

ISSUE : 6

AUGUST-2002

FFPAI MEDICAL TIMES



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EDITOR'S VIEW**TAKE CARE OF FUTURE GENERATION FOR OUR SURVIVAL.**

It's a hard fact that our specialty of family physician is steadily and gradually decreasing in the strength nationwide. If a graph drawn between the number of family physician entered in to family practice within last one decade it would show a declining pattern. We family physicians has to introspect the factors and reasons behind it. One of the outstanding reason which prevent young medical graduate to start his professional career as family physician is, that its not lucrative, family physician has to work hard with more commitment toward his patient with limited resources in his clinic. Working pattern of a family physician is such that many a times in spite of his scheduled timings he has to deliver his skill with more responsibilities and other reason is that adequate number of postgraduate seats available for postgraduate study. Young medical graduate of today has witnessed and visualized family physician under this scenario.

We family physicians are highly respected amongst the medical fraternity and its our virtual experience that whenever there is opening of new corporate hospital, specialist or super specialist starts his professional practice we are the first one to be invited, but how often we have received an invitation from a young medical graduate who starts his career as a family physician?

All the General Practitioners' Associations or Family Physicians Associations of FFP AI are earnestly and sincerely planning CME programme for their members, but so far hardly any sincere attempt is being to attract young medical graduate within the stream of family practice.

What can we do to impart our moral duties? Answer is by many ways, first of all, the solutions will have to resolved at the medical school or medical college level. Start negotiations with the administrative office of the respective medical college e.g. Dean or Superintendent of the Institution and take them into confidence and plan a group meeting with interns and find out that how many of them have a desire to start their professional practice as a family physician. Take them into confidence, and the precise information can be retrieved from them whether they want to start practice in the metro city, city, town or in a village, keeping this view in mind advise and guide them about how many square feet of area required for clinic, how to avail loan from bank with lower interest rate; selection of area, purchase of drugs for dispensing, how to find a compounder and provide them basic and primary requirement to set up a clinic by way of counseling or demonstration. We understand when we started our practice no such guideline was available to us but change is a way of life, take care of young medical graduate. Its a time to think for our survival and its a need of an hour.

Dr. Jayendra Kapadia.
Editor, FFP AI Medical Times,
Surat (Gujarat)

PRESIDENTIAL MESSAGE

The "Mega Event" - The VIIIth National convention of Federation of Family Physicians Associations of India is fast approaching, the event which all the members of each unit of FFP AI is eagerly waiting for.

On behalf of all the executive committee members, central council members and members of Kolkatta unit, I appeal you to attend the VIIIth National Convention of FFP AI which is to be held on 1st and 2nd February, 2003 at Kolkatta.



I take this opportunity to appeal the Family Physicians / General Practitioners who may not be having an organized branch of family physicians in their places where they are practicing also to register themselves as delegates for the FFP AI convention. Come join us, discuss with us and take initiative to form branches of family physicians/General practitioners at your places.

Remember it is the need of hour that we come together under one Umbrella of "FEDERATION OF FAMILY PHYSICIANS ASSOCIATIONS OF INDIA". The theme of the conference is "FAMILY PHYSICIANS PILLARS OF THE NATIONS' HEALTH". The theme can be achieved in true sense by involving ourselves in all the national programmes on health by Govt. of India. Thus, we appeal to the concerned authorities, involve us to achieve the goal of healthy country.

Newer technology has emerged in all the field, and in medical field its development are phenomenal. In our CME Programme we must take help of audio-visual presentation with the help of power point. Its effective, less expensive and changes can be made instantly. Over head projector has place in history only. On behalf of FFP AI I earnestly request all the units to have their E-mail numbers. In this era of communication E-mail play a vital role. Through E-mail conference details, information regarding scientific programme, Unit activity can be transferred within minutes. So why not utilize a service which is less expensive fast and effective. Henceforward kindly send E-mail numbers to our Hon. Gen. Secretary of FFP AI and the Editor of 'FFP AI Medical Times'. Long live INDIA - long live FFP AI

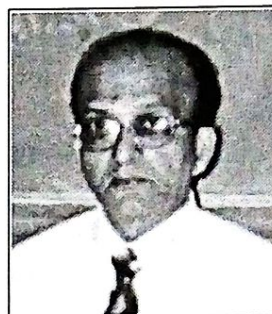
Dr. A. N. BORGAKAR

President,
FFP AI.

FROM THE DESK OF HON. GENERAL SECRETARY

It gives me immense pleasure to communicate with you once again through this our prestigious FFPai Medicals Times.

Friends, first of all I wish to inform you that our next 8th convention of FFPai will be hosted by Family Physicians' Association of Calcutta on 1st and 2nd February, 2003 at "Oberoi Grand Hotel" - Kolkatta. It was a record registration and attendance of over 300 FFPai delegates from outside the host unit during last 7th Convention held at Mumbai during 26th / 27th January 2001.



To support and encourage other smaller Units to organize such a grand events. We must attend in large numbers. So, friends, kindly register maximum numbers of delegates from Unit to attend the Convention.

We have discussed in detail and finalize the uniform CME- certificate course of one year duration for Family Physicians in last Central Executive committee meeting held at Kolkatta on 28th April, 2002. It is with great efforts of Dr. G. N. Sheth - our scientific convener only that such a beautiful - detail the required syllabus could be prepared. I on behalf of all units and Executive Committee members of FFPai, wish to convey sincere thanks to Dr. G. N. Sheth for giving us such a wonderful course.

All members might be aware that Medical Council of India is making it mandatory for all graduates to have 30 - 50 hours CME before re-registration. We are trying to get this course of ours to be recognized. We wish more and more units of FFPai to start this one year certification course.

During last Central Executive Committee Meeting, a suggestion to start the Social Security Scheme at FFPai level was discussed and Dr. Shailendra Mehtalia and Dr. Vinod Parikh were appointed to go into the viability of the proposal and report in the next Central Executive Committee meeting. The sub committee met with office bearers and discussed with our senior members about its pros and cons and viability in detail. It was unanimous opinion of all, that it is not advisable to start the scheme at FFPai level at this juncture. But we may start later on. We all should join the Scheme of GPA GB., which is well established and well managed and gives Rs. 92,000/- as benefit. Thus members will get straight advantage of Rs.92,000/- as soon as he becomes eligible for the benefit. There is a provision of making your spouse also a member in the Scheme. There is a special provision of making you the deposit life member of G.P.A., G.B., where your life membership fees are returned along with the claim. We suggest all the eligible members to join the Scheme and help our family when they need it most.

I want to stress on the eligibility of membership at the Federation level. Each Unit is free to have their own constitution and is free to enroll any member at their local unit level. However, the membership criteria at Federation level are fixed. A three members - sub committee with Dr. R. G. Jimulia, Dr. Bimal Buch and Dr. Subhash Joshi was formed during last executive committee meeting to go through and suggest the changes - if required. We will be discussing the suggestion in the next Executive Committee meeting at Bangalore on 8th September 2002. If required we will present the constitutional amendments at the next Central Council meeting to be held at Kolkatta on 1st February, 2003. All units are advised to follow the rules.

Dear Friends, I am waiting for your suggestion to improve the working of FFPai.

LONG LIVE FFPai.

Dr. Shailendra Mehtalia
Hon. Gen. Secretary, FFPai

The good news is that the bad news can be turned into good news when you change your attitude

WITH (OUT) WOMEN

A recent report from the United Nations Populations Fund brings out some startling facts on the recent fertility decline in the states of Haryana and Punjab. This decline does not correspond with any substantial increase in contraceptive use; it is in fact as per result of selective sex abortions. The report is based on census 2001 which shows a decline in the sex ratio in the age group zero to six across India. Particularly in the northern states. The worrying trends is that this is far stronger in urban areas than in rural areas and among literate rather than illiterate women. This explodes the myth that with increasing levels of affluence and education, gender biases get eroded gradually. Obviously, economic considerations are no longer the main cause of son preference. A study in Punjab shows that religious and social factors count far more in sex selection. In business families, the son is the natural heir and also the custodian of religious rites. The girl child, in contrast, is from birth expected to play no role in the decision making therefore, is not seen as being of any value to her parents at any stage. Of course, as with all other forms of social evils, there is no dearth of laws to combat sex selection.

The Medical Termination of Pregnancy Act (1972) and Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act (1994) were especially designed to deter selective foeticide, but these are implemented in an extremely haphazard fashion. Unscrupulous doctors have no compunction about performing abortions on women past their first trimester of pregnancy, still others use technology to ascertain the sex of the foetus literally at conception in order to do away with the girl child. The most worrying aspect is that this trend is spreading even to other parts of the country which have traditionally shunned such practices. Only an attitudinal shift can reverse this trend and task cannot be left to NGOs and social workers alone.

The Sikh community has taken a welcome step in this regard with its highest religious body threatening to excommunicate anyone found guilty of female foeticide. But, a real change will come about only when women acquire a stake in the powers and privileges that have traditionally been the preserve of men. The fate of the women's reservation Bill is proof that any hint of a more equitable power sharing arrangements sets off alarm bells in the patriarchal political class. The contempt for women and their worth was recently witnessed in the unseemly exchange between Pakistan President Pervez Musharraf and Prime Minister Vajpayee on the wearing of chudiyan and kadas. Femininity as exemplified by wearing bangles was viewed as a sign of weakness and masculinity as denoted by the wearing of a Kada was seen as a sign of strength and power. Surely, a totally undesirable message ratio is becoming increasingly skewed against women.

Dr. J S Antani.

Member Editorial Board FFPAl
Rajkot (Gujarat)

DOCTOR - DOCTOR RELATIONSHIP

We come across many articles or issues raised, regarding the attitude of doctors with their patients in general deteriorating image of doctors in public. But today we would look into a very different aspect, which is seldom highlighted. "The Doctor - Doctor relationship". It's an irony that medical profession, being one of the noble professions, has doctors with not so noble an attitude. Ours is the only profession where you would find doctors speaking ill of their fellow colleagues. You would find back biting the pivot in building up their practice in no other profession would you find so much of rivalry.

