WHITE PAPER ON PROMOTION OF FAMILY DOCTOR

Preamble

 70% Indians lives in villages.

 Basic Health care is lacking in villages.

 Certain states in India have well developed Rural Health work force. Eg: Andrapradesh, Tamil Nadu, Karnataka, Kerala, Gujarat etc

 Many States in India have large shortfall of Rural HWF Eg: Assam, Chhattisgarh, MP, UP, Orissa, WB etc Hence an alternate model of Rural Health care is needed for India

 MCI Act 1956 says MBBS is the Basic Medical qualification.

 Constitution Article 21 says Right to Health

 Article 14 says Equality

 80% of disease need Primary care

 China developed Barefoot Doctors.

 Mid level mobile Health workers are there in Sub-Saharan Africa.

 Even developed countries like UK, USA & Canada have developed Physician Assistants& Nurse Practitioners (NP) to meet the Health Challenges in remote areas.

Efforts by Govt of India to improve rural health care

1. BRMS BRHC short term health workers course recommended
2.Posting AYUSH practitioners in PHC after undergoing bridge course.
Family Doctor or primary care physicians are the first rank in Health care delivery for the population. They play a vital role in Preventive health, early diagnosis and treatment of acute and chronic medical conditions with timely referral in addition to up keeping of health records of family members in the community and providing continuity of care.

Health workforce in India

Medical seats

The admission capacity in year 2013-2014 was about 50,078 students, at Undergraduate level and about 24,239 students, at Postgraduate level in India. (MCI Website, June 30, 2015). Now it is increased to 67352 MBBS & 38263 PG seats including DNB.

According to the Medical Council of India (MCI), the total number of registered doctors in the country is 9,36,488 as on December 31, 2014 and that of auxiliary nurses midwives is 7,56,937 & registered nurses/midwives are 16,73,338 (Health Minister J P Nadda in Lok Sabha, March 13, 2015)

Six 'high HRH production' states (i.e. Andhra Pradesh, Karnataka, Kerala, Maharashtra, Pondicherry and Tamil Nadu) represent 31% of the Indian population, but have a disproportionately high share of MBBS seats (58%) and nursing colleges (63%) as compared to the eight 'low HRH production' states (i.e. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttaranchal and Uttar Pradesh), which comprise 46% of India's population, but have far fewer MBBS seats (21%) and nursing colleges (20%).

India has 19 health workers (doctors – 6, nurses & midwives – 13) per 10,000 people. WHO norms provide for 25 per 10,000 people (Steering Committee on Health for the 12th Five Year Plan of the Planning Commission)

Though adequate number of MBBS qualified Doctors are in India, why there is a short fall of Doctors in primary care and rural India?
Key reason is today's medical graduates are trained and oriented towards Tertiary care with no exposure to primary care.

How to resurrect and strengthen primary care in our nation?

1. Department of Family Medicine

All medical colleges both Government and Private in India must have a department of Family Medicine.
We have MCI approved post graduate qualification MD in India without department of family medicine.

This is the key Lacuna.

When new specialities are initiated barriers will be faced.

Like this in Family Medicine also issues will crop up. Unitil departments of Family Medicine are establishment in Medical colleges, this role could be played by department of Social and Preventive Medicine

2. Faculties in Family Medicine:

a) Competent good number of Family medicine DNB qualified specialities are available. They can be utilised as full time or part time Faculties.

b) Social and preventive Medicine specialities who have aptitude towards Family Medicine by Bridge course can be trained to be Faculty.

\c) Public Health Specialists can be utilised the same way

d) Internal medicine and other broad specialities within interest in Family Medicine must be trained and posted.

e) Community experience should be counted towards faculty eligibility.

Faculty cadre of Family Medicine as Assistant, Reader, Professors to be created with promotional opportunities and a distinctive space in field of Medical Education.

3. Training in Family Medicine:

UG training in Family Medicine department in the medical college with 6 months Community training in PHC, CHC to be done. During Internship also 3 months training to be given in PHC and CHC. Their posting in the Emergency room will help to be the first contact physicians in medical emergencies.

UG training in Family Medicine to be increased with atleast 6 months exposure in community settings. Community Based Education must be strengthened than tertiary care based system.

4. Curriculum in Family Medicine:

Like other Broad Specialties curriculum to be drawn and a separate paper in the pre final year to be included for Family Medicine.

Short term training programmes say 4-6 weeks, which can be developed by IMA-College of General Practitioners (IMACGP) and offered to inservice doctors posted at PHC/CHC as an immediate measure. These programmes can provide credits which a doctor can accumulate and get counted when undergoing PG Diploma / Degree in FM

5. Positions in Health System:

After completion of MBBS their placement in the Health system will attract young Doctors. TO be posted in PHC, CHC, District Hospital NRHM & NHM with large funding can utilise the MBBS doctors in the rural posting with high remuneration package.

Recruitment rules for MO/CMO position in state cadre to include special incentives for Family Medicine Specialities.

PHC (primary health centre) should be re designated as "Family Health Unit" which should provide comprehensive primary health care instead of diseased focused public health intervention.

Family physicians should be placed at front line as team leaders of the "Primary Care Teams"

Finance and position are the key to attract Doctors in Primary care

6**. Post Graduation:**

In today's demanding Health scenario every young medical graduate is compelled to do Post graduation. Now MCI approved three year institutional MD Family medicine & DNB Family Medicine is existing but taken by vary few because of placements. When Department of Family medicine with positions are in place youth would prefer Family medicine. Remuneration must be compensatory for the rural working depending on hours of working

Engaging MCI/GOI for approval of revised Family Medicine course (recommended by NCFM – national consultation on family medicine, 2013) which provides the Family Medicine doctor with LSAS, EmOC, Child Care and Skills to manage emergency.

Compulsory Rural Posting Vs Residency training in family medicine:

Most of the developed countries have adopted the strategy of large number of residency positions in family medicine in order to strengthen the human recourse in rural and remote locations.

By academic institutionalization of community health services (district hospitals, sub divisional hospitals, CHC, PHC etc) through appropriate regulatory reforms large number of family medicine programs can be initiated.

In future sub speciality course in Family medicine can also be introduced to create status for Family Physicians.

