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FFPAI MEDICAL TIMES



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FEDERATION OF FAMILY PHYSICIANS' ASSOCIATIONS OF INDIA

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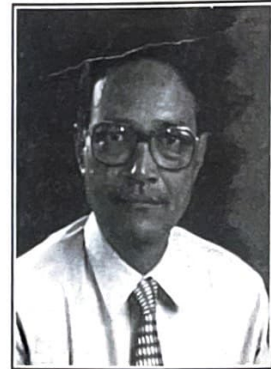
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PRESIDENTIAL MESSAGE

Indeed it gives me pleasure to say that I am leading a team of dedicated and hardworking central executive body members of FFPAI for last one year. The job of Presidentship has been made easy due to the wonderful cooperation of all the E.C. Members.



During last one year I have noticed few branches have done some interesting work which other units can emulate. For example, Surat unit has started running a training programme for hospital attendants and compounders. The Rajkot unit has come out with a film projecting the ill effects of "FEMALE FOETICIED". The other branches can contact Surat and Rajkot for the details which will be useful to them. Thus it is here I feel "INTER UNIT ACTIVITIES" will be a great asset for all the upcoming branches.

Months of December, January and February are the conference months and I am extremely happy that five active units of FFPAI, e.g. Surat, Gulberga, Vadodara, Pune and Mumbai organized conferences very successfully. Large number of members from various units of FFPAI attended such conferences and enriched and updated their knowledge pertaining to family practice. This is a healthy sign. In fact, Surat, Mumbai, Vadodara and Pune units invited members ////////////from other units of FFPAI to participate in the panel discussion or presented free papers. I can visualize that the future of FFPAI is very encouraging with participation of their units in such events.

Alas, what a positive response we have received from members of various units in the form of articles for FFPAI TIMES. I am sure the Editorial board has tough time to select the articles for the FFPAI TIMES.

I welcome Ahmedabad General Practitioners' Association (Gujarat) and General Practitioners' Association Shahpur (Karnataka) in the FFPAI Family.

Long live FFPAI

DR. A. N. Borgaonkar
President FFPAI

"A Society depends more on its citizen's CHARACTER than their INTELLIGENCE."

8TH NATIONAL CONVENTION OF FFPAI

8th National Convention of FFPAI will be held at Kolkata, hosted by Family Physicians' Association Calcutta on 25.1.2003 to 26.1.2003. All the units of FFPAI are invited to attend the National Convention of FFPAI by participating in large numbers as delegates and are requested to submit short papers, free papers, interesting clinical papers, and original research work carried out by the units of FFPAI. The members of FPA Calcutta are working hard to make the convention of FFPAI a great success. The further details regarding FFPAI National Convention will be circulated to all the units of FFPAI in the next bulletin and also by FFPAI Calcutta. For further inquiry kindly communicate at the following address :

To,
The President,
Family Physicians' Association Calcutta.
Regd. Offi: 24/1/1, Alipore road, SBI Building,
3rd Floor, Kolkata- 700 027.
Ph. (033) 479-6379 E-Mail:amargalla@yahoo.com

NOTICE

Notice is hereby given that the next 39th meeting of the members of the Central Executive Committee of Federation of Family Physicians Associations of India will be held on Sunday, 28th April, 2002, at Kolkata at 11.00a.m. onwards. CME is arranged soon after the Central Executive Committee of FFPAI.

"Meet the Executive Committee of FPA Calcutta" planned on Saturday 28.4.2002 at 8.00 p.m.

For return reservations from Kolkata and accommodation - if required. Please contact:

Dr. Pramod Jasani.

42/2, Suburban School Road,

Kolkata -700 025

Ph.(033)4552016

Dr. M. B. Gala

4/B, Amrit Kunj,

29, Palit Street, Kolkata.700 019

(033) 235 3465(C),

(033)476 3212 / 475 4684 (R)

Members of the Central Executive Committee of FFPAI are requested to attend the meeting.

Sd/-

Dr. Shailendra Mehtalia.

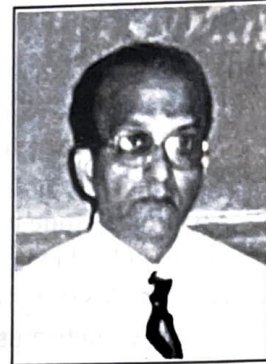
Hon. General Secretary

FFPAI,

"Future LEADS the willing and DRAGS the unwilling"

FROM THE DESK OF HON. GEN. SECRETARY FFPAI

Ever since I have a privilege to work in a prestigious organization FFPAI, whose main aim is to uplift the standard and quality of family physician and family practice across the country. Since, the publication of August-2001 'FFPAI Medical Times' till date, two meetings of central executive committee has taken place at Raichur and Vadodara respectively. In fact Raichur CEC meeting was followed by an interesting CME programme from the members from FFPAI units e.g. Gulbarga, Mumbai and Surat was well attended by members from Raichur units. CEC meeting at Vadodara was organized by FPA Vadodara along with FPCON-2002 Conference by FPA Vadodara unit.



In both the meetings CEC members of FFPAI participation was very active and constructive decisions were taken in a most friendly and cordial atmosphere. One of the major decision was on the agenda was expansion of FFPAI units. This is the only way FFPAI can expand in the different state of our country. Another major decision taken to motivate the inter unit activity of FFPAI, where smaller units of FFPAI can have equal opportunity to organize workshop, panel discussion or CME programme. Financial assistance will be provided by FFPAI to motivate such fruitful activity. Units of FFPAI, Mumbai, Surat, Vadodara, Gulbarga and Pune, organized the family physicians conventions successfully. Its extremely inspiring to note that members from various units of FFPAI were invited to participate in panel discussion or presented their original papers.

It is heartening to note that members from Surat unit carried out research work, "Epidemiological study of symptom Complex in a earthquake at Gujarat since 26.1.2001". FFPAI adore GPA greater Bombay who has continued to carry out several research projects and guided other units of FFPAI for the same.

8th National convention of FFPