INDIAN MEDICAL ASSOCIATION

IMA NEWS

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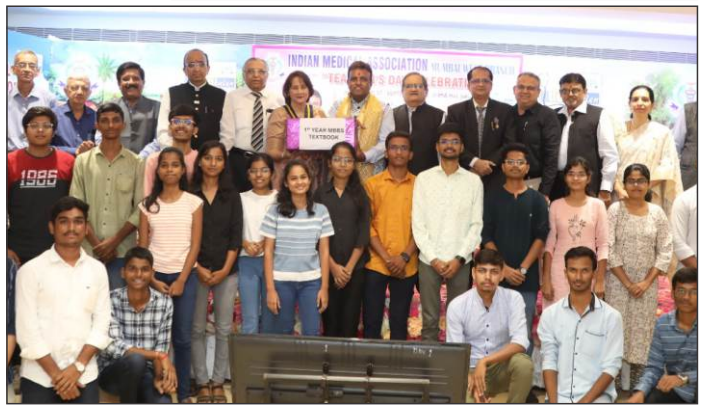
"ONE FOR ALL - ALL FOR ONE".... A COHESIVE, COLLECTIVE, ENHANCE, COMMUNICATIVE APPROACH TO BREAK ALL SECTORIAL WALLS AND BRING ALL CLINICIANS AT ONE PLATFORM TO HELP IN BUILDING A HEALTHY NATION

ACTIVITIES OF NATIONAL PRESIDENT & SECRETARY

47th National Conference on Mind-Body Medicine at Gyan Sarovar campus of Brahma Kumari's at Mount Abu

Birthday celebration of National President on 21st September, 2023



From the pen of National President, IMA

My Dear Seniors and Colleagues,

Greetings from Indian Medical Association (Hqs.)!

Our "Aao Gaon Chalen"project is doing well, till now we have adopted almost 1100 villages and I am again requesting to all of you to atleaset adopt one village in your jurisdiction.

We are thankful to Hon'ble Health Minister, Shri Mansukh Mandaviya ji for his prompt and active intervention on the request of IMA to put NMC's new guidelines on Generic Medicine and Sponsored CMEs abeyance and also for accepting IMA advice for reducing NEET PG cut off to 30 percentiles.

On 25th August, 2023, we had an Office Bearers meeting at IMA (Hqs.) to discuss various issues. On the same day, we signed a MoU with NBCC for exploring the various options and getting various NOCs for reconstruction of IMA Building to celebrate centenary function in 2028.

It was a memorable moment on being felicitated by the Hon'ble 14th President of India, Shri Ramnath Kovind ji on 26-8-2023 at Kanpur.

On the same day, I alongwith Dr.R. V. Asokan, National President (Elect), IMA participated in Criticon at Hotel Radission Blu, Ghaziabad organised by IMA and Critical Care Society Ghaziabad Branch which was inaugurated by Chief Guest, MoS, Health & Family Welfare, Government of India, Shri S. P. Singh Baghel.

IMA is committed to safeguard the dignity of profession and will continue to work for providing affordable and accessible health care for the citizens of the country. IMA is committed to work for the visionary concept of "New India" of the Hon'ble Prime Minister".

I alongwith Dr Anilkumar J. Nayak, HSG, Dr Shitij Bali, HFS and Dr. Anand Prakash, HJS inaugurated the South Zone IMA CGP Conference on 26th -27thAugust, 2023 hosted by IMA Karnataka and IMA Gadag (Karnataka).

I alongwith Dr Anilkumar J. Nayak, HSG attended the 37th General Assembly and 58th Council Meeting 2023 of CMAAO held from 1st to 3rdSeptember 2023 at Dhaka, Bangladesh where I presented the Primary Healthcare system of India and Contribution of IMA through Aao Gaon Chalen Project.

On the occasion of Teacher's Day on 5th September, I was invited by Santosh Medical University as Chief Guest and Welcomed by Chairman and Managing Director of Santosh Medical College Dr. P. Mahalingam. I address the MSN unit of Santosh Medical College.

I hadattendedthe Inaugural event of 47thNational Conference on Mind-Body Medicine as a Chief Guest on 8th September 2023 at Gyan Sarovar campus of Brahma Kumari's at Mount Abu organized by Brahma Kumari's.

On 11th September, 2023 visited Kochi Branch and delivered a motivational talk at Amrita Medical Institute Kochi and also visited IMA Kollam Branch alongwith Dr. R.V.Asokan, National President(Elect) IMA

On 12th-13th September, 2023 visited Deen Hospital at at Punalur and Trivandrum to review the progress of forthcoming Annual National Conference (NATCON-2023) and also released the Scientific Brochure of the Conference.

Inaugurated 2nd National Conference of Indian College of Hematology and Oncology held at Varanasi, U.P.

On 17th September, 2023 attended the IMA Mumbai West Annual Teachers Day celebration as Chief Guest. 50 medical students were distributed with text books and 25 meritorious students were given scholarship of Rs.25,000/- each by the IMA Mumbai West Branch.

On 23rd September Inaugurated the Installation ceremony of New Team and Annual Function of IMA Moradabad alogwith Dr. Anand Prakash, HJS and Dr. V B Jinda, IMA UP State Secretary.

On 24th September inaugurated the Annual Medical Conference of East Delhi Branch as Chief Guest at Hotel Leela, Delhi.

On the same day attended the Installation ceremony and Annual Function of IMA Ghaziabad as Chief Guest and distributed the Award to the Best Performer Members of IMA Ghaziabad of the Year.

I was called for a Press Conference titled "Bharat Swasthya Samman" by Bharat 24 News Channel as a Special Invitee to speak on health issues on 25/09/2023. In this conference, Hon'ble Health & Family Welfare Minister of India, Shri Mansukh Mandaviya ji was also present alongwith many other dignitaries/experts on request raised by the correspondent Bharat 24 News Channel, I elaborated on the following issues/topics :-

1. Drastic development in infrastructural facilities post pandemic.
2. Aao Gaon Chalen Project
3. Enactment of a Central Law on violence against the doctors and healthcare workers
4. Introducing IMS Cadre by the Government
5. Cost/expenses of Private Hospitals

I anticipate having your unwavering assistance and support in all of our endeavours.

United we stand divided we fall.

Long Live IMA!

Dr. Sharad Kumar Agarwal
National President, IMA

Dear members of IMA Family

Greetings from IMA HQs. !

From Time to time our Government comes up with new Notifications which affects not only our medical profession but its ethics and on our future generation as well.

As you all know that Gazette of India notification number CG-DL-E-17082023-248154 dated 16/08/2023 wherein in this gazette Respiratory Medicine /TB and Chest, Emergency Medicine and Physical Education have been removed from the essential list of courses in the departments of medical colleges for undergraduate medical programme.

It was felt that in the absence of Respiratory Medicine /TB / Chest/ Pulmonary medicine the dream of Shri Narender Modiji, Hon'ble Prime Minister of India "TB MUKT BHARAT-2025" cannot be achieved.

It is not understood as to how our future medical fraternity will handle the emergency situations of the patients in the absence of emergency medicine in the curriculum. By virtue of this, the emergency patients have no other option except remaining in trauma.

Physical Education, which has also been excluded from the curriculum, is also an important part of the curriculum/education and it should be considered to be included again in the same curriculum so as to maintain the good health of the general public.

We have expressed our deep concern regarding the above changes by NMC and mentioned that it has thus caused extreme anguish in the minds of the medical fraternity.

As it is a matter of great concern for us, we have appealed to Dr Mansukh Mandaviyaji, Hon'ble Health Minister for Health and Family welfare to reinstate the above subjects in the mandatory list of Undergraduate Medical Education.

IMA HQs. was very much concerned with the high cut-off score of NEET PG 2023 which prevented a significant number of aspiring doctors from enrolling in the Post Graduate Programme, which also led to a large number of PG Seats remaining vacant. In this regard IMA requested the concerned authorities to reduce the NEET PG 2023 cut off percentile up to 30% so that most of the seats are filled in both clinical and non-clinical branches. Based on the above recommendations of IMA, Medical Counselling Committee, DGHS vide its Notice dated 20-9-2023 has reduced NEET PG Counselling 2023 to ZERO across all categories by MoHFW.

The CMAAO Council (37th General Assembly and 58th Council Meeting 2023) was represented by National President, IMA and myself at Dhaka, Bangladesh from 1-3 September 2023, where Dhaka Declaration was passed on "Pandemic preparedness is built upon a robust primary health care system"

As we are committed to safeguarding the interests of medical professionals and ensuring a safer environment for healthcare delivery, regarding this, a delegation of IMA consisting of Dr Shivkumar Utture, Vice President IMA HQ 2023-2024, Dr Shitij Bali Finance Secretary IMA HQ

and Dr Lalit Singh from IMA Bihar met Shri Brij Lal, MP and Chairman Parliamentary Standing Committee on Bharatiya Nyaya Sanhita (BNS) and Shri Rakesh Sinha, MP and Member Parliamentary Standing Committee on BNS and discussed in details regarding restricting rising Criminalization of Medical Negligence Cases and Assault on Medical personnel and establishments. The interaction was on bringing about amendments in the BNS Act which are expected to be tabled in Parliament soon. The MP's gave the patient hearing to the delegation and were positive in their response to our prayers.

Indian medical Association attended the 1st meeting of the committee constituted by the Central Pollution Control Board (CPCB) to finalize the Draft Guideline for Conducting Gap Analysis with respect to Generation and Treatment of Biomedical Waste on 19.09.2023 and submitted its submission as directed by them.