7. On line Post graduate Qualification in Family Medicine:

E learning in the order of the day in Education globally

When our Prime minister is promoting Digital India, Digital PG courses must be a reality in India.
Theory (Knowledge) component will be online. Skills (Clinical) Component will be by month end clinical training in Medical colleges or Accredited Private Medical Institutions- Blended Learning.

The curriculum and syllabus will be vetted and approved by NMC, Government of India.

This approved Digital PG course of Family Medicine will attract Young Medical graduates to undertake Family medicine post graduation while continuing their self-practice or Institutional both Government and private assignments .

This will solve the non availability of Medical Doctors in primary care in cities and rural areas.

Accessible and Affordable healthcare will reach for Indians.

Will also offer equitable healthcare to Indians both rural and urban as per constitution of India.

8. Engagement / Advocacy at State level for ensuring creation of FM positions at secondary care level

9. At this juncture IMA has taken serious cognisance of the move by GOI to post AYUSH doctors in PHC after crash course training programme as it will violate the article 21 and 14 of Indian constitution by not offering Right to health and equality. **In addition this move of MOH will destroy the Primary Care Doctor system itself in India.**

HLEG report:

To achieve required doctors, nurses and midwives per 1000 population, our requirement of medical colleges, nursing colleges & schools are as above. The fact that this statistics have been worked out taking into consideration that one doctor sees 25 patients per day where as in India, when a doctor sees 200 and above patients per day, this theoretical number is not immediately necessary.

What we need in more of nurses and midwives rather than medical doctors

So there is no need for a short term plan of training AYUSH Doctors for prescribing modern medicine drugs and posting them in PHCs.

Building Partnership:

Indian Medical Association is the Global largest NGO representing 4 Lakh of Qualified Modern Medical Doctors in India. Realising the value of Family Doctor in India, IMA formed an Academic wing as IMA College of General Practioners in the year 1963 and educations Primary Care Physicians to be scientifically strong to serve the Community.

IMACGP Courses in Family Medicine are very popular and so far thousands of Qualified Family Doctors pool has been created.

IMA & IMACGP are willing to partner with Government of India in this crucial decision and offer all the needed support.

Indian Medical Association has widely discussed the issue of "Strengthening Primary Care in India",

in the International Congress of Family Medicine held at Delhi on 25th and 26th July 2015 with experts in Family Medicine in India and South Asia region with representatives of Medical Councils of India and National Board of Examinations of

India and request the Government of India and Ministry of Health to **adopt and strengthen Family Medicine in India** to **offer Equitable Affordable Accessible health care in India.**

Primary Care is the Backbone of Healthcare delivery of any Nation.more in a Developing Nation like India. Universal Health Coverage is the need of the Hour. Our Honourable Prime Ministerji has determined to achieve UHC in 2025

UHC is built only on Primary care not on Tertiary care

Hence Strengthening Family Doctor is the emergency need of the hour leading to UHC in India

Prof Dr Arulrhaj, MD, FRCP(L)(G),MBA.,
National President API
Past National President IMA
Past Dean IMACGP
Past President CMA,UK

9.3.2020

Fact sheet on

Healthcare Violence

Introduction

- Brutal attacks on Doctors in Private Practice or Public Hospitals are spreading like wildfire.
- As Professional leaders say "it is a familiar story & gets repeated once in every 6 months. We Doctors go for a flash strike & then forget & start performing our Professional responsibilities. More so with Residents & Young Doctors."
- Honorable Courts have ordered to withdraw Strike & passed an unpleasant comments probably keeping in mind only the Public Health.
- **Indian Medical Association through its studies opines as below:**

  Healthcare Violence has become an alarming phenomenon worldwide. The real size of the problem is largely unknown and recent information shows that the current knowledge is only the tip of the iceberg. Psychological violence is more prevalent than physical violence. This form of violence is widespread everywhere with verbal abuse right on the top and bullying and mobbing as second main areas of concern.

Out of all healthcare related issues, Violence against healthcare professionals is the most dreaded one in India. Healthcare Violence occurs in the form of physical violence, verbal abuse, aggressive gesture, blackmailing, mob lynching and cyber bullying. Cyber crimes against healthcare professionals is the fastest evolving trend of healthcare violence. Emotional stress, doctors going through, is nothing but Emotional Violence against the noble white collared professionals.

Statistics Update

- 75% of doctors face verbal or physical abuse in hospital premises.
- Fear of violence was the most common cause for stress for 43% doctors.
- 70% of the cases of violence are in emergency areas like ICU & Casualty.
- 80% of the cases of violence are initiated by the patient's relatives.
- Violent crimes against doctors in India have increased from 2006 to 2018 exponentially.
- 62% of doctors expressed that they are unable to see their patients without any fear of violence.

- 57% doctors have considered hiring security staff in their hospitals.
- 40% of doctors from National Capital Region reported being exposed to violence in 2018.
- Verbal abuse is the most common form of healthcare violence.
- Only 44% doctors report the incidence of violence to somebody.
- 22 state governments of India have passed protective act for doctors.

World Situation on Healthcare Violence

Healthcare professionals & workers are at high risk of violence all over the world. 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Violence against health workers is unacceptable. It has not only a negative impact on the psychological and physical well-being of healthcare professionals, but also affects their motivation. As a consequence, this violence compromises the quality of care and puts healthcare provision at risk. It also leads to immense financial loss in the health sector.

Types of Healthcare Violence

PHYSICAL VIOLENCE & VANDALISM
The use of physical force against the professionals which includes beating, kicking, slapping, stabbing, shooting, pushing, biting, pinching etc.
PSYCHOLOGICAL VIOLENCE (Emotional abuse) Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. Includes verbal abuse, bullying/mobbing, harassment, and threats. Abuse Behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual.
VINDICTIVISM
Bullying / Mobbing Repeated and over time offensive behaviour through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees.

CYBER CRIMES AGAINST MEDICAL PROFESSIONALS & INSTITUTIONS
Cyber lynching & trolling is commonly seen in the fraternity. Indian Medical Association has declared any behaviour disturbing mental peace or causing physical or mental disruption to the medical professional as a violence. Cyber lynching & trolling as

deliberate attempt to disrupt, attack, offend or cause mental harm to the medical community or medical professional will be treated as a violence against healthcare. Cyber lynching & trolling is done usually by posting certain comments, photos, videos, GIFs or some other form of online content to disrupt the image, character of the profession or the professional.