You find general practitioners, always on the look out as to how many patients his neighbour has got. How can he get hold of others clients, by any means. So called consultants, always on the lookout for an opportunity to defame their colleagues. So called specialist criticizing the treatment of their juniors and instead of advising them regarding the proper line of treatment, they hammer in the minds of the patients that they are really fortunate to have consulted him otherwise the so called colleague would have landed you up in deep trouble. All in all, the scenario is very pathetic. If we try to analyze the situation, we find that the fault lies in all of us. All of us, at some or the other level, because of our selfishness, tend to do certain things so as to boost our practice, and as a by result we indirectly cause harm to our fellow colleague, it may have been intentional or unintentional. The causes may be varied.

It could be because of over dilution, the ratio of clients and doctors is very high in a city. *Doctors consider themselves to be most under paid, for the main hours they put in.* Changing technologies and approaches in dealing with patients. For many of us, it becomes difficult in coping up. *Lack of self confidence. The reasons may be many more, but these were a few of them. Is it possible to overcome all of these drawbacks and behave like nobleman? I guess "Yes". What we need is to keep in mind a few things. To enumerate a few: *Have confidence in your self. Manage a patient with the best of your efforts. A GP is not expected to manage like a special list, but he should be really dedicated in his work.

If you are able to justify yourself, seldom can anybody criticize you. *For a soldier his weapon is his sword. Like wise for a doctor, his weapon is his pen. He should know how to use it, for which he should be acknowledgeable. There is no age to stop learning. You should attend CME meetings, seminars, and attend conferences. They are all oceans of knowledge. Keep a book handy and be in a habit to go through it when ever you face an interesting case. *There should be regular interaction amongst all doctors. One should get to know each other well enough. There will come a day when we would be proud to be a part of this noble profession.

Dr. Manish Jain,
Family Physician
GPA- Indore (M.P.)

THINK IT OVER

LIVE AND LET LIVE

What a Sweet, little but potent message to most intelligent species of the planet - Homo sapience.
BUT we are heading almost in opposite direction!

World Environment day was celebrated recently. Devastating damage to our environment is alarming and it urgently needs to be checked for the sake of our existence. Our progress should not be at the expense of plants, animals and even human beings.

Another "Live and let die" is the terrorism and war that is lurking on our doorsteps. Any nation eager to start a war is trying to prove the famous fact "Man has to still learn from history that man has learned nothing from history."

"Wiseman say war doesn't solve any problem. All the participants suffer. Richer participants suffer more in economic set back. One war provides back ground for another.

What we desperately need is a few friendly nations - giant ones - who can hold our hand and take our side. Strong, petroic, leadership, which we are lacking since decades, could bring forth such friends. And then, not only a weakling Pakistan, but also any giant country will think twice before opposing us even verbally.

Internationally, rain will prove to be an effective balm to this simmering land and also economy and every sphere of life.

FPS and FPA will continue their good work as is their habit - more so in monsoon!

Before you read further, I would like you to remind you, you are my friends.

Thought of the month: A true friend is he who goes on praising you - Behind your ack.

Dr. Jayesh Jani
Editor- FPA Vadodara.

FAMILY PHYSICIAN, AN INTEGRAL PART OF THE SOCIETY

Dawn heralds the birth of each new day, filled with joy, surprises, expectation and sadness. We need to look forward to each day with resolve and determination to face all its unexpected offerings. The new team of office bearers for this year, too are committed, dedicated and hardworking, bursting with enthusiasm and a vision, a vision where they force a modernized, clinically updated, motivated and dedicated general practitioner. We invite all of our colleagues to a better dialogue on mutual betterment, improving ones clinical acumen, sharing views and experiences, guiding the younger group of doctors towards fulfillment and job satisfaction. We welcome your articles, suggestions and opinions.

Family practice is the corner stone of the healthcare system on which the high rise buildings of specialized care system are built upon. In an age where patients get educated via the internet and become self proclaimed master of that particular subject. It is the general practitioner who has to face the onslaught of references and diagnosis made by such internet conscious patients and relatives. We need to update our knowledge on a regular basis. GPA, Pune offers you one such forum where you can update your knowledge or even contribute to it.

Living as an integral part of society, we have to include social service as part of our life, we must involve ourselves in community welfare and social welfare activities like, educating the masses on important aspects of life like, HIV, Blood donations, child adoption, eye banks etc., participate in health camps for schools, senior citizens, orphanages. Turning a blind eye to these basic services has to be stopped. It is time we opened our eyes to a clearer, socially aware picture of ourselves, as doctors and model citizens.

Dr. Hillay Rodrigues
Editor FPA, Pune.

Remember, no one can make you feel inferior without your consent. - Eleanor Roosevelt.

STANDARDS OF FAMILY MEDICAL PRACTICE

There is increasing concern over the deteriorating standards of family medical practice. This is applicable to both the final and the professional content of the practice. There is a gradual deterioration in the satisfaction quotient in the practice of this branch of medicine, often described as the backbone of the profession.

Let us find why this is so. There is lot of lament that quacks are one of the main reasons for this. I beg to differ. Quacks will, in one form or the other have been there and I am afraid will continue to be there. The main reason why is that the GP is not doing the kind of job he was doing some years earlier and is becoming increasingly dependent on his specialist colleagues even for trivial ailments. A GP is not worth his name if he doesn't do normal deliveries and recognize difficult ones, do sterilizations both in males and females, minor surgeries such as hernia repair, emergency appendectomy, tonsillectomy, sinus washes, ear washes, myringotomies, biopsies of superficial swellings, FNACs, pleural taps, basic eye care and refraction, cataract surgery, read ECGs, echo TMT, and do photocopies. I have only given few examples what a well-qualified GP must perform.

To do all this one needs training and this will take at least three years after basic MBBS. No one should enter general practice unless he or she does this course specially designed for a family physician. Thus equipped he will then withstand the onslaught of both quacks on the one side and specialists on the other. This alone, however, is not enough. In addition the following steps will also have to be taken.

Access to hospitals and equipment. All these well trained GPs will go waste with out attachments to institutions and other facilities. In cities this can be to small govt. or privately run hospitals / nursing homes and in rural either to big PHCs/small hospitals / nursing. At least some governments [Karnataka is one of them] are thinking seriously of handing over the PHCs to NGOs. Groups of doctors in private practice can take over these and run it more efficiently to the mutual benefit of doctors and the community they are serving. If the GP has access to facilities where he can put to use his training, then the quality of his life will greatly improve and the patients under his care too will have access to quality care which is considerably cheaper than what is now available. If governmental funding is not forthcoming then such trained GPs must come together and start and share these facilities.

Providing comprehensive service from the above it follows that such practices will be broad based and referrals will become far less and under one roof most of problems get sorted out. It may necessitate one of the partners to do further specialty training such as anesthesia or managing difficult labour or doing eye work. This will add to the quality of the whole practice. If the GPs are not working from one premises a beginning could be made to use each other's expertise with our depending on specialties. This applies to sharing equipment.

In the absence of group practice one can take turns to provide out of office service. This especially applies to emergency care. If one of the clinics can remain open through out 24 hours on a given day in a particular locality, it will greatly benefit everyone not the least the concerned GP group.

Maintaining records and research. When once GPs start working like this, their interest in their patients will take a turn towards being more mandatory as the patients keep coming back to the same GP group what ever may be the problem. A standardized format of case records will help. From this will follow whole lot of material for research. This can be incidence of drug induced problems, the natural history of fevers to efficacy of one approach to treatment from that of the other.

Conclusion.

I have attempted to highlight some aspects of family medical practice based on my observations and experience as GP with three decades of experience. Unless we wake up and remodel our practices, we as a respected subspecialty, are doomed. We may survive but such survival will be qualitatively poor and without respect.

Dr. (Capt.) B. C. Rao
Member Editorial Board, FFP AI Bangalore

The key to everything is patience. You get the chicken by hatching the egg ... not by smashing it.

COUNTRYWIDE RESEARCH PROJECT OF FFP AI

BIRTH WEIGHT AND FACTORS INFLUENCING IT : A STUDY OF 1186 NEONATES.

Abstract:

A countrywide, institution based study was done to monitor birth weight and its correlation with different parameters that are known to influence birth weight was conducted. The study covered 1186 neonates. 3 centers viz. Rajkot, Surat and Nadiad participated. A schedule for interrogation of mothers was developed so as to find out influence of factors. Key words: Low birth weight, factors influencing.

Introduction :

India produces more than 25 million neonates and 1/3rd of them are low birth weight. Low birth weight babies are more prone to developmental delays and intellectual deficit also, which may also be permanent in nature. Various factors such as parity, mother's age, spacing between children, income, antenatal care, anaemia etc. are known to influence birth weight of neonate. An attempt is made to find out correlation between them and birth weight.

Material and method:

FFPAI decided to launch a countrywide study of monitoring birth weight. A questionnaire was prepared and circulated to all the units FFP AI and a request was made to all units to participate in the same. Dr. Bimal Buch was appointed Research project incharge. Members of all units were requested to contact hospitals, both private and government, and explain to the authorities of the hospitals about the purpose and methodology of research. It was decided to include all births that occur during one month. The schedule, which was circulated, was prepared for interrogation of mothers which aims at finding out correlation of birth weight with identified factors that influence it. At the end, data entry was made on a computer and results were analyzed.

Result :

Birth Weight:

TOTAL	AVERAGE	TOTAL L.B.W.	%
1186	2723.77 gm	222	18.72

A total of 1186 neonates were examined. Out of which 964 were found to be having birth weight above the cut off level of 2500 gms, while 222 were found to be having birth weight less than 2500 gms and hence were labelled LBW (low birth weight). Although figures of each city and each institute are available, statistical sampling does not allow samples to be compared with each other and hence not reported separately.

Average birth weight was 2723.77 gms. and 18.72% were found low birth weight as per accepted level of 2500 gms.

