



**IMA News Goa State Branch Vol. No. XXI Issue 4**

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*From the Editor's Desk*

*Dear Friends,*

*We have come to the end of 2013 and it is time to present the last issue of the IMA News for the year 2013.*

*This has been an eventful year and the mega event was the Silver Jubilee of GIMACON, which has been a grand success and an unique experience for all of us. I am sure all of you must have enjoyed the thought provoking programs and workshops and all the fun filled activities.*

*All the branches of the IMA have conducted vibrant academic and social activities. I congratulate them for their excellent work and for keeping me updated about all their various events and activities. It has been a pleasure for me to publish their work,*

*As I hand over the IMA News to the new editor for the year 2014, I would like to thank all the branch office bearers for their cooperation and help during this year.*

*I wish the incoming team and all the future office bearers the very best in their endeavors in 2014, and I wish all our IMA members a very Happy New Year 2014.*

*Dr. Prithi de Sousa Araujo*  
**Editor, IMA GOA State Branch**



## **PRESIDENTIAL ADDRESS**



Dear Friends in the IMA,

We have come to the last issue of the IMA News magazine for the current association year, and by the time you read this, I would have acquired the status of “Past President”. This calls for some introspection and “concluding remarks”

All in all it has been an eventful year. I shall not go into the activities to avoid repetition as this would have already been covered in the State Secretary's Annual report. I prefer to dwell on things that could have been; and there are three issues which deserve mention.

First, we failed to get the CEA Bill passed, in spite of approaching various centers of power, and knocking on innumerable doors. Bearing in mind that this issue has been dragging on since 1986, it is difficult to accept the chief ministers' description of the law department being a “black hole” as being the sole explanation for this weird reality. There must be additional extraneous factors; and I wonder what part was played all these years by an intrinsic intra-organizational dislike for any professional regulatory mechanisms. When practitioners express concern that they may have to shut their hospitals if the CEA came into force, one can't help but wonder where the interests and priorities lie.

Second; we raise a hue and cry about stamping out quackery. I put it to you that quackery is now institutionalized with the help of political godfathers. Hence in addition to campaigning for policy changes, we must take the fight to grass roots. I give you two examples of such action and its results. There are two newspaper cuttings in this issue. One relates to article in “The Goan” a weekly which extolled the virtues of a “Goan” bone setter. Letters to the editor were written by Dr. Bala and me. My letter was probably too toxic for the editor to stomach, and he chickened out from printing it. Dr. Balas' was better directed to the core issue. The point was made.

The second was a newspaper item announcing the launch of a mumbo-jumbo product called “amazing water”. I complained to the FDA and the end result was the letter as reproduced here. All these bottles of plain water, without any “amazing” properties were withdrawn.

I give you these two examples to illustrate what is possible at grass roots, and what individual practitioners can do. Instead of telephoning the president to say “the IMA should do something” get the proverbial finger out as the British say, and do something yourself! It can be quite effective.



Thirdly, when I took over, I promised you I would make every effort to sort out the mess with biological waste management. I proposed the concept of having two units, one for North Goa and one for South. The GMC unit was suggested for North Goa, and a new unit for the South. Things had progressed to a stage of enquiries on land acquisition for a suggested site, bringing in the South Goa deputy collector into the loop and involving his support. Unfortunately the pollution control board objected on the grounds that the rules did not permit two units within a radius of 150 km. the HM went along and appointed a committee to set up a single unit. Here the issue hit a road block because no panchayat is prepared to have such a unit in their jurisdiction. I envisage the government will have to invoke the urgency clause; and the IMA could assist by carrying out public awareness campaigns once a location has been finalised.

Finally, I would also like to dwell on the issue of handing over the baton to the next generation. Younger practitioners are reluctant to take up the mantle of IMA leadership. Various reasons have been put forward; but one of them must be that new office bearers have their enthusiasm doused with cold water with the amount of "nit-picking" or criticisms over trivial issues that keep being brought up at meetings. Is the issue of the presidents' birthday photographs two years back, of such dimensions that it has to be discussed at an AGBM? Such trivial matters can be resolved over the telephone, without burdening the official hierarchy. We must be constructive in our criticisms and curb the inclination to raise issues purely for acoustic effects.

We have never managed to cross the half-way mark of all registered medical practitioners enrolled as IMA members. If we are to make an impact on the government in their efforts to implement some grossly irrational policies, we need the numbers. Hence membership drive needs to be activated. During 2013, we had the highest single annual increase in membership; and I look forward to the incoming committee improving on this.

Extracts from the guidelines of the Goa Medical Council on accreditation of CME programs are included in this issue with relevant sections highlighted. This is to draw the attention of branch secretaries to important sections so as to improve compliance when they apply for credit points.

Finally, I have no doubt that the organization will withstand stormy weather and continue to grow in the interests of the profession and the professionals, ultimately bringing much needed medical relief to society.

I take this opportunity to thank the executive committee, and each and every member of the Goa State IMA, for their cooperation and support during my tenure as president. I wish the incoming, and indeed all future office bearers all the very best in their endeavors, and may their efforts bring rich dividends.

Long Live IMA.



*From The Secretary's Desk*

*Dear Colleagues in the IMA,*

*I warmly greet each one of you in the last quarterly issue of the IMA News, Goa for the year 2013. The year 2013 will shortly come to a close and as the new committee takes over, our IMA activities will continue in full measure. I wish each one of you a Very Happy New Year 2014.*

*I feel extremely to have served as Secretary, Goa State. It has been a rewarding experience for me to see so much enthusiasm in our members at the state level as well as at the local branches.*

*I thank all my colleagues and leaders of my beloved association for their love and affection. I have tried my best to accomplish my job as Secretary. This has been possible only due to the dedicated efforts and support of all my colleagues.*

*This last quarter was full of activities, but the highlight was the 25<sup>th</sup> Anniversary of the GIMACON which was a huge success.*

*I thank you all for your continual support and guidance in all my endeavors. I would like to wish the incoming team best of luck in the year ahead.*

**Dr. Rahul Borkar**  
**Secretary, IMA Goa State Branch**



**MINUTES OF THE CONCLUDING MEETING OF EXECUTIVE COMMITTEE, IMA GOA STATE  
HELD ON THE 15TH OF SEPT 2013**

Since there was no quorum the meeting was adjourned for 30 minutes from 11a.m. The meeting restarted at 1130AM.

Following members were present :

Dr. Gladstone D'Costa, Dr. Rahul Borkar, Dr. Naguesh Kakode, Dr. Prithi de Sousa Araujo, Dr. H.P Pai , Dr. Anil Mehndiratta, Dr. Sunita Pai , , Dr. Jagdish Kakodkar, Dr. Vinayak Buvaji, Dr. Roshan Nazareth, Dr. Prasad Netravalkar, Dr. Preetam Naik, Dr. Kalpana Mahatme. Dr. Francisco Couto, Dr. Deepak Dhond, Dr. Suraj Prabhudesai, Dr Damodar Bhonsule, Dr. R Rivonkar, Dr. Sachin Palyekar, Dr. Amey Kamat

Following members were granted LOA: Dr. Hina Shaikh, Dr. Shekhar Salkar, Dr. Lalana Bakhale, Dr. Dhanesh Volvoikar, Dr. G V Prabhu, Dr. Deepak Dangui

The State President called the meeting to order

- 1) IMA Ponda Branch Secretary, Dr. Amey Kamat , welcomed everyone. Later Dr. Gladstone D'Costa, President, IMA Goa State, addressed the gathering and handed over the proceedings to Dr. Rahul Borkar, Hon. Secretary IMA Goa State.
- 2) The minutes of the previous IMA Goa State Executive Committee meeting held on 9-6-2013 was confirmed . The Following paragraph was added: " Dr. Naguesh Kakode pointed out that the mails to email addresses on the website were all bouncing back and that IMA HQ had sent a circular stating that all members should have an email ID for all future correspondence."  
It was proposed by Dr. Prithi Araujo & seconded by Dr. Prasad Netravalkar.

Matters arising from the Minutes.

1. Dr. Gladstone D'Costa informed the EC that the bill on prevention of violence against doctors and health care facilities was passed by the cabinet and that it would be place before the Assembly in the forthcoming session starting 9th October 2013.  
  
The clinical establishment bill however is still with the law department and not cleared yet. There was some discussion as to why the bill was not being cleared and various members gave their views.
2. Dr. Gladstone Dcosta showed the CD of the IMA Constitution to the EC and said as per the decision of the EC 800 CD's and 300 hard copies are being printed. The CDs would be put into the delegate bags of all IMA members attending the conference, and the rest distributed to the branches. The hard copies would be distributed to the branches in proportion to the membership for members who preferred the hard copy in exchange for the CD
3. Dr Gladstone informed the committee that the IMA Goa State Trust had been dissolved and a letter had been received from the managing trustee, Dr. Sunil Kakodkar to that effect. It was being published in the IMA News.