As you all know that IMA Aao Gaon Chalen Project was relaunched on 25th June, 2023 all over the country by our Chief Patron Dr. Ketan Desai Sir. In this regard, I request all of you to adopt at least one village and conduct various activities on a regular basis under this project. You are also requested to send a village adoption activity report alongwith photographs to IMA HQs. so that a compiled document can be created. The Awards for this noble cause will be given by IMA HQs. either after the completion of one year on 24th June 2024 or on the occasion of Doctors Day next year.

Though IMA had conducted Organ Donation Awareness Camp in the month of August, 2023, to continue it further I request all of you to create awareness about organ donation and motivate the donors to donate their organs after their death to save more lives.

This is to inform you that since 2015, various resolutions were passed to rebuild the Existing Building of IMA HQs.as the strength of the building is not up to the mark. Based on the discussions which took place in various CWCs/CCs, it was decided to re-construct the existing building of IMA HQs situated at New Delhi with a state of art convention centre and with all latest facilities. The Headquarters' building belongs to all of us and to re-build the existing building, we will need financial support from leaders, individuals and all state and local branches. I request all of you to donate generously for our own cause.

Long Live IMA

Dr Anilkumar J. Nayak
Honorary Secretary General, IMA

GOVERNMENT OF INDIA
OFFICE OF HON'BLE MINISTER OF HEALTH & FAMILY WELFARE AND CHEMICALS & FERTILIZERS

****

Hon'ble Minister of Health & Family Welfare and Chemicals & Fertilizers has desired to have a meeting **at 1630 HRS** on **21st August, 2023 (Monday) in the conference Hall at Room No. 348-A, Nirman Bhawan, New Delhi** to discuss issues on newly notified Regulation - National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023.

2. It is, therefore, requested to make it convenient to attend the above meeting along with concerned AS/JS. PPT/relevant documents may be sent to this office & on email ID meetings-hfm@gov.in.

(Suresh Kumar Nayak)
Addl. PS to Minister of Health & FW
18.08.2023

1. Secretary (Health)

2. Chairman, NMC

3. President & Member, Ethics Board, NMC

4. AS (VHZ)

5. JS (VA)

6. National President, IMA with 2 representatives

7. DG, IPA with 2 representatives

IMA'S OBSERVATION ON NMC-RMP REGULATIONS 2023

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IMA/HSG/11/358 21.08.2023

To
Shri Mansukh Mandaviya ji
Hon Minister for Health and Family Welfare,
Chemicals and Fertilizers, Government of India
New Delhi

Respected Sir,

Greetings from Indian Medical Association HQs.!

We are grateful for inviting IMA to this meeting on National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations 2023 on 21.08 2023.

IMA has serious concerns on the said Regulations:

1. ***Chapter 1: Section 8****: prescribing Generic Medicines Guidelines 1 Prescribing Generic Medicines: Every RMP should prescribe drugs using generic names written legibly and prescribe drugs rationally, avoiding unnecessary medications and irrational fixed-dose combination tablets. (L1 and/or L2) (Generic Drugs and Prescription guidelines). Guidance to RMPs line 1 States prescribe drugs with generic/ non-proprietary/ pharmacological names only.*

The regulation has made it mandatory for doctors to prescribe only generic drugs. It is a matter of great concern for IMA since this directly impacts patient care and safety. It is believed that less than 1 percent of the generic drugs manufactured in India are tested for quality. Patient care and safety are non-negotiable for both, the Government and the medical profession.

The Mashelkar Report of 2003 noted, "the problems in the regulatory system in the country were primarily due to inadequate or weak drug control infrastructure at the State and Central level, inadequate testing facilities, shortage of drug inspectors, non-uniformity of enforcement, lack of specially trained cadres for specific regulatory areas, non-existence of data bank and nonavailability of accurate information.

- WHO and Schedule M of Drugs and Cosmetics Act, 1947 provides a comprehensive set of guidelines. The most important characteristics of any drug is its Bioequivalence (BE) and Bioavailability (BA) to the innovator product to prove its safety, clinical efficacy equivalence and cGMP compliance on continuous basis for sustainable supply. Currently only a few categories need BA/BE study. All generics may not be bioequivalent.
- It is worthwhile to mention here that testing some samples of a batch does not provide assurance of the product quality and safety. Batch to batch reproducibility, stability of the product is possible only through a comprehensively designed Quality Management System in a company complying to cGMP standards.

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- The quality assurance mechanism in our country is very weak. India has more than 3 lakh batches of 70,000 drug formulations, the quality assurance mechanism in our country can ascertain the quality control of only 15753 drugs annually. In 2023 only around 12000 tests were conducted by CDCSO and State Drug Control Department together. If we consider one sample from each batch is tested, minimum required number of tests were around 3,00,000. India is not a signatory of the International Council for Harmonization (ICH). A new manufacturer is needed to take the approval of only the State Drug Authorities for 4 years.
- Time and again, major adverse events including death occur due to poor quality of drugs or contaminated drugs. e.g. one of the major reasons for number of deaths that had occurred in the sterilization camp held in Chhattisgarh in 2014 was due to generic drugs used. The Chhattisgarh High Court has found the deaths due to sub-standard generic drugs used during the operative course.
- The onus of exercising the choice shifts from the doctor to the medical shop. Market forces rather than the profession will determine the choice.
- The objective of NMC is to regulate and prescribe minimum standards in medical education and the yardstick of ethics cannot be applied on this matter of usage of generic drugs with or without a brand name.

2. ***Chapter 1: Section 10****: Prohibition of endorsement of a product or person RMP individually or as part of an organization/association/society etc. shall not give to any person or to any companies or to any products or to software/platforms, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report, or statement concerning any drug brand, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. (L3).*

IMA and many professional organisations are registered under Societies Act or similar Acts. IMA has clearly stated objects in its Memorandum, Rules and Bye Laws regarding medical education and public health. Its capacity to conduct Continuing Medical Education and Health awareness campaigns flows directly from its objects. It is legally eligible and empowered to raise funds for such activities. So long as the funds are raised transparently in a bonafide manner and are used for the objects of the Association IMA is within its legal rights. This right was upheld by the Appellate order U/S 250(6) of the Commissioner of Income Tax on 30 05 2016. That the National Medical Commission does not have a jurisdiction over an Association registered under Societies Act is clear.

The Finance Act, 2021 has made retrospective amendment w.e.f. 1st July 2017 by inserting sub clause (aa) to sub section 1 of section 7 because of which any services or activities or transactions given by a trust or association or society to its member or vice versa shall be considered as Supply.

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This amendment makes concept of mutuality redundant in the case of transactions between association with its members or vice versa. The relationship between the members and the association was previously treated as mutual benefit transactions and there was no tax in the pre-GST era. Now any transaction between an association and its members will be between distinct person i.e., association on one hand as person and members on the other side. If this transaction is supply it will be taxable under GST.

The Government obviously cannot have two different principles for GST Act and the NMC Regulations. The Government cannot treat the Association and the members as different persons under GST and one and the same under NMC.

3. ***Chapter 4: Section 35****: RMPs and their families must not receive any gifts, travel facilities, hospitality, cash or monetary grants, consultancy fee or honorariums, or access to entertainment or recreation from pharmaceutical companies or their representatives, commercial healthcare establishments, medical device companies, or corporate hospitals under any pretext. However, this does not include salaries and benefits that RMPs may receive as employees of these organizations. Also, RMPs should not be involved in any third-party educational activity like CPD, seminar, workshop, symposia, conference, etc., which involves direct or indirect sponsorships from pharmaceutical companies or the allied health sector. RMP should be aware of the conflict-of-interest situations that may arise. The nature of these relationships should be in the public domain such as clinical drug trials and should not be in contravention of any law, rule, or regulation in force. RMP himself or as part of any society, organization, association, trust, etc. make regarding the relationship with the pharmaceutical and allied health sector industry clear and transparent open to scrutiny. (L3).*

In the realm of modern medicine, the pursuit of excellence is synonymous with an ongoing commitment to learning, collaboration, innovation and Conferences and CME events stand as crucibles of knowledge enrichment. While the intention to ensure ethical conduct and unbiased learning environments is valid, an outright prohibition on third-party educational activities sponsored by pharmaceutical companies or the allied health sector warrants thoughtful reconsideration. Rather than assuming that sponsorships affect the educational process, the focus should be on ensuring transparent and unbiased presentations, enabling healthcare professionals to make informed judgments. Across the globe, regulatory bodies and medical associations have crafted frameworks that enable RMPs to participate in educational activities while upholding ethical standards. Adapting such models can preserve the integrity of educational activities. RMPs are highly trained professionals capable of discerning valuable information from promotional content. Rather than limiting their exposure to industry insights, the emphasis should be on empowering them to critically evaluate the information presented. The integration of pharmaceutical sponsorships into medical educational activities is a topic that necessitates a balanced approach, one that acknowledges the potential for conflicts of interest while preserving the invaluable role these partnerships play in advancing medical knowledge.

There are no Government or statutory funding of the CME activities in the country. There is little doubt that the sponsors of CMEs ie the Pharma companies, Hospitals etc plough back their earnings into the society by providing opportunities to enrich knowledge and information. So long as individual personal gains are not allowed the professional Associations are the best bet to handle this responsibility on behalf

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of the patients. That this should be done transparently in a bonafide manner is not disputed. The best way to spend part of pharma profit for patients is to allow them to sponsor CME activities of professional associations. Updating the knowledge of doctors will ensure better patient care.

