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AHMEDABAD MEDICO NEWS

Quality Council of India and IMA and AMA Prog. on 22-12-2024



VOL. 19

JANUARY-2025

ISSUE - 9

Dr. DHIREN MEHTA
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Dr. URVESH SHAH
Hon. Secretary - AMA

Imm. Past President - Dr. TUSHAR PATEL

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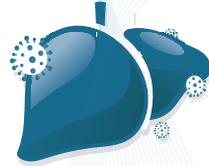
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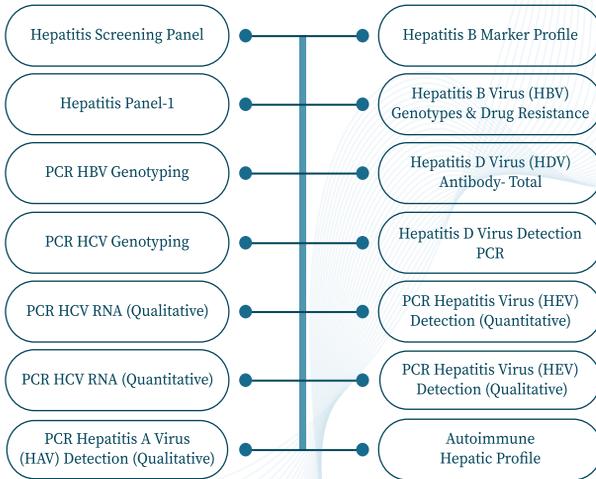
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Quality Council of India and IMA and AMA Prog. on 22-12-2024



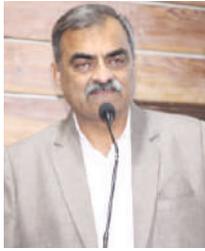


Quality Council of India and IMA and AMA Prog. on 22-12-2024





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AMA Education Seminar for Forgien Studies on 12-01-2025





AMA Education Seminar for Forgiem Studies on 12-01-2025





AMA Education Seminar for Forgiem Studies on 12-01-2025





LADIES CLUB PROGRAMME





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Message From President & Hon. Secretary



Dear Members,

“उत्सव प्रिया: खालु मनुष्य”

Every human being loves Festivities. And really holy-days are only way to be happy and to feel and to enjoy happiness for common people of any city or any village of our great Bharat. We have enjoyed Uttarayan festival very nicely. And it is celebrated as Pongal in south, Lohri in north and Bihu in east of our country in different cultural way.

“Team work divides the Task and multiplies Success.”

Once again because of an excellent team work, we were able to plan and execute very good programs last month. We had very good Scientific Programs, one, Gastroenterology Update on 29-12-2024, in which all eminent speakers have shared knowledge on their subjects very nicely with excellent presentations. Another was on 19-1-2025, in which different topics have been covered. We learned newer about Bone Bank from learned faculty from Shalby Hospital.

We also had an excellent program with MSN Gujarat State, for medical students willing for USMLE exams. An experienced faculty



from US, Mr. Pramil Cheriya had very nicely explained all about exams and preparations in detail. Many students have participated in this active discussion.

We had participated in CPR training programs which was planned and conducted by Maninagar Medical Association in two different schools, one at Narol and one at Vatva. We are thankful to Maninagar Medical Association for very good arrangement.

Actively with IMA Gujarat, we had opposed the move to give permission for Mixopathy practice. In this movement all media had given very good support by highlighting issue in print as well as TV media. We insist all members to register their health care center under "Clinical Establishment Act."

In coming months also, we are coming with other scientific as well as non-scientific programs also. We also appeal to join the Badminton Tournament for Doctors, planned by IMA Gujarat on 22nd and 23rd February.

"The Strength of the Team is each individual Member and the Strength of each Member is Team."

So, join hands for better work, better performance and better tomorrow.

Jai AMA

Jai IMA

Dr. Dhiren Mehta
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

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- 41-60 Years
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- >60 Years

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- 41-60 Years
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Dr. Dhiren Mehta

Hon. Secretary
Dr. Urvesh Shah

Every step leads to the destination. Just keep moving.