Mother's age:

AGE	TOTAL	L.B.W.	%
<20	44	10	22.72 %
20-24	606	108	17.82 %
25-29	372	72	19.35 %
30-34	132	24	18.18 %
>34	32	8	25.00 %
TOTAL	1186	222	

Mother's age is considered to be an important factor to influence birth weight. The study showed that highest incidence of LBW is amongst age group of >34. This may well look like a perfect finding, in fact it is not. The simple reason for telling this is that numbers in total comparison may not be statistically significant. But, nonethe less, extremes of age are emerging to be risk factors which may lead to low birth weight.

Character may be manifested in the great moments, but it is made in the small ones.

PARTY:

GRAVIDA	TOTAL	L.B.W.	%
1	584	120	20.54
2	388	58	4.95
3	150	36	24.00
4	42	4	9.52
>4	22	4	18.18
TOTAL	1186	222	

Parity is also known to have influential effect (negative) on birth weight. Here we can see that for first and third steps, percentage is on higher side. We need to explain such a difference than popular belief. It is probably because lack of spacing for first 3 slabs and beneficiaries taking advantage of antenatal care on later half.

SPACING (YRS)	TOTAL	GOVT. L.B.W.	%
1	264	40	17.31 %
2	84	15	17.85 %
3	48	16	33.33 %
4	56	12	21.43 %
5	62	5	8.43 %
6	28	3	10.71 %
>6	28	4	14.28 %
TOTAL	570	95	

Spacing between children is considered to be a factor positively influencing birth weight. If spacing is adequate, birth weight will be O. K. Unfortunately it is seen that spacing of 3 and 4 years shows maximum incidence of LBW. This also appears to be contrary to popular belief. Some forms were excluded as they did not contain information as to spacing.

Antenatal care :

YES	568/1186	47.90%
NO	618/1186	52.10%

It is aptly clear that antenatal care does make the difference. Here the point at issue is that the beneficiary was considered if she had even one contact with health care worker. It is far from satisfactory care. Probably if total antenatal care is considered, figures might be more revealing in favour of antenatal care. This criteria is such fixed as it is a notional customary.

Anaemia:

ANAEMIA	172	L.W.B.	80 = 46.51%
NO ANAEMIA/NO DATA	1014	L.B.W.	100 = 9.86%

Maternal anaemia during antenatal period is detrimental to foetal growth. Unfortunately majority of government patients did not have any data available as to presence or absence of anaemia during entire antenatal period. In fact many of the patients were reported for the first time for the purpose of delivery and had never been to the hospital during antenatal period. In private, all patients were thoroughly investigated, and energetically treated. However association of anaemia with low birth weight is strongly documented. Those patients who were energetically treated for anaemia are considered not anaemic. However those who had frank anaemia at the time of delivery and did not have records were considered anaemic.

Prematurity:

PREMATURITY:	PMT	LBW	TOTAL LBW
	77	77	222

Prematurity is an obvious cause for low birth weight. Those who were 15 days premature as their E.D.D. were considered premature. All neonates who were premature were found to be low birth weight babies.

Other conditions:

Twins and still births were other conditions. Still births were excluded from the study. But twins were definitely found to be low birth weight.

Discussion:

From above mentioned findings, it is evident that no single parameter holds a clue to low birth weight. Again, incidence of low birth weight although quoted to be very high, is not so high in reality. But what is important is although we can boast of having lower incidence of low birth weight, average birth weight has not gone up substantially. ICMR has conducted such study a few years back and WHO expert committee quotes mean birth weight and percentage of LBW to be as follows. Evidence clearly suggests that we have just crossed the threshold, so our neonates are barely on this side of line and many more steps are still required to be taken.

Mean Birth Weight:

Mean Birth Weight:		
CITY	MEAN BIRTH WT.	% L.B.W.
DELHI	2.764	25.0
CALCUTTA	2.673	20.0
VARANASI	2.628	30.6
JAMSHEDPUR	2.693	19.0
CHENNAI	2.710	23.0
VADODARA	2.449	46.5
TIRUVANTHANPURAM	2.881	15.3
MUMBAI	2.597	34.9
SOURCE: ICMR		
WHO EXPERT COMMITTEE :	2.597	28.2

Antenatal care :

There is clear indication that antenatal care does make a difference. Prema K. also found association of low birth weight with antenatal care.

Anaemia:

Maternal anaemia is a due to foetal malnutrition. Maternal anaemia may be considered as a hallmark of maternal nutrition is normal or adequate, the condition will reflect on foetal nutrition as well. Study conducted by Prema K. clearly states that lower the maternal Hb, lower is the birth weight.

Hb Gm%

	<5	5-7.9	8-10.9	>11
MEAN B.WT.	2.400	2.530	2.660	2.710

-A great deal of good can be done in the world if one is not too careful who gets the credit.

SOURCE: PREMA K.

Income :

Income of the family also holds a key to foetal nutrition. Better income group people can take better quality food in adequate quantity. Unfortunately our effort could not study income of our patients, but such a relation is presented for reference of our readers. Study by Raman in Indian Journal of Paediatrics shows that such a link persists.

B.W.(Kg.)	LOW%	MIDDLE %	UPPER %
<2.25	9.9	7.4	3.8
2.26-2.5	28.8	21.5	7.6
2.51-2.75	28.2	23.5	18.3
2.76-3.0	24.3	26.6	23.0
>3	16.2	21.0	43.0
TOTAL	100	100	100

SOURCES : RAMAN L. MATERIAL RISK FACTORS IN I / U MALNUTRITION IND. J. PAED.

It is clear from the study that none of the commonly considered causes could make a clear reference of relation as to low birth weight. Than what is the cause of Low birth weight? It is probably interplay of all factors put together. Again post operative hunting through literature showed me a study published in Nutrition news which correlates pregravid BMI (Body Mass Index) and birth weight. There is also a custom of deliberate low consumption of diet in last trimester with a view to keep the baby small so that there is less problem during delivery. This practice has featured in "Facts for Life" published by UNICEF.

CONCLUSION

- * % of LBW much less than reported
- * Average not improved atleast in under privileged
- * Antenatal care makes difference
- * Identified causes have little if any importance individually

This is a research project of FFP AI

Researcher - Dr. Bimal Buch
Vice President - FFP AI
Rajkot (Gujarat)

IMPORTANT ANNOUNCEMENT

9th National Convention of FFP AI will be held in year 2005. All the units of FFP AI are hereby informed that any unit who wish to be the host for the 9th National Convention of FFP AI requested to send the name of your unit to FFP AI office - C/o. GPA Greater Bombay before the Central Council Meeting to be held on 1st February, 2003 at Kolkatta. The names of received after the 1st February-2003 will not be taken into consideration.

I don't know the secret to success but they key to failure is to try to please everyone.

OUR READERS' WRITE

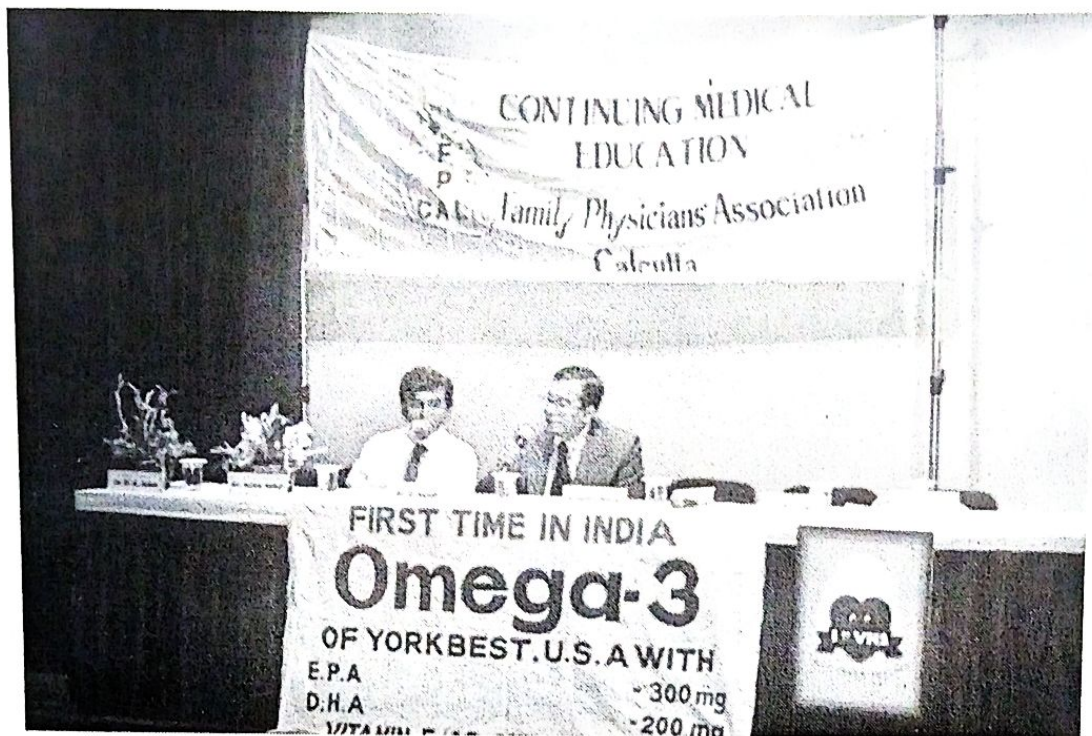
TO,
THE EDITOR,
FFPAI MEDICAL TIMES

Read nice and informative article by Dr. Suhas Pingle in March -2002 issue. This is another shocking news that "Union Health Ministry" is on back of qualified medical practitioners. Its surprising that the Govt. who on one hand is not doing much for upgrading and updating qualified doctors as there are no such courses to guide us further and on other hand no steps are taken to stop quackery and malpractices, counter practice by chemists (and even by grocers nowadays), but Govt. is all the time trying to regulate qualified physicians by enforcing laws to improve them inspite of adverse conditions in country.

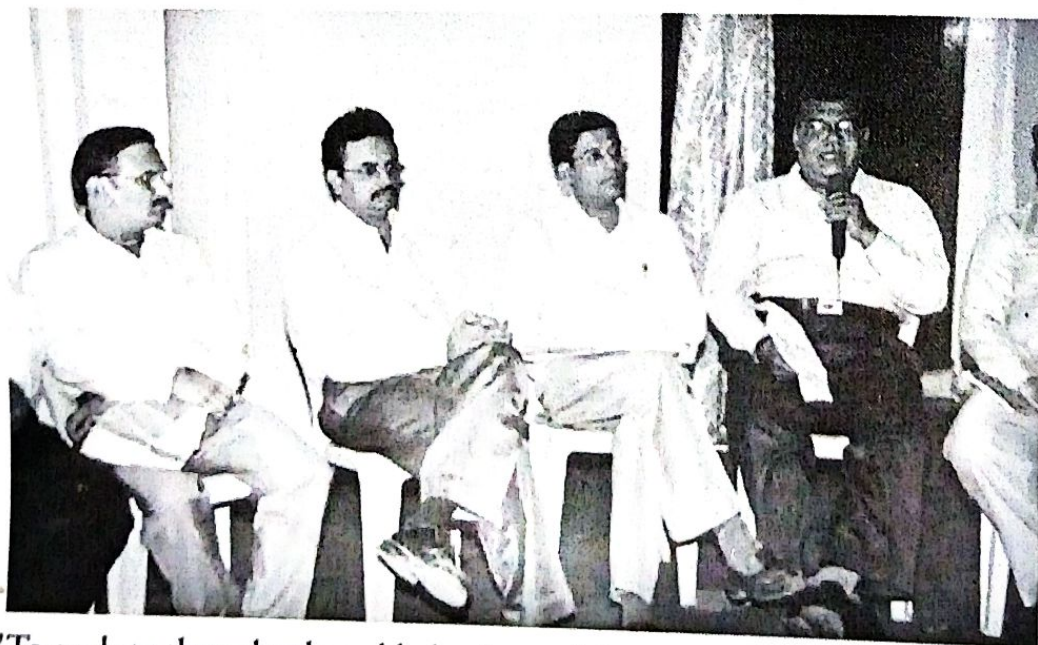
I agree with you fully that Family Physicians will be extinct species but I am sure with great efforts of our President Dr. A. N. Borgaonkar and his noble FFPAI team this will be rendered impossible. 12 years back we formed GPA Indore for followings:

- (1) Lack of unity amongst medical fraternity in general and family physicians in particulars. We are the least united in society. Even barbers and shoemakers are more united than us. As you rightly pointed "Some doctors do charge less than a Haircut but there are many factor responsible.
 - (a) Lack of unity amongst doctors.
 - (b) False image of imposed nobility of profession so if you ask for more money you are committing a crime.
 - (c) I am sorry to say about the typical Indian mentality of getting everything free or cheap.
 - (d) Lack of daring to charge proper fees and give quality services plus understanding our own value or esteem by doctors.
 - (2) Lack of uniformity in charges - in the same city different GPS are charging differently which allows bargaining practices amongst patients. We tried but failed to regularize charges or fees schedule of GP's as they don't want to face challenges and instead keep on doing their practice on " as is where is " basis.
 - (3) Quackery: Quacks are spreading like anything everywhere. As per my knowledge, experience and estimate 3-5 quacks are there per one qualified physician and they are violating all protocols and code of conduct laid down for ethical practices but govt. is deaf, dumb and blind for these quacks. They give tall claims and do open publicity which is banned for us. Many times quacks clinics are inaugurated by ministers.
 - (4) Counter practice by Chemist - We tried to fight against this issue but on studying drug laws we don't find any laws to abolish such type of counter sales by chemists.
 - (5) Update practitioners by conducting CME: In conduction I wish to gain suggestions from FFPAI.
 - (I) How to regularize fees schedule of family physicians.
 - (II) How to abolish quackery? Are there any laws to fight against quackery?
- If yes do publish in next issue of FFPAI Medical Times.
- (III) How to abolish counter sale or practices by chemist? Are there any laws governing in our country in general and in states in particular? Do Publish.

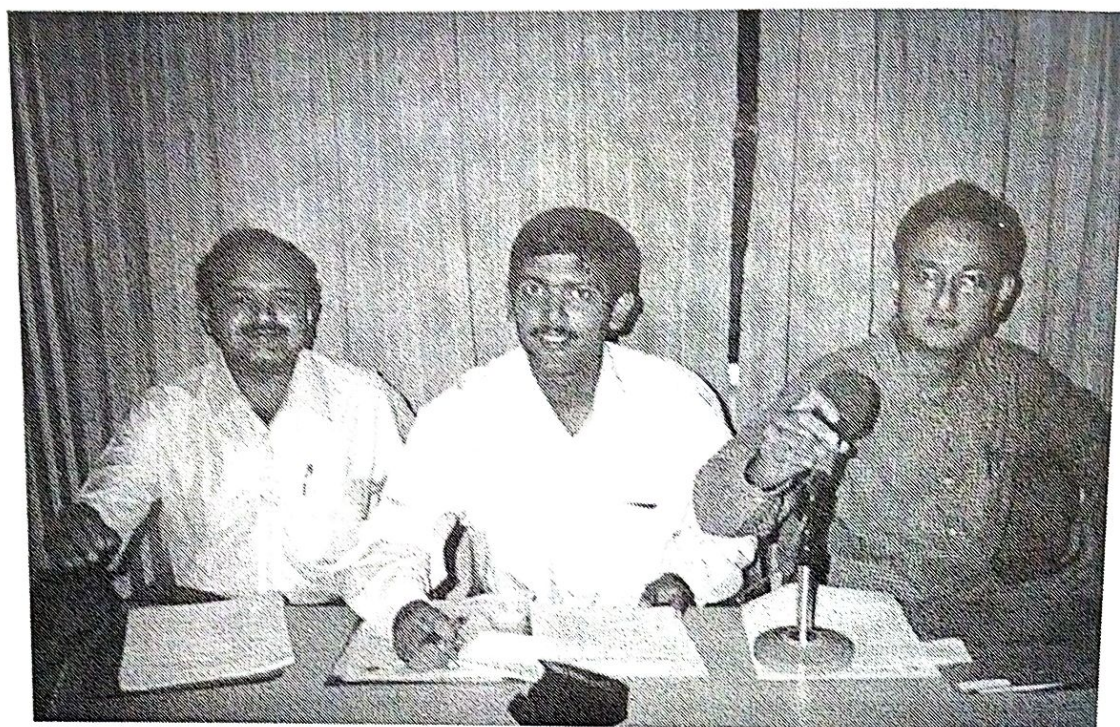
Thanking you,
Yours truly,
Dr. Pramod Bansod
President, GPA Indore (M.P.)



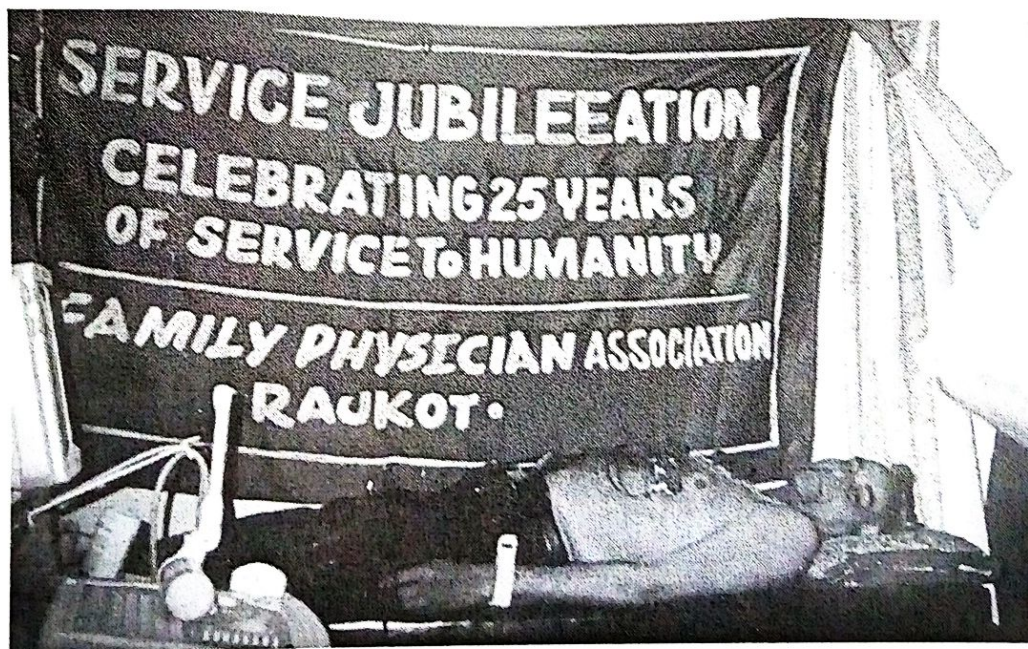
CME Programme on Omega-3 arranged by FPA-Calcutta.