Common Types of Cyber Lynching & Trolling

1] INSULT CYBER BULLYING

Commonly seen in social media. The comments, abusive words, images or videos posted with intention of insulting the person or profession.

2] DEBATE TROLLING

Professionals are engaged in a unwarranted debates in open areas of social media site. The nuisance is created with intention to keep up the debate to put up dominating, demeaning last say against the professional. The intention also is to demean on public forum. Such debate trolling should be avoided by using social media wisely. In case of debate trolling already entered into, try to get away in time & avoid any unparliamentary, unconstitutional comments which may back fire you in spite of being a victim.

3] OFFENDED TROLLING

The informative posts or posts with controversial topic or any normal posts/blogs offending someone unintentionally starts this type of troll. Be firm, be right & avoid confrontation. Put forth your correct say in right way & stop any further reactions to provocations.

4] PROFANITY TROLLING

This is just a show-off trolling as the culprit cannot add more than you or cannot score over you. The language used in this trolling may be with curse words.

Cyber Lynching and Trolling areas

- You Tube videos or Picture comments or comments
- On line Blogs, Write up, News e-paper columns etc.
- Emails
- Personal or Public on line forums
- Facebook, Twitter, LinkedIn, WhatsApp, Tumblr etc
- On line sites commonly used by doctors and patients for search or reach out.
- Other social or cyber network areas.

Incidence:

The Indian Medical Association has reported that 75% of doctors face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% doctors.

The highest number of violence was reported at the point of emergency care and 70% of the cases of violence were initiated by the patient's relatives.

Health care Violence is more common in private sector than public healthcare

Popular in corporate there in medium in small Hospitals rare in Family Doctor clinics

Doctors , Junior Doctor pharamedicals are manhandled, beaten & sometimes murdered too.

Hospital & equipments are often vandalized.

The incidence of reported violent crimes against doctors in India has been increasing with the highest violence rate occurring in Delhi, Maharashtra and Uttar Pradesh. Violence against doctors has also increased in other parts of Asia, such as China, Pakistan, Nepal and Sri Lanka

HEALTHCARE VIOLENCE Scenerio

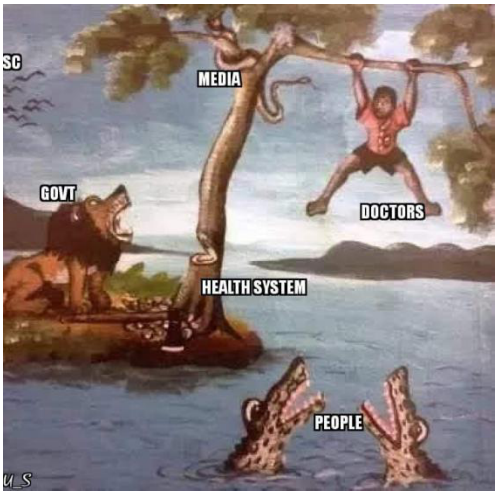
- Doesn't want to pay. No Budget for Health
- Not accepting / feigning to accept Death
- Damage to Hospital Properties
- Man handling / murdering Doctors & Health workers
- Except 4 states Healthcare Protection law in force

Changing Scenario

Patients Safety ⟶ Doctor Safety

DOCTOR TODAY

When Death knocks at the door the Doctor is looked upon as God
When he accepts the challenge he is looked upon as an Angel
When he cures the patient he is looked upon as a Common Man
When he asks for his fee he is looked upon as a Devil



CRIMINALISATION OF MEDICAL PROFESSION

- **No other Profession cures ill health & saves human lives.**
- No other Professional face this much humiliation, torture & vandalism.

- No other Professional –Lawyer, Judges, Auditor, Engineers are beaten.
- Why this is happening?
- **All the Stake holders must accept the responsibility.**
- **Public is the first Stake holder**
- **Second Stake holder is Doctor**
- **Governments-Powerful Stakeholder**
- **Media is the next Stake holder**

Media Mindset……

- Highlight only the Negatives of Profession & not Positives
- Wants sensational News only
- Not worried about the Negative impact on Society & Health Professionals

Society says

- Doctor is not available
- Doctor is not Caring for me
- Unnecessary Investigations & Drugs
- My Disease is not explained to me
- Outcome unexpected
- Out of Pocket Expenses high
- Medical profession has failed to regulate itself. Society grants professionals such as lawyers and doctors certain special privileges , and in turn expects that they will hold all their members to a minimum standard
- **Expect cheaper / free Health Care**
- **Pays in Rupees but expects Dollar Comfort**

Politicians Mindset…….

Government feels

- Doctors are not caring for Patient's Health
- Doctors are extracting large money
- Public Sector Healthcare can perform better
- Health care to be regulated stiffly by Laws
- Health care is Trading & Heavy taxation must
- Doctors not to raise their voice of Protest

Is Medicine a Charity / Service / Profession?

- **Understand one thing – ligating pulsating blood vessels is not a service.**
- **Restarting a heart is not a service.**
- **Suturing meticulously with threads thinner than the hair on your eyebrow is not a service. Identifying the extent of tumor in the brain right down to the last millimeter while operating to remove it is not a service.**

It is a skilled Profession.
It is an art. It is a specialized skill. It is a test of your endurance because at the end of the 25th hour of straight duty, you better save that 20th patient on your operation table or else everything you have done before this does not matter. Above all else, it is a sacrifice. Have to abide or face harassment & legal action

End Result is What?
Assault on Doctors & Hospitals:
There is an increasing expectation from patients that with modern medicine and technology, a doctor should be able to guarantee a good outcome.

"Almost everybody in the country has been a victim of some form of graft or malpractice — be it inflated bills, wrong diagnosis or substandard treatment,"**Down to Earth**, a science magazine, declared last year.

One survey shows, emergency patients, the life-and-death cases cause as many as half the violent incidents.

If these attacks goes on like this, doctors will lose all their confidence and It will culminate in doctors thinking that this country doesn't deserve doctors."

The attitudes of patients is such that they often harboring unrealistic expectations on doctors and medical technology!.

* When things go bad, the crowd will calmly ignore the hard & unstinted efforts put forth to save the life and be at the doctor's doorstep with stakes and pitchforks . And celebrities will be there to tut-tut on National Television about how doctors are corrupt and cutting off organs for their own profits.