Report of Seminar on “GUJARAT GUNVATTA YATRA” Dated 22/12/2024

nar on “GUJARAT GUNVATTA YATRA” for Quality Healthcare Journey in Gujarat was held on 22nd December, 2024, Sunday at AMA hall, Ahmedabad Medical Association, Ahmedabad. It was Jointly organized by Quality Council of India, Ahmedabad Medical Association and IMA-Gujarat. Program started at 9:30 am with Welcome speech by Dr. Mehul Shah. Dr. Parth Desai gave orientation about IMA & QCI, ANABH, NABL & NABQP. The dignitaries from all the bodies of QCI remain present throughout the session. Dr. Kashipa Harit from NABH, Mr. Pankaj Johri & Mrs. Mallika Gope from NABL gave brief idea on essentials of accreditation & recognition of respective body. Program was well co-ordinated by Dr. Brijesh Patel, Dr. Bipin Patel, Dr. Nisarg Dharaiya, Dr. Manish Ninama and Dr. Aditya Gupta. Program ended at 2 pm by vote of Thanks from Dr. Bipin Patel.

Report of Dr Love Dalal Scientific Program Dated 29/12/2024

A scientific programme on Gastroenterology Updates was organized by Ahmedabad Medical Association at AMA hall, Ashram road, Ahmedabad on 29th December, 2024. Dr Sanjay Rajput, Dr Yogesh Harwani, Dr Dhaval Gupta & Dr Shravan Bohra were invited as expert speakers to deliver a talk on various gastroenterology updates. Dr Aayushi Chokshi Parikh provided insights on the Mayhem of Medical Negligence. The Programme was very well co-ordinated by Dr Aniket Tripathi, Dr Purvi Bhagat and Dr Piyush Sheth. More than 80 participants had attended the scientific programme. The sessions were lively, engaging, educative and informative. The seminar was followed by a delicious lunch.



Report of Educational Seminar dated 12/01/2025

An academic seminar on Pathway to publication & step by step guide to USMLE was organised at Ahmedabad Medical Association on 12th January, 2025. More than 250 registrations were done across the Gujarat, out of which 200 participants attended the seminar. Two speakers from USA shared their expertise & knowledge, one being Dr. Urvish Patel from Texas Medical Centre, Houston & the other was Dr. Pramil Cheriya from St. Mary's General Hospital, Denville, NJ. Both the speakers guided the audience regarding their Questions, queries & doubts for research publication & USMLE. Participants thoroughly enjoyed the session till 2 pm. The whole session was well co-ordinated by Dr. Rhea Narang & Dr. Raj Mistry under the able guidance of Dr. Nirali Patel.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

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13135	LC (Transfer)	DR. BHAVIN KOTHARI
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Attention Please !! - ALL THE MEMBERS OF P.P.S.

RENEWAL NOTICE : 2025-2026

For the FY 2025-26 Annual Membership Contribution will be as below:

MBBS : ₹. 100/-

Specialists : ₹. 500/-

Office Time for Payment : 2-00 p.m. to 6-00 p.m.

LAST DATE OF PAYMENT 31-03-2025

Dear Member,

“For the FY 2025-26 annual membership contribution will be as below :
MBBS-₹. 100/- Specialists-₹. 500/-.

For the subsequent years fee structure will be as per the committee's decision.

Thanking You - Professional Protection Scheme, GSB, IMA

Professional Protection Scheme has already sent a notice along with a Renewal Application form for renewing the membership before **31st March, 2025** for the year 2025-2026 **"By Registered Post January 2025** to all the members.

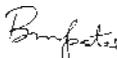
We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

Clause 10/B :- A member who does not pay the annual membership fee in advance – before 31st March (before the expiry of the indemnity cover) shall be discontinued without any notice.

Clause 10/C :- However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership.”

Clause 10/D :- After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees.”

