire healthcare system and undermines the quality of the working environment, ultimately impacting the quality of patient care. Furthermore, violence can affect the availability of health care, particularly in impoverished areas.

5. While workplace violence is indisputably a global issue, various cultural differences among countries must be taken into consideration in order to accurately understand the concept of violence on a universal level. Significant differences exist in terms of what defines various levels

of violence and what specific forms of workplace violence are most likely to occur. This may create tolerance for some levels of violence in those places. However, threats and other forms of psychological violence are widely recognized to be more prevalent than physical violence.

6. Causes of violence in the healthcare setting are extremely complex. Several studies have identified common triggers for acts of violence by patients and relatives to be delays in receiving treatment, dissatisfaction with the treatment provided, aggressive patient behavior caused by the patient's medical condition, the medication they take or the use of alcohol and other drugs. Additionally, individuals may threaten or perpetrate violence against health personnel because they oppose a specific area of medical practice, based on their social, political or religious beliefs. Cases of violence from the bystanders are reported as well. Co-worker violence, such as bullying, including initiation ceremonies and practical jokes, or harassment, constitutes another important pattern of workplace violence in the health sector.

7. Collaboration among various stakeholders (including governments, medical associations, hospitals, general health services, management, insurance companies, trainers, preceptors, researchers, media, police and legal authorities) together with a multi-faceted approach encompassing the areas of legislation, security, data collection, training/education, environmental factors, public awareness and financial incentives is required in order to successfully address this issue. As the representatives of physicians, medical associations should take a proactive role in combating violence in the health sector and also encourage other key stakeholders to act, thus further protecting the quality of the working environment for health personnel and the quality of patient care.

RECOMMENDATIONS

8. The WMA condemns in the strongest terms any forms of violence against healthcare personnel and facilities, which may include coworker violence, aggressive behavior exhibited by patients or family members, as well as acts of malicious intent from individuals in the general public, and calls on its constituent members, the health authorities and other relevant stakeholders to act through a collaborative, coordinated and effective strategy approach:

Policy-making

9. The state has obligations to ensure the safety and security of patients, physicians, and other health personnel. This includes providing an appropriate physical environment.

10. Governments should provide the necessary framework so that the prevention and elimination of workplace violence in the health sector be an essential part of national/regional/local policies on occupational health and safety, human rights protection, healthcare-facility management standards and gender equality.

Financial

11. Governments should allocate appropriate and sustainable funds in order to effectively tackle violence in the health sector.

Protocols for situation of violence in healthcare facilities

12. Healthcare facilities should adopt a zero-tolerance policy towards workplace violence eliminating its "normalization" through the development and implementation of adequate protocols including the following:

- A predetermined plan for maintaining security in the workplace; including recognition of non-physical abuse as a risk factor for physical abuse.
- A designated plan of action for health personnel when violence takes place.
- A strengthened internal communication strategy, involving the staff in decisions concerning their security.
- A system for reporting and recording acts of violence, which may include reporting to legal and/or police authorities.
- A means to ensure that employees who report violence do not face reprisals.

13. In order for these protocols to be effective, the management and administration of healthcare facilities should communicate and take the necessary steps to ensure that all staff are aware of the protocols. Managers should be urged to verbalize a no-tolerance policy towards violence in healthcare settings.

14. Patients with acute, chronic or illness-induced mental health disturbances or other underlying medical conditions may act violently toward health personnel; those taking care of these patients must be adequately protected. Except in emergency cases, physicians might have the right to refuse to treat and, in such situations, they must ensure that adequate alternative arrangements are made by the relevant authorities in order to safeguard the patient's health and treatment.

Training/Education

15. A well-trained and vigilant staff supported by management can be a key deterrent of violent acts. Constituent members should work with undergraduate and postgraduate education providers to ensure that health personnel are trained in the following areas: communication skills, empathy as well as recognising and handling potentially violent persons and high-risk situations in order to prevent incidents of violence.