**4. The office bearers for the Year 2014 were confirmed as follows:**

<b>IMA Goa State President:</b>	<b>Dr. Jagadish Kakodker</b>
<b>State Secretary:</b>	<b>Dr. Vinayak Buvaji</b>
<b>Joint Secretary:</b>	<b>Dr. Francisco Couto</b>
<b>State Treasurer:</b>	<b>Dr. Atchut Kakodkar</b>
<b>Joint Treasurer:</b>	<b>Dr. Ashadevi P. Netravalkar</b>
<b>IMA News Editor:</b>	<b>Dr. Deepak Lotliker</b>
<b>Representative to Central Council:</b>	<b>Dr. Vishnu Vaidya</b>
<b>3rd Vice President:</b>	<b>There was no representative from IMA Bicholim and hence no name could be finalized. Efforts to contact Dr. Sandesh Chodankar, IMA Bicholim President failed.</b>

- 5. The Secretary's report was incomplete as activities of individual branches were not incorporated in the report. It was decided that the state secretary would make a PowerPoint presentation of the final report and mail to all EC members.**

**Dr. Gladstone pointed out that an inordinate amount of time had been spent in efforts to get the constitution accepted by the Registrar's office because it involved 20 pages of amendments. If this had been done on a regular basis as and when the amendments were made, life would have been much easier, and the State Secretary would have been able to spend more time with other matters.**

- 6. Dr. Sunita Pai, Past IMA State Treasurer presented the audited statement of accounts for the financial year April 2012-March 2013.**

**Dr. Gladstone asked if the Life membership account was a separate account as directed by the HQ. This was confirmed by Dr. Sunita Pai**

**The audited accounts statement was passed by Dr. Francisco Couto and seconded by Dr. Prithi Araujo.**

- 7. Dr. Gladstone suggested that the Statement of accounts and the Previous AGB minutes be printed in the IMA News edition that will be distributed to all delegates at the conference so that the paperwork, costs and time were reduced.. Members could bring copies of the IMA News magazine to the AGB for reference. This suggestion was accepted by all the EC members.**

- 8. There were no resolutions brought before the EC.**



**MATTERS RELATED TO GIMACON XXV**

Dr. Naguesh Kakode thanked all the EC members for overwhelming response for GIMACON 2013.

It was decided that distribution of participation certificates be started on Sunday mid-morning after 2 scientific sessions.

Dr. Bhonsule suggested that we should not wait for the inaugural function to start if the chief guest came late. Dr. Gladstone D'Costa said that this whilst being a sound concept, at the present time was a delicate issue and could be deferred. .

**Under AOB the following points were discussed:**

- 1) Dr. Prithi Araujo suggested that the attendance register of any CME programmes be put up on the IMA website after the CME so that it becomes convenient for the Goa Medical Council to check the authenticity of the certificates submitted at the time of renewal of GMC registration.
- 2) Dr. Kalpana Mahatme wanted to hand over the trophy that IMA GOA State won at the recently concluded DMC workshop at Vadodara. However Dr.Gladstone suggested that we give her a time slot at the GIMACON inaugural function to hand over the trophy to the IMA State President and her efforts acknowledged at the inaugural function. This suggestion was accepted by all the EC members.
- 12) Dr. Suraj Prabhudesai proposed the vote of thanks by thanking the host IMA Ponda branch and Dr. Francisco Couto for making all the arrangements.

This was followed by fellowship and dinner.

s/d-

**Dr. Rahul Borkar**

**Hon. Secretary,**

**IMA Goa State Branch**

**I DON'T REMEMBER YOUR NAME!****Dr Abhijit Nadkarni & Urvita Bhatia**

All of us forget things from time to time; and as we get older, we tend to get more forgetful. In dementia, a disease of the brain, this process becomes accelerated and is more severe in nature. Dementia is known to start with memory problems, and then progress to other difficulties, like change in personality and poor self care. Dementia is quite common in the population, affecting about one in every 20 of those over 65 years of age.

There are various types of dementia, differentiated according to the causal factors. One of the most common types of dementia is Alzheimer's disease, a condition characterized by damage to the brain, and reduction of certain chemicals in the brain. Alzheimer's dementia is also known to run in families, thereby indicating a genetic link underlying this disease. In another type of dementia called vascular dementia, the arteries supplying blood to the brain become blocked, thus starving the brain of much needed oxygen. Besides these, there are also other not so common causes of dementia, like Parkinson's disease and Huntington's disease.

Dementia is associated with clearly marked features, with the most common feature of dementia being memory loss. People with dementia forget the names of people or places and have difficulties finding the right word for objects. They tend to forget what happened earlier in the day, are not able to recall conversations, and start becoming repetitive in their conversations. They often find it difficult to understand what others are saying and hence communication becomes difficult. Because they tend to get confused easily, they might get lost even when they are in familiar places. In some cases, they might wander out of the house and then not know how to find their way back. They develop difficulties with common daily tasks such as cooking, bathing and changing clothes. Their overall personality changes over time, and they behave or react differently from how they did before they developed dementia e.g. a normally calm person might become easily irritable when he/she develops dementia. Also, gradually, over time, the patient might lose control over his/her bowel and bladder; and become bedridden.

Diagnosis of dementia is straightforward and there is no single specific test that helps to determine whether someone has dementia. Medical professionals make a diagnosis by taking a detailed history about the patient's symptoms from the patient and family members. Further, a memory test, physical examination and blood tests are also done to aid the diagnostic process. Sometimes, a brain scan might be required to confirm the diagnosis by ruling out other brain disorders which might mimic dementia.

Unfortunately, there is no cure for most types of dementias and the natural course of dementia is that of gradual worsening of symptoms. In the case of Alzheimer's dementia, there is a group of drugs which a medical professional might prescribe to slow down its progression. In vascular dementia, which is caused by reduced blood supply to the brain, a small dose of aspirin may help to prevent 'mini strokes' which are known to be associated with it.

**BRANCH ACTIVITIES****IMA MARGAO****IMA MARGAO - MONTHLY REPORT ( SEPTEMBER TO NOVEMBER 2013)**

The Margao Branch of the Indian Medical Association (IMA) successfully hosted the Silver Jubilee GIMACON, the annual conference of IMA Goa, on the 28<sup>th</sup> and 29<sup>th</sup> September 2013 at Holiday Inn Resort. The conference was enthusiastically attended by more than 600 doctors from all parts of Goa. The Organising President, Dr. Naguesh Pai Kakode welcomed the audience and dignitaries. Shri Manohar Parrikar, Hon. Chief Minister, graced the occasion as the Chief Guest. On this occasion the revised constitution of IMA, Goa was released at the hands of the honourable Chief Minister. Dr. Vishnu Sheldenkar, Dr. Ratan Naik and Dr Rajiv Usgaonkar were felicitated for their lifetime of exemplary work in the field of medicine. Dr. Abhijit Nadkarni, the Organising Secretary, proposed the vote of thanks.

The theme of the conference was 'Emerging Horizons in Medical Practice and there was an eclectic mix of academic topics covered under this theme. The IMA Goa State Oration was delivered by Dr Jagdish Hiremath, Consultant Cardiologist. Dr. Prakash Pispati, Consultant Rheumatologist, spoke about 'Humour in Medicine', Prof. Irwin Nazareth, University College London spoke on 'Evidence based Medicine', Dr. Anand Pendakur, Consultant ENT Surgeon, spoke on 'Allergy-A new understanding, diagnosis and management' and Dr. M C Gupta, a doctor and lawyer, spoke on 'Health care laws and their impact on clinical practice'. Academic papers on a range of topics were presented by Dr Lalita Fernandes, Dr. Kedar Padte, Dr Abhijit Nadkarni, Dr Paresh Desai, Dr Akashdeep Arora and Dr Venkatesh Nevgi.

IMA, Margao Branch also conducted the following CMEs after GIMACON:

25<sup>th</sup> October 2013-Vector Borne Diseases by Dr Rajesh Jhaverani and Dr Savio Rodrigues

16<sup>th</sup> November 2013- Management of Alcoholic liver disease by Dr Jose Filipe Alvares, Consultant Gastroenterologist



In vascular dementia, medication may also be prescribed to control high blood pressure or raised cholesterol. Besides medications which are prescribed for some types of dementias, it is also extremely crucial to maintain a healthy lifestyle, for instance, by making dietary changes, refraining from alcohol and cigarette use, and incorporating exercise in one's daily schedule.

For people with dementia which is in its early stages, some simple and practical steps can be taken to help deal with memory problems. These include maintaining a list of things to do, keeping the mind active by reading or doing crossword puzzles, and other brain-stimulating exercises such as Sudoku. One may also find it helpful to keep essential materials/things (such as clothes, medicines etc...) in prominent places where they can be found easily. Calendars and clocks with large numbers placed in prominent places help to reduce the person's confusion about the passage of time. The patient and his/her family should also start planning for the future by making appropriate arrangements, which could include written directives about financial affairs and a lasting power of attorney given to a trusted person.

In conclusion, although it is not yet clear what can be done to prevent dementia itself, some evidence does indicate that a healthy diet and lifestyle may help protect against dementia. Furthermore, if detected early, medications can slow down the progress of some types of dementia.



**IMA CQS**

**IMA CQS – MONTHLY REPORT FOR THE MONTH OF SEPTEMBER 2013**

**CME:**

- 1) A CME was held on 6<sup>th</sup> September at IMA CQS Hall on “Common Dermatoses in General Practice” by Dr. Rakhi Ghodge Prabhudesai Associate Professor Skin & Dermatology Dept GMC Bambolim for IMA CQS Members.