DOCTOR SOCIETY GAP

Society feels doctors are arrogant, often superficial and live a life secluded from the mainstream society. A section of doctors availing forwarding commission from hospitals, scan centres and laboratories have not helped to bridge the trust gap.

Doctors do not meet the expectation of the Patient
Doctor Patient Mismatch
Health offered & Health Expected mismatch

Doctors talks about Disease

Patients talks about Symptoms

Doctor – Patient Dichotomy

Acceptance of Death, Treatment failure & Payment of bills are the triggering factors.

People think just because a family has lost a family member they are not liable to pay the Hospital or Doctor. And people think, that they can sue you for malpractice/negligence. This sets a dangerous precedent. Hospitals and in turn doctors would then cut their losses and not take up difficult/severe cases for surgery. Somebody whose life could potentially be saved would not get to the operating table due to this culture.

What Public must do?

- Doctor is needed for every human being from Birth to Death
- Believe the Doctor as you Believe your Mother & Wife
- Understand what Doctor Explains. Keep emotions away & cooperate with the profession
- Learn to accept failures inspite of satisfactory treatment
- **Doctor is not God. Doctor is also a human being with knowledge and skill to understand diseases and offers scientific treatment to cure or alleviate or prevent diseases.**
- He cannot save life all the times
- Learn the culture of a good citizen. Respect others
- Know treatment will cost
- Every Indian must Budget for Health

What MCI must do?

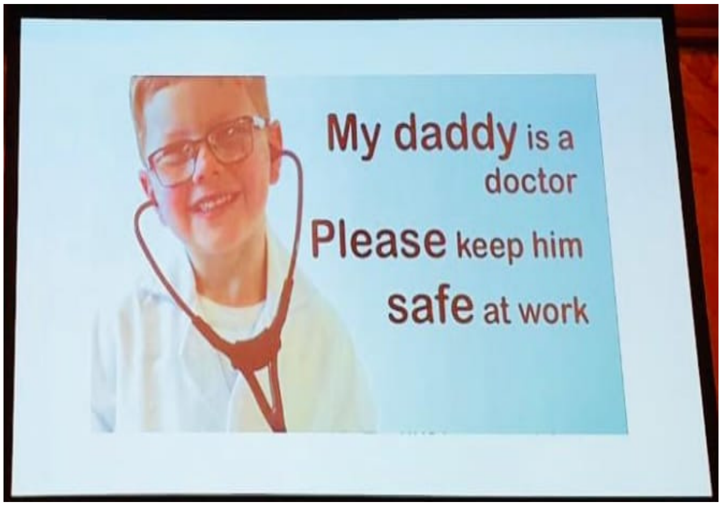
- MCI – Reregistration
- Online Courses

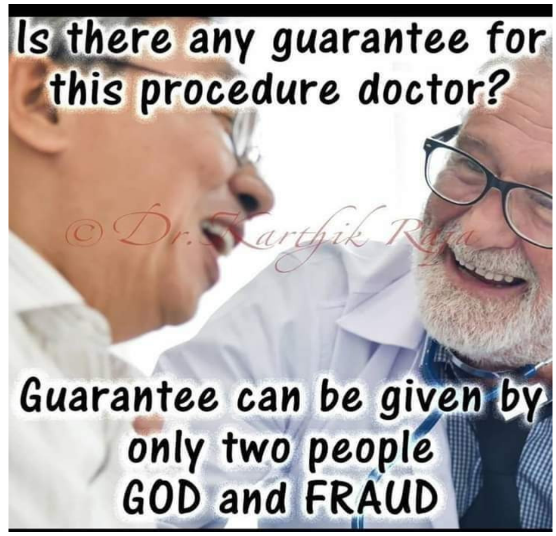
- CPD Program
- Professional Association vice to be heard
- Updates in Practice
- Teacher – Number & Quality
- MBBS Curriculum – Modular
- Skills Lab
- Online Dental School & Medical College
- **Quality of Medical Education must meet todays challenges**

PAEDIATRICIAN SINGS…..

Johnyjohny..
Yes papa!
Are you a DOCTOR
Yes papa!
Lot of tension..
Yes papa!
Too much work..
Yes papa!
Family life..
No papa!
Bp-sugar..
High papa!
Yearly bonus..
Joke papa!

Monthly Income..
Low papa!
Personal life..
Lost papa!
Weekly off!
Ha HaHa





Stop violence against doctors in India

While healthcare requires reform, frustrated families must not target doctors

Sporadic violence against doctors and health workers occurs across the world, but it's usually limited to threats and abuse by patients under the influence of alcohol or illegal drugs. Violence against medical professionals in India is unique because it's not perpetrated by patients, but by their families and friends, strangers who join out of misplaced sympathy, random goons, and political leaders and party workers looking for the crowd's approval. It is often physical, with a mob quickly coming together to rough up healthcare staff and vandalise hospitals. While the global trigger is usually anger at real or perceived negligence, in India it is driven by delays in treatment, doctors and services not being available, and allegations of profiteering. In the absence of adequate grievance redressal mechanisms at hospitals and medical negligence cases taking decades to resolve, if at all, frustrated families vent their frustration in violence.

If patients are underserved, doctors are overworked, as highlighted by Prime Minister Narendra Modi's tweet congratulating "all hardworking doctors for their round the clock effort to make our society fit and healthy" on national Doctors' Day, July 1. There are 11,57,771 allopathic doctors registered with the Medical Council of India, of which an estimated 9.26 lakh are in active service to treat 1.35 billion people. This puts India's doctor-population ratio at 1:1,457, which is lower than the World Health Organization's recommended ratio of 1:1,000. Till the Centre's efforts to reinforce human resources in healthcare, such as raising the number of seats in medical colleges and relaxation of norms for setting up medical colleges in terms of requirements of land, faculty and other infrastructure, bear fruition, short-term solutions are needed to defuse the crisis.

Improving doctors' communication skills, reducing waiting time, using digital technology for faster response, making billing transparent, and setting up a robust complaint redressal system in hospitals are some ways forward. Patients, too, must have realistic expectations and keep in mind that medicine is a science, and doctors are professionals, not magicians. Some patients will survive, and some won't, irrespective of doctors' skills or the services available.

In defence of doctors: How short-sighted and populist politics is wreaking havoc with healthcare today

Amrinder Bajaj

First Fortis, then Max and now BL Kapoor Hospital have fallen prey to slander. All three hospitals serve thousands of patients everyday in Delhi and NCR. The latest video doing the rounds is of Bobby Kataria and his mob laying siege to Balaji Action Hospital – 1.9 million FB views in 48 hours – to exploit the death of a six-day-old baby, probably for political gains.

Hospitals have become arenas for populist political battles where slogans and protests, threats and abuses are hurled at random. They are ignited and stoked by an irresponsible section of media that sensationalises without verifying facts.

Much hue and cry was made of the 'live baby' wrapped callously in a plastic bag at Max Shalimar Bagh when it was a mere five months (22 weeks) old fetus that had negligible chances of survival. Such fetuses can go into a state of suspended animation for a varying period of time and breathe again though, eventually they do not survive. An instant judgment without a hearing or trial was passed. As a result two doctors lost their jobs and Max lost its licence.

To the tension of an extremely stressful profession – sleepless nights and hungry days, a negligible family life that strains the atmosphere at home – are now added humiliation and threats from the very people we serve to the best of our ability.

Do patients come to hospitals to buy immortality? They must also understand that medicine is not math and there is no guarantee for success in every case

A doctor was almost strangulated with a telephone cord because he was unable to revive a road accident victim – who was brought in dead! In another hospital a lady doctor's clothes were torn by angry relatives because, on her fell the unfortunate duty of imparting to them the news of their relative's death.

Do patients come to hospitals to buy immortality? It is as if the fit and healthy and not the ailing and diseased come here and doctors are waiting with scalpels to slit their throats and pockets. State of art equipment, super specialists, scrupulous cleanliness and care all cost money, and those who come to high end hospitals must be prepared to pay. They must also understand that medicine is not math and there is no guarantee for success in every case.

The fragile but extremely essential equation of trust is gone. The doctor sees a potential predator in the garb of a patient and his family, while the patient sees a potential murderer and dacoit in the doctor – 'sab chor hai saale' is the prevailing view of doctors. This is a sorry state of affairs for our nation and its citizens.

Despite the palpable antagonism, hospitals are flooded with patients. Despite a severely strained doctor-patient relationship, we quietly go on doing what we have been trained to do. But for how long can anyone, more so a doctor with the responsibility of another's life on his shoulders, function in an atmosphere of hostility and fear?

In my grandfather's time (he too was a doctor), patients died because it was God's will and survived because of the doctor's expertise. Nowadays, the only cause of death seems to be medical negligence.

Ayn Rand aptly describes today's situation in her 'The Atlas Shrugged': ""I quit when medicine was placed under State control some years ago,' said Dr Hendricks. 'Do you know what it takes to perform a brain operation? Do you know the kind of skill it demands, and the years of passionate, merciless, excruciating devotion that go to acquire that skill? That was what I could not place at the disposal of men whose sole qualification to rule me was their capacity to spout the fraudulent generalities that got them elected to the privilege of enforcing their wishes at the point of a gun.'"

The writer is Unit Head, obstetrics and gynaecology, Max Shalimar Bagh and Pitampura

- **Police Dying on Duty they don't strike.**
- **Why Doctors alone agitate.**

Honorable Mamtaji

Dying on duty is different from being killed on Duty, Madam.

Doctor Vs Cricketer

Yes India lost today.

India has lost in previous world cups too.

Many hearts broken.

Many will abuse.

Many will cry to sleep.

Many will say 'Well tried'

But

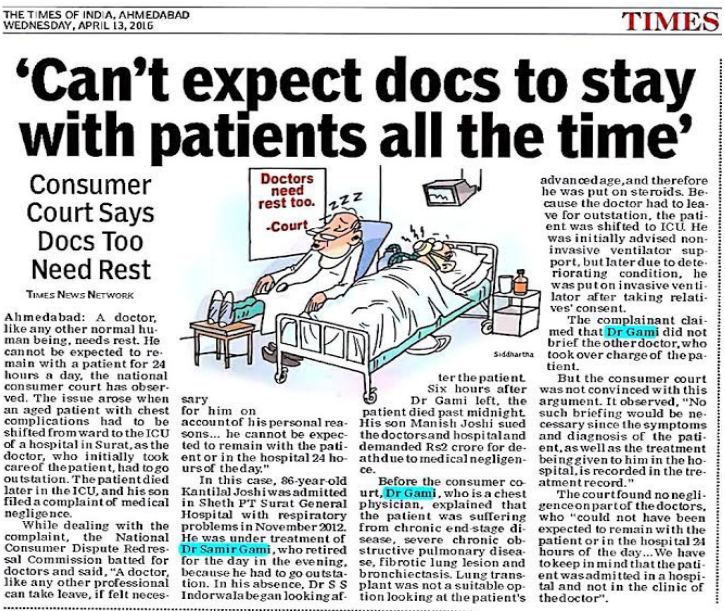
No one of the cricketers will get beaten up.

Then

Why will a doctor get beaten up?!

Kindly enquire about a cricketer's salary and compare it with doctor's fees

A lost world cup can be won after 4 years. A cardiac arrest doesn't give you that much time



THE TIMES OF INDIA, AHMEDABAD
WEDNESDAY, APRIL 13, 2016

TIMES

'Can't expect docs to stay with patients all the time'

Consumer Court Says Docs Too Need Rest

TIMES NEWS NETWORK

Ahmedabad: A doctor, like any other normal human being, needs rest. He cannot be expected to remain with a patient for 24 hours a day, the national consumer court has observed. The issue arose when an aged patient with chest complications had to be shifted from ward to the ICU of a hospital in Surat, as the doctor, who initially took care of the patient, had to go outstation. The patient died later in the ICU, and his son filed a complaint of medical negligence.

While dealing with the complaint, the National Consumer Dispute Redressal Commission batted for doctors and said, "A doctor, like any other professional can take leave, if felt necessary for him on account of his personal reasons... he cannot be expected to remain with the patient or in the hospital 24 hours of the day."

In this case, 86-year-old Kantilal Joshi was admitted in Sheth PT Surat General Hospital with respiratory problems in November 2012. He was under treatment of Dr Samir Gami, who retired for the day in the evening, because he had to go outstation. In his absence, Dr S S Indorwala began looking after the patient.