16. Continuous education should include ethical principles of healthcare and the cultivation of the patient-physician relationships based on respect and mutual trust. This not only improves the quality of patient care but also fosters feelings of security resulting in a reduced risk of violence.

Communication and Social Awareness

17. Medical associations, health authorities and other stakeholders should work together to increase awareness of violence in the health sector, creating networks of information and expertise in this area. When appropriate, health personnel and the public should be informed of acts of violence.

18. Broadcasting agencies, newspapers, and other news outlets are encouraged to thoroughly verify their sources in order to keep the information shared to the highest standard of professional reporting. Social media companies and associated stakeholders should also take active steps to create a cyber-violence-free environment for its users. This includes strengthening policies to protect user data, making reporting and flagging such violence easy and accessible, and engaging law enforcement for proper legal action when warranted.

Security

19. Appropriate security measures should be in place in all healthcare facilities and acts of violence should be given a high priority by law-enforcement authorities. A routine violence risk audit, including a risk assessment, should be implemented in order to identify which jobs and locations are at highest risk for violence, especially in places where violence has already occurred, and to determine weaknesses in facilities' security. Examples of high-risk areas include general practice premises, mental health treatment facilities and high traffic areas of hospitals including the emergency department.

20. The risk of violence may be ameliorated by a variety of means which include placing security personnel in high-risk areas and at the entrance of buildings, the installation of security cameras and alarm devices for use by health personnel, the use distinguishable items to identify the staff and by maintaining sufficient lighting in work areas, contributing to an environment conducive to vigilance and safety. The implementation of a system to screen patients and visitors for weapons upon entering certain areas, especially the high-risk ones, should be considered.

Support to victims

21. Adequate medical, psychological and legal support should be provided to victims of violence. Such support should be free of access for all the health personnel.

Investigation

22. In all cases of violence there should be investigation to better understand the causes and to aid in prevention of future violence. The investigation may lead to prosecution of perpetrators under civil or criminal codes. The procedure should be led by relevant officials in law enforcement and should not expose the victim to further physical or psychological harm.

Data Collection

23. Appropriate reporting systems should be established to enable health personnel to report anonymously and without reprisal, any threats or incidents of violence. Such a system should assess in terms of number, type and severity, incidents of violence within an institution and resulting injuries. The system should be used to analyse the effectiveness of preventative strategies. Aggregated data and analyses should be made available to health professional organizations and other relevant stakeholders.

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WMA related policies:

- WMA Statement on Violence and Health
- WMA Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence

07.10.2022

VISIT OF NATIONAL PRESIDENT, IMA TO ATTEND GIMACON-2022 IN GOA ON 24TH & 25TH SEPTEMBER, 2022

VISIT OF NATIONAL PRESIDENT, IMA TO ATTEND WOMEN DOCTORS WING WEST ZONE EVECON 2022 IN SURAT ON 8TH & 9TH OCTOBER 2022

Branch Activities

Branch Activities

Branch Activities

STATE	BRANCH	TYPE OF EVENT	EVENT	DATE
Gujarat	Anand	Workshop	IMA Anand organized a workshop in V. & C. Patel English Medium School, V. V. Nagar on Parenting, diet and nutrition.	15-Sep-22
Gujarat	Anand	camp	Pan Indian Anemia Detection and Control Camp was organised by IMA WDW Anand. 200 children were checked for Anemia given iron, Vit D, albendazole tablets and nutritious snacks and were also given power point presentation on Adolescence problems and nutrition.	16-Sep-22
Karnataka	Sirsi	Training Programme	Dr Dinesh Hegde conducted a training program for Doctors and Nurses in Mundgod Govt hospital under Global grant project of Rotary Club Mundgod Heritage	18-Sep-22
Karnataka	Sirsi	CME	A CME was conducted on the topic of "Spectrum of Neurosurgery" by Dr Madhukar T Nayak Professor and HOD Neurosurgery Father Muller Medical College Hospital Mangalore	20-Sep-22
Kerala	Kozhikode	Training Programme	ELS Basic Training for Hearing impaired Persons with assistance of ISL interpreters @ Composite Regional Centre in connection with the observance of 65th International week of deaf people.	21-Sep-22
Karnataka	Sirsi	Camp	A mega health check up camp was organised in Siddapur in association with IMA Siddapur and various other NGOs. Doctors from different specialties rendered their services to the needy patients. Around 500 patients benefited.	21-Sep-22
Kerala	Kozhikode	CME	A CME was conducted on the topic of Management of Atrial Fibrillation – Cryoablation by Dr. Arun Gopi, Consultant Interventional Cardiologist, MICC	21-Sep-22
Kerala	Nemom	Camp	A multispecialty medical camp with eye checking was organised in the DVNMHSS , Maranalloor under the leadership of Dr.Chandini Devi and Dr. Vighnesh. Team from "Sreenethra" eye hospital rendered support in conducting eye check.	21-Sep-22
Kerala	Kazhakkoottam	Talk	A health talk taken on geriatric care on Vayojana dinam in association with Vayomithra project in Pozhiyoor by Dr. Chitra.	21-Sep-22
Bihar	Smastipur	CME	A CME was organised on the topic of "Ovulation Inductio in Infertility" by Dr. Ruchi Yasmin	21-Sep-22

Kerala	Muvattupuzha	Training Programme	IMA Muvattupuzha in association with ISA Malanadu conducted BCLS Training for staff of CHC Pandappilly.25 healthcare workers were given hands on training by Dr. Vinod S Nair and Dr. Anoop Eapen.	22-Sep-22
Kerala	Thiruvananthapuram	Class	IMA WDW Nemom Branch in association with MMS Govt. Arts & Science College, Malayinkeezhu, NSS, KSWC Women Cell, Jeevani & Kerala State Women's Development Corporation and conducted an awareness programme on Adolescent Health at MMS Govt. Arts & Science College, Malayinkeezhu	23-Sep-22
Punjab	Jalandhar	CME	A CME was organised by IMA Jalandhar Branch at Hotel Bloom	23-Sep-22
Maharashtra	Mumbai	CME	A CME was conducted on the occasion of "World Heart Day" on the various topics 1. "Young Hypertension- Approach and Interventions" by Dr. Parin Sangoi, 2. "Evaluation Of Chest Pain And Management Of ACS" by Dr. Nikesh Jain, 3. "Present Role of Cardiac Surgery Versus Angioplasty and Medical Management" by Dr. Shantesh Kaushik	25-Sep-22
Kerala	Kazhakkoottam	Conference	IMA Kozhikodu Branch organised an Annual State CGP Conference.	25-Sep-22
Kerala	Thiruvananthapuram	Training Programme	IMA Nemom Branch, under the auspices of its WDW and ELS training wing in Association with NSS unit of Govt. Higher Secondary School, Manacaud organised a COLs and First aid Training for the High School students.	26-Sep-22
Kerala	Nedumbassery	CME	A CME was conducted on the topic of "Shared working space-the future" by Dr.Anwar Hassain, MD of Futureace hospital, Kochi.	26-Sep-22
Karnataka	Sirsi	CME	A CME was conducted on the topic of "Updates on Diabetic Care" by Dr Dwijaraj Hegde.	27-Sep-22
Kerala	Thiruvananthapuram	Training Programme	An ELS training for medical students was conducted in Neyyar Medicity in connection with the World Heart Day. Dr.V.Mohanan Nair spoke in the valedictory function and Dr.Harihara Subramanya Sharma delivered the World Heart Day Message.	29-Sep-22
Kerala	Thiruvananthapuram	camp	IMA WDW & MPH Thiruvananthapuram Branch conducted an anemia detection camp at Karamana. Dr. Anupama.R, lead the programme. More than 250 students had participated the camp.	30-Sep-22
Karnataka	Sirsi	camp	A Blood donation camp was conducted by P. G. Hospital's IMA Lifeline Blood Bank Sirsi.	30-Sep-22
Bihar	Bhabhua Kaimur	camp	A Breast Cancer Awareness Camp was organised by IMA Bhabhua Branch	04-Oct-22

INDIAN MEDICAL ASSOCIATION

IMA House, I P Marg, New Delhi – 110 002
Ph. : +91-11-2337 0009, 2337 8680, 2337 8819, 2337 0250
Website : www.ima-india.org, Email : hsg@ima-india.org, Email : paramedicalcoursesima@gmail.com

PARAMEDICAL COURSES

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI

Duration : Two years for Diploma courses. Six months and one year for Certificate courses.