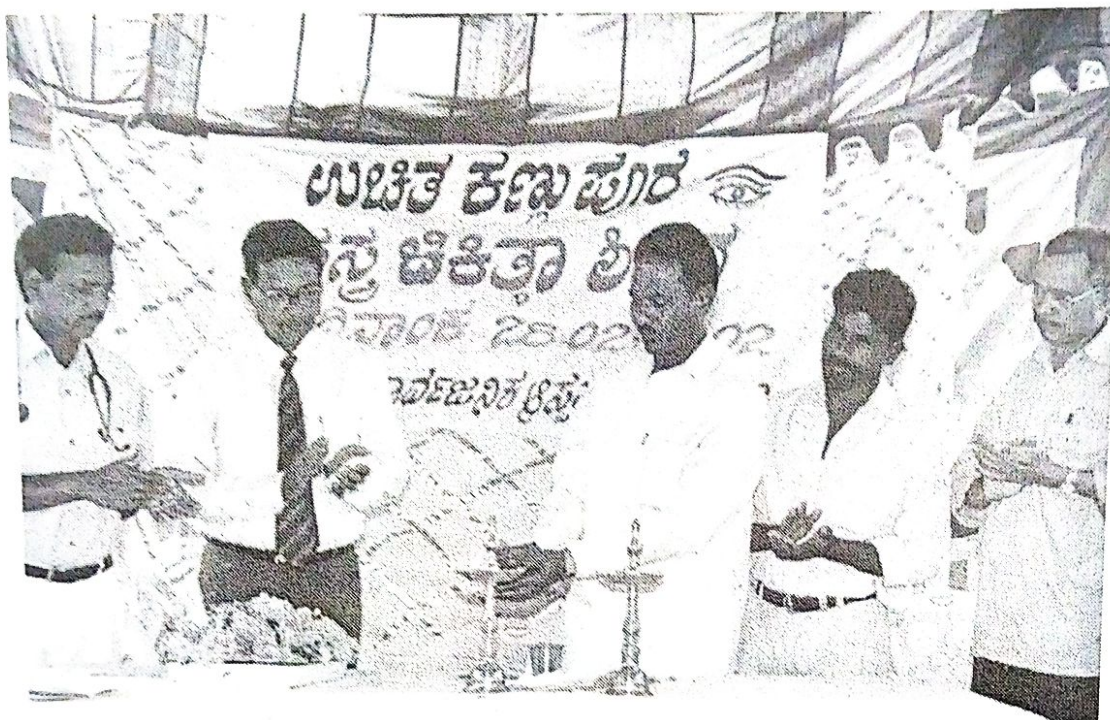
'To evaluate the value based behaviour of doctors towards their patients' seminar organised with the members of GPA-Surat on 19-5-2002



CME organised by FPA-Vadodara on 23-6-02 at Bhailal Amin Hospital.



Service Jubileeation was launched to commemorate 25 years of FPA-Rajkot on world health day on 7-4-02



Free Eye Camp organised by FPA-Chincholi with
Govt. Hospital on 28-2-02.



Executive Committee of GPA-Indore for the year 2001-2002.



39th Central Executive Meeting of FFP AI
hosted by FPA-Calcutta on 28-4-02.



Blood Donation Camp at Jeevan Bharti School, Surat
as a part of social activity of GPA-Surat.



FFPAI various sub committee meeting held at Mumbai on 14-7-02



GLYNASE XL

A Seminar on Diabetes Mellitus on 30-6-02 by IAFP Gulbarga



Typhoid vaccination camp organised by FPA-Bhuj in association with Bhuj Mercantile Bank on 4-8-02.



Chief Guest Dr. Pragna Pai inaugurating the 32nd Annual Conference of GPA-Greater Bombay by lighting lamp. on 26-1-02



Inaugration of 'Madhusudan Paper Presentation Contest'
organised by FPA-Rajkot



Dr. P. S. Ramani releasing the 1st GPA-Indore Quarterly
Medical bulletin on 14-4-02.



Opening of the FPA Chincholi on 28-2-02 by lighting lamp
by Dr. Borgaonkar President-FFPAI



Org. secretary Dr. R. B. Lhila of FPA-Calcutta giving an account
of Progress done by FPA-Calcutta for National Convention of FFPAI to
CEC members on 28-4-02 at Kolkatta.

MCI REGULATIONS 2002, HAVING COME TO STAY FOR PHYSICIANS, IT'S A PRIZE FOR A PRICE TO PAY!

With the approval of the Central Govt., the Medical Council of India put forth the new regulations called the Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations 2002, which came into force from 6th April, 2002 the date of their publication in the office Gazette. About 80% of the healthcare is provided by family physicians, so the regulations as under, concern us most. At the time of registration, each applicant has to agree to abide by the following declaration:-

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to humanity.
3. I will maintain the utmost respect for human life, right from conception.
4. I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.

Thus the physicians are bound by duties, responsibilities and obligations:-

- To render service with humanity, keeping reward or financial gain as subordinate consideration.
- To be pure in character and prompt, punctual and diligent in caring for the sick.
- To practice only modern system of medicine in which one is trained and qualified.
- To update knowledge and skill by attending recognized CME programmes. The attendance of minimum 30 hours every 5 years, is now mandatory for re-registration.
- To affiliate with allopathic medical societies or associations and to get actively involved in their functioning for advancement of the medical practice.
- To maintain medical records for a period of 3 years at least, and to make them available within 3 days of request by the patient, authorized attendant or a legal authority.
- To maintain register of medical certificates with duplicates with details of full name, identification marks, signature and address of the patient.
- To display usual professional fees in clinic and to inform in advance about special fees for special category of services and procedures.
- To prescribe legibly on letter heads only, drugs of standard preparations and known formulae, with clear dispensing instructions. In public hospitals, where there is heavy load, the doctors must write their names, under their signatures.
- To ensure highest quality care by employing assistants who are registered or listed under Medical Acts in force.
- Not to refuse emergency, unless one is incompetent or ill-equipped but he must render first hand treatment, before sending the patient to suitable place.
- To fulfill obligations to the sick, prompt attention, proper treatment, timely reference, minimal investigations, guarding professional secrecy, avoiding negligence etc. and thus to prove worthy of the faith reposed.
- To co-operate with public health authorities, especially as regards notification, prevention and remedial measures of epidemic and communicable diseases.

To refrain from unethical acts such as (a) self advertisements through media, unusually large sign board display (b) running a shop for sale of medicaments (c) taking or giving any commission or gift in consideration of any favour to procure or to promote business. (d) to carry out sterilization, artificial insemination without the consent of female patient, her spouse or the donor (e) taking sole responsibility in practicing euthanasia and in withdrawing life supportive devices in brain death cases without consultation of the team of doctors concerned (f) giving false certificates or reports (g) giving unauthorized certificates of efficiency to unqualified or non-medical persons.

Dr. Ramesh C. Shah., Member, Editorial Board, FFP AI, Mumbai.

REVIEW OF FFP AI AS AN ORGANIZATION AND DETERMINING FUTURE GOALS AND STRATEGIES

Genesis:

It was felt by the authors that the Federation of Family Physicians' Associations of India (FFPAI), after an existence of sixteen years, should review its core values, objects and activities as an organization, evaluate them in the context of contemporary environment and then determine its vision, mission, goals, core activities and tasks. As everything in the world continuously undergoes change which also impact organizations should re-look at itself in this light. Every organization like ours should habitually review its domain at least once in ten years.

Concerns:

The authors are particularly concerned in reviewing aims and objects of the federation and the resulting domains of its activities. Current activities are arbitrary and quite often duplication of the Unit activities. Except for a conference, which comes once in 2 years, the main pre-occupation is "Meetings"!

We feel that there is an urgent need to convene a Brainstorming workshop of interested and thinking minds to review and redefine the issues mentioned above.

The first and foremost task should be to hold such a workshop with an agenda which includes:

- (1) Mission Statement
- (2) Role of units, Structure
- (3) Responsibilities of Office bearers at Unit and Centre levels.
- (4) Their accountability
- (5) Other issues.

The workshop can be held for at least one full day with an aim to arrive at solutions by evening which define short term and long term goals of the federation and draw a roadmap to achieve them over next five years or so. To facilitate the discussion this paper should be circulated. We have attempted here to create a context for the discussion with generic issues of any organization such as ours.

It is also essential to then appoint a task force, consisting of an extremely small group, to implement and monitor the recommended actions over five years.

Soul Searching!

As a preparation for the work we are raising the following pertinent questions:

1. Is FFP AI working WELL as an Organization?
2. What is its vision, mission and purpose? Why does FFP AI exist?

A Mission Statement MUST be written down to precisely but adequately describe in one sentence "What is the core purpose of its existence" and surrounding domains of activities.

3. What could be the Activity Domains?

It should be basically accepted that FFP AI is a federal parent body and should therefore refrain from encroaching on the activities of units and avoid duplication. In our opinion the following are some of the centre domains.

- a) To understand and improve all relevant factors - economic, political, social, cultural and scientific-impacting family practice.
- b) Training of Family Physicians
 - * CME for Urban members
 - * CME for Rural members
 - * Induction Programme for fresh graduates
 - * Select topics for the curriculum for the above
- c) Social obligations - identify social role of the federation
- d) Create awareness about family practice and improve the public image of the family physicians
- e) Represent family physicians in government committees and public & professional forums
- f) Guide FPs in "BEST Practice" norms
- g) Address and communicate ethical issues and compliance
- h) Publications relevant to family practice
- i) Protection of family practice from the encroachment by other specialties and unqualified professionals
- j) Continually review and publicize scope and contents of family practice

Maintenance and Survival of FFP AI

As mentioned earlier, an organization needs to exist to achieve its core mission and purpose.

The following factors must be addressed seriously to continue to exist.

1. Financial soundness
2. Strategies for funding & Determine sources of income
3. Communications within and externally
4. Strong administration and processes
5. Train the next generation of office bearers
6. Establish a culture of honesty, integrity and purpose
7. Establish internal environment as free, friendly and forgiving
8. Create the organization to respond faster, remain focused, foresighted and fearless to conflicts, issues and criticism
9. Structure, Responsibilities & Accountability: All not for profit organizations tend to ignore all the three. Structure must reflect the line of authority, communications and delegation of work. Each office bearer must have a job description, objectives for the tenure and criteria for evaluating is performance of his job. FFP AI should, in our opinion, should be managed like a result - oriented commercial organization with annual measurable objectives for everyone in the management at the centre as well as unit level. There should also be annual appraisal for them to determine their elevation to a higher post.

Dr. A. N. Borgaonkar, President FFP AI
Dr. Ramnik Parekh and Dr.(Mrs) Jyoti Parekh
Members GPA, Greater Bombay

ACTIVITIES OF VARIOUS UNITS OF FFPAI**FAMILY PHYSICIANS' ASSOCIATION CALCUTTA**

President - Dr. N. C. Jain
 Secretary - Dr. Charu Galla
 Treasurer-: Dr. Jayshree Patel.

From Jan 2002 Till date we had following activity.

- 27.01.2002- Annual picnic at Anand Ashram.
- 10.02.2002- CME on Risk of Hyperlipidemia & its Management with lipid lowering agents.
- 28.04.2002- CEC Meet of FFPAI was held at Kolkata and it was followed by CME on scope of minimal Invasive surgery in relation to G. I. Disorder.
- 12.05.2002- AGM We are running a free immunization clinic in collaboration with Vidyasagar Charitable Trust every Saturday.