**CME held on 06/09/2013 by Dr. Rakhi Ghodge Prabhudesai Associate Prof. Skin & Dermatology Dept Goa Medical College**

**COMMUNITY HEALTH ACTIVITIES:**

- 1) 20/09/2013  
Dr. Pradnya Kakodkar Member IMA CQS conducted a lipid profile camp on 20<sup>th</sup> September at IMA CQS Hall Curchorem. This camp was sponsored by Abbott Pharma.



**Dr. Pradnya Kakodkar at a community Lipid Profile camp**



**2) 21/09/2013**

A free diabetes detection camp was conducted at Dr. Buvaji's Hospital on 21<sup>st</sup> September. 33 patients were screened for diabetes. One new patient was found and advised proper management. This camp was sponsored by Macloeds Pharma.



**Coordinator: Dr. Vinayak Buvaji Prsident IMA CQS at the camp**

**3) 21/09/2013**

A General Medical Camp was conducted by Dr. Milagres Fernandes at Quepem . Over 50 patients were examined by Dr. Milagres & Dr. Dangui. This camp was sponsored by Morris Pharma.



**4) 23/09/2013**

Anaemia screening program was conducted for students of Primary school at adopted village Cotarlim Sanguem by Dr. Vinayak Buvaji President IMA CQS. Free haemetinics and deworming medicines were distributed to the students.

**Cordinator : Dr. Vinayak Buvaji President IMA CQS**





**1) 25/09/2013**

A General Medical Check up camp was conducted by Dr. Deepak Dangui for senior citizens at Ambaulim Quepem Goa. Medicines were distributed free by Mineral Foundation of Goa. This camp was sponsored by Mineral Foundation.

**Co Ordinator: Dr. Deepak Dangui IMA CQS**



**HEALTH EDUCATION ACTIVITY:**

**1) 1/09/2013**

Dr. Jagdish Kakodkar held an Educational Program on Adolescent problems and solutions for teenagers at Smt. CTN Higher Secondary School Curchorem on 1<sup>st</sup> September.

**2) 14/09/2013**

Dr. Vishnu Vaidya Treasurer IMA CQS delivered a talk on Vector Bourne Diseases in a program held at Samrat Club Sanguem. It was attended by 60 people.



**3) 21/09/2013**

A program was conducted on Eye Donation at Rotary Hall Curchorem. This was attended by over 60 people. After the program around 30 people gave pledge for eye donation. This program was organised by Dr. Pradnya Kakodkar in collaboration with Eye Block Trust Goa Medical College. Dr. Vinayak Buvaji President IMA CQS actively participated in the conversation.

**IMA CQS - MONTHLY REPORT FOR THE MONTH OF OCTOBER 2013****CME:**

- 1) CME was held on 11<sup>th</sup> of October for IMA CQS Members at IMA CQS Hall on “Chronic Pancreatitis & its Management” by Dr. Suraj Prabhu Dessai Senior Consultant Surgeon DHS. He explained in a easy manner how to approach the case by General Practitioners. CME was attended by 35 members.
- 2) CME was held by IMA CQS for the members on “Role of GLIPTINS in the Management of Diabetes” by . Rajesh Bhat kurse MD (Medicine) at Wild West Curchorem. It was attended by 25 members.

**CME ON GLIPTINS DR. RAJESH BHATKURSE****COMMUNITY ACTIVITIES:****1) 19/10/2013**

Medical camp was organized at Dr. Deepak Lotlikar’s clinic for patients for microalbuminuria. Known 28 patients of HT & DM were screened, out of which 22 patients were found to have albumin in urine. Proper advice was given.

**2) 24/10/2013**

Medical check up camp was organized at Dr. Pradnya’s Clinic for senior citizens for HT & DM sponsored by AbottPharma. 39 patients were examined.



3) 30/10/2013

A general medical camp was conducted by Dr. Deepak Dangui at Mulasa Paroda Quepem for the public, where in free medicines provided by Dr. Deepak. About 30 patients were examined by him.

4) 31/10/2013

Peripheral Sensitometry camp was organized by Dr. Pradnya Kakodkar at her clinic for known diabetic patients to know the nerve involvement in the patients. 24 patients were examined.

**HEALTH EDUCATION ACTIVITIES:**

1) 06/10/2013

Dr. Deepak Lotlikar conducted a program on Alcohol addiction & Diet in children at Convention of Christian Adivasi Samaj at Cindios Paradise, Quepem.



2) 19/10/2013

Dr. Pradnya Kakodkar delivered a talk at CTN High School Curchorem on Eye Donation awareness and described the program by the eye bank in collaboration with GMC Bambolim.

3) 26/10/2013

Dr. Deepak Dangui & Dr. Vinayak Buvaji presented a talk on Dengue and its prevention for students of Holy Cross school staff & students at their premises.

4) 12/10/2013

Dr. Ganapati Kakodkar in collaboration with CHC Curchorem presented a elaborate talk on misuse and adverse effects of tobacco for the staff & students of CTN High School Curchorem. He explained about adverse effects of tobacco consumption and about COTPA





1) 12/10/2013

Dr. Deepak Dangui delivered a talk on harmful effects of Tobacco and tobacco related products to about 80 patients of Don Bosco High School Quepem Goa which was followed by a rally through quepem market area displaying posters, banners & playcards.

2) 03/10/2013

Dr. Jagdish Kakodkar conducted a Lecture on "Health and Hygiene of Adolescents" for 250 students of Std XI at Carmel Higher Secondary School Nuvem.

**IMA CQS - MONTHLY REPORT FOR THE MONTH OF NOVEMBER 2013**

**AAON GAON CHALE ABHIYAN:**

17/11/2013

A screening camp was held on 17<sup>th</sup> November 2013 at Govt. Primary School Collem with PAP Smear for early detection of any signs for CaCx. 75 ladies were checked by Pap Smear. Smears were sent to Goa Medical College for reporting. GMF assisted for the same.

Dr. Vinayak Buvaji President IMA CQS

**CME:**

08/11/2013

CME was held on 08<sup>th</sup> of November for IMA CQS Members at IMA CQS Hall on "Orthopedic Updates " by Dr. Milind Deshpande , Lecturer, Ortho Dept. Goa Medical College, Bambolim. He briefly highlighted the then and advanced surgical approaches to different orthopedic ailments in a systematic way and quoted about the doctors from Goa doing these procedures. CME was attended by 31 members.



**CME ON ORTHOPEDIC UPDATES DR. MILIND DESHPANDE**



**COMMUNITY ACTIVITIES:**

1) 09/11/2013

Random screening of Hypertension at Sanguem was done by Dr. Vishnu Vaidya at Sanguem at Govt. primary School where in 75 people were screened. Two young hypertensives below 30 years were detected.

2) 17/11/2013

Breast Cancer screening camp was held at Sarvodaya High School Curchorem Goa on 17<sup>th</sup> Novemebr 2013. Dr. Shekhar Salkar guided all the patients. Dr. Pradnya Kakodkar and her team worked for smooth conduct of the camp. 140 patients were examined.

3) 20/11/2013

A camp was held at Dr. Buvaji's Hospital for screening for Thyroid abnormality. 10 patients were examined. The camp was sponsored by Macleods Pharma.

4) 16/11/2013

A medical camp was conducted by Dr Deepak Dangui wherein 41 patients were examined by him at Gaonkarwada Shirwai Quepem Goa. They were given starter packs of medicines of hemetinics. Deworming also was done in these patients. Camp was assisted by Mr. Pednekar and Mr. Sanjay Redkar

**HEALTH EDUCATION ACTIVITIES:**

1) 23/11/2013

1. Dr. Jagdish Kakodkar delivered a lecture on "Health Education on child rights & prevention of child abuse" at Our lady of mother poor High School Tilamal for around 200 students of Std 8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> Std. on 23<sup>rd</sup> Novemeber 2013

2. Dr. Jagdish Kakodkar delivered a talk on "Effective PTAS and Role of PTA in community health service projects" Audience included Head Masters, Teachers, PTA Chairmen and executive members of Curchorem Superschool complex Govt High School Xeldem on 23<sup>rd</sup> Novemeber 2013.

**IMA TISWADI****IMA TISWADI – MONTHLY REPORT FOR OCTOBER 2013****a) Monthly meeting of IMA Tiswadi for October 2013:**

The monthly meeting of IMA Tiswadi was held on Friday, 25<sup>th</sup> October 2013 from 8pm onwards at Hotel Delmon, Panaji, Goa. The theme of the CME was on Vector Borne diseases and the three speakers discussed various aspects of Dengue fever. The first speaker was Dr. Sunita Perni, Directorate of Health Services, who talked on the various programmes in force for Vector borne diseases and provided the current scenario in Goa. The next speaker was Dr. Nichil Tarkar Pednekar, Microbiologist, District Hospital, Mapusa, who gave a talk on the various diagnostic modalities in diagnosing Dengue fever and the interpretation and significance of the various tests. The third speaker was Dr. Edwin Gomes, Professor & Head of Medicine, Goa Medical College, who talked on the various clinical manifestations and the treatment options for Dengue fever. There was a very lively Question and answer session after the talks. Goa Medical Council had allotted Credit hours for the meeting. The meeting was followed by Fellowship and dinner

**b) IMA North Goa CME on 27<sup>th</sup> July 2013:**

The IMA Tiswadi along with IMA Goa State and Kokilaben Dhirubhai Ambani Hospital organized a North Goa CME on “Hepatology” on Saturday 5<sup>th</sup> October 2013 from 7pm till 10.30pm at Hotel Fidalgo, Panaji, Goa. The meeting had 172 registrants. Dean Goa Medical College Dr. V. N. Jindal was the Chief Guest Dr. Gladstone D' Costa, President IMA Goa State and Dr. Rahul Borkar, Secretary, IMA Goa State could not attend as they were out of station but sent their good wishes for the success of the CME. The Scientific Co-Ordinator for the CME was Dr. Jose Filipe Alvares, Consultant Gastroenterologist, Goa. The speakers were Dr. Jose Filipe Alvares, who gave his opening remarks, followed by Dr. Jayashri A. Shah, MD (Mumbai), DNB, MNAMS (New Delhi), MRCP (UK), CCT Gastroenterology, Hepatology and General Medicine (UK) who is Consultant Gastroenterologist and Hepatologist, Seven Hills Hospital, Mumbai, who spoke on “Viral Hepatitis – Interesting Cases and Case based discussion”. The third speaker was Dr. Ankur J Shah, MS, DNB, MNAMS, MRCSEd (UK), FRCS (HPB Surgery, UK) who is Consultant Hepato-Pancreatico - Biliary and Liver Transplant Surgeon, Kokilaben Dhirubhai Ambani Hospital, Mumbai, who spoke on “Liver Transplant”. The Goa Medical Council allotted credit hours for the meeting. The meeting was followed by Fellowship and Dinner.

**c) EYE CAMP held on 2nd October 2013:**

Dr. Pradeep G. Naik, Professor & Head, Department of Ophthalmology, Goa Medical College, and IMA Tiswadi member held an Eye Camp on 2nd October 2013 at Govt. Primary School, Madel-Chodan Goa on behalf of IMA Tiswadi in association with Rotary Club of Panaji, Mid Town and Mahalaxmi Self Help Group, Chodan. 109 patients were examined at the camp. 69 patients were given free spectacles sponsored by the Rotary Club. 3 patients identified for cataract surgery were subsequently operated at G.M.C. Dr PradeepNaik was assisted by the Optometrists from MuktaOpticians, Mapusa.

**d) World Osteoporosis Day Programme and Camp held on 20th October 2013:**

World Osteoporosis day was celebrated on Sunday, 20th October 2013 at Menezes Braganza Hall, Panaji, Goa. Interactive session on Osteoporosis by Dr. Mahendra Kudchadkar was attended by more than 100 people and was then followed by free bone density and body fat assessment. Free education pamphlets on osteoporosis were distributed. Dietary advice was provided by Mrs. Cheryl Dsouza. The event was supported by IMA Tiswadi who was represented by Dr. Amita de Sequeira, Treasurer, IMA Tiswadi, Dr. Mahendra Kudchadkar and Dr. Anupama Kudchadkar and also attended by Dr. Prasad Netravalkar, President of Rotary Club of Panaji and Past President IMA Tiswadi. Chief Guest was Mr. Gaurish Dhond, President of Indian Red Cross Society and Guest of Honour was Mr. Kirit Maganlal.

**IMA TISWADI – MONTHLY REPORT FOR DECEMBER 2013****a) Monthly meeting of IMA Tiswadi for December 2013:**

The monthly meeting of IMA Tiswadi was held on Friday, 20<sup>th</sup> December 2013 from 8pm onwards at Hotel Delmon, Panaji, Goa. The theme was “CME on Neurosciences-Special interest topics” in collaboration with Psychiatric Society of Goa. There were two speakers for the CME the first being Dr. Savio Sardinha, Clinical Director in Psychiatry & Deputy Executive Director, Townsville Hospital & Health Services, Queensland, Australia who spoke on “Non obstructive sleep apnoeas”. The second speaker was Dr. Caetano Sardinha, Sr. Consultant Geriatric Physician, Seventh Day Adventist Hospital & Napean Hospital, Sydney, Australia who spoke on “Current Advances in Dementias”. There was an enthusiastic question and answer session after the talks. Goa Medical Council had allotted Credit hours for the meeting. This being the last meeting of the year elections for the Executive Committee of IMA Tiswadi for the year 2014 were held and the committee headed by Dr. Francisco Couto (President), Dr. PreetamNaik (Secretary) and others (with only change being in the Treasurer the incoming Treasurer being Dr. Ashish Srivastava as the outgoing Treasurer Dr. Amita de Sequeira expressed her inability to continue for another year) were re-elected for the year 2014. The meeting was followed by Fellowship and dinner.



**b) IMA Goa State Executive Meeting on 22<sup>nd</sup> December 2013:**

The IMA Goa State Executive meeting was held at the IMA Hall at Panaji on 22<sup>nd</sup> December 2013 and was attended by the Executive committee members of various IMA branches. The IMA Tiswadi was represented by Dr. Francisco Couto (President) and Dr. Preetam Naik (Secretary).





**IMA BICHOLIM**

**MONTHLY CME PROGRAM OF IMA BICHOLIM FOR SEPTEMBER 2013**

Monthly CME programme of I.M.A. Bicholim was held on 22<sup>nd</sup> Sept..2013 at Lions club Hall, Bicholim. President Dr. Sandesh welcomed the gathering.

The main agenda of the meeting was to appoint the 3<sup>rd</sup> Vice President from Bicholim branch for Goa State IMA. Dr. Medha Salkar was unanimously appointed by the branch members for the said post. As a part of the CME programme Dr. Shekhar Salkar spoke on ' Ill effects of tobacco ' where in he presented the National and Goan scenario on same. Secretary Dr. Suresh proposed the vote of thanks. The function ended with fellowship and dinner .



**MONTHLY CME PROGRAM OF IMA BICHOLIM FOR OCTOBER**

Monthly CME programme of I.M.A. Bicholim was held on 27<sup>th</sup> Oct.2013 at Lions club Hall - Bicholim.

The programme began with a welcome by President Dr. Sandesh. Secretary Dr. Suresh introduced the guest speaker Dr. Shamprasad Nadakarni, Associate Prof. Orthopaedics, Goa Medical College.

Dr. Nadakarni spoke on 'Osteoarthritis in clinical practice'. The programme was followed by an active interaction by the audience and ended with a vote of thanks by Secretary Dr. Suresh Mandrekar.



**MONTHLY CME PROGRAM OF IMA BICHOLIM FOR DECEMBER 2013**

The concluding meeting of IMA Bicholim branch was held on 15th Dec. 2013 at 11.30 a.m. Lion's club Hall Bicholim. The main agenda for the programme was the election of new executive committee of IMA Bicholim branch for the year 2014. The programme begin with the welcome by the President Dr. Sandesh, who also reviewed the branch activities conducted in the year 2013. He welcomed the guest faculty Dr. Ankush Dessai, Consultant Endocrinologist, Goa Medical College who delivered a talk on 'Hypothyroidism in clinical practice'. The talk was followed by the election of the new executive committee members for the year 2014. The following members were unanimously elected.

- 1) President- Dr. Rajendra Sakhardande
- 2) Secretary -Dr. Vikas Shirodkar
- 3) Treasurer- Dr. Rupachand Gawde

Dr. Sakhardande in his acceptance speech presented his vision for the year 2014. Secretary Dr. Suresh Mandrekar presented the statement of accounts for the year 2013. The programme ended with the vote of thanks by Dr. Suresh followed by the dinner.





**IMA PONDA**

**Report of the Community Activities under AAO GAON CHALEN - SEPTEMBER 2013**

- A-I] Regular weekly Health camps every Wednesday in the adopted village Dhangarwadi Kavlem in association with Matruchaya Seva 25 .
- ii] Regular monthly Health camps in the adopted village Dhaknem Madkai in association with Peaceful Society.
- iii] In Association with Snehamandir Bandora ..... Mobile Health Clinic:-  
Once a week for three weeks in a month, follow up Health camps every month every village, in different remote villages. Members Dr. Mohanlal Borkar and Dr. Purnima Usgaonkar participated in the camps regularly.

**August 2013: Village Kurti**

13/8/13 .....40 patients attended.  
20/8/13.....66  
27/8/13.....45

**October 2013: Village Borim at Gopalkrishna Temple**

8/10/13.....58 patients attended  
15/10/13.....62 patients attended  
22/10/13.....45 patients attended

**November 2013: Village Gaunem**

14/11/13.....25 patients attended  
21/11/13.....16 patients attended  
28/11/13.....26 patients attended

**B] 21/9/13 : School Health Check up of students of Pre-Primary Section of Dr. K.B. Hedgewar Vidyalay Ponda Goa** organized by the School PTA, in association with IMA Ponda

- i) **Dental Check up of students:** By Dr. Jaya Shenoy, Consulting Pedodontist from Ponda
- ii) **Health talk to the parents** of the students by Dr. Purnima Usgaonker with distribution of her books on Tips on Family Health to parents of each student and also to the teachers.
- iii) **Counselling of parents** along with the individual student after complete examination by all the specialists, separately everyday by Dr. Purnima Usgaonker till all the students are covered. Students requiring further attention have been advised accordingly.



**School Health Check up of students of Dr. K. B. Hedgewar Vidyalay Ponda Goa** will be done twice in the academic year followed by Counselling by IMA Ponda every year.

**27/10/13**

**Health check up of children of School for special Children** at Valpoi Goa organised by member and the President of the school committee, Dr. Ashok Amshekar . Over all 59 children were examined. General health, Skin, orthopaedic, dental and mental Health was thoroughly examined and advice was given accordingly. Medicines were arranged by Dr. Amshekar, Dr. Aparna Amsheker, Mrs. Amshekar took pains to make the camp a success. Lunch was arranged by the members of the managing committee. The camp was inaugurated at the hands of the State Coordinator and chairperson of Women Wing, IMA Goa State, Dr. Purnima Usgaonker, Sarpanch of the village, School in charge and The President of the Managing Committee of the School Dr. Ashok Amshekar. Work of Dr. Amshekar to be lauded.

**Members who participated in the camp:**

- 1) Dr. Ashok Amshekar
- 2) Dr. Purnima Usgaonker
- 3) Dr. Rajdatta Timble....Paediatrician
- 4) Dr. Darshana Naik...Psychiatrist
- 5) Dr. Gaurish Laad.. Dermatologist
- 6) Dr. Sadekar
- 7) Dr. Jaya Shenoy ...Pedodontist

**Further follow up will be done as per requirement.**

**C) Talk by Dr.Purnima Usgaonker** to the Girl students of **Higher Secondary College Usgaon Goa on Girlhood Health ...Nutrition, Hygiene, Ways and Means** and the need of maintaining self respect. Presented her books on Nutrition in Adolescence English, Marathi and Konkani, Tips on Family Health and Kutumbswasthyachi Gurukilli to the Library of the College.

**D) Talks by Dr. Purnima Usgaonker** organised by **Balshikshan Parishad Goa**, on “**Care of children of Anganwadi**” to:

- i) Anganwadi Workers on 5/10/13.
- ii) Anganwadi Teachers on 29/11/2013.

**Scheduled: 15/12/13 Health camp at Dattawadi Betoda.** GENERAL Health camp with screening followed by Cancer detection camp at a later date.



**IMA PONDA – IMA PONDA CHARITABLE TRUST**

**CME – Workshop Report**

Indian Medical Association Ponda Branch - IMA Ponda Charitable Trust in association with Directorate of Health Services, Government of Goa conducted **Work shop on - Basics in Palliative Care for Nurses** at IMA House Ponda on Saturday 19<sup>th</sup> Oct 2013 and **Continuing Medical Education programme on Essentials of Palliative Care** on Sunday 20<sup>th</sup> Oct 2013 at Conference Hall, Sub District Hospital, Ponda.

In an era of quick fix solutions & generalised moral degradation, IMA-Ponda has taken an honest leap forward by conceptualizing a noble idea of Hospice for catering to the terminally ill patients irrespective of age, caste, creed, religion, gender & Socio Economic status .

Although the HOSPICE building is taking its physical shape at Farmagudi, we thought of simultaneously creating awareness amongst the medical professionals and paramedics of the State towards this relatively untouched & nascent concept



**Faculty:**

The cream of faculty working at various renowned Cancer Institutes in the country namely Dr. Geeta Joshi (Head, Palliative care, GCRI, Ahmedabad); Dr. Priyadarshani Kulkarni (Director, Cipla Center, Pune), Dr. Lingegowda (Head Palliative care, Kidwai Memorial, Bangalore); and Dr. Yashwant Joshi (Director, Unnat Academy of Human Excellence) gave deliberations during the work shop and CME. They were ably supported by Onco-Surgeons, Dr. Shekhar Salkar , Dr. Nalin Gosalia and Dr. Sitakant K. Ghanekar, Anaesthesiologists Dr. Dalia Bhandare , Pain Clinic Consultants, Dr. Sitaram Korgaonker and Consulting Physician Dr. Prithi de sousa Araujo by chairing the sessions.

The workshop for the nurses covered basic topics in palliative care like the general principles, pain management, symptomatic treatment, care of wounds and bed sores, handling emergencies, communication skills, end of life care etc.

The CME for doctors saw some of the above mentioned topics being covered in greater details and also included other lectures on use of morphine and stress management.

The sessions were made more interesting by inclusion of group work, role plays and interactive sessions. Both the workshop and CME received overwhelming response from the participants. The resource faculty was also pleasantly surprised by the tremendous enthusiasm shown by the members.

The Workshop was attended by Nursing staff from various centers under Directorate of Health Services, majority of them being staff of Sub District Hospital and Hospicio Hospital and some from Private Nursing Homes, Old Age Homes , Domiciliary services providers (under Home Nursing and day care centers).

Through this WORKSHOP and CME, we could sensitise our fraternity & raise the formal curtain on this project and have gone one step ahead in getting geared up for the final project.

Coincidentally IMA Ponda observed its 39th Anniversary on the day of CME, 20<sup>th</sup> October . On this auspicious day we have made a humble beginning by organizing the program, keeping in mind our long term goals .

It is interesting to note the participation of Directorate of Health Services in organising the CME / Workshop. This indicates the support that IMA is receiving, since such facilities are not prevailing in Government Hospitals.



**WORKSHOP PHOTOS**



**CME PHOTOS**





### **IMA BARDEZ**

#### **REPORT OF THE 9TH CME ORGANIZED BY IMA BARDEZ ON 26TH OCTOBER 2013 AT HOTEL ORION, PORVORIM**

The 9<sup>th</sup> CME of IMA Bardez took place at Hotel Orion, Porvorim on the 26<sup>th</sup> of October 2013. There were two topics for the day. The first topic “**IS MODERN RADIATION THERAPY SAFE?**” was well presented by DR. G. KILARA (M.D.,FICS, FICRO), a renowned Consultant Radiation Oncologist & Director, HCG-MSR Centre of oncology, Bangalore.

Radiation therapy is commonly applied to the cancerous tumor because of its ability to control cell growth. It is important to spare normal tissues (such as skin or organs) through which radiation must pass through to treat the tumor. For this several radiation technologies are used like-Brachytherapy, IMRT, IGRT, Cyberknife (Whole Body Robotic Radiosurgery). He showed how, with the modern know-how, he was able to spare the surrounding tissues and deliver maximum dose to the cancer cells with maximum effect.

The second topic was “**HOW TO SPOT A CHILD WITH MALIGNANCY**” by Dr. C P Raghuram (M.D., DNB, MRCPC, FRCP), Consultant Pediatric Oncologist. He showed how Different types of cancers which lead to different survival rates, within children and young adults the survival rates do tend to be higher than for adults. He also produced statistics showing the rates of childhood cancer that have increased by 0.6% per year between 1975 to 2002. He painstakingly went through the slides helping the audience to go through simple history taking and investigations to diagnose malignancy in the Pediatric age group, since if diagnosed early, they could have very good prognosis. He also spoke of managing Paediatric cancer including management of leukaemia and solid tumours, long term follow-up of patients and palliative care.

The CME was attended by 96 doctors including Surgeons.



**REPORT OF THE 10<sup>TH</sup> CME ORGANIZED BY IMA BARDEZ ON 30<sup>TH</sup> OF NOVEMBER 2013 AT HOTEL GREEN PARK, MAPUSA**

IMA Bardez held its 10<sup>th</sup> CME at Hotel Green Park, Mapusa on the 30<sup>th</sup> of November 2013. The topic discussed was, **BARIATRIC AND METABOLIC SURGERY** by Dr. Sujoy A Das, (MS,DNB,MCh,FICS,FIAGES), Laproscopic Bariatric and Metabolic Surgeon, Goa.

He presented the topic, which was of great interest to the participants, due to the increasing prevalence of Lifestyle diseases. He stated that Bariatric and Metabolic Surgery was coming into vogue for better control of these illnesses. However, not all patients could go in for surgery. He explained very well what Bariatric and Metabolic surgery was all about, which patients require surgery, how it was done and what were the effects of the surgery.

Diabetes, the new silent killer disease, is affecting nearly every Indian family. This novel method of metabolic surgery is a new and a pioneering concept, which is going a long way to control if not cure the disease.

Finally he also showed in detail how these surgeries bring about the changes in the hormones in our body with beneficial effects including the cure of Diabetes Mellitus and Hypertension in many a cases.

**IMA MORMUGAO**

**REPORT OF MONTHLY MEETING OF IMA MORMUGAO**

Monthly meeting of Mormugao, IMA took place on 11<sup>th</sup> October 2013 at hotel LA-PAZ at 8.30 hrs. At the outset Jt. Secretary, Dr. Hema Mayekar, welcomed the gathering on behalf of the President and Executive Committee, and requested President Dr. G. V. Prabhu, to deliver the welcome address. Dr. G. V. Prabhu, welcomed the members of IMA Mormugao and also Dr. Amol Mahaldar, Consultant Nephrologist and Transplant Physician. Bouquets were presented to the Guests. Secretary made a few announcements. Dr. Amol Mahaldar, Consultant Nephrologist and Transplant Physician, delivered the lecture on clinical cases in Nephrology, following which there was an interaction session. A memento was presented to the speaker. Vote of thanks was proposed by Dr. Anuradha Katti Suryavanshi, Treasurer, IMA Mormugao, which was followed by dinner. Total attendance for the meeting was 51.

**REPORT ON STATE LEVEL WORKSHOP CONDUCTED ON 8TH DEC 2013 AT THE LIBRARY  
AUDITORIUM GMC BAMBOLIM, GOA**



**Report on State level Workshop conducted on 8.12.2013 in collaboration on GSACS on  
the topic AIDS /HIV.**

The workshop was conducted on 8<sup>th</sup> December 2013 at Goa Medical College Library auditorium, Bambolim. The workshop was from 9.00 to 4.30 hrs.

Dr. V.N. Jindal, DEAN, Goa Medical College was the Chief Guest of the function, and Dr. Sanjeev Dalvi, Directorate of Health Services was the Guest of Honour.

Dr. Gladstone D'Costa, President IMA – State and Dr. Vandana Pankar, Prog. Director of GSACS, were the dignitaries present on the occasion.

The CME started by lighting the traditional lamp by the dignitaries, and following which Dr. G.V. Prabhu, President, IMA Mormugao gave the welcome speech.

The Chief Guest, Guest of Honour and the Project Director stressed on the points of "Zero New Cases, Zero Mortality and Zero Discrimination"

The function was concluded with vote of thanks by Dr. Hema Mayekar, Jr. Secretary, IMA Mormugao thank the guests, participants and GSACS for making the programme successful.

4 faculties were called to deliver their lectures on the subject

- i) Dr. Savio Rodrigues, Prof. & HOD of Microbiology, GMC Bambolim- Spoke on Basics of HIV/AIDS – testing guidelines.
- ii) Dr. Majusha Jindal, Asst.Prof. of OBG Dept. GMC Bambolim – Spoke on STI /RTI service delivery.



- iii) Dr. Edwin Gomes, - Prof. & HOD Dept. of Medicine, GMC Bambolim – spoke on basics of ART
- iv) Dr. Emmanuel Karkara – Regional Co-ordinator – NICO, New Delhi- Spoke on MDR in PPTCT Programme.
- v) Mr. Karl Pinto, Eminent Psychologist – lecture demonstration on counseling in the context of HIV/AIDS – Pre-test, post-test, PPTCT and risk reduction .

All the lectures were very enlightening and focused on current scenario in the diagnosis management and counseling of HIV /AIDS patients. The doctors present took active participation in the interaction session .

The workshop was concluded with a valedictory function.

### **New Driver's License.**

Martin had just received his brand new driver's license. The family trooped out to the driveway, and climbs in the car, where he is going to take them for a drive for the first time. Dad immediately heads for the back seat, directly behind the newly minted driver.

"I'll bet you're back there to get a change of scenery after all those months of sitting in the front passenger seat and teaching me how to drive", says the beaming boy to his father.

"Nope", comes Dad's reply. "I'm gonna sit here and kick the back of your seat as you drive, just like you've been doing to me all these years".

### **Clever News Reporter.**

A car was involved in an accident in a street. As expected a large crowd gathered. A newspaper reporter, anxious to get his story, could not get near the car. Being a clever sort, he started shouting loudly, "Let me through! Let me through! I am the son of the victim". The crowd made way for him. Lying in front of the car was a donkey.



**EXTRACT FROM THE GOA MEDICAL COUNCIL GUIDELINES FOR CME ACCREDITATION**

The format for applying for accreditation as drafted and used by the Goa Medical council has been adopted by the MCI for use by all medical councils. Further all medical councils will have to set up websites and upload the CME programs, as approved in the prescribed format. This is to ensure readily accessible information, transparency and to enable random inspection.

Therefore, the application shall provide all the requisite details as specified in the application form for accreditation. **Of these details there are two that require special attention on part of the applicant, and will be scrutinized closely by the Council. These are i) the bio-data of the speaker justifying their expertise on the subject; which by inference will establish the speaker as a person with specialized knowledge of the subject; and ii) there shall also be included a brief extract of the lectures to be delivered.**

The Goa Medical Council shall consider applications for accreditation from the following list of accredited organisations.

- All recognized Medical Colleges
  - All Post-graduate Medical Institutions
  - The Indian Medical Association and all its State or local branches.
  - National Academy of Medical Sciences.
  - National level Specialist Associations with all its State and local chapters
  - All Central and State Government Hospitals including District Hospitals, and training centre's of the MoH&FW, Defense establishments and railways.
  - All International, conferences of professional bodies.
  - All National conferences of professional bodies
  - All State level conferences of National organisations.
1. Any professional body/organisation/institution wishing to hold a CME program should apply for accreditation in the prescribed format to the Goa Medical Council. The council, on verifying the credentials of the organisation and assessing the program, shall issue a certificate of accreditation to the organisation.
  2. Accreditation of such organisations will be reviewed every five years and renewed as appropriate. The Council reserves the right to revoke accreditation of such organisations if it finds that the CME has not been held as per guidelines.
  3. Institutions not included in the above list such as private hospitals, institutions and trusts must apply in the prescribed format to the Council. Such applications will be assessed on an individual basis of merit.
  4. Any foreign faculty or NRI proposing to conduct CME's which include procedures, interventions, surgery, drug therapy, application of new devices, or any other form of treatment on a patient at any program, workshop or post-graduate course, at any medical college/hospital/medical association/organisation in India will have to obtain prior permission from the MCI in their prescribed format. Such permission will not be required for lectures or panel discussions.



5. Credit hours will be awarded on the basis of the type of CME (for G.P's, specialists) duration, and subject.
6. **The organisation should strictly adhere to the practice of issuing CME certificate only to delegates who attend the conference and on the last day. The practice of providing certificates on the first day should be stopped.**
7. In the event of a certificate being issued to a delegate who has not attended the CME program, the organisation shall be debarred for future accreditation.
8. The organisation will as far as possible, send the feedback of the CME, confirming that it was held and the number of attending delegates. Where feasible, the details of the attendance should be provided, including the name, registration number (with the name of the relevant medical council) and the qualifications of the attending delegate.
9. **All accredited organisations must have at least two CME's in a year on the subject of Medical Ethics and National Health policy.**
10. Doctors registered with the Goa Medical Council with additional specialist qualifications will have to provide evidence of having acquired one third of the required CME credits (10 credits) from attendance at CME programs in their specialty.
11. Notices for renewal of registration should be sent by registered AD., 6 months in advance mentioning the CME requirements. Failure to meet the CME requirements will result in a show cause notice to explain the lack of compliance. Thereafter registration should be withdrawn until such time that the requirements are fulfilled.
12. Medical teachers will not be exempted from CME requirements as teaching comprises their normal work commitments.
13. Medical practitioners working as administrators/managers/non-teaching staff in public or private institutions or regulatory bodies will have to comply with the CME requirements to maintain the validity of their registration. If they chose not to do so they will not be eligible for the privileges of a registered medical practitioner.



Credit hours for CME's will be allotted as follows:-

1. CME's /conferences/workshops of two days (5-6 hrs. daily)-8 credits; One and a half days-6 credits; one day-4 credits; half day-2 credits; one hour CME- 1 credit.
2. Attendance at international conferences as an overseas delegate will be recognized for accreditation as per the attendance certificate.
3. Publications will be recognized for accreditation as follows:-
  - Author/ Co-author/ Editor of published medical text book—12 hrs.
  - Author of a chapter in a published medical text book—4 hrs.
  - Original article in an international indexed medical journal—8 hrs.
  - Case report in an international indexed medical journal—4 hrs.
  - Letter to the editor of an international indexed medical journal—2 hrs.
  - Original article in a national indexed medical journal—6 hrs.
  - Case report in a national indexed medical journal—4 hrs.
  - Letter to the editor of a national indexed medical journal—1 hr.
  -
4. Participation in international, national conferences
  - As guest speaker/ resource person—8 hrs.
  - Paper presentation—6 hrs.
  - Poster presentation—4 hrs.
5. Participation in state level and local conferences as speaker—4 hrs. paper presentation—2 hrs. and poster presentation—1 hr.
6. Exemptions:-
  - Doctors undergoing post-graduate training from recognized institutions will be exempted from CME requirements for the duration of the course.
  - Medical practitioners over the age of 65 years will be required to present 15 credits over five years.
  - Medical practitioners over the age of 70 years will be exempted from attending CME programs.
  - Medical practitioners of the armed forces or any other central services, who are posted in forward/remote areas and do not have access to CME programmes. Such application for exemption must be supported by certificate from the commanding officer/superior officer confirming the service in remote areas no access to CME programmes.
7. Medical practitioners may be exempted from CME requirements on grounds of ill health at the discretion of the Council and on production of documentary evidence justifying the claim for exemption,



8. **CME accreditation will not be considered for any programs organized by pharmaceutical companies, equipment manufacturers, or any other commercial outfits unless the CME is conducted in association with an accredited body, and with the specific provision that the CME program is not used for any promotional presentation.**
9. **Application for CME accreditation from private hospitals, nursing homes will not be considered for accreditation unless the CME is conducted in association with an accredited body, and with the specific provision that the CME program is not used for any promotional presentation.**
10. Certificates of attendance should indicate the number of credit points awarded. If they do not, the CME program details should be attached so as to enable the Council to calculate the credit points along the guidelines prescribed by the Council.