Eligibility Criteria : (i) 10+2 with 40% with science stream **(Physics, Chemistry, Biology, Mathematics, Agriculture, etc.)** for Diploma courses.
(ii) 10+2 from any other stream with minimum 50% of aggregate marks with an undertaking / Affidavit from the students.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P.) and Indian Medical Association HQs. , New Delhi.

For details, please contact or write to :

Dr. Sahajanand Pd. Singh
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

Tentative Programme of 228th Central Working Committee & 97th Central Council meeting along with installation ceremony of new Team of IMA Office Bearers

Tentative Program for CWC

Monday 26th December, 2022	
1:00 pm to 2.00 pm	Lunch
2.00 pm to 6:00 pm	Central Working Committee Meeting
6:00 pm to 8:00 pm	Award Ceremony
8:00 pm to 10:00 pm	Dinner

Tuesday 27th December, 2022	
7:00 am to 9:00 am	Breakfast
9:00 am to 2:00 pm	Central Working Committee Meeting
2:00 pm to 3:00 pm	Lunch

Tentative Program for CC

Tuesday 27th December, 2022	
3:00 pm to 6:00 pm	Meeting of Central Council
6:00 pm to 8:00 pm	Award Ceremony
8:00 pm onwards	Dinner

Wednesday 28th December, 2022	
8:00 am to 9:00 am	Breakfast
9:00 am to 2:00 pm	Meeting of Central Council
2:00 pm to 3:00 pm	Lunch
4:00 pm to 6:00 pm	Installation Ceremony of New Office Bearers
6:00 pm to 7:00 pm	Ordinary Meeting of Central Council
7:00 pm onwards	Dinner

NATCON - 2022

(**Organised by :** IMA UP State & IMA Prayagraj (Allahabad) Branch)

97th National Annual Conference of Indian Medical Association

83rd Annual Meeting of Central Council of IMA

228th Meeting of Central Working Committee of IMA

Dates : 26th, 27th & 28th December 2022

Venue : AMA Convention Centre, Stanley Road, Prayagraj (Allahabad)

CONFERENCE REGISTRATION FORM (27th & 28th Dec. 2022)

Name:-					
Membership No.:					
Branch :		State :	Present Post in IMA:		
Communication Address:					
City:			State:	Pin Code:	
Mob.:			Email:		
Please Tick Category	Office Bearer of IMA H.Q.	C.W.C./ C.C. Member	IMA Member	Medical / P.G. Member	Junior Resident
Accompanying Person (s) Name (1) (2)					
Self Registration Charge : Rs.					
Accompanying Person Charge (1) Rs.					
Accompanying Person Charge (2) Rs.					
Total Rs.					
Total Rs. (in Words) :					
Payment Details : D.D. No. :		Dated:	Bank & Branch :		
NEFT/UTR No.:		Dated :	Bank :		
All Payments to be made in the account of : "IMA NATCON 2022" payable at Prayagraj by Demand Draft/NEFT. A/c Name IMA NATCON2022 A/c No. 308111010000040. IFSC-UBIN0830810. (PAN : AACAI2961B) Bank Name-Union Bank of India. Branch Name-Bairahana, Prayagraj					
Note: For Online Transfer it is mandatory to send Transaction ID Number / Screen shot					

Registration Charges (TAX Included)

Delegate Registration Fees Category	Till 30st Oct. 2022	Till 30st Nov. 2022	After 30st Nov 2022 to Spot Registration.
IMA Members	5500/-	6500/-	8000/-
Non Members	7000/-	8000/-	10000/-
Medical Student/P.G./ Junior Resident/ (with ID Card)	3000/-	4200/-	5500/-
Accompanying Person (Only Participation in session and Meals) No Delegate Kit	4500/-	5500/-	7000/-
Corporate delegate registration fee	15000/-	18000/-	25000/-

Note:

- Please send Demand Draft / NEFT for Registration & Accommodation.
- Please send Registration Form & Accommodation Form together at Conference Secretariat.
- Registration Charges not refundable.