4. ***Chapter 1: Section 13D: Responsibility of RMP regarding the Medical Records****: Efforts shall be made to computerize patient's medical records for quick retrieval and security. Within 3 years from the date of publication of these Regulations, the RMP shall ensure fully digitized records, abiding by the provisions of the IT Act, data protection and privacy laws, or any other applicable laws, rules, and regulations notified from time to time for protecting the privacy of the patient. (L1, L2).*

Though the idea of digitalisation is welcome, mandating that this should be done in 3 years is unrealistic. The regulation should allow for gradual transition. Moreover, there are valid counter arguments against EMR like loss of quality patient time, eye contact etc the medium and platform of documentation should be left to the doctor.

IMA requests the Government:

1. To withdraw the mandatory nature of the regulation on prescription of Generic drugs till the quality assurance of the all drugs could be ensured.
2. To exempt Associations / Organisations from the purview of NMC Regulations.
3. To allow professional Associations to use pharma funding for CMEs and educational / research activities in a transparent and bonafide manner.
4. To make digitalisation desirable yet optional.

On behalf of the doctors of India, IMA requests the Government to consider the above submissions favorably.

Thanking you

With kind regards

Dr. Sharad Kumar Agarwal
National President

Dr. Anilkumar J. Nayak
Hony. Secretary General

Enclosures: as above

IMA REQUESTED HON'BLE HEALTH MINISTER TO REDUCE THE NEET PG 2023 CUT OFF PERCENTILE UP TO 30%

To,

Shri Mansukh Mandaviya ji
Honorable Union Minister for Health & Family Welfare
Government of India

Respected Sir,

Greetings from Indian Medical Association HQs. !

We should not forget that during previous COVID waves, when the country was in the state of emergency and people were dying, the doctors left their homes and served the nation fervently. The time has come for the administration to recognize them for their selfless service by reducing the cutoff marks for NEET-PG 2023.

This will ensure that a significant number of aspiring doctors can enroll for postgraduate programs in various medical colleges across the country and not a single postgraduate seat goes vacant.

Hoping for an early intervention in this matter from the concerned officials to safeguard the country's precious medical force.

As a result of high cutoff scores, aspiring medical students will not only be prevented from entering postgraduation but will also be compelled to travel overseas to pursue their dream field of postgraduation, further depleting the medical manpower pool in India. We cannot afford to lose these precious gems in such a time when the country needs a full-blown medical army to protect citizens.

We urge the concerned authorities to look into this matter as early as possible and take immediate steps to resolve it and help the country acquire more specialist doctors. The safety and well-being of the people of our country hinges on you ensuring that adequate medical staff is available so that there is no shortage of human resources within the medical profession.

By making the right decision, the administration can make the lives of many aspiring and hardworking doctors worthwhile, which will ultimately benefit the nation in the long run.

We request you to reduce the NEET PG 2023 cut off percentile up to 30% so that most of the seats are filled in both clinical and non-clinical branches.

Thanking you

Yours sincerely

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

Copy to:-

1. Dr AtulGoel, Director General of Health Services
2. Dr B Srinivas, Assistant Director General (Medical Education) and Member Secretary of the Medical Counselling Committee
3. Dr Vijay Oza, President Postgraduate Medical Education Board

20.09.2023

Dear Doctor,

Greetings from Indian Medical Association Hqs.

Heartiest congratulations. There is another feather in the cap of National IMA HQs, getting glorifying success in its endeavour for reduction in the Percentile for admission to NEET PG Examination to zero.

We had requested the honourable Health Minister and the NMC for the same as the seats in the medical colleges were staying vacant leading to wastage of valuable national resources. Due to high percentile for the admission to various postgraduate courses in the medical colleges many deserving students were not able to join PG seats which were vacant.

Suitable representations and video messages were sent to the Government and the notification by the ministry for reduction of percentile to zero is greatly appreciated.

We wholeheartedly and very sincerely thank the honourable Health minister for accepting our request for reducing the NEET PG percentile. Let us all work together unitedly to achieve more glorifying successes in future.

Dr. Sharad Kumar Agarwal	Dr. Anilkumar J Nayak	Dr. Shitij Bali
National President, IMA	Hony Secretary General, IMA	Hony Finance Secretary, IMA

25.08.2023

IMA's SUBMISSIONS ON VARIOUS BMWM RULES

To,
Shri Bharat Kumar Sharma
Member Secretary,
Central Pollution Control Board
New Delhi
Email id: mscb.cpcb@nic.in

Respected Sir,
In reference to the Central Monitoring Committee meeting held on 18-07-2023 held at IPB, JorBagh, New Delhi and online meeting held with CPCB on 28th July 2023, Indian Medical Association submits the following:
Sir, following issues were discussed:

1. Liquid waste management
2. CTO/CTE under Water Act and Air Act .
3. Bar Code and Centralised web portal :

Liquid Waste Management :
Sir, as per the BMWM Rules, certain parameters have been laid down as per Sch II section 8 for the effluent from the HCEs. Different parameters have been laid down for those HCEs (Category1) which are draining in open spaces or sewers without end STP and those (Category 2) draining into public sewers with terminal STP. It was discussed in the CMC Meeting that it is not possible to meet all the parameters especially the Bio Assay

part. It was submitted that IMA Punjab had done a survey in 5 major cities of Punjab which showed that Bio Assay part is difficult to be met even in the HCEs having STP. There could be various reasons for that and is a matter of research.

Following conclusions were drawn from the study:

- Majority of the HCEs tested (even some having STP) were not able to meet the Bio assay part.
- Majority of domestic samples also meet all other parameters except Bio assay and fat content.
- There is no significant difference between hospital and domestic waste water being discharged in to public sewers

Data Analysis and copies of the test reports are attached herewith for your perusal (Annexure 1).

Sir, a similar study was earlier conducted in Delhi also in Government hospitals on orders of NGT. Findings of this study were also similar. (Study is attached (Annexure 2))

In light of the above it is requested that:

a. Bio-Assay part may be deleted from the laid down parameters for both categories of the HCEs in Schedule II section 8 of the BMW Management Rules 2016 as amended up to 2019.

b. Already existing HCEs which are discharging moderate amount of liquid waste and have no space for installation of STP/ETPs may be exempted from these parameters. This exemption will not put major burden on terminal STPs, as contribution by HCEs towards water pollution is negligible as per CPCB Envis website itself (Screen shot attached (Annexure 3)) according to which about 80% contribution is by domestic liquid waste and rest by about 17 types of industries. HCEs are not mentioned there in. Moreover ULBs while installing terminal STPs are supposed to factor in the load of the HCEs in their jurisdiction. All such HCEs pay commercial charges to the ULBs to treat and dispose off their liquid waste scientifically.

For the above listed purposes we suggest the following changes in the Sch II Section 8

1. Under Note 1(2) presently it is as follows:

1. For discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection)Act, 1986 (29 of 1986) shall be applicable.

Instead of the above the modified standards as below may be substituted :

pH5.5-9TSS600mg/lOil & grease20mg/lBOD350mg/l

2. Existing hospitals connected with public sewers will be exempted from these parameters.

CTO/CTE under Water Act and Air Act

IMA pressed for the need of simplification of the CTO/CTE process and assured that more and more members may join in if process is simplified. IMA was asked to represent to CPCB regarding the difficulties being faced regarding CTO/CTE and we will like to draw your attention towards few points:

1. Vide Letter No. F.No. B-29016/ROGW/IPC-VI/2020-21/30 dated 30th April 2020; CPCB has already removed Healthcare Establishments from the category of Industries and put it in the category of Non-Industrial Operations. This corroborates the general view that HCEs cannot be equated with other industries.
2. Any Healthcare Establishment develops over time and it is difficult to calculate its Project Cost, even by a CA.
3. As many HCEs maybe running in residential areas it becomes difficult to get NOC from the municipality. The main reason for putting HCEs into non-industrial operations was to allow them to run in such areas where industries are not allowed.
4. All HCEs are registered with the State Pollution Control Boards as Bio-Medical Waste generators and registering them under CTO/CTE is rather a double registration only.

5. HCEs are taking care of the health of the public, which is also the purpose of the CPCB.

Hence to solve these problems of Healthcare Establishments, a few suggestions are being made:

1. As all HCEs are already registered with the State PCBs as BMW generators, to simplify the process of CTO/CTE their BMW Authorization certificate should be taken as enough. Maharashtra PCB is implementing single application but other problems still remain. It may be directed to the State PCBs to consider BMW authorization as a legal document of HCEs working in an area and provide CTO on its basis.
2. Fees for CTO/CTE should not be linked to the project cost. It can be made uniform or linked to their bed strength as per the BMW Authorization Certificate.
   This has already been implemented by Punjab PCB and other state PCBs may also follow it.
3. For processing purpose, there should be separate forms/procedure for Industries and Non-industrial operations as otherwise unnecessary requirements are raised and cause difficulties arise for non-industrial operations.

Changes requested in Biomedical waste Rules 2016 on this point:

"FORM - II
(See rule10) APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION"

"3. Application for fresh or renewal of authorisation (please tick whatever is applicable):

(I) Applied for CTO/CTE Yes/No

(ii) In case of renewal previous authorisation number and date: ----------
-(iii) Status of Consents:

(a) under the Water (Prevention and Control of Pollution) Act, 1974 ----------

(b) under the Air (Prevention and Control of Pollution) Act, 1981:"

Biomedical Waste Rules 2016, Form II, Point 3 may please be deleted.

Bar Code and Centralised web portal :

As now CPCB will be having its own portal for uploading the BMW data hence individual websites by HCEs for this purpose won't be required , therefore the following clauses from BMWM Rules 2016 and subsequent amendments in 2018 (3-iv) should be deleted from the rules :

4. Duties of Occupiers

(n) maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I;

(p) make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of these rules;

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J Nayak
Hony. Secretary General, IMA

31.08.2023

REPLY TO DRAFT ON CLASSIFICATION OF INDUSTRIAL SECTORS INTO RED, ORANGE, GREEN AND WHITE CATEGORIES: A TOOL FOR PROGRESSIVE ENVIRONMENTAL MANAGEMENT

To

The Member Secretary,
Central Pollution Control Board,
New Delhi.