For Online : **Renewal**
Please visit our
Website : www.ppsgsbima.com


Dr. Bipin M. Patel
Chairman

**OBITUARY**

May their soul rest in eternal peace.



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L-1769 GYN

Date of Birth : --

Date of Death : 18-12-2024



DR. MANOHAR B. KHESHKANI

L- 359 M.S. ORTHO

Date of Birth : 1945

Date of Death : 22-12-2024



DR. RAJNIKANT P. SHAH

L- M.B.B.S.

Date of Birth : 31-05-1934

Date of Death : 24-12-2024



DR. MAHENDRA ATMARAM NAIK

L- 496 M.S. ENT

Date of Birth : 7-5-1940

Date of Death : 2-1-2025



DR. PRATAPRAI L. ANAKHIA

L- 1851 M.B.B.S.

Date of Birth : 01-04-1947

Date of Death : 06-01-2025

We send our sympathy & condolence to the bereaved family.

**વેડીઝ-જીવ****કાર્યક્રમ નંબર : ૧૦, Picnic****"Hello Ladies!****We're excited to announce our upcoming picnic!**

Date : 29th January 2025, Wednesday
Venue : Green Shala Eco Tourism and Mahudi
Departure Time : 7:00 AM

Join us for a fun-filled day amidst nature!**Details:**

- **Pickup point** : AMA House, Ashram Road
- **Charges:**
 - **Members** : ₹ 1,000/-
 - **Guests** : ₹ 1,200/-
- **Last date of registration** : 22nd January 2025

Contact us to register!**Looking forward to seeing you all there!****કાર્યક્રમ નંબર : ૧૧****You're invited to a special program**

Date : 10th February 2025, Monday
Time : 3.00 to 5.00 pm
Venue : 244, Titanium City Centre Mall,
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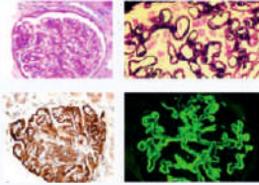


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Intravenous vs Oral Iron for Pregnant Women

Dr. Nirali Patel, Dr. Ripal Shah

(Prathama Blood Centre)

Iron supplementation is crucial for pregnant women to prevent and treat iron deficiency anemia (IDA), which can lead to complications for both mother and baby. The choice between intravenous (IV) iron and oral iron depends on the severity of anemia, tolerance, and clinical circumstances. Here's a comparison:

1 Efficacy

Oral Iron is commonly given as ferrous sulfate/ferrous fumarate. Now a days ferrous ascorbate is also used which has better tolerance than other salts.

It is effective for mild to moderate anemia, especially when compliance is high.

Its absorption can be limited by factors like gastrointestinal issues, inflammation, or certain foods.

IV Iron is faster and more effective at replenishing iron stores and hemoglobin levels.

It is effective mainly in moderate to severe anemia or late pregnancy.

It is preferred when quick correction is needed (e.g., close to delivery or in cases of heavy blood loss).

2. Speed of Response

Oral Iron: Gradual improvement over weeks; often takes 4–6 weeks to see significant changes.

IV Iron: Rapid response, with noticeable improvement in Hb and iron stores within days to a week.

3. Side Effects

Oral Iron: Common are nausea, constipation, diarrhea & abdominal cramps, leading to poor adherence.

IV Iron: Generally well-tolerated but may cause mild side effects like headache, dizziness, or injection site reactions.

In rare cases, risk of allergic reactions or hypersensitivity (e.g., with older formulations like iron dextran).

4. Indications

Oral Iron: 1st-line treatment for mild anemia in pregnancy. (Suitable for those who can tolerate well and can take daily dosing)

IV Iron: Preferred for severe anemia (hemoglobin <8 g/dL) or Indicated when anemia needs rapid correction, such as in the third trimester or preoperatively for cesarean delivery. Also when oral iron is poorly tolerated or ineffective due to malabsorption (e.g., IBD or H/O- bariatric surgery).

5. Cost and Accessibility

Oral Iron: Inexpensive and widely available, making it the standard choice in most settings.