Registration Coordinators :
Dr. Ashok Agrawal : 9415347288
Dr. A.P. Singh : 9839081121
Dr. R.K. Gupta : 8766796770
Dr. Ashok Kumar : 9450619024

CORRESPONDENCE ADDRESS : Dr. Ashok Agarwal, Organising Secretary, IMA NATCON 2022, Allahabad Medical Association, 29 Stanley Road Prayagraj, Uttar Pradesh 211002

CORRESPONDENCE ADDRESS :
Allahabad Medical Association, 29 Stanley Road Prayagraj,
Uttar Pradesh 211002 | Mobile : +91 85429 26931
E-mail : imanatcon2022@gmail.com | Website : www.imanatcon2022.com

IMA UP STATE OFFICE ADDRESS:
IMA UP State, KE - 2, Kavi Nagar, Ghaziabad (UP) 201002
Mobile : +91 83689 46495, 88601 60061
E-mail : cwcbyimaup@gmail.com | Website : www.imaup.org

NATCON - 2022

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ACCOMMODATION FORM

Name:		
Membership No. :	**Branch**	**State :**
Selected Hotel Name :	**Room Type (Single/Double)**	
Check - In Date & Time :	**Chech-Out Date & Time:**	
Arrival Details :	**Departure Details :**	
Mode of Arrival:	**Mode of Departure :**	
No. of Day Stay in Hotel:	**Present Post in IMA:**	
Communication Address:		
City:	**State:**	**Pin Code :**
Mob.:	**Email:**	
Total Accommodation Charge : Rs		
Total Rs. (in Words) :		
Payment Details : D.D. No.:	**Dated:**	**Bank & Branch :**
NEFT/UTR No.:	**Dated :**	**Bank :**

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Hotel Names:	Hotels Charges (Single/Double Occupancy) (Half Rate will be Applicable for Single Person in Double Occupancy
Grand Continental	Rs. 8800/-
Legend	Rs. 8000/-
Milan Palace	Rs. 7300/-
Yatrik	Rs. 6500/-
Rama Continental	Rs. 6000/-
Ravisha Continental	Rs. 6000/-
Placid	Rs. 5500/-
Orchard One	Rs. 5200/-
Ajay International	Rs. 5200/-
Millennium Inn	Rs. 5200/-
Le-Leisure	Rs. 4900/-
Prayag Inn	Rs. 4800/-
Advantage Inn	Rs. 4800/-
Tourist Bungalow	Rs. 4500/-

Accommodation Coordinators :

Terms & Conditions:

- Above per day rates includes Breakfast & all present applicable taxes.
- Airport/Railway Station Transfers will be provided.
- The given rates are valid till conference period.
- The check-in time 12:00 Noon and check-out times is 12:00 Noon.
- Rooms will be allotted on a first come, first serve basis.
- Rooms will be confirmed against the full advance payment.
- Cancellation as per the Hotel's policy.
- Depending on availability of room as you desired hotel's category, confirmation will be given to you.
- Please send Separate Demand Draft / NEFT for Registration & Accommodation
- Please send Registration Form & Accommodation Form together at Conference Secretariat.
- Depending on availability of room as you desired hotel's category, confirmation will be given to you.

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Telephone : +91-11-2337 0009, 2337 8680
Fax : +91-11-23379470. 2337 0375 Telegram : INMEDICI, New Delhi - 110002
Mail : hsg@ima-india.org Website : www.ima.org
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