Respected Sir,

Greetings from Indian Medical Association HQs.!

We are in receipt of your draft on Classification of Industrial Sectors into Red, Orange, Green and White Categories: A Tool for Progressive Environmental Management, for the purpose of changes in calculation of categorization of various Industries and Non-industrial operations. It is quite appreciable that CPCB is evolving its methodology with time and thinking of newer methods so as to bring in ease of business in this field. Indian Medical Association is the largest body of doctors of modern medicine in the world and represents nearly 4 lac doctors of modern medicine in India. We have been working closely with CPCB in the past too and feel happy to be involved in this new categorization. However, on going through the draft, we have noticed certain inconsistencies and will like to make a few requests for changes:

1. We, the Healthcare Establishments (HCEs), have been put under Non-industrial operations (Services) since March 2020 and appreciate it. However, we fail to find any real benefits of this categorization. We request you to clarify operations regarding this categorization e.g.
   a. these services can be provided in residential areas or areas where industries are banned,
   b. these services being non-industrial in nature maybe exempted from CTE/CTO
   c. and likewise.

2. While calculating Pollution Index (PI) in 2016 too, it was clearly mentioned that Healthcare Establishments have mainly Water Pollution causing potential. Similar thing has been put forward in this draft but we are dismayed to find us wrongly facing Hazardous Waste potential too. It is absolutely wrong. HCEs do not produce any hazardous waste. Bio-medical Waste being produced is being taken care of by Common Biomedical Waste Treatment Facilities (CBWTF) which are again included in the Services category. It is injustice to calculate the same waste twice and penalise us unnecessarily. Thus, we request you to remove Hazardous Waste potential completely while calculating PI of Healthcare Establishments.

3. It is very heartening to see CPCB realising that Healthcare Establishments are having pollution causing potential on the basis of their Bed Strength. This is more realistic. All our permissions are based on the bed strength and that maybe followed for proper calculations. However, in the present draft no real benefit has been given by calculating bed strength. To justify on bed strength basis, a more realistic approach will be on their water discharge basis:

   a. Non-bedded and up to 50 beds: White Category
   b. 51-100 beds: Green Category
   c. 100-300 beds: Orange Category
   d. >300 beds: Red Category

We are sure that you will agree with our justification and make necessary changes in the final guidelines. We are always available for further discussions and clarifications as needed.
With kind regards,

Dr.Sharad Kumar Agarwal
National President, IMA

Dr.Anilkumar J. Nayak
Hony. Secretary General, IMA

URGENT APPEAL TO HONOURABLE HEALTH MINISTER TO REINSTATE RESPIRATORY MEDICINE DEPARTMENT IN MANDATORY LIST OF UNDERGRADUATE MEDICAL EDUCATION

To,
Shri Mansukh Mandaviaji
Honorable Union Minister
For Health & Family Welfare
Government of India

Honorable Sir,

I take this opportunity to write this letter to bring to your kind consideration an issue which has caused lots of discomfort in the medical fraternity due to a recent notification of the NMC. I hereby request you to consider our request favourably to alleviate the concerns as mentioned in this letter.

Kindly refer to the Gazette of India notification number CG-DL-E-17082023-248154 dated 16/08/2023.

In this gazette Respiratory Medicine /TB and Chest has been removed from the essential list of courses in the departments of medical colleges for undergraduate medical programme.

We write to express our deep concern regarding this change by NMC. It seems that this notification has been gazetted without proper application of mind and without consulting various stake holders. It has thus caused extreme anguish in the minds of medical fraternity and forced us to seek your intervention for the same.

We urgently request your intervention to reconsider and reinstate this critical department in the mandatory curriculum.

The roots of the TB and Chest Disease department trace back to the Influential recommendations of the Bhore Committee in 1946. This forward-thinking committee recognized the importance of specialized medical departments to address emerging healthcare challenges. Since then, the field of TB and Chest Disease has grown and evolved through the continuous advancement of medical knowledge and technology.

Tuberculosis (TB) remains a persistent public health concern in India, with an alarming number of deaths and cases of morbidity each year. The urgency of prioritizing education and training in respiratory medicine becomes evident when considering these grim statistics. Furthermore, the emergence of drug resistant TB underscores the need for specialized departments that can effectively combat this evolving threat.

Till Date Drug Resistant TB patient care is mainly catered by medical colleges and NMC gazette notification (dated- 5th November 2018, 3064/71-1-2018 G- 322/2012 TC) says that all new medical colleges should have facility for the treatment of drug resistant TB. The specialised care of sick and drug resistance tubercular patients happens in TB Chest department of medical Colleges only through their collaboration with NTEP. Once the respiratory medicine department will be abolished these patients will suffer a lot and in-turn will create many more drug resistance TB patients which will be a setback for the dream of "TB Mukt Bharat" of our honourable prime minister.

For achieving the goal of TB Elimination, the medical graduate should have a vast and specialised knowledge and experience in dealing with TB patients. Abolishing the respiratory medicine department from UG curriculum will lead to creation of medical graduate with no knowledge of TB and in-turn failure of NTEP.

I shall here point out that about 50% of OPD patients in any hospital/clinic come with compliant of one or more respiratory symptoms creating doctors with no experience in respiratory medicine is equivalent to giving sub-standard care to 50% of OPD patients of our country.

In the face of escalating pollution-related lung diseases, the role of specialized Respiratory medicine departments becomes even more crucial. The rise of respiratory ailments due to pollution, along with the burden of occupational lung diseases, necessitates a robust medical education system that equips future medical professionals with the required knowledge to deal with such diseases.

Smoking-related lung issues pose another significant burden on public health. The prevalence of Asthma, a widespread chronic respiratory condition, also demands specialized attention. With a significant number of asthma cases in India, it is imperative to maintain and reinforce education in respiratory medicine to effectively manage and treat this condition.

The decision to remove Respiratory Medicine from the mandatory department list is a matter of grave concern for us.

This decision could potentially hinder the training and development of medical professionals who are pivotal in combating TB, pollution related lung diseases, occupational lung diseases, smoking- related lung and asthma.

We earnestly request your kind intervention to reconsider and reinstate the Respiratory Medicine department in the mandatory curriculum for undergraduate medical education. By doing so, you would be contributing to the health and well-being of millions of citizens, as well as a great support in making India TB Free, the dream of our honourable Prime Minister Shri Narendra Modi Ji.

Sincere thanks and best regards,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J Nayak
Honorary Secretary General, IMA

11 Sept 2023

IMA'S SUBMISSION ABOUT THE RISING CRIMINAL PROSECUTION OF DOCTORS AND INCREASING VIOLENCE IN HOSPITALS

Sri BrijLal
(Hon'ble Member of Parliament)
Chairman,
Parliamentary Standing Committee on BNS

Prof Rakesh Sinha
(Hon'ble Member of Parliament)
Member,
Parliamentary Standing Committee on BNS
Respected Sir,

Greetings from IMA HQs.!

Indian Medical Association representing the medical fraternity of India is concerned about the rising criminal prosecution of doctors and increasing violence in hospitals.

Kindly consider our attached suggestions in the Bhartiya Nyaya Sanhita enactment.

Kindly oblige by inviting IMA team for hearing.

Thanking you

Yours sincerely

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

IMA's submission

In the existing criminal justice system cases of medical negligence are handled by investigating agencies in the same manner and under the same sections of Indian Penal Code, 1860 (IPC) which are prescribed for non-medical accused.

Like IPC 1860, there are general exceptions for doctors, in the proposed Bhartiya Nyaya Sanhita (BNS) also –

BNS 2023	Contents	IPC 1860
Section 18	Accident in doing a lawful act	Section 80
Section 25	Act not intended, not known to cause death	Section 87
Section 26	Act done on good faith with consent	Section 88
Section 30	Act done on good faith without consent	Section 92

But there is nothing specific for the patients for medical negligence deaths/medical accidents in the proposed bill also, as is evident from the chart below, despite a clearcut instruction from the Hon"ble Apex Court-

Subject	Year	Number of cases	Section IPC
Dowry Deaths	2021	6,8 00	304B
Rape cases	2021	31,000	375
SC& ST Cases	2009	33,594	Special Act
Child Sexual abuse	2020	6,00,000(average /year)	294
Road accident deaths	2021	1,53,972	304A + Act
Airline Personnel	2023	63150	Federal Security Act
Transgender	2022	48,00000	Rights Act,2019
Doctors in India	2022	20,00000(Modern medicine +Ayus)	NO CENTRAL LAW OR ACT
Medical negligence deaths	Yearly	98000	NO LAW
Medical Negligence cases (www.lawyersclubindia.com)	Yearly	52,00,000	NO LAW

(Ref. -Statista.com) & google

Hon"ble Supreme Court of India in Jacob Mathew vs State of Punjab(2005) has ordered that tatutory

Rules or Executive Instructions incorporating certain guidelines need to be framed and issued by the Government of India and/or the State Governments in consultation with the Medical Council of India. So long as it is not done, we propose to lay down certain guidelines for the future which should govern the prosecution of doctors for offences of which criminal rashness or criminal negligence is an ingredient."

On various occasions the Apex course has reiterated the need of different mechanism for handling medical negligence cases e.g.