IV Iron: Higher cost and requires medical facilities with trained personnel for administration.

6. Pregnancy Safety

Both oral and IV iron are generally safe during pregnancy.

IV iron may pose risks like transient low blood pressure, but newer formulations (e.g., ferric carboxymaltose) have improved safety profiles.

Conclusion & Recommendations

The choice between oral and intravenous iron should be individualized based on the woman's anemia severity, tolerance, and clinical urgency. Regular monitoring of hemoglobin and iron levels is essential to guide therapy.

Mild to Moderate Anemia: Start with oral iron supplementation.

Severe Anemia or Intolerance to Oral Iron: IV iron is recommended to ensure rapid and effective treatment, especially in the second or third trimester.

Combined Approach: In some cases, a combination of IV and oral iron may be used to sustain long-term iron stores.

Source of Information-

WHO recommendations on Antenatal care

Wintrobe's Clinical Hematology

Human Metapneumovirus (HMPV)

- RNA virus.
- Belongs Pneumovirinae subfamily of the Paramyxoviridae family.
- This virus is second only to the respiratory syncytial virus (RSV) as the most commonly identified cause of pediatric LRTI.
- hMPV is considered ubiquitous
- The incubation period may vary but averages between 3 and 5 days from exposure
- The largest 20 years of surveillance study showed that hMPV was detected by a real-time reverse-transcriptase polymerase chain reaction in up to 5% of children with upper respiratory infections who were prospectively followed from birth until 5 years of age
- hMPV infection was reported in high-risk adult populations, including those with chronic obstructive pulmonary disease (COPD), elderly patients, and immunocompromised patients. [

Signs and symptoms

Infection with hMPV causes a broad spectrum of respiratory illness, from mild symptoms to severe cough, bronchiolitis, and pneumonia. The clinical symptoms are similar to those seen with RSV infection and may also include the following:

Fever

Cough

Rhinorrhea



Dyspnea, tachypnea, chest retraction and wheezing

Bronchiolitis, with or without pneumonia, is the most common presentation of hMPV illness. Other reported syndromes have included the following

Asthma exacerbation

Otitis media

Pneumonitis

Flulike illness

Community-acquired pneumonia

COPD (chronic obstructive pulmonary disease) exacerbation

Diagnosis

Laboratory testing

Quantitative reverse-transcriptase polymerase chain reaction of respiratory secretions: This is the most sensitive method for hMPV diagnosis; also useful to quantify viral load in research settings

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This two test are also available.

Viral panel or Biofire panels will also have this virus for detection.

Radiology

Chest radiography is generally not helpful. Findings in patients with significant lower respiratory tract disease are indistinguishable between hMPV and other causes of viral pneumonia or bronchiolitis.



Immunosuppressed persons, such as stem cell transplant or organ transplant recipients, may require CT scanning to clarify upper respiratory versus lower respiratory infection.

Management

There is no specific antiviral therapy available for hMPV infection; therefore, most treatment is supportive.

Hospitalization, supplemental oxygen, and mechanical ventilation may be necessary in severe hMPV infections.

In severely immunosuppressed persons, oral, inhaled or IV ribavirin can be considered.

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The Mayhem of Medical Negligence : Case Based Learnings

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ACLS-BLS Instructor (AHA)

PGDMLPE (GNLU-IMA)

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Introduction :

In today's era of medical practice; just being an accomplished clinician alone isn't enough; in depth knowledge regarding relevant medicolegal aspects is currently the need of the hour. Clinical practice needs to go hand in hand with adequate understanding of the medico-legal aspects governing it.