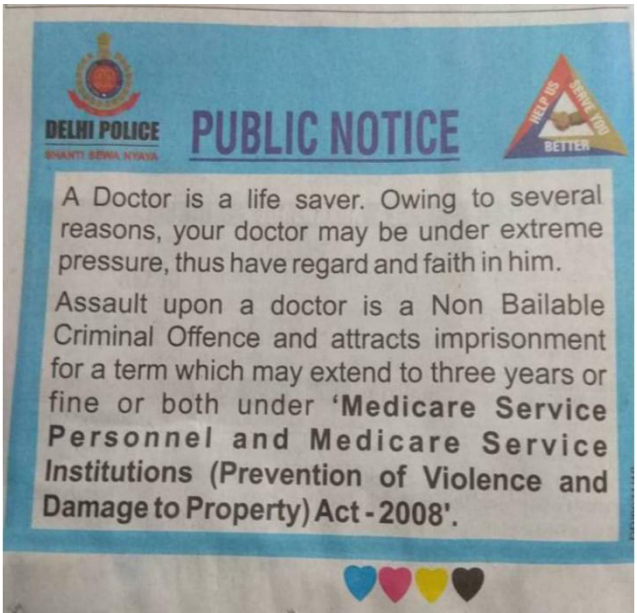
Six hours after Dr Gami left, the patient died past midnight. His son Manish Joshi sued the doctors and hospital and demanded Rs2 crore for death due to medical negligence.

Before the consumer court, Dr Gami, who is a chest physician, explained that the patient was suffering from chronic end-stage disease, severe chronic obstructive pulmonary disease, fibrotic lung lesion and bronchiectasis. Lung transplant was not a suitable option looking at the patient's advanced age, and therefore he was put on steroids. Because the doctor had to leave for outstation, the patient was shifted to ICU. He was initially advised non-invasive ventilator support, but later due to deteriorating condition, he was put on invasive ventilator after taking relatives' consent.

The complainant claimed that Dr Gami did not brief the other doctor, who took over charge of the patient.

But the consumer court was not convinced with this argument. It observed, "No such briefing would be necessary since the symptoms and diagnosis of the patient, as well as the treatment being given to him in the hospital, is recorded in the treatment record."

The court found no negligence on part of the doctors, who "could not have been expected to remain with the patient or in the hospital 24 hours of the day... We have to keep in mind that the patient was admitted in a hospital and not in the clinic of the doctor".



MONDAY, DECEMBER 11, 2017

THE HINDU

INDIA'S NATIONAL NEWSPAPER SINCE 1878

Why blame the doctor for the ills of the system?

The changing nature of healthcare practice in India has spawned a plethora of issues that need attention

J.S.N. MURTHY

In recent times there has been much change in all walks of life. Medicine is no exception. Over the past four decades in this field we have seen vast changes in the attitude of doctors, hospitals, patients and the media. First and foremost, patient expectations have changed.

The earlier generations depended on family doctors and there was a bond between doctor and patient. Money was only incidental. Today, with the media and the Internet proliferating and generating new expectations, patients want quick-fix solutions. The same attitude is found in the younger generation of doctors. The sea change in medical treatment regimes came in the mid-1980s with the founding of corporate hospitals and nursing homes.

Today there is a trust deficit between doctor and patient. The communication between them is at a low. We may be in a digital world, but in patient-care there should be a personal touch and communication to solve most problems. That's often not there today.

Once, all the top specialists were in major government general hospitals. Corporate hospitals changed that. The investors built the best hospitals with state-of-the-art technology and paid well to hire the best medical talent from across the globe.

Virtually overnight, in Chennai for example, we had the best treatment available in the country, with specialists on a par with those anywhere in the world. For such care, there is a price to be paid.

Investors and managements expect returns. We should not think government hospitals are doing free service – salaries and running costs come from the taxpayer; it is only returns that are not expected. Today there is no denying that private hospitals and private medical colleges have a significant role in healthcare delivery. If private medical colleges don't have the standards stipulated by various accreditation bodies, they will disappear, as many engineering colleges have. But unlike engineering colleges, the cost of running private medical colleges and hospitals is considerably more. They also need an adequate patient load to make possible teaching, training, and research publishing. And looking after hospitalised patients has a cost too.

Today every patient wants American standard medical care at local cost. We are not doing too badly on that.

India at present is a destination for patients from a large number of neighbouring countries. In the next decade it will be a major medical destination for patients from other countries as well, a development similar to it having become a destination for information technology services since the 1980s. This is because we have the best of doctors, nurses and technicians. And we still offer caring treatment at comparatively reasonable costs.

One of my patients, in spite of having medical insurance in the United States, came to me to have his treatment done instead of getting it done in the U.S. When I asked him why, he told me that in the ICU there the nurses and doctors don't communicate with parents and are more bothered with their charts and records.

American medical care is driven by lawyers, insurance and medical administrators. In such a situation, charts and records become more important than personal involvement with patients.

Let's look at another issue. When a doctor operates in an emergency case or has to deal with a very serious case, he or she is doing his best, based on the knowledge and experience. They have to take spot decisions in critical situations. They don't have the luxury of adjournment or a higher court. For a doctor to act in an emergency situation, he or she should have freedom from fear of litigation and physical assault.

If there is gross medical negligence, let the law take its course. If hostile relatives and rowdy elements take centre stage, the poor doctor is a sitting duck. No other profession comes in contact with the public as a doctor's profession does.

Defensive mode

If doctors are to fear litigation, then they will get into a defensive mode. They will think twice before doing complex procedures, not because of any medical problem but the fear of the courts and, possibly, being asked to pay huge compensation. Today most doctors take medical indemnity bonds, only adding to the cost for the patient. This was something unheard of in the past in India.

A doctor will be close to 40 years of age when he becomes a specialist or super-specialist. From there it takes a decade more of hard work day and night, Sundays and holidays, to get recognised. No other profession has such a long incubation period. Surely he or she is entitled to respect – and understanding if there is medical error. He is, after all, human. Every doctor is doing his or her best for the patient. Don't shoot the doctor; he or she is helpless. It cannot happen to lawyers, bureaucrats, industrialists or politicians because there will be repercussions.

The times have changed. With greater scientific progress, people's expectations have increased. Who will bear the cost? Healthcare cost cannot be the complete responsibility of the government alone with just 2.5% being the share of the GDP for health care. It is the responsibility of individuals, institutions and philanthropic bodies to fill the gap to attain the goal of a healthy nation. Private participation is needed in numerous ways. Please don't shoot the doctor.