1. Lalita Kumari Versus State of UP
2. Martin D'Souza versus Mohammad Ashfaq
3. Vinod Kumar versus Sankhotba Durlabhji memorial Hospital

List of these types of judgements continues which prescribe that medical professionals should not be treated as ordinary criminals. In spite of repeated instructions from SC no action is still taken towards complying with these judgements. In various judgments, it is also mentioned that there is a possibility of medical accidents, but there is no legislation which defines what it is, because of which medical accidents are not covered under insurance and patients do not get compensation which people get in motor vehicle, railway or airline accidents..

As government is going replace old criminal justice system with newer one we request you to add following definitions in the Bharatiya Nyaya Samhita
Medical accident or medical mishap
Violence (verbal, physical, pecuniary) against medical professionals by patient or relatives & friends of patients
Punishment for violence (verbal, physical & pecuniary) against medicalprofessionals committed by patient, relatives & friends of patients

Reported Violence	YEAR	ATTACKS	ACCUSED	convicted	IPC,CrPC
Maharashtra	2015	636	1381	4	NO LAW
Kerala	2022	58	--	Nil	NO LAW
Bihar	2022	60	--	Nil	NO LAW
Delhi	2022	21	--	Nil	NO LAW
Other states	2022	97	--	Nil	NO LAW

UNREPORTED VIOLENCE CASES:

More than Lakhs, as 75 % of doctors and paramedics face violence as per IMA	NO LAW

Clearly the existing State Acts are toothless for prosecution of the accused. Effect on national economy due to continued violence: -

Direct Effect of violence on Indian Economy: -

According to data provided by Ipsos, about 22 percent of respondents from India reported that they visited or consulted with primary care physicians three times a year or more.

Total visits per day=140,0000000 x 3=420,0000000/365
=11,506,849 visits per day to primary care Nonworking population (-17.85 % adolescents) = 20,71,232.82

Manpower loss of 11,506,849 - 20,71,232.82 = 95 lakhs National Monetary loss (Rs.)–
9500000 x 400= Rs. 3,80,0000000 or 4 billion rupees Productivity loss per day x 3 times =12 billion in rupees/ day
Indirect Loss due to violence will triple- manpower days, transportation, man days, denial of quality service, etc. = 36 billion/day

Cost of defensive practice (unnecessary investigation):
2000/patients(roughly)=200,00,00000= 2 billion (rupees)/ day.

Not only does violence cause physical and psychological injury for health care workers, workplace violence and intimidation make it more difficult for nurses, doctors and other clinical staff to provide quality patient care. Nurses and physicians cannot provide attentive care when they are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions. In addition, violent interactions at health care facilities tie up valuable resources and can delay urgently needed care for other patients. Studies show that workplace violence reduces patient satisfaction and employee productivity, and increases the potential for adverse medical events.

There are countries like USA, Canada, Sweden, Philippines and even Jordan, which have Medical Malpractice Act in Place. But India, having the highest population in the world, has nothing such so far.

We, therefore humbly pray that provisions be made in the proposed Bhartiya Nyaya Samhita, Bhartiya Nagarik Suraksha Samhita and Bhartiya Sakshya Bill to meet the case of your petitioner (s) or any other appropriate prayer regarding the Bill or matter pending before the Standing committee or a matter of general public interest. We are submitting herewith tentative draft of additions to the Samhita.

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Statement of Objects and reasons for a adding *exception* under Section 104 of Bhartiya Nyaya

Sanhita,2023

1. Medical profession is a noble profession and requires extraordinary care andcaution. George Bernard Shaw has righteously quoted we have not lost faith,we have just transferred it in the medical profession.
2. Whereas criminal complaints are being filed against doctors alleging commission of offences punishable under Section 304A or Sections 336/337/338 of the IPC alleging rashness or negligence on the part of the doctors resulting in loss of life or injury (of varying degree) to the patient (Jacob Mathew Vs. State of Punjab,2005).
3. And whereas jurisprudentially no distinction can be drawn between negligence under civil law and negligence under criminal law. The submission so made cannot be countenanced inasmuch as it is based upon a total departure from the established terrain of thought running ever since the beginning of the emergence of the concept of negligence up to the modern times. Generally speaking, it is the amount of damages incurred which is determinative of the extent of liability in tort; but in criminal law it is not theamount of damages but the amount and degree of negligence that is determinative of liability. To fasten liability in Criminal Law, the degree of negligence has to be higher than that of negligence enough to fasten liability for damages in Civil Law. The essential ingredient of *mens rea* cannot be excluded from consideration when the charge in a criminal court consists of criminal negligence. Para3, Jacob Mathew vs. State of Punjab.
4. And whereas medical practitioners can be tried under charges of criminal liability too but courts are very reluctant to treat doctors under Pakistan Penal Code and want to contest such cases under civil liability.(Healthcare System and Medical Malpractice Law in Pakistan Author(s): Rukhsana Shaheen Waraich Source: Policy Perspectives , Vol. 15, No. 3 (2018), pp. 85-98 Published by: Pluto Journals Stable URL: https://www.jstor.org/stable/10.13169/polipers.15.3.0085)
5. And whereas negligence per se does not invite criminal prosecution in the absence of *mens rea.* In other words, *there is no criminality in the practice of medical profession in the absence of intention to harm. It is, therefore, in cases of medical negligence only law of Torts should be applicable.*
6. And Whereas like Pakistan, no courts in India ever decided any criminal negligence case against a doctor because medical science is so complex to prove gross medical negligence against a doctor,
7. And whereas the Indian Penal Code provides some general defenses under chapter four that exonerate criminal liability which based on the premise thatthough the person committed the offence, he cannot be held liable. This is because at the time of commission of offence, person was justified of his/heracts, or there was absence of mens rea. However, it is not all acts that are to be punished. (Indian Penal Code (IPC), 1860 from Sections 76 to 106)
8. That there is no definition of *medical mishap* or *medical accident* in any statute, so far.
9. In absence of such definition our police, all over the country, register a case under any section related to murder or culpable homicide against a healthcare provider (HP).
10. That our Hon"ble High Courts have to intervene in such FIR in the light of the judgment of

the Apex court in the matter of Jacob Mathew vs. State of Punjab & Anrs. (5 August, 2005).

11. That, as a result, an HP gets continuously harassed by the police .
12. The hapless common people also are frustrated and misled.
13. That the frustration of the HP(s) pushes them into defensive practice and the feeling of injustice to a common man translates into unnecessary violence against HP. The ultimate sufferers are the common masses only.
14. Police have nothing in hand to justify their action and require a clear directive to investigate the case.
15. The already overburdened High courts are further burdened with given extra load.
16. For a nation, there is a loss of time, money and manpower at every stage of the exercise. Every single loss is a national loss in terms of money.
17. The National Medical Commission(NMC) has already submitted the guidelines to Ministry of health and Family affairs(MOHFW) (NMC/MCI/EMRB/C-015/0023/2021/Ethics/022426,dated:21/09/2021) in response to a PIL, after 18 years, to honour the judgment of the Apex Court(vide supra), that required kind perusal by the MOHFW and the time has come to act upon.
18. If not considered at this juncture, the nation will suffer, at the least, for the next 100 years, when another set of law may come into force. Doctors will prefer defensive practice and the innocent citizens shall continue to be sent to the gallows to die in ambulances. लम्हो ने खता की थी सददयो ने सज़ा पायी.
19. That all type of accidents, in India, have been provided insurance cover e. g, rail and air travel insurance, motor vehicle accident insurance etc. But „Medical accident" has not been defined under any statute, so far. Patients suffering from bona fide medical accidents are beyond the domain of medical negligence and feel helpless. Lawmakers may come to their rescue.

A. Our Suggestion for adding exception under Section 104 in Bhartiya NyayaSanhita,2023:

Under Section 104. (1) .....

(2) .....

After Subsection (2) Exception to be added, —

Exception - Causing death of a patient without criminal intention during a lawful medical procedure or intervention done by a qualified medical professional shall be treated as professional hazard or accident, not amounting to culpable homicide.

Explanation-

The court shall presume that any harm, injury or death caused by a qualified medical professional has been committed without criminal intention and without criminal negligence under this section unless proved contrary by medical opinion by experts in the said discipline.

Definitions- For the purpose of this Sub Section:

1. A qualified medical professional, who possesses a recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956/National Medical Commission 2019 and enrolled in a State Medical Register as defined in clause (k) of that section.
2. A medical professional registered for practicing in any other system of medicine which is recognized under any law for the time being in force.
3. Gross negligence as „a conscious and voluntary disregard of the need to use reasonable care, which is likely to cause foreseeable grave injury or harm to persons, property, or both, i. e., when the breach of duty becomes criminal. Within the context of medical malpractice, "gross negligence" refers to conduct as reckless or mistaken as to be virtually obvious to a person with no medical training. Examples include a surgeon amputating the wrong limb or leaving a surgical instrument inside a body cavity of the patient, etc.
4. Death due to Gross medical negligence is a conscious and voluntary disregard of the need to use reasonable care, i.e., gross negligent action or inaction, which is likely to cause foreseeable grave injury or harm leading to death.
5. "Medical accident" : means when a patient, who was reasonably evaluatedto be fit for the planned surgical / medical procedure with or without anesthesia; dies within 24 (minor), 48 (major) or 72 hours (supra major) of starting procedure/surgery as per HOTA (Human Organ Transplantation Act) OR suffers significant trauma / injury / damage to brain or other body parts, in unforeseen manner, suddenly, unexpectedly and unintentionally due to reason/s which can be attributed to abnormal host response, OR reason/s which are unexplained OR reason/s which cannot be attributed to normal course of the disease Or reason/s which cannot be attributed to gross negligence of healthcare provider/hospital or its staff OR reason/s which cannot be conclusively determined even after post-mortem examination will be termed as medical accident.