In the legal framework; Negligence is generally defined as a Tort (civil wrong) → 'the breach of a duty caused by omission to do something which a reasonable man would do; or doing something which a prudent and reasonable man would not do.' This is keeping in line with the Bolam's Law as the gold standard. The standard to be applied for judging; whether the person charged has been negligent or not; would be that of an ordinary competent person exercising ordinary skill in that profession. It is not possible for every professional to possess the highest level of expertise or skills in that branch which he practices. A highly skilled professional may be possessed of better qualities, but that cannot be made the basis or the yardstick for judging the performance of the professional proceeded against on indictment of negligence.] Doctors are generally treated as 'professionals'. A 'professional' may be held liable for negligence on one of the two findings :

- either he was not possessed of the requisite skill which he professed to have possessed

OR



- he did not exercise, with reasonable competence in the given case, the skill which he did possess For proving negligence; there needs to be the presence of “4D” → Duty of Care , Derelict of Duty , Direct Causation and Damage.

In cases of medical negligence; the burden of proving negligence lies with the Patient whereas the burden of proving innocence lies with the Doctor/Hospital.

The best understanding of medical negligence comes from case studies that bring forth the practical applications and challenges of the medicolegal aspects enveloped around clinical care and practice.

Sharing four distinct cases that highlight varied aspects and forms of medical negligence:

Case 1 : Ms Samira Kohli v/s Dr Prabha Manchanda

This is a landmark judgement involving medical negligence and informed consent. The facts of the case are → Ms Samira Kohli was a 44 year old unmarried woman who presented to Dr Prabha Manchanda (gynecologist) with prolonged menstrual bleeding. She was advised for ultrasonography f/b which she was recommended a Diagnostic Laparoscopy under GA for making a definitive diagnosis. Consent was obtained from appellant for “Diagnostic and Operative Laparoscopy. Laparotomy may be needed.” During the procedure while appellant was under GA; respondent discovered that she was suffering from ? endometriosis. The assistant obtained consent for abdominal hysterectomy and bilateral salpingo-oophorectomy (AH - BSO) from the appellant’s mother without informing or obtaining consent from the appellant. Upon learning about this after waking up; the aggrieved appellant filed a complaint against the doctor for conducting an unauthorized procedure on her without her consent. The Court maintained that a consent given for a



Diagnostic procedure CANNOT be considered as a consent for a therapeutic procedure. Common consents are not valid; specific consents cannot be used for other procedures. Only exception —> when additional procedure though unauthorized is necessary to save the life or preserve the health of the patient & is unreasonable to delay until patient regains consciousness and takes a decision. However, this was not the case in this scenario. Consent given for “Diagnostic and Operative Laparoscopy. Laparotomy if needed.” refers to consent for definitive laparoscopy and contingent laparotomy. It does NOT amount to consent for AH - BSO surgery. If appellant had consented to the same; consent should have read —> “Diagnostic and Operative Laparoscopy. Laparotomy , hysterectomy and bilateral salpingo-oophorectomy if needed.”

Moreover , appellant was not informed at all & the mother’s consent was obtained by misrepresentation; thus consent cannot be considered valid. Appellant is neither a minor nor mentally challenged nor incapacitated. In a competent adult , there is no question of anyone else giving consent on their behalf. There was no medical emergency during surgery. Appellant was only temporarily unconscious. Respondent should have waited for her to regain consciousness, discuss the developments and then taken consent. The Court ruled that this was an unauthorized invasion and interference with the appellant’s body —> tortious act of assault & battery and deficiency in service. Hence the doctor was held liable for medical negligence.

This case established the core principle of a VALID and REAL informed consent. The prerequisite conditions are :

- > Voluntary and Free from coercion
- > Capacity and Competence to consent
- > Adequate information & Comprehension



The ideal consent should include adequate information → Nature of treatment/procedure & its purpose , benefits & effects; possible risks; available alternatives and the consequences of refusal. Every patient has the right to consent OR to refuse consent to any therapeutic course.

Informed Consent is a medicolegal document and it upholds a legal safeguard for the doctors in cases alleging medical negligence.