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Blaming doctors for costly healthcare is like blaming pilots for costly flights.

Health Care Costly why?

- **Production cost is High** - Education
  - Infra
  - Man Power
  - Instruments
  - Taxation
  - Compensation high
  - Poor Insurance
- **Selling Cost is High**
- **Health care must become Infrastructure Category ?**

‘Doctors must feel safe at work’

INTERVIEW

DR HARSH VARDHAN, Union minister

“Complications” mentioned in Text Books of Medicines is being Marketed as “Negligence’ of Doctors by the Media . @jack tales

Healthcare Violence

A) Violence Prevention

EMPOWER YOURSELF

- Be Competent
- Be Compassionate
- Be Communicative
- Be Knowledgeable
- Know your Limits
- Communication skills
- Inclusive Decisions
- Transparency -- Diagnosis
  -- Prognosis
  -- Cost
- Supporting Colleagues
- Avoid Adverse comments
- Learn the Laws Abide Laws
- Keep Records. Doctor is answerable
- **Doctors don’t treat for the income……**
- **Doctors treat for the outcome.!**
- **Doctors are still Doctors but the patients have become customers**

Important Hospital Notice

We provide treatment by professional Doctors who are humans and not Gods. If you prefer to get treated by God, please visit The Temple next door.

Hospital Management

Communication

- Preventive measures for doctors and patients related to unnecessary conflicts in the New era of Modern medical practice .
- Now a days it has become a daily information of abuse of doctors due to sickness and hospital deaths ,
- What a treating doctor should know to avoid these issues is the most needed now .

Attendants keep on Changing - Speak to Every New Attendant - Answer their Every concern - Don't Hesitate to communicate with **New attendants of a Sick patient - They might turn into your Trouble makers..**

Most Important Issue in Communication is
NOT WHAT YOU TALK..
IT IS HOW YOU TALK..

Shared Decision

- In Every Patients
  Tell pt all treatment options..
  Involve them in Decision Making..
  Tell them why you have chosen this option - Which parameters you want to Monitor - And what changes will make you to change management decision..conservative to surgery..

  Tell your OP Attendant to allow attendants of so & so sick patients, whenever they come.

  Studies showed..
  Patients who are more familiar to doctors create Less problems..

Troubleshooters

- Identify patient attendants
- who can create problem - Develop rapport with them - Know their name - Communicate with them -

Address their Concerns

80% patients are Noncritical
and Nontroublesome..

- 20% are Either Critical or Troublesome.Focus on that 20%...
  You May have 100 patients to take care..But, for them he is the only patient & it is the only work for them..
  YOU MUST GIVE SUFFICIENT
  TIME FOR THAT 20% , HOWEVER BUSY YOU MAY BE.

Caring

- Patients expectations are
  Not only from you.
  But also From Your staff..

- Train them to behave well..
  Find few intelligent staff
  or Duty doctor. Ask them
  to be in constant touch with the sick patient and attendants..

- **Earn Patient TRUST & CONFIDENCE..**

- **Make their Stay Pleasant.**

- Just by the way, we blame sick patient poor general condition to his BAD HABITS & Very Late presentation to Doctor ..

- In the same way,
  when some unexpected thing happen they blame deficiency of services/ staff behaviour.

- **If they are happy with our attitude, then they usually blame it on God/their karma**

Patient Caring

- **Tell ICU staff / Gateman to give**
  little relaxation to visit
  dying sick patients.

- Breaking the Bad news
  Should preferably done by
  Senior most Doctor..

- When you explain
  show the File.. Show the Bad reports.
  Explain the Events..

- When needed
  Show the Facts in Google or Literature and explain them about prognosis of that condition..like survival rates of Decompensated cirrhosis with HRS..

- **Don't Face the Mob.**
  Call Few Key attendants
  into separate Room..
  Keep sufficient medical
  staff on your side..
  Speak softly with Proper Eye contact. If You bend down your Head.They assume that you made mistake.

Communication Skills

- **Don't Minimise Severity.**
  Involve staff who is attending
  them regularly(while explaining.)

- **Use Simple words.**
  Proper Body language..Lean Forward.
  Don't tell in a Hurry and go.
  Give them time to Digest.
  Give sufficient pauses.
  Let it be a Dialogue -
  Not Monologue.

- Needs Advanced
  Communicative Skills.
  Only 7% words.
  38 % Tone of Voice
  55% Body language.

- Listen to attendants.
  Allow them to Speak.
  Patient Listening itself is Best way of Communication.

Breaking Bad News

Whatever busy your OP may be..Don't Disclose it in a Hurry.

There will be 5 stages from
attendants side

1. Shock Denial. Disbelief
- Convince them by showing them the reports
2. Blame..Anger..Aggressive - Support them, Listen to them, Be calm
3. Bargaining Empathy (Feel with them for what had happened)and help them to accept reality
4. Depression
5. Acceptance
Don't leave them at Stage 1 or 2.Be with the Family silently,
until they reach stage 5

Always Wear Neat Apron..
If you look like Doctor - They respect you Doctor.

Recording Skills

- Documentation – Record in Case sheet and get signature ; Consent, DIL etc
- CCTV – Record and keep it for 6 months

B)Violence Management
Anticipate & identify trouble shooters

Be Ready to handle

- Severe violence
- Inform police; keep good relation with police &
- District Administration
- IMA Hospital Protection Team
- IMA Violence APP
- Own Team at Hospital

WHAT WE MUST DO?

Promote Public & Government Slogans:

1. We love Our Doctors
2. We Protect Our Doctors

3. National Doctors Care Day can be promoted

4. Doctors save Patient lives and loose their live early

5. Healthcare & Doctors Safety are both sides of same coin

6. Doctors Safety Vs Patient Safety

7. Doctors for Patients Patients for Doctors

PUBLIC MUST RAISE TO PROTECT DOCTORS

National HealthCare Protection Act

Like Australian Law – 14 years punishment

NATIONAL HEALTHCARE PROTECTION ACT

- Draft has been prepared in line with hospital protection act of various states.
- Non bailable offence. 10 Year imprisonment
- Thanks to Dr.Harshvardhanji our Union Minister for Health family welfare
- This was done soon after the WB healthcare violence in June 2019
- But this Bill did not see lime light till today.