B. Statement of Objects and reasons for a new Sub-Section on Health careViolence:

1. The incidence of violence in Health care Establishments (HCE) has reached its zenith during the pandemic and violence continues after the pandemic.
2. Our popular government has provided sufficient provisions in the Epidemic Diseases (Amendment) Act, 2020 (EDA).
3. The phenomenon of violence is not limited to the epidemic period only. We profoundly request, Sir, to add the amended clauses for the non-epidemic/endemic period also
4. We humbly agree that the *implementation* of the law and order is a state subject. Since, all the three bills under discussion are invariably related to something on law and order; the HCE violence can find an access into it.
5. Without proper enactment suitable for all seasons, implementation will be difficult.
6. There are acts in this regard in certain states, but proved to be redundant, so far e.g. Maharashtra had 636 attacks on HP by 1381 accused during 2015 to 2020 out of which only 4 were convicted due to weak Acts.

We humbly suggest for the following additions in Bhartiya Nyaya Sanhita

Under Section 115.

(1) Whoever……. hurt".

(2) Whoever, except ……liable to fine.

(3) Whoever commits…. natural life.

(4) When grievous hurt… to fine.

After Subsection (4) a new Sub-Section (5) may be added,—

(5) "Whoever,—

(A) (*i*) causes verbal abuse to a healthcare professional shall be punished with simple imprisonment for a term which may extend to 3 months or a fine which may extend to 10000/= rupees or both.

(ii) commits or abets the commission of an act of violence against a healthcare service personnel; (causing hurt as defined under this Section of Samhita,) or

(iii) Abets or causes damage or loss to any property, shall be punished with imprisonment for a term which shall not be less than three months, but which may extend to five years, and with fine, which shall not be less than fifty thousand rupees, but which may extend to two lakh rupees.

(B.) While committing an act of violence against a healthcare service personnel, causes grievous hurt as defined Under this Section 115 of Samhita, to such person; shall be punished with imprisonment for a term which shall not be less than six months, but which may extend to seven years and with fine, which shall not be less than one lakh rupees, but whichmay extend to five lakh rupees.".

(C.) Where a person is prosecuted for committing an offence punishable under sub-section (*B*), the Court shall presume that such person has committed such offence, unless the contrary is proved.

(D.) **1.** In any prosecution for an offence under sub-section (B) which requires a culpable mental state on the part of the accused, the Court shall presume the existence of such mental state, but it shall not be a defence for the accused to prove the fact that he had no such mental state with respect to the act charged as an offence in that prosecution.

2. For the purposes of this section, a fact is said to be proved only when the Court believes it to exist beyond reasonable doubt and not merely when its existence is established by a preponderance of probability.

Explanation : In this section, "culpable mental state" includes

Explanation : In this section, "culpable mental state" includes intention,motive, knowledge of a fact and the belief in, or reason to believe, a fact.

(E) (1) In addition to the punishment provided for an offence under sub- section (A) or sub-section (*B*), the person so convicted shall also be liable to pay, by way of compensation, such amount, as may be determined by the Court for causing hurt or grievous hurt to any healthcare service personnel.

(2) Notwithstanding the composition of an offence under this section, in case of damage to any property or loss caused, the compensation payable shall be twice the amount of the fair market value of the damaged property or the loss caused, as may be determined by the Court.

(3) Upon failure to pay the compensation awarded under sub-sections (A) and (v)

(vi) (B), such amount shall be recovered as an arrear of land revenue under theRevenue Recovery Act, 1890."

Definitions: For the purpose of this section (as defined under EDA(2020)-

a) a 'clinical establishment" means- a place by whatever name called (e.g. clinic, dispensary, nursing home, hospital, or medical institute) that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons,whether incorporated or not;

b) a place established as an independent entity or part of an establishment referred to in sub-clause (i), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not; and shall include a clinical establishment owned, controlled or managed by-

i. the Government or a department of the Government; or a Public Sector Undertaking or Autonomous Body of the Government;
ii. a trust, whether public or private;
iii. a corporation (including a society) registered under a Central, or Provincial or State Act, whether or not owned by the Government;
iv. a local authority; and
v. a single doctor,
vi. an ambulance or a mobile medical unit

C. "healthcare service personnel- in relation to a clinical establishment, shall include :
(i) A registered medical practitioner, possessing a recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956/National Medical Commission 2019 and enrolled in a State Medical Register as defined in clause (k) of that section
(ii) a medical practitioner registered for practising in any other system of medicine which is recognized under any law for the time being in force;
(iii) a registered dentist, registered dental hygienist and registered dental mechanic as defined in clause (I) of Section 2 of the Dentist's Act, 1948;
(iv) a registered nurse, midwife, auxiliary nurse-midwife and health visitor who is registered as such under section 15A of the Indian Nursing Council Act, 1947;
(v) a medical student who is undergoing education or training in any system of medicine recognized by any law for the time being in force;
(vi) a nursing student who is undergoing education or training in nursing profession;
(vii) a paramedical workers, para-medical student and diagnostic services provider; and
(viii) ambulance driver and helper,
(ix) Security guards,
(x) Managerial staff working in the clinical establishment or,
(xi) any other person which may be notified by the Government in the Official Gazette from time to time.

(d) "Verbal abuse or verbal assault" means oral or written speech that creates, or is intended to create, a fear of physical harm, the use of power, coercion and/or use of foul language, mental torture, defamation, threatening etc. with an intention to insult, humiliate or degrade.

(e) "violence" means an act of threat, abuse, assault, which causes or may cause harm, injury, hurt, grievous hurt, intimidation to, or danger to the life of, a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise; or obstruction or hindrance to a healthcare.

Ingredients of offence-

i. Accused voluntarily caused verbal abuse, bodily pain, deceased orinfirmity to the victim;

2. The accused did so with intention of causing hurt or with the knowledge that he would thereby cause hurt to the victim.
3. The Victim is healthcare service personnel working in clinicalestablishment

Classification of Offence for Schedule:

-voluntarily causing hurt or grievous hurt;
-Imprisonment for seven years, and fine;
-cognizable;
-nonbailable;
-triable by court of session.

Conclusion:

1. The Section on Death due to medical negligence is based on theguidelines of the Apex court in various judgments.
2. The entire content under Sub-Section (5) is based on Epidemic Diseases (Amendment Act) (2020).

References:

1. Explanation under Sub- Section (3) of Section 104 has been inserted from the "Guidelines" issued by Hon"ble Supreme Court of India in Jacob Mathew Vs. State of Punjab (2005) 6 Supreme Court Cases 1 : (2005) Supreme Court Cases (Cri) 1365 : 2005 SCC OnLine SC 1137 and in Lalita Kumari Vs State of UP (2014) 2 Supreme Court Cases 1 : (2014) 1 SCC (cri) 524 : 2013 SCC OnLine SC 999 (paragraph 120.6);
2. Proposed Subsection (5) A.(i) Under Section 115 is based on Kerala Ordinance (1 of 2023) (clause 2 Definitions (e) explanation.)
3. Proposed Subsections (5) A. (ii), (iii) And (5) B. are imported from Epidemic Diseases (Amendment) Act (2020) Sections 2(i) (ii) and 3.
4. Proposed Subsections (5) C, D, E are the same as defined in Epidemic Diseases (Amendment) Act (2020) Sections 3C, 3D, 3E

Kindly oblige by inviting a delegation of IMA for further hearing.

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

THANKS LETTER FROM INDIAN MEDICAL ASSOCIATION HQS.

To,

Shri Narendra Modiji
Hon'ble Prime Minister of India
Prime Minister's Office, New Delhi

Respected Sir,

Greetings from Indian Medical Association (Hqs.)!

Indian Medical Association (HQs) places on record its profuse thanks to you for keeping in abeyance the Gazette Notification of "National Medical Commission Registered Medical Practitioners (Professional Conduct) Regulations 2023.

IMA is committed to uphold the dignity of the profession and will continue to work for providing affordable and accessible healthcare for the citizens of the country.

IMA is committed to work for the visionary concept of "New India" of the Hon'ble Prime Minister.

With kind regards,

Yours sincerely,

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

Dr. Sharad Kumar Agarwal
National President, IMA

25.08.2023

"SEEKING JUSTICE AND SECURITY: A PETITION TO PROTECT HEALTHCARE PROVIDERS AND PATIENTS' RIGHTS"

To,

The Hon'ble Chairman,
The Standing Committee for Home Affairs,
Parliament House, New Delhi-110001

Through Sri Rakesh Sinha Ji,
Hon'ble Member of Upper House of Parliament,

Respected Sir,

Greetings from Indian Medical Association Hqs.!

The humble petition of stake holder,

A. The National President, Indian Medical Association
B. The Secretary General, Indian Medical Association

Most respectfully SHEWETH:

1. That the petition is being preferred for consideration under Rule no.271 of Rules of Procedure and

Conduct of Business in the LOK SABHA (act 3130) and it does not deal with any financial matter.

2. (a) That there is no definition of Medical negligence as well as Medical accident in any statute.

(b) That there is clearly no specific section in law to adjudicate death due to medical negligence and in absence of such our police register a case under any section related to murder or culpable homicide against a healthcare provider (HP).

(c) That our Hon'ble High Courts, invariably quashes such FIR in the light of the judgement of the Apex court in the matter of Jacob Mathew Vs. State of Punjab & Anrs. (5 August,2005).

(d) That, as a result, an HP gets harassed by the police and our innocent citizen denied justice.

(e) That the frustration of the HP pushes them into defensive practice and the feelings of injustice to a common man translate into unnecessary violence against HP. The ultimate sufferers are the common masses. Police are also blamed as well for the simple reason. Love's labour's Lost.