FAMILY PHYSICIAN'S ASSOCIATION, CHINCHOLI

Family Physician's Association branch is started in Chincholi with 20 Doctors' of the Taluka as its members on 6.2.2002.

Dr. Borgaonkar FFPAI President, declared Federation of Indian Association of Family Physicians declared open the branch on 28.2.2002 by lighting the lamp.

Free eye camp was organized in association with Govt. General Hospital Chincholi on the same day. Video X-ray presentation was done to the members of the branch as a continuing medical education programme. Dr. Shivaraj Sajjanshetty is the President.

Dr. Vasudev Rao Kulkarni the Secretary and Dr. Jagadischandhra Burlathe Treasurer of the branch, Dr. Zakeer Ansari as the Vice-President, Dr. Noorddin Ansari as the Joint Secretary Dr. Kishanrao Katapur, Dr. Venkatreddy Sulepeth are the Central Council members.

Medical Service activities for the public and continuing medical education programmes for the Doctors in future is being planned by the association.

GENERAL PRACTITIONER'S ASSOCIATION-RAU

PRESIDENT
 DR.R. N. PATIDAR
 STATION ROAD,
 RAU-45331
 Phone 856619

OFFICE :
 VANDANA X-RAYS
 STATION ROAD,RAU (INDORE)
 Pin. 453331
 Phone 857266

SECRETARY
 DR. C. S. CHANDAK
 STATION ROAD,
 RAU
 MHOW (R) 07324-72791.
 Phone : (C) 857266

FAMILY PHYSICIANS' ASSOCIATION PUNE.

REGD.OFF: 992,SHUKRAWAR PETH, I.M.A. HOUSE, PUNE -Tel No.(020)4442662

PRESIDENT	: Dr. Prakash Atre
VICE PRESIDENT	: Dr.Vivek Billampelly
IMM. PAST PRESIDENT	: Dr. Suhas Alekar.
Hon. GEN. SECRETARY	: Dr. Avinash Bhondwe
Hon. TREASURER	: Dr. Suhas Nene
Hon. JT.SECRETARIES	: Dr. B. L.Deshmukh Dr.Nandkishor Mantri.
EDITOR	: Dr. Hillary Rodrigues

Failure doesn't mean you are a failure.. it just means you haven't succeeded yet - Robbert Schuller

FPA - PUNE....Contd..

GPA Members: Keep your knowledge updated through CME programmes and lecture series.

ENT update Lecture Series

23.04.2002: Disease of Ear in General Practice

30.04.2002: Diseases of Nose & Paranasal Sinuses.

07.05.2002: Diseases of Throat.

12.05.2002 (Sunday) at Sanjeevan Hospital.

(i) Dysphonia.

(ii) Endoscopic Sinuscopy :

(iii) Cochlear Implant :

(iv) Facial Plastic Surgery

FAMILY PHYSICIANS' ASSOCIATION - VADODARA

Office bearers for the year 2002-2003

President : Dr. Nitin Shah -

Vice President Dr. Ashok Soneji.

Hon. Secretary : Dr. Pragnesh Shah.

Cultural Secretary : Dr. Ashesh Patel

Sports Secretary Dr. Vinod Mehta.

Imm. Past President : Dr. Devesh Patel -

Editor : Dr. Jayesh Jani.

Hon. Jt. Secretary : Dr. Yatish Shah.

Scientific Secretary : Dr. Shirish Gandhi

Treasurer : Dr. Bimal Doshi.

Scientific activities: (January - 2002 to June - 2002)

1. 04.01.2002 FPCON-2002 was hosted by FPA-Vadodara, a grand success of great team work.

05.01.2002

06.01.2002

2. 10.02.2002 Workshop on " Syndromic Approach in Management of HIV AIDS"

3. 31.03.2002 "Approach to pyrexia in pediatric patients".

4. 21.04.2002 "Recent advances in Management of Bronchial Asthma"

5. 31.05.2002 "Value of Life : Redefined by ARBs"

6. 16.06.2002 "Common headache encountered in Family Practice"

7. 23.06.2002 "C.M.E. Programme" on backache, leproscopic surgery, Menopause and management of shock.

8. 27.06.2002 Which medication to choose in Hypertension ? : An interactive session.

Social Activities: 1. Family Physicians' Association, Vadodara carried out free check up of police of Vadodara during communal riots during curfew hours and this project was named : "Police -Doctor project".

2. Member of FPA Vadodara participate in free check up camp at Umalla.

Ladies wing's activities 1. Spouse activities during FPCON -2002 were excellent.

INDIAN ASSOCIATION OF FAMILY PHYSICIANS - GULBERGA

Office : C/o. Dr. A. N. Borgaonkar, Samadhan, Station Bazar, Gulbarga-Karnataka 585102

Tel No.(R) (08472) 431113 (C) 422196

Office bearers for the year 2002-2004

President: Dr. Vidyasagar Itgampalli

132-Vasudev Towers - Super Market,
Gulberga - 585102

Tel No.(R) (08472) 423178 (C) 422178

Treasurer -Dr. Vijaj M. Shah,

Central Council Member of FFPAl (1) Dr. K. Basawaraj.

FFPAI President : Dr. A. N. Borgaonkar

Secretary: Dr. S.S. Siddapurkar

Positive Health Centre

Old Jewargi Road - Gulbarga-2

Tel.No.(R) (08472) 421768 - C. 433779

(2) Dr. Mohd. Rustum Faizi

UNIT ACTIVITY OF FFP AI GENERAL PRACTITIONERS' ASSOCIATION - GREATER BOMBAY

Report of Activities of the Association from 1.1.2002 to 30.6.2002.

Newly elected office Bearers and Managing Committee Members (2002-2003)

President	Dr. Bakulesh S. Mehta	Vice Presidents	Dr. Gita C. Vora
Hon. Gen. Secretary	Dr. Ramesh J. Mehta.		Dr. Mahesh M. Upadhyay
Hon. Jt. Secretaries.	Dr. Pradip G. Maniar		Dr. Hemanti Vithalani
	Dr. Anjana A. Tolia		
	Dr. Harish M Walavalkar	IPP	Dr. P. R. Melmane

Scientific activity :

28.02.2002	Basics in Rheumatology for Family Physician.	09.05.2002	Hepato-Billiary Diseases & Family Physician
07.03.2002	Physiotherapy Exercises for muscles and some Belts/Slings etc.	23.05.2002	Hepato-Billiary Diseases & Family Physician
14.03.2002	Imaging in Bones & Joints	30.05.2002	Pancreatitis
04.04.2002	Basics in GI-tract	06.06.2002	Hepato-Billiary Diseases & Family Physician
11.04.2002	Basics in Gastrointestinal Tract	13.06.2002	Hepato-Billiary Diseases & Family Physician
25.04.2002	Basics in Gastrointestinal Tract	27.06.2002	Pancreatitis
02.05.2002	Acid Pectic Diseases & Family Physician		

'GP's Present their cases' are regularly held one every 3rd Thursday at Jaslok Hospital and every 3rd Tuesday at Nanavati Hospital.

Regular CME classes held at Nanavati Hospital.

05.03.2002	New Drugs in Gastroenterology	30.04.2002	Clinical Update
12.03.2002	Stimulation of the Child	07.05.2002	ACE Inhibitor, ARB in Diabetes
26.03.2002	Clinical Update	14.05.2002	Clinical Update
02.04.2002	Juvenile Diabetes	11.06.2002	Attitude towards sexuality
09.04.2002	New Drugs in Gastroenterology	25.06.2002	Clinical Update
23.04.2002	Restless Child Natural or Abnormal		

Regular CME classes are held at S.R. Mehta & Sir Kikabhai Cardiac Institute.

08.03.2002	Interesting X-rays & Plain X-rays Quiz and Revision
15.03.2002	Hands on Training in 2D Echo & Doppler
22.03.2002	CT Brain Photo Diagnosis & Quiz
05.04.2002	How to approach and examine - On Neurological Case
12.04.2002	Stroke - Diagnosis, Management
19.04.2002	Epilepsy-Diagnosis & Management
26.04.2002	Coma-Diagnosis & Management

A man is not old until regrets take the place of dreams - John Barrymore

GPA Greater Bombay ... Contd.

Another new Center has been started at Borivali Medical Brotherhood on Every Saturday from 16th June, 2001 at 2.00 pm.

16.02.2002	Paediatric Asthma	13.04.2002	Echocardiography
02.03.2002	Learning of ECG	20.04.2002	Mammography & Lump in Breast
09.03.2002	Learning of ECG	27.04.2002	DUB
16.03.2002	Learning of ECG	08.06.2002	Abnormal behaviour of the Child
23.03.2002	Learning of ECG	15.06.2002	Stress Management
30.03.2002	Learning of ECG	29.06.2002	Common Gynec Disorder
06.04.2002	CT Scan & MRI		

A new CME Centres has been started at Lilavati Hospital every Wednesday at 2.30 p.m.

06.03.2002	Gestational Diabetes	15.05.2002	Interpretation of Laboratory Tests in Paediatrics
13.03.2002	Practical Management of Diabetes	22.05.2002	Interpretation of Laboratory Tests in Paediatrics.
20.03.2002	Management of Dyslipidmias	29.05.2002	When not to use drug
27.03.2002	Use of Hormones in Growth Disorder	05.06.2002	Immunization Schedule
03.04.2002	Acute Febrile Illness in Children	12.06.2002	Abdominal Pain
10.04.2002	Anemia in Paediatrics	19.06.2002	Failure to Thrive
24.04.2002	Chronic Fever in Children	26.06.2002	My Child is not Eating - approach
08.05.2002	Early Diagnosis of An Emergency in Paediatrics		

1. Workshop on 'How to win patients and influence them' (Art of counselling in family practice) by Dr. Ashit Sheth on Sunday, 10th June 2001 at Nawrosjee Wadia Maternity Hospital. Classes in Practical Orthopaedics by Dr. S. V. Vaidya at K. E. M. Hospital, Parel.
2. Workshop and Hands on training on "Air Flow Lung Problems" (Asthma & COPD) by Dr. Rohini Choughule and her team in months of January 2002, February 2002, March 2002 and April 2002.
3. Syposium on " Update in Paediatric Nephrology" at Nowrosjee Wadia Hospital for Children.
4. Clinical Demonstration in ENT by Dr. R. M. Shah on Thursday 14th March 2002
5. Symposium on "Autoimmune Disorders in Family Practice" on Sunday 17th March 2002
6. Scientific Meet At Ras Resort - Silvassa on Saturday, 23rd March 2002 and Sunday, 24th March, 2002.