All matters related to the accreditation process will be referred to and under the purview of the CME Committee specially appointed for the purpose, which at the present time consists of:

1. Dr. Gladstone D'Costa, Chairman
2. Dr. P.V.N. Jindal, Dean, Member
3. Dr. Virendra Gaonkar, Member
4. Dr. Sandeep Kenkre, Member.

The decision on eligibility for renewal of registration on the basis of Credits shall rest with the Registrar in consultation with the Council as required.

## **APPEAL** **TO ALL MEMBERS OF IMA GOA STATE BRANCH**

Dear Colleagues,

Now that the new website is up and running, we need to keep it updated. If you have any old photographs, records, documents pertaining to the IMA Goa State Branch, or local branches, that you feel could be uploaded onto the website, please send them, hard or scanned copy, to Dr. Anil Mehndiratta who is in charge of the website. The e mail id is [anilmehndiratta@rediffmail.com](mailto:anilmehndiratta@rediffmail.com)

It is our website; let us work to make it an excellent one.

Dr. Gladstone D'Costa



Amazing Water launched



Avirash Vangutekar, Dr B.K Sharma, Sull Manekar and Siddharth Sharma at the media briefing to announce the launch of Amazing Water in Panaji.

Amazing Water, an alkaline health water is being launched in Goa by Shree Mangrich Investments and Trading, Vasco along with Metro Water Care India, Mumbai. Amazing Water has a Ph value of 8.5 to 9.5 and is considered to be an anti-oxidant for detoxification giving a high degree of hydration to the body and strengthening the immune system. The co's manufacturing plant is located at Mangalore on M. Umbei-Goa highway in a clean and green environment and has technology from USA and Japan with fully automatic operations.

The entire plant and machinery is set up by India's leading Water Treatment Co Metro Water Care, Mumbai. Its current production capacity is 50000 bottles per day with expansion made up to 100,000 bottles. Amazing Water is a Joint Venture (JV) between Amazing Water Ltd, England, Metro Water Care India and Oxy-H2O and Beverages, Mumbai. It is the brain child of Dr B.K.Sharma.

Letters to the Editor

Traditional vs scientific methods

In response to the article "set bones, fixes lives" on the edition dated November 23-29, as a responsible citizen of this country and a trained doctor with a scientific temperament, I would like to put following observations on record.

A review of literature on a number of published studies relating to cases of fractures treated by traditional bone setters reveal the following independent conclusions

- That the complications accompanying these practices are unacceptable. It is imperative that there should be legislation to curb their activities and save the unsuspecting public from harm;
- Traditional bone setting is a risk factor in patients with limb fractures needing limb amputation. A medical term - "traditional

bone setters gangrene" has already been coined for it;

- Non-union and mal-union of the fracture leading to restricted/loss of functions and permanent disfigurement are the most common complications;

- Traditional bone setting could at best be of use in musculo skeletal/ligamentous sprains and strains without any associated bone fracture (duly ruled out by clinical examination/investigation)

- Due consideration should be given to develop a training programme for traditional bone setters, particularly in recognizing danger signs and ensure prompt referral of such patients to appropriate centres in order to avoid serious complications

Dr Bala Subramanian, Benaolim



Directorate of Food & Drugs Administration

Government of Goa

Old IPHB Complex, Altinho, Panaji - Goa - 403 001

No:DPFDA/FSSA/SG/6(124)/2013-14/4078

Dated: 19/11/13

To, The Director (Enforcement), Food Safety and Standards Authority of India, FDA Bhawan, Kotla Road, New Delhi - 110 002.

Subj: Manufacture for sale of AMAZING WATER by M/s Oxy - H2O & Beverages, Vadghar - Goregaon, Maharashtra.

Sir,

This Directorate has come across of a food product which is manufactured and marketed as 'AMAZING WATER' Anti-oxidant, Anti-ageing, Anti - hangover, enhanced Electrolysed Alkaline Functional water by one firm, M/s Oxy - H2O & Beverages, Vadghar - Goregaon in Maharashtra. The said product is a packaged drinking water, but does not claim packaged drinking water nor does it hold or indicate the BIS Certification and under the cover of above claim as a special "AMAZING WATER", the product tends to circumvent the provision and requirement of both the Food Safety and Standards Act, 2006 and the Rules / Regulation 2011 as well as the standards of Bureau of Indian Standards. A specimen of the product label sleeve affixed on the packed bottle is annexed / enclosed herewith for your ready examination and reference.

The product label sleeve does also not claim whether, any Food Safety and Standards Authority of India approval or licence has been sought for the product in question.

In fact the product in question was being formally launched for promotion / sale in the State, when the product claim was brought to the notice of this Directorate and thereafter this Directorate directed the distribution / manufacturers to produce the Food Safety and Standards Authority of India product approval as well as Food Safety and Standards Authority of India licence for the product, but the manufacture could only produce a Food Safety and Standards Authority of



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India licence No. 11513024003895 dated 17/10/2013 issued in favour of M/s Oxy-H<sub>2</sub>O & Beverages, Goregaon, Mangaon, Raigad District, Maharashtra which licence was for a general 'manufacturing (beverages)' and not for any specific product of 'AMAZING WATERS'; copy of the Food Safety and Standards Authority of India licence is enclosed for ready reference.

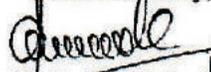
Since the distributor or the manufacturers could not substantiate any formal document with specific to "AMAZING WATER"; FSSAI product approval, he was advised not to market the said product in State of Goa unless he produces Food Safety and Standards Authority of India (FSSAI) product approval document for verification.

However, we are now referring the above matter to your office for its appropriate scrutiny and examination of both its approval as well as various claims that are made on the product label sleeve and accordingly take appropriate action on the matter.

This Directorate may please be intimated about the action taken on the matter for its further enforcement action.

Soliciting your kind co-operation on the matter.

Yours Faithfully,

  
(Salim A. Veljee) 19/11/13

Director, Food & Drugs Admn &  
Commissioner, Food Safety, Goa

Encl : As above

**Copy to:**

1. Commissioner, Food Safety, State of Maharashtra, Food & Drugs Administration, Maharashtra State, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.
2. Dy. Director, Bureau of Indian Standards, Western Region, Manakalaya, E9, Behind Marol Telephone Exchange, Andheri (E), Mumbai - 400 093.
3. Dr. Gladstone D'Costa, President, IMA Goa State Branch, Margao - Goa, with reference to your complaint dated 09/10/2013.



### **COMPENSATING MEDICAL NEGLIGENCE**

The recent Supreme Court judgment in the case of “Advanced Medicare & Research Institute Ltd.(AMRI) Vs Kunal Saha along with related Civil Appeals” (Kunal Saha vs. Baidyanath Halder, Sukumar Mukherjee & others) created quite a stir in medico-legal circles. The case reached the SC via the National Consumer Disputes Redressal Commission. In the SC appeal, the question of medical negligence having already been decided upon by the National Forum, the quantum compensation was the bone of contention. Kunal Saha on the one hand claimed that the compensation awarded was inadequate, and on the other, the opposite parties claimed that the compensation was excessive.

Briefly, Kunal Saha and his wife Anuradha, both doctors working in the US came to Kolkatta on a private visit in 1998. Anuradha developed an unusual skin condition as a result of which and in spite of treatment (allegedly inappropriate) she succumbed to. She was initially admitted to the AMRI hospital in Kolkatta, and later referred to Breach Candy, Mumbai where she passed away. Kunal Saha filed a suit for negligence against AMRI, and was awarded compensation by the National Commission. The matter went to the Supreme Court for adjudication on the quantum of compensation. In the course of a judgment going into 210 pages, the court went into some interesting issues related to compensation. The concept of “restitutio in integrum” was discussed whereby a claimant is put back into the same position as he would have been if he had not sustained wrong. The court also analyzed the assessment of the loss of a wife as a wife, housewife and mother. Video conferencing with a Professor John Burke, an economist, was arranged.

All in all it was an exhaustive judgment which examined many issues related to compensation in medical negligence. At the end of it all the compensation was awarded as follows:-

1. Loss of income of the deceased: Rs. 5, 72, 00,550/- 2. For Medical treatment in Kolkata and Mumbai: Rs.7, 00,000/- 3. Travel and Hotel expenses at Mumbai: Rs. 6, 50,000/- 4. Loss of consortium Rs.1, 00,000/- 5. Pain and suffering Rs. 10, 00,000/- 6. Cost of litigation Rs. 11, 50,000/-.

In legal parlance, 'consortium' is the right of the spouse to the company, care, help, comfort, guidance, society, solace, affection and sexual relations with his or her mate.

The total amount was Rs. 6, 08, 00,550/-; with interest it came to just under Rs. 12 crores. Of this amount, two of the treating doctors were to pay Rs. 10 Lakhs each and the third, Rs. 1 Lakh. The rest was to be paid by the hospital. It is interesting to note that the petitioners' original claim came to nearly Rs. 177 crores inclusive of interest.