(f) The NMC has already submitted the guidelines to MOHFW in response to a PIL, after 18 years of the judgement (vide supra), that require kind perusal of the Hon'ble members for implementation after sufficient and proper discussions/debate, if any.

2. That all type of accidents, in India, have been provided insurance cover, e.g. rail and air travel insurance, motor vehicle accident insurance etc. But 'Medical accident' has not been defined under any statute, so far. Patients suffering from bona fide medical accidents are beyond the domain of medical negligence and feel helpless. Lawmakers any come to their rescue.

3. The incidence of violence in Health care Establishments (HCE) has reached its zenith. Our popular government has provided sufficient provisions in the Epidemic Diseases (Amendment) Act, 2020.

But the phenomenon of violence is not limited to the epidemic period only. We profoundly request the Hon'ble Committee, to facilitate to extend the amended clauses for the non-epidemic/indemic period too, if considered just and proper.

We humbly agree that the implementation the law and order is a state subject. Since, all the three bills under discussion are invariably related to something on law and order; the HCE violence can find an access into it.

We, therefore, humbly pray that provisions be made in the proposed Bhartiya Nyaya Samhita, Bhartiya Nagarik Suraksha Samhita and Bhartiya Sakshya Bill to meet the case of your petitioner (s) or any other appropriate prayer regarding the Bill or matter pending before the Standing committee or a matter of General public interest.

Yours Faithfully

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

COMMUNITY CRISIS, NIPAH

In the Indian state of Kerala, Kozhikode district, there is re-emergence of this deadly Nipah virus which has seen two deaths and six confirmed cases so far. This disease has a high fatality rate of around 75%.

Nipah, viral disease is a zoonotic infection caused by Nipah virus (NiV),

a paramyxovirus belonging to the genus Henipa virus of the family Paramyxoviridae. Nipah virus genome is a (nonsegmented) single-stranded RNA virus.

The present strain seen in the state is the Bangladesh variant that spreads from humans as well and has a high mortality rate. So far India has five outbreaks, this being the fourth time the viral infection has been confirmed in the Kerala state. It was detected in Kozhikode in 2018 and 2021 and in Ernakulam in 2019, and the fifth outbreak was seen in West Bengal

The name 'Nipah' comes from a Malaysian village, where the first outbreak was reported in 1998-1999, where human infections stemmed from direct contact with sick pigs or their infected tissues. There was no human-human transmission noted during the Malaysian outbreaks. In subsequent outbreaks in Bangladesh and India, the consumption of fruits or fruit products, such as raw date palm juice, contaminated with urine or saliva from infected fruit bats, was identified as the most likely source of infection and human to human transmission was also noticed in these cases.

The incubation period of this virus is from 4 to 14 days. However, there have been reports of an incubation period extending as long as 45 days.

Individuals who become infected typically exhibit initial symptoms such as fever, headaches, muscle pain (myalgia), vomiting, and a sore throat. In some cases, atypical pneumonia and severe respiratory complications, including acute respiratory distress, may also manifest. Subsequently, these symptoms can progress to include dizziness, drowsiness, and altered consciousness. Neurological signs indicative of acute encephalitis and seizures can develop, potentially leading to a coma within 24 to 48 hours.

Diagnosis of Nipah virus infection can be established through a clinical history. Lab. diagnostic methods include the use of real-time polymerase chain reaction (RT-PCR) conducted on bodily fluids and through swabs. The detection of antibodies through enzyme-linked immunosorbent assay (ELISA) can also be done. The isolation of the virus through cell culture techniques is another diagnostic tool.

Currently, there are no drugs specifically designed for the treatment of Nipah virus infection, only symptomatic at present. On compassionate ground passive, immunotherapeutic treatment (such as monoclonal Antibody) are under development.

It remains on the World Health Organization's list of viruses with pandemic potential. That's because of two reasons:

First Fruit bats are the natural carriers of the virus and have been identified as the most likely cause of outbreaks.it can jump between species. We've seen cattle, goats, pigs, cats, dogs can all get infected with Nipah.

The second is that Nipah spreads from person to person, killing between 72% and 86% of those infected.

Identification and contact tracing are pillars of epidemiology tools to nip the outbreak in the bud.

There is no vaccination so far. The virus is not airborne but can be spread with contact with body fluids from an infected person or with infected food. Only way to the risk of human-to-human transmission can be reduced through regular hand washing, avoiding sharing food or bedding with infected individuals and wearing personal protective equipment when handling the corpses of people who have died from Nipah.

Together, we can control this outbreak. We have already done it during covid

Clean Hand Saves life

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

Dr Narendra Saini
Chairman AMR Standing committee

21.09.2023

IMA'S SUBMISSION - DRAFT GUIDELINES FOR CONDUCTING GAP ANALYSIS WITH RESPECT TO GENERATION AND TREATMENT OF BIOMEDICAL WASTE

To,

Dr V P Yadav
Director & Head
Waste Management – I Division

Dear Sir,

Greetings from Indian Medical Association Hqs.!

This has reference to the participation of Indian medical Association in the Meeting of Technical Committee constituted for reviewing guidelines for establishment of new Common Biomedical Waste Treatment Facility and guideline for conducting gap analysis on 19th September, 2023.

Dr Shitij Bali, Hony. Finance Secretary, IMA nominated member of IMA for Technical Committee for reviewing above guidelines alongwith Dr Anil Mahajan, Member, IMA Standing Committee on Pollution matters attended the above said meeting on behalf of IMA.

Following are the suggestions of IMA:-

1. We agree to the Gap analysis format designed by CPCB. The same may be followed to calculate Gap analysis for CBMTFs.
2. We suggest that Gap analysis must include at least District level data compiled at the State level and not directly calculated at the State level.
3. Data collated from CBWTFs collection and collated by the State Pollution Control Boards should be matched.
4. As per discussion in the meeting and suggested by Mr VP Yadav, modalities must be explored for allowing more than one CBWTF in an area. IMA is also of the same opinion and agrees to it.
5. Indian Medical Association is not only a directly involved party but also a strategic partner of CPCB. We request that wherever IMA branches want to set up their own CBMWTFs, they must be given priority. Efficacy of this model has already been proved by the excellent working of CBMWTF established by IMA branches of Kerala and Gujarat.

Thanking you

Yours sincerely,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

BRANCH ACTIVITIES

DATE	STATE	BRANCH	TYPE OF EVENT	EVENT
21-Aug-23	Karnataka	Shivamogga	Workshop	Violence against Women- VAW was conducted by IMA and SOGS at NSS camp of Kuvempu University organized by ATNCC at National College premises. How to deal with Peer pressure , sensitization on gender discrimination and gender bias, what is VAW, Types of VAW and management, Role of bystanders - all these and many more were discussed with a very mature minded group of 200 degree co Ed students
23-Aug-23	Kerala	Thalassery	CME	IMA Thalassery conducted a CME on "Evolving Trends in Magnetic Resonance Imaging(MRI) "by Dr.P C Shaji MBBS,MD, (Dr.Shaji"s MRI & Medical Research Centre, PVT LTD). The CME was followed by a lively interaction. Dr.Jayakrishnan Nambiar (President IMA Thalassery) presided over the meeting. 39 members attended the meeting. b) SUB
27-Aug-23	Tamil Nadu	Courtallam	CME	IMA Courtallam Branch Conducted CME on August 2023 at Ayikudi. Topic- Stroke Thrombolysis-An Overview, Speaker- Dr. R Nandhini-(Neuro)
27-Aug-23	Maharashtra	Mumbai	CME	"Multi Speciality" CME was organized IMA Mumbai Branch on 6th & 27th August 2023. Dr. Deepali Dnyaneshwar spoke on Approach to Patient with Giddiness, Dr. Pratit Samdani spoke on Shingles Prevention - Time is Now, Dr. Mrunal Parab spoke on Trends of cancer Surgery in India and Dr. Saurabh Shah spoke on Role of Gamma Benzene Hexachloride in the Treatment of Scabies.
27-Aug-23	Tamil Nadu	Chennai	CME	IMA Chennai Br organised a CME regarding the Topics:- 1.Scope of cardio Thoracic Surgeries- Dr. S. Muthukumaran, Consultant - Department of Cardio thoracic and Vascular surgery, Meridian hospital, Kolathur, Chennai 2. Adult vs Paediatric BLS & Interesting cases handled in emergency - Dr. R. Neil wilson, Consultant - Emergency Medicine, Meridian hospital, Kolathur, Chennai 3. Abnormal uterine bleeding - Dr. A. Geetha Lakshmi, Joint Secretary OGSSI, Senior consultant - Obstetrics & Gynecologist.
30-Aug-23	Tamil Nadu	Kanchipuram	Awareness Programme	National Eye Donation fortnight program was celebrated in Kanchipuram District Headquarters Hospital by the Indian Medical Association,Kanchipuram Branch in Association with District Blindness Control Society and Department of Ophthalmology. Also conducted a rally. WDW, GH Doctors,staff nurses and nursing students of Kanchipuram Govt. School of Nursing and Sankara Nursing College took part in the rally & pamphlets were distributed to the public. Eye Donation fortnight program included skit on eye donation , speech, poetry, rangoli, drawing competitions for nursing students.
01-Sep-23	Tamil Nadu	Kanchipuram	Week	IMA Kanchipuram Womens Doctors Wings organised Fireless Cooking Competition for the parents and teachers of Sri Lakshmi Global CBSE School, Kanchipuram on the evet of National Nutrition Week. Dishes prepared by means of Fireless Cooking were tested for various aspects like presentation, taste, innovation and nutrition value by a team of Nutrition Expert

BRANCH ACTIVITIES

DATE	STATE	BRANCH	TYPE OF EVENT	EVENT
03-Sep-23	Andra Pradesh	IMA CGP	CME	IMA AP-CGP Conducted an online CME program Dr. Sahadevudu spoke about Doctor patient relationship and Dr. A vasantha Kumar spoke about chest pain evaluation. Dr R sasiprabha former DME spoke about Abnormal Uterine Bleeding. DR Mahesh , HQ WHO Consultanat spoke about Nikashey - TB Notification. Dr A Srinivas of Guntur spoke about Drugs and Kidney Disease. Dr E Pami Kumar of Nandyal spoke about Basics of Chest X Ray. Dr G Sree Rama Murhty from UK spoke about Back Pain. Dr.M Raja Sriswani of NIN Hyderabad spoke about Diet in Health and Disease. Dr Dasaradha Ramaiah of Ananthapuram spoke about Management of Dengue Fever in Children. Dr Pratap of Kadapa spoke about Management of Hypertension.
04-Sep-23	Maharashtra	Bhandara	Camp	IMA Bhandara organised an Eye Donation Awareness Camp at IMA Hall Bhandara. Interschool Skit Competition about Eye Donation Awareness was performed by school children. District Opthalmic society in association with IMA conducted this program successfully.
05-Sep-23	Gujarat	Mehsana	CME	IMA Mehsana Br organised CME in association with Sterling Hospital about the topic Critical Care Today- The Changing Scenario spoke by Dr Pratibha Dileep, Upasana quiz by Dr Hemant Sogani. More than 50 Doctors had attended the lecture.
05-Sep-23	West Bengal	Calcutta	Day	IMA Bengal state Observed Teachers Day in association with Calcutta National Mwedical College and Hospital jointly- Under the leadership of Dr. Santanu Sen (MP, Past National President & Hony State Secretary) TEAM IMA BENGAL has acknowledged the contribution of legendary Medical teachers by bestowing the honour of IMA ACADEMIC EXCELLENCE AWARD 2023.
13-Sep-23	Gujarat	Mehsana	CME	IMA Mehsana Branch organized CME at Manikant IMA Hall. Dr Hiren F Patel lecture about the topic Acute Stroke Thrombectomy to Aneurysm Coiling: Interventional Neuroradiology. Dr Kenil Shah lecture about the topic Reperfusion therapy in stroke: Focus on IVT. Upasana Quiz organised by Dr N R Patel.
17-Sep-23	Maharashtra	Mumbai West BWSB	Day	IMA Mumbai West conducted its Annual Teacher's Day celebration along with the Medical and scholarships program on Sunday,17 September, 2023 in the august presence of chief guestTextbooks. National President Dr Sharad Kumar Agarwal and IMA National Sr Vice President Dr Jayesh Lele. Interaction of the branch office bearers with the National President was very much cherished by the officers. We discussed about the various activities being conducted by the branch, especially Aao Gaon Chalen and Shikshan Mangal Sukanya programs.
25-Sep-23	Tamil Nadu	Vellore	Award	Maruthuva natchathiram Awards function conducted by IMA Tamilnadu State branch in Russian Cultural centre Chennai. Dr.Bharani , Dr.Philomena , Dr.Anitha sendan and Dr. Balachandar got the awards from Vellore IMA.

BRANCH ACTIVITIES

BRANCH ACTIVITIES

37th General Assembly and 58th Council Meeting 2023

The Confederation of Medical Associations in Asia and Oceania (CMAAO)

1-3 September 2023, InterContinental Dhaka, Bangladesh

Theme: "Primary Care"

DHAKA DECLARATION 2023

Pandemic preparedness is built upon a robust primary health care system

Primary health care (PHC) is to organize the national health systems in an effective manner, so that health services and public health are accessible to all segments of the population. It is the first level of national health service for individuals, a family and the population and may serve as a gateway to secondary and tertiary health services. It should be accessible and near their homes and work place. Good primary health care provision may save 60 million lives and increase average life expectancy by 3.7 years in low- and middle-income countries by 2030. It is the maxim that all individuals have the right to attain the highest level of health. To achieve this, we need a whole-of-government and whole-of-society approach.

In a pandemic, the role of the PHC would be to identify new cases, support surveillance, provide continuous care based on scientific evidence, provide effective communication and supply chain management. The experience of COVID-19 pandemic depicted the weakness of primary health care globally. During the COVID-19 pandemic, if the PHC was ready to combat contagion as a part of an effective public health system; millions of lives would have been saved.

In the pre and post pandemic phase, the PHC shall identify and halt new infections, sustain essential health services instead of disruption, build up resilience capacity of the community, infection prevention and control (IPC) for patient and health care workers. A critical lesson from the pandemic is that trust is fundamentally important to ensure adherence to public health, social measures and effective vaccination. Effective PHC builds trust between individuals and providers and between communities and the healthcare system. A high degree of robustness of the PHC will prevent and ensure protection against future pandemics.

Governments must play their part and strengthen primary healthcare to achieve universal health coverage (UHC). They can do this by increasing political commitment and leadership, promoting community engagement, promoting innovation (digital initiatives, etc.) in public and private sectors, ensuring adequate and competent healthcare staffing, expanding much needed financing, utilizing technical assistance and improving infrastructure and logistics for safe delivery of primary health care services.

Strengthening PHC would go a long way towards achieving sustainable development goals (SDGs), particularly the attainment of UHC. The preparation against future pandemic threats can be ensured if a robust PHC is in place. Global public health security cannot be ensured without addressing the strong foundation of PHC.

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Tharang
WAVES OF CHANGE

98th National Conference
Indian Medical Association

27 & 28 DEC 2023 I KOVALAM I Hosted by IMA Thiruvananthapuram

THE CONCLAVE

All India Medical Conference

National Conference of IMA
Indian Medical Association, World's largest Scientific and Medical organization.

Venue

Kovalam
the serene beach destination, the jewel of the capital city Thiruvananthapuram

Date

26, 27, 28 December 2023
The peak season between Christmas and New year.

Welcome to Thiruvananthapuram

As waves whisper and embrace the silver sands at Kovalam, the beauty spot of Thiruvananthapuram, the capital city of God's own country, stage is getting set for 'Tharang', the wave of change.

The All India Medical Conference, 'Tharang', 98th National conference of Indian Medical Association, happening at Kovalam on 27th and 28th December 2023, would usher in waves of change towards better health and care.

It'll be a wave of hope and whiff of fresh air when the National Medical event unfolds with Socio medical and Academic brilliance, state of the art Medical expo and showcasing of best of talent in art and culture. Set in the serene landscape of sun, sea and sand, Kovalam, Tharang would be a dream unfolding, an ecstasy experienced & aspirations achieved.

We welcome you to the divine land, lavish not only in splendor and nature but also in vision and passion, to experience one of the most memorable events in your life.

We welcome you to Kovalam, Thiruvananthapuram for 'Tharang'

Thank you
Yours sincerely,

Dr Sreejith N Kumar
Organising Chairman

Dr Sulphi N
Organising Secretary

Dr Vijayakrishnan GS
Co-chairman

Dr Joseph Benaven
General Convener

Programmes

26th December
- IMA Central working committee
- Medical expo

27th December
- IMA Central Council
- Scientific sessions
- Medical Expo
- Award ceremony
- Cultural evening
- Gala dinner

28th December
- IMA Installation ceremony
- Scientific sessions
- Medical Expo

IMA Headquarters

Dr Ketan Desai
Chief Patron
Past President,
World Medical Association
Indian Medical Association,
Medical Council of India

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NATIONAL PRESIDENT

DR R V ASOKAN
NATIONAL PRESIDENT ELECT

DR SAHAJANAND PRASAD SINGH
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Thiruvananthapuram City - South park, Chirag inn, KTDC Chaithram, Hycinth, Classic sarovar, Sp Grand Days, Residency Towers, Biverah suites, Appolo Dimoro, Hotel Mascot, Ruby arena,Taj vivanta, Hilton Garden Inn, Central residency, Pallava Rajadhani, Maurya Rajadhani, Park Rajadhani, O by Tamara

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Aao Gaon Chalen
Let's give health to every Indian

Dr. Ketan Desai
Chief Patron
Past President, WMA, MCI & IMA

IMA Dream Project

Aao Gaon Chalen

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National President

Dr. Anilkumar J. Nayak
Hony. Secretary General

Dr. Shitij Bali
Hony. Finance Secretary

Dr. Bipin M. Patel
Chairman, IMA Standing Committee for Aao Gaon Chalen

Dr. V. K. Monga
Convenor, IMA Standing Committee for Aao Gaon Chalen

Let's give health to every Indian

All branches are requested to adopt one village

INDIAN MEDICAL ASSOCIATION (HQs)

Dr. Ketan Desai
Past President
WMA, MCI & IMA

Gratitudinal Heartfelt thanks to

Dr. Ricardo León-Bórquez
President, WFME

Dr. Russell D'Souza

Prof. Dr. Torres De Leon Maria Elena

Dr. Vedprakash Mishra

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Dr. Sharad Kumar Agarwal
National President, IMA

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Hony. Secretary General, IMA

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Hony. Finance Secretary, IMA

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"Be a Hero, Be an Organ Donor"

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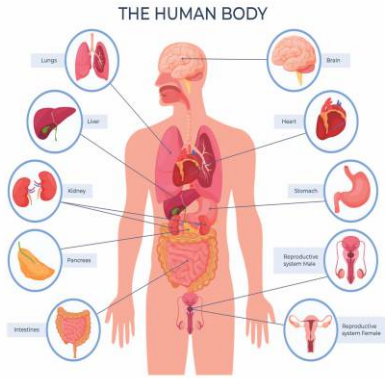

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