Case 2 : Mr Prasanth S Dhananka & Ors v/s Nizam Institute of Medical Sciences

This is also a landmark judgement involving medical negligence. The facts of the case are → Mr Prasanth Dhananka was a 20 year old Student of Engineering who presented with recurrent fever; initially at BHEL hospital and then was referred to Nizam Institute of Medical Sciences. He was examined by Dr. Boghani, a Chest & TB Specialist who advised ultrasound guided biopsy for Neurofibroma; an innocent tumour (X-ray revealed a mass in the left hemithorax with posterior mediastinal erosion of the left 2nd, 3rd & 4th ribs). Several attempts at Fine Needle Aspiration Cytology (FNAC) under ultra sound guidance revealed no conclusive evidence as to the nature of the mass. Complainant was referred for further examination to Dr. Das who suggested another attempt at the same procedure but under C.T. guidance but this too did not show any lesion. Dr. Das then suggested an excision biopsy and referred him to Dr. Satyanarayana, a Cardio Thoracic Surgeon who advised admission for the same. Immediately after surgery, the complainant valuating the type , nature and spread of such tumours. Had a MRI or Myelography been performed, the intraspinal extension could well have been revealed at the pre-operative stage which could have led to the intervention of a Neuro Surgeon at the time of removal of the



tumour and the paraplegia perhaps avoided. The consent given by the complainant for the excision biopsy cannot, by inference, be taken as an implied consent for a surgery (save in exceptional cases), as held by this Court in Samira Kohli vs. Dr. Prabha Manchanda. The tumour was not only confined to the thorax but had extended into the posterior mediastinal column as well, showing that it had some connection with the spinal cord. A cardio - thoracic Surgeon was undoubtedly competent to perform the surgery for the excision of the tumour but as the tumour had extended into the posterior mediastinal column containing intercostal blood vessels and nerves, the involvement of a Neuro Surgeon was essential and as this procedure had not been adopted a case of negligence or indifference on the part of the attending doctors had been proved. Ultimately, the institute and the doctors were held liable for medical negligence.

This case again emphasized the importance of an adequate and valid Informed Consent and stressed upon having the prerequisite workup and multi-disciplinary specialist involvement in such scenarios.

Conclusion :

Thus, these are few amongst innumerable cases bringing to our notice the mayhem caused by medical negligence in the lives of patients and doctors alike. The only way to overcome this is to be medico-legally literate and extremely vigilant in clinical practice. Medicine and Law are no longer distant cousins but rather siblings that go hand in hand along every aspect of clinical practice. We need to be medicolegally equipped and educated as there is now an inevitable overlap of medicine and law in the lives of today's doctors.

To sum it up : “ To be medicolegally ‘negligent’ would be a ‘tort’ for doctors in today’s world !!”



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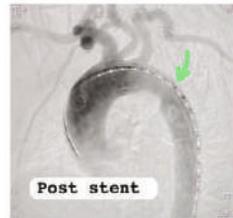
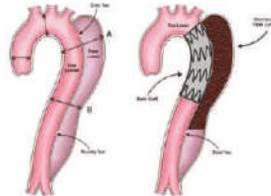
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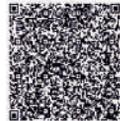
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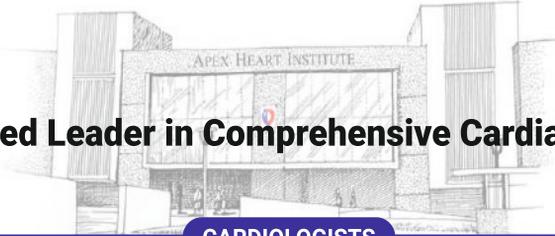
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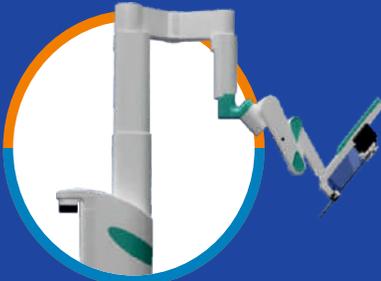
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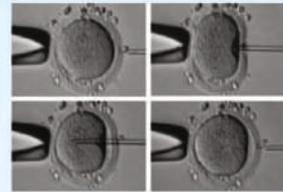
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