It is not the intention of this article to go into the question of negligence, guilt or otherwise. The point to ponder is the quantum, particularly under the head “loss of income”. The multiplier method was used for the final calculation. The court estimated the life expectancy of a healthy person as 70 years. The deceased being 40 yrs old, the loss of income was assessed by multiplying the annual income at the time of death, (\$40,000) by 30. To this was added a 30% anticipated increase in earnings and a deduction for personal expenses of one third, to arrive at a total of Rs. 5, 72, 00,550/- (calculated at a dollar conversion rate of Rs.55/-). Here the issue becomes contentious as it sets a precedent which may create difficulties if applied to all future cases.



I asked a group of about 70 students at a recent lecture, how many felt this was justifiable. All except one said it was. I then pointed out that at an average of 25 yrs., if they were the victims, 45 yrs of compensation should be due to them. There was resounding agreement. Calculated at what income? Rs. 00.00. Therefore no compensation under loss of income was permissible! The same would apply to a ten year old child. Take the other end of the spectrum; a retired service chief having dedicated his working life to the nation, at the age of 75yrs. would be denied any compensation because he had crossed the estimated life expectancy and should not be claiming compensation as he was not even supposed to be alive! God forbid if Mukesh Ambani was the petitioner, the country would go bankrupt trying to pay compensation. On a more serious note, is a farmer's life to be estimated at a cheaper value because he was a poor farmer? These questions lead one to believe that there has to be a better, more just and universally implementable system for compensation preferably with a cap on the quantum and based on age. The amount cannot be related either to the hospitals capacity to pay, or to the socio-economic status of the claimant. Otherwise defensive medicine would suggest for example, that if the quantum of compensation was to be calculated in USD, so should the fees charged for services.

On a more sobering note, the court did conclude with some somber comments. The number of compensation claims, it observed, were on the increase. Whereas health was a fundamental right, "the doctors, hospitals, nursing homes and other connected establishments are to be dealt with strictly if they are found to be negligent with the patients who come to them pawning all their money with the hope to live a better life with dignity". Of immediate relevance to Goa, the court recommended that "The central and the state governments may consider enacting laws wherever there is absence of one for effective functioning of the private hospitals and nursing homes." We in Goa have been pussyfooting with an act to regulate healthcare facilities since 1986.

### **Carrying A Child.**

"Give me a sentence about a public servant", said a teacher.

A small boy wrote: "Pregnant fireman came down the ladder".

The teacher took the lad aside to correct him. "Don't you know what pregnant means?" she asked.

"Sure", said the young boy confidently. "It means carrying a child".

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**Judge:** "You are accused of driving above speed limits. What will you take, 3000 bucks or 3 days in jail?"

Santa: "I will take the money rather".



## **IMA ENDORSEMENT OF INSOMNIA GUIDELINES**

### **SYNOPSIS OF RECOMMENDATIONS**

#### ***How is insomnia defined?***

The International Classification of Sleep Disorders (ICSD-2) general criteria for insomnia include the following:

1. A complaint of difficulty initiating sleep, difficulty maintaining sleep, or waking up too early or sleep that is chronically unrestorative or poor in quality. In children, the sleep difficulty is often reported by the caretaker and may consist of observed bedtime resistance or inability to sleep independently.
2. The above sleep difficulty occurs despite adequate opportunity and circumstances for sleep.
3. At least one of the following forms of daytime impairment related to the night-time sleep difficulty is reported by the patient:
  - Fatigue or malaise;
  - Attention, concentration, or memory impairment;
    - Social or vocational dysfunction or poor school performance;
    - Mood disturbance or irritability;
  - Daytime sleepiness;
  - Motivation, energy, or initiative reduction;
    - Proneness for errors or accidents at work or while driving;
    - Tension, headaches, or gastrointestinal symptoms in response to sleep loss
  - Concern or worries about sleep.

#### ***Are there methods to quantify insomnia? Which are these?***

The methods to quantify insomnia can be both subjective and objective.

- Subjective: At least 2 week sleep logs with sleep diaries to be used throughout active evaluation and treatment of patients.
- Objective: Actigraphy use in the assessment of insomnia forms the main objective method to quantify as well as for sub-categorization of insomnia.

#### ***What is the main information to be obtained from both subjective and objective quantitative tools (sleep logs and actigraphy)?***

The minimum information which can be obtained from the tools is as follows:

Bed time, wake time

Sleep onset latency (time to fall asleep following bedtime), number of awakenings, and duration of each awakening



- Wake after sleep onset,
- Time in bed
- Total sleep time
- Sleep efficiency percent
- Nap times (frequency, durations, timings)
- Medication timings and timing of intake of caffeinated/alcoholic beverages, meal times.
- Questions to diagnose and categorize primary insomnia, mainly regarding
  - Pre-sleep conditions,
  - Sleep wake patterns (sleep hygiene and schedules)
  - Alerting thoughts, activities, and behaviors around bedtime.
  - Details about comorbid medical and psychiatric conditions and about medication/alcohol and
  - psychoactive substance abuse.

***Do all patients presenting with insomnia need to be administered various questionnaires available for insomnia evaluation? If yes, which questionnaires are in use?***

Yes, all patients of chronic insomnia would benefit by the use of structured questionnaires for their appropriate evaluation and diagnosis.

***What is sleep hygiene?***

Sleep hygiene is a set of bed time habits that help a person to have good sleep. It also comprises habits which impair sleep and need to be avoided. As hygiene leads to health, sleep hygiene leads to better sleep.

***What are the sleep hygiene components?***

The components of sleep hygiene are as follows:

- Set and maintain a regular bedtime, every night.
- Exercise to be avoided 3 hours before bedtime.
- Dinner to be had at least 2 hours before bedtime.
- Avoid consuming caffeine, alcohol, or smoking at least 3 hours before bedtime.
- Enjoy a relaxing bedtime routine for an hour before bedtime.
- Make sure that the bedroom is dark, quiet, and comfortable (appropriate temperature).
- Make sure that the bed is comfortable.
- Avoid daytime naps.
- Exercise regularly. Avoid inactivity during the day.
- Avoid emotionally upsetting activities close to bedtime.

***How effective is sleep hygiene?***

Sleep hygiene is effective when advised with other therapies. There is inadequate evidence for sleep hygiene as standalone treatment.



***How is the aim of sleep restriction therapy?***

The aim is to improve sleep through restriction of the amount of time spent in bed.

***How is sleep restriction therapy done?***

1. The patient is asked to maintain a sleep log for 2 weeks.
2. Average total sleep time (ATST) is calculated.
3. An initial 'time in bed' is advised where it is ATST + 30 min.
4. The time in bed is gradually increased by increments of 15–20 min.
5. If the patient continues to have difficulty sleeping, the time in bed is decreased by 15–20 min.

***How effective is sleep restriction therapy?***

It is effective. There are both level I and II evidence. It is a standard recommended therapy for insomnia.

***What is the role of pharmacology in acute onset insomnia?***

Consensus of the major practices and guidelines for primary insomnia suggests the following in order of preference:

1. Short-intermediate acting n-BzRAs (benzodiazepine receptor agonists) including zolpidem, zopiclone, eszopiclone, and zaleplon (Z drugs).
2. When there is a failure of the first Z drug administered, consider alternative short-intermediate acting BzRAs or ramelteon.
3. Sedating antidepressants: in cases with co-existing psychiatric illness such as depression/anxiety, this should be considered as the first line of treatment. Examples include trazodone, amitriptyline, doxepin, and mirtazapine.
4. Combined/cocktail therapy should be avoided unless the patient is not responding to monotherapy.
5. Other sedating agents:  
Anti-epileptic drugs (gabapentin, tiagabine).  
Atypical antipsychotics (quetiapine and olanzapine).

***Benzodiazepine harm: how can it be reduced?***

Since benzodiazepines are also drugs of abuse (also associated with increased mortality either on their own or in conjunction with opioids and stimulants) and are available over the counter, indiscriminate use should be avoided. The usual method of withdrawal is slow tapering, but it may not obviate the problems completely. Harm reduction should focus on choice of alternative treatments, both psychological and pharmacological. However, all of these factors impinge on the risk/benefit ratio and the severity of the indications. Guidelines emphasize that benzodiazepines (alprazolam) are not drugs of first choice and should not be used routinely for initial and maintenance therapy of insomnia.



***How long can benzodiazepines be safely given?***

Ideal scenario suggests that the guided hypnotic administration should be for a maximum of 4–6 weeks; otherwise tolerance is expected to build up with intermediate and long-term use. Also, it is very important to taper the medicines appropriately; otherwise it is expected that insomnia will rebound.

***Are benzodiazepines safe for long-term insomnia treatment in the elderly?***

Studies have shown that the use of benzodiazepines in elderly people is associated with 2.45 times more risk of developing adverse effects. In one study, it was found that for every 7 elderly treated with benzodiazepine, 1 had an adverse event; therefore, benzodiazepine should be used for short term (4–6 weeks) only in the elderly. The particular harm is from falls resulting in fractures and amnesic episodes.