Like Australian Law – 14 years punishment

Actively Promote:

- **Public Sensitization :**Health care expenses, Budget for Health & accepting Death

- **Doctors Education:** to be Competent, Communicate, Caring & Ethical

- **"Emergency SOP**" – Training & Implementation

- Face to Face or **Media discussion** with Consumers, Legal Experts, Government Officers & Police periodically.


Violence against doctors may soon attract 10-year jail term

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New Delhi: Violence against on-duty doctors may be treated as a cognizable and non-bailable offence, attracting jail term of up to 10 years along with a hefty penalty of at least twice the value of damaged property.

The draft of the proposed legislation, framed by an inter-ministerial committee, is currently under consideration of the health ministry, a source said.

"We have proposed a central law which is uniform across the country and linked to the Indian Penal Code and the Code of Criminal Procedure. The draft bill proposes a gradation system to determine the punishment depending on the type of assault and injuries caused from 'it," said the source involved with drafting of the bill.

According to the provisions of the draft bill, punishment will depend on whether the injury is "simple" or "grievous".

Apart from doctors, the proposed law will cover hospitals and once convicted, those accused of such violence may have to pay compensation of at least twice the value of damaged property, the source said.

CURE FOR HOOLIGANS

Though similar laws are in place in around 21 states, experts said they were not effective as they lacked uniformity and impacted enforcement across the country. According to doctors, not a single conviction has been made so far in any of these states despite rising number of incidents of violence against doctors and in hospitals.

"A central law in the concurrent list overriding the state laws is required as a strong deterrent. It will also bring uniformity and help create awareness among general public," secretary general of Indian Medical Association (IMA) Anoop said.

According to the IMA's estimates, over 75% of doctors across the country face at least some form of violence.

PUBLIC MUST RAISE TO PROTECT DOCTORS

SCIENCE OF MEDICINE IS TAUGHT
ART OF PRACTICING MEDICINE IS NOT TAUGHT

Education & Profession must be linked; Heart & Hand together.

Treating Disease is different from managing patients ,Relatives and Bystanders

MCI must Reorient Curriculum & Training

DOCTOR IS HEALER

Doctor Treats Physical Ailments Earns Money

Healer Earn Souls, Blessings & More Money

Send Positive Energy

Earn Positive Energy

Build Energy Field

That is Protection

Be a Leader

Appropriate Accountable Investigation & Care

Positive Energy you will give.

Patient will worship Doctors

Sister ShivaniVerma ,Brhammakumari's

THEY ARE DOCTORS

- Doctors treat people,
- Doctors spend sleepless nights,
- Doctors get beaten up by the patient

party,

- Doctors are falsely reported by the media,
- Doctors protest and protect themselves

for their safety,

- Yet Doctors return to work,

- Everybody criticize Doctors, yet they want their child to be a Doctor.

ONLY DOCTORS HANDLE SICK HUMANS

DOCTORS ARE SENSIBLE

DOCTORS HAVE HUMANITY

Wonderful sentence ….

The first and last person you see in your life is a Doctor::

RESPECT HIM…

BE LIKE DOCTORS

Doctors Do Godly Services..

Respect Support Protect Doctor

Doctor Safety Patients Safety

Actively Promote:

- **Public Sensitization :**Health care expenses, Budget for Health & accepting Death
- **Doctors Education:** to be Competent, Communicate, Caring & Ethical
- **"Emergency SOP**" – Training & Implementation
- Face to Face or **Media discussion** with Consumers, Legal Experts, Government Officers & Police periodically.

Actionables

- **Health care violence will continue to grow Nationally & Internationally.**
- **Doctor- patient mismatch and Doctor –Government mismatch is the key issue.**
- **Doctors should lead the crusade. Offer scientific treatment ethically , anticipate violence , be communicative and prevent violence.**
- **Locate the troubleshooters and be prepared to handle violence.**
- **Confidently and effectively handle violence if occurs.**
- **National Protection Act will come, but its implementation will be doubtful.**
- **Declares Hospitals as Protected Zones**
- **Health Concurrent subject**
- **Support your professional colleagues in your area.**

Ethical value based Healthcare is Noble.

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डीएमआईसी के काम को अब एक साल में पूरा किया जाएगा। विधानसभा में अनुदान मांग पारित कराते समय बढ़ावा देने जोधपुर निदेशालय बनेगा। शेष

वकीलों को गंभीर बीमारी के लिए अब 3 लाख रु.

कल्याण निधि संशोधन विधेयक पारित

जयपुर | विधानसभा में शनिवार को अधिवक्ता कल्याण निधि संशोधन विधेयक पारित हो गया। विधेयक में अधिवक्ताओं को सामान्य बीमारी के लिए मिलने वाली राशि को 40 हजार रु. से बढ़ाकर 1 लाख, गंभीर बीमारी के लिए 1 लाख से बढ़ाकर 3 लाख रु. किया गया है। किसी अधिवक्ता की मृत्यु होने पर परिजनों को मिलने वाली आर्थिक सहायता राशि को ढाई लाख रु. से बढ़ाकर 8 लाख रु. किया गया है। इसके अलावा स्लैब वाइज पेंशन का प्रावधान किया गया है। इसमें 40 साल तक प्रेक्टिस करने के बाद सेवानिवृत्त हुए अधिवक्ता को 15 लाख रु. तक पेंशन दिए जाने का प्रावधान किया गया है। अधिवक्ताओं की आजीवन सदस्यता फीस को 17500 रुपए से बढ़ाकर 1 लाख रुपए कर दिया गया है। हालांकि भाजपा ने बिल में प्रिंटिंग मिस्टेक का हवाला देते हुए संशोधित ड्राफ्ट लाने की मांग की, लेकिन संसदीय कार्यमंत्री ने मांग को खारिज कर दिया। इस पर भाजपा विधायक सदन से वाकआउट कर गए।

-राजरंग पेज भी पढ़ें

A bill has been passed for advocates. It says for a milder disease advocates will get upto 1 lakh medical insurance as compared to 40,000 before. For threatening disease 3 lakhs (before 1 lakh). In case of death, family will get 8 lakhs (before 2.5 lakhs).

Pension rules have also been revised. Those who have practiced for 40 yrs will get upto 15 lakhs pension. Advocates fee has been increased from 17,500 to 1 lakh.

BJP says there is printing mistake in the bill and it should be rechecked but this request has been declined.