Laughter is a tranquilizer with no side effects.

GPA Greater Bombay ... Contd.

Social security scheme: Chairperson Dr. S. C. Mehtalia.

The Present Membership is as follows: Total members 2298, including 472 Spouse Members. The amount paid to the nominee of last deceased is Rs. 92,120/-. 169 members including 55 spouse members have joined the scheme upto 31st March, 2002. We are sorry to state that we have lost 9 members upto 31st March, 2002. Ad-hoc payment of Rs. 1,95,000/- was paid to 13 members upto 31st March, 2002. The financial position of the scheme is very sound. We have crossed one crore of assets and our assets are Rs. 1,12,101/- an increase of Rs. 19,85,545/- over the previous year.

Group health insurance scheme : Chairperson - Dr. Bakulesh S. Mehta. The scheme is open to members, spouse and dependant children upto 21 years. The scheme enrolls new members from 1st April of every month up to 1st December. 985 members joined the scheme upto 31st March, 2002. Total Premium paid to United India Insurance Co. Ltd. as follows: Members premium amount. Total amount received from United Insurance Co. Ltd. Rs. 68,32,440/- towards 151 claims upto 31st March, 2002. Professional Indemnity Scheme : Total 528 members joined this scheme upto 31st March, 2002. We paid total premium Rs. 2,10,672/- from May 2001 to 31st March, 2002.

Institute of general practice: Chairperson Dr. B.K. Dholakia.

This is the 5th year of Institute. One Year Practical Training Programme: We conduct this programme at 2 centres - (1) K. J. Somaiya Medical College & Hospital (2) Bombay Hospital and Research Centre.

20 Students are admitted at each centre in January every year. They undergo training in ENT, Ophthalmology, Dermatology, Psychiatry, Cardiology, Gyn. Obst. Minor Surgery, Orthopaedics, Chest Medicine, Gastroenterology & Imagine. They attend about 10 sessions of lecture series. Following this they are awarded certificate. On completion criteria they are selected as Fellow of Institute of General Practice. Last year 15 students were selected for fellowship: One Year Residency Programme. This programme is for fresh graduates who opt for general practice as a career. Along with house officer's job they are oriented to general practice in one year time. The programme is based at Sir N. H. Hospital, Prathna Samaj, Mumbai - 400 004. We admit 2 students every February & August. On completion of One year they appear for viva exam. Successful candidates are selected as fellows:

Fellow of Institute of General Practice. Last year 2 students were selected as fellows :

(1) Dr. Pooja Agarwal (2) Dr. Shailesh S. Bomble. 3 Months' Specified Training Programme:

This well accepted programme by the members was introduced this year. In this programme, a general practitioner works with the specific consultants in hospitals twice a week for 3 months.

On completion of the training, the candidate will appear for viva exam. Successful candidate is awarded certificate of proficiency - Proficiency in General Practice - (PGP).

Till now one candidate is awarded PGP in Gastroenterology. 8 more will appear for viva next month. Dr. Kamlesh Jariwala is the first candidate to bag PGP (Gastroenterology).

Cultural committee : Chairperson - Dr. Anjana A. Tolia.

An overnight picnic come Scientific Meet was organized at Ras Resort - Silvassa on 23rd and 24th March, 2002. Eighty persons enjoyed the trip. Dr. Ashish Shah spoke on "Clinical & ECG diagnosis of Common Arrhythmias & its management". Dr. Anuradha Shah spoke on "Pitfalls in management of Asthma & management of Acute Fever".

Membership of the association:

After adding 131 new members this year total membership as on 31.3.2002.

Life Members	2002	Deposit Members	633
Associate Life Members	185	Associate Deposit Members	187
		TOTAL	3007
			=====

Small deeds done are better than great deeds planned - Peter Marshal

GENERAL PRACTITIONERS' ASSOCIATION, SURAT

Extra Ordinary Activities

(i) **Mega Health Check up Programme for members of GPA Surat.**: "Healthy doctors for Healthy Society". This programme was offered to all the members of GPA Surat, free of charge. The main aim of this programme was to motivate the doctors to take care of their own health. We are very happy to announce that total 223 members took advantage of this Mega Health Check - up Programme.

(ii) **Hospital Attendant (Compounding) Course**: To train S.S.C. passed students for the job of hospital attendant and compounding. The six months training course incorporates theoretical teaching and practical training. The practical training is being provided at various departments of three trust hospitals and private clinics of six family physician members of GPA Surat.

First batch of 15 students have completed their training in Jan 2002. Their exams were taken in February -2002. Successful candidates were awarded the certificates in a convocation ceremony held on 16.5.2002. The third batch of students has already started from March 2002.

120 delegates took advantage of this programme. Dr. Subhash Joshi has taken keen interest in day to day working of this course.

GPA Academy of family medicine: GPA Academy of family medicine has completed two years in Sept. 2001. Six members of the 2nd batch were awarded fellowship certificates on 23.9.2001. The special training programme in psychiatry, arranged jointly with Mental Health Education and Research Trust, Ahmedabad was greatly appraised and well attended programme. More than 90 members of GPA Surat were registered for it. After completion of the course, the Mental Health Education and Research Trust has issued participation certificates to all the registered members.

20.02.2002	Inauguration of training programme in psychiatry	17.04.2002	Substance abuse & deaddiction
27.02.2002	Psychosomatic diseases	24.04.2002	Child Psychiatry
20.03.2002	Interview skills in assessing psychiatric patients.	01.05.2002	Current concepts in cardiac surgery
27.03.2002	Anxiety disorders	17.03.2002	"Tips in family practice in Neurology" and "Tips in family practice in Gynaecology".
03.04.2002	Mood disorders (Depression & Bipolar)	28.04.2002.	"Workshop in Pediatrics"
10.04.2002	Schizophrenia		

Journal of family medicine

The monthly bulletin of GPA Surat is now published in the form of Journal of Family Medicine (JFM). The size and presentation of this journal has been made more attractive and interesting. Every month, topics important for family practice are selected and articles pertaining to the single theme are covered. Editor Dr. Tony Nicholas deserves special compliments for his meticulous work. This journal is circulated to all the units of FFPAl every month.

Essay contest: On the occasion of 53rd Independence Day celebration, GPA Surat had arranged an essay contest for members and their family members.

Health check up programmes: In remote villages, Blood donation camps, Sex education programmes, AIDS awareness programmes, Radio and TV talks, are very regular activities of GPA SURAT.

GPA Surat had arranged more than 30 blood donation camps. We also received the appreciation award and Gold Medal from Surat Municipal Corporation for our contribution to these humanitarian tasks. Dr. Jagdish Jariwala took special interest in this activity. GPA Surat has prepared special slide show on AIDS awareness, for common men. It is very interesting and useful especially for school and college students. The magnitude of the problem, the routes of transmission, the preventive aspects, everything a lay man needs to know about AIDS has been covered in this AIDS awareness programme. We acknowledge Dr. Tony Nicholas for these services to the society.

UNIT ACTIVITIES OF GPA INDORE**(1) FEBRUARY - 2002:**

- (A) "Interactive group discussion and question answer session on gastroenterology" with eminent Dr. Girish Naik. (M.D.)
- (B) Computer Presentation on ENT Endoscopy - By Dr. Subir Jain.
- (2) January-2002 : "Current trends in Rhinology & Rhinoplasty" - Dr. Brijendra Baser.
- (3) 15th March 2002 : To celebrate " World Woman's Day" Honour of Gynaecologist and Retd. Director of ESI Indore Dr. Smt. S. Patwardhan and Computer CD presentation on " Female Foeticide" made by Dr. G. N. Patel (Rajkot).
- (4) 14.04.2002 - A grand seminar on "OCCUPATIONAL BACKACHE" Dr. P. S. RAMANI M.S.,M.Ch., C.R.E.S. Eminent Neurospine surgeon of Asia from Lilavati Hospital Mumbai & release of GPA Indore Quarterly Medical Bulletin by Dr. P. S. Ramani. Attended by 160 practitioners' & students.
- (5) 23rd June-2002: A seminar on CARDIOLOGY (Esp. Interventional Cardiology) at CHL Apollo Hospital Indore A series of 3 century.(a)Dr. Girish Kawthekar M.D., D.C.M. (France) Leading International cardiologist of Indore (Balloon Angioplasty expert) Computer presentation of Balloon Angioplasty. (b)Dr. Manisha Podwal M.S., M.Ch., (Cardio theracic surgeon) "Surgery of a Myocardial Tumour". (c)Dr. Vinod Somani, M.D., D.N.B., (International Cardiology-basics of Interventional cardiology.
- (6) 14th July, 2002 : "Current trends in Antiallergic drugs therapy in General Practice esp. Fexofenadine (Allegra)Aventes and on "Pulmonary function Tests" Line Demo. of the PFT Machine & how to do + interpret PFT. by Dr. Salil Bhargava.

UNIT ACTIVITIES OF FPA RAJKOT.

FPA Rajkot is celebrating silver jubilee year from 01.04.2002. We are thankful for guidance and the best wishes and guidance from all the respected senior members of FPA, Rajkot.

(1) H.J.Doshi Case Paper Presentation was held on 20.01.2002 for members of Family Physician Association and open for the all section in two categories. Sponsored by H.J. Doshi Hospital, Rajkot.
Winners: FPA Section: (1) Dr. Bimal Buch, (2) Dr. C. V. Ajmera.

Open for all section : (1) Dr. Nirbhay Shah. (2) Dr. Ketan Thakkar. (3) Dr. Jinesh Doshi.

(2) A National Competition of Madhusudan Paper Presentation was held on 14.4.2002 for Members of Family Physician Association and open for the all section in two categories, members from Bhavnagar, Surat, Pune, Ahmedabad and Rajkot participated in it. It was sponsored by Dr. Hemang Vasavda & Dr. Nilang Vasavda of Madhuram Hospital, Rajkot.

Winners : FPA Section :(1) Dr. Bimal Buch "Comparison of R.C.H. Status of Muslims. Vis-a-Vis Hindu and suggestions to improve them." (2)Dr. Subhash Joshi, Surat. " How safe is our stethoscope?"

Open for all Section.: (1) Dr. Harshal Baldha Staining of lens by Trypan Blue Dye.(2) Dr. Jinesh Doshi, Study of fiberoptic Laryngoscopy.(3)Dr. Umed Patel. "A retrospective study of Diphtheria cases".

(3)World Health Days Celebration was held on 07.04.2002 in collaboration with Akhil Hind Mahila Parishad, Rajkot.(1)Blessings for good health by Guest of Honour H.D.H. Swami Jitatmanandji of Ramkrishna Mission Ashram Rajkot.(2)Talk on "Move for Health" The theme of world Health Day by Dr. Bimal Buch. (3) Slide show on "female foeticide" by Dr. G. N. Patel.

Welfare of FPA Members: Free checkup of all the FPA members was held for Lipid profile, blood sugar, and ECG from 07.04.2002 to 14.04.2002 about 80 members participated in it.

Social Activities : (1) Blood Donation Camp was held on 10.02.2002 at Matrukrupa Clinic at Padak Road, Rajkot in Association with Om Group. (2) Typhoid Vaccination Camp was held from 03.06.2002 to 10.06.2002 in association with Zydus Cadila in 18 clinics covering all the area of Rajkot.

Clinic Meeting : Menopause and General Practitioner.

CME PROGRAMME OF FPA RAJKOT

Date	Subject	Date	Subject
01.01.02	Endocrinology-Basic	22.03.02	Asthma
08.01.02	Endocrinology-Adreno Cortex	26.03.02	Urology-Renal Stone
11.01.02	CNS-Basic	02.04.02	Urology-Renal Stone
15.01.02	Cushing Syndromes	05.04.02	CV stroke
18.01.02	Cough	09.04.02	Urology -Enlarge Prostate
22.01.02	Thyroid & Parathyroid	12.04.02	Anesthesia
25.01.02	General Orthopedic	19.04.02	Cerebral Haemorrhage
29.01.02	Cortico Steroid Therapy	23.04.02	Urology - Enlarge Prostate
05.02.02	Cough	29.04.02	Urology-Erectile dysfunction
08.02.02	Cortico Steroid Therapy	03.05.02	Neurology-Vertigo
12.02.02	Urology-Catheter	07.05.02	Urology-Male Infertility
15.02.02	Arthroscopy	10.05.02	Psychiatry-Schizophrenia
19.02.02	Urology UTI	14.05.02	Urology - Male Infertility
22.02.02	Lipid Profile	17.05.02	Psychiatry Mania
26.02.02	Urology - UTI	21.05.02	Urology Male Infertility
05.03.02	Nephrology - CRF	31.05.02	Female life at menopause
08.03.02	COPD	07.06.02	Female life at menopause
12.03.02	Nephrology-CRF	14.06.02	Formation of universe
15.03.02	Headache	21.06.02	Formation of universe
19.03.02	Urology-Renal Stone		

IMPORTANT ANNOUNCEMENT

The Federation of Family Physicians Associations of India is happy to announce that our chairman of scientific committee Dr. G. N. Seth (Mumbai) has prepared a syllabus for one year certificate course in family medicine. This course is aimed to update the knowledge of family physicians and also to improve various procedural skills required in day to day practice by the family physicians.

This one year certificate course can be started by the units of FFPAI in their respective areas in hospitals where there are teaching facilities, or in medical colleges. The terms and conditions between the unit and the teaching hospital or medical college can be worked out by the units. Any suggestions in this direction is welcome.

The syllabus copies are available in the Office of FFPAI free of cost. Any further information or clarification the unit can write to FFPAI Office, Hon. Gen. Secretary Dr. S. C. Mehtalia, Dr. G. N. Sheth, Chairman Scientific Committee or Dr. A. N. Boragaokar President, FFPAI.

FEDERATION OF FAMILY PHYSICIANS' ASSOCIATIONS OF INDIA

C/o. General Practitioners' Association-Greater Bombay
 17, Mantri Corner, Gokhale Road (S), Mumbai - 400 025.
 Phone : (022) 422 0911 Telefax : 4366093

NOMINATION FORM

Election of Office Bearers and Central Executive Committee Members for the period 2003-05 at the Central Council Meeting to be held on 25th January, 2003.

Name of the Candidate : _____

Qualifications : _____

Address of the Candidate : _____

_____ Pin Code - _____

Phone with STD Code : _____ Resi: _____

Clinic : _____

POST APPLIED FOR

President (1) _____

Vice-President (1) _____

(2) _____

Hon. Gen. Secretary (1) _____ (From the place of office)

Asst. Jt. Secretary (1) _____ (From the place of office)

(2) _____ (From the place of office)

(3) _____ (From the place of next conference venue, 2005)

Executive Committee Member: (1) _____ (6)

(2) _____ (7)

(3) _____ (8)

(4) _____ (9)

(5) _____ (10)

(Please use one form per post per candidate)

Sd/-

(Hon. Gen. Secretary)

Name of the Unit

Millions saw the apple fall, but Newton was the one who asked why. Bernard Baruch.

8TH NATIONAL CONVENTION OF FFPAI HOISTED BY FPA CALCUTTA

With immense pleasure, we extend our cordial invitation to you to attend this 8th Convention of FFPAI, coupled this year with 7th Annual conference of Family Physicians' Association of Calcutta on 1st & 2nd February, 2003 at Calcutta. FFPAI has indeed given a great honour to FPA Calcutta by offering us to host the convention to which we have readily agreed. But the success will depend upon your participation in a large number.

While our experience is limited and the membership small, still we assure you that you will witness one of the most memorable conventions of recent times. The sessions will be of International quality. Efforts are made to bring speakers of National & International repute. The subjects will be selected from the most challenging medical issues of today and tomorrow. All these efforts will be worth only if the delegates from various units of FFPAI attend this conference cum convention in a large number, besides every member from the Host Association. The distance for visitors is huge and the time invested is also long taking the travel time into consideration.

Venue: The venue is The Oberoi Grand Hotel located in the heart of the city. It is a seven star property and a leader of Hotel Industry in India. It has multiple convention halls with large seating capacities. It has excellent decor with well laid out areas for dining, and exhibitions. It is adjacent to the largest shopping Centres and office areas of the city. The Science City with its space theatre, space flight, life in water, a world of insects and Reptiles, walk through aviary, Butterfly corner, musical fountain etc. is close to this Hotel. Even Nicco Park, the first Amusement Park and Water Kingdom are not far from this hotel. This is your conference / convention. This is our conference / convention. We share the success as much as dislike the failure. So let us all join together to make it a success. We invite suggestions from members of all the units to make this conference / convention beneficial to the members of all the units in general and to delegates in particular.

REGISTRATION :

Status	Upto 30.12.2002	Spot
Delegates	Rs.300/-	Rs.400/-
Reception committee /Members/Consultants	Rs.500/-	Rs.700/-
Spouses/Students	Rs.200/-	Rs.300/-
Banquets	Rs.100/-	Rs.100/-

FREE ACCOMMODATION will be available in guest houses & residence of some members on first come first served basis.

CASE PRESENTATION, FREE PAPERS OR SCIENTIFIC PAPERS will be published and accommodated in the scientific sessions if received well in advance. Delegates are requested to participate in large numbers.

PRE & POST CONVENTION TOURS will be organized if request received from sufficiently large number. Otherwise bookings can be arranged on per person basis.

COMMITTEES:

Chairman : Dr. A. N. Borgaonkar

Convener : Dr. K. B. Singh

Organizing Secretary : Dr. R. B. Lhila.

Treasurer : Dr. J. C. Patel

Co-Chairman : Dr. N. C. Jain

Joint Organizing Secretary : Dr. P. K. Jasani

Joint Organizing Secretary : Dr. M. B. Galla

For details or suggestions please contact :

Dr. Ramlal B. Lhila-Organizing Secretary

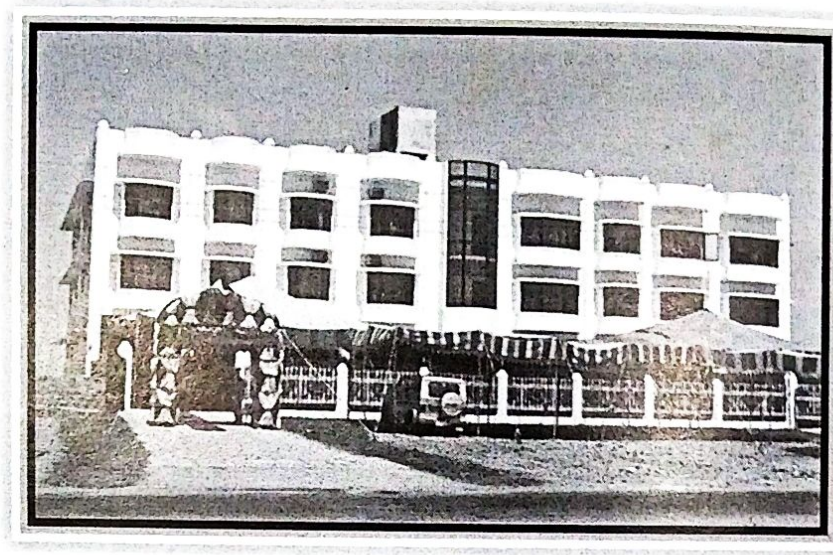
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'FFPAI Medical Times' - Edited by: Dr. Jayendra Kapadia,
Published by: General Practitioners' Association Surat, on behalf of FFPAI.

3322702 (Tel)

PRINTED AT : PROGRESSIVE - 0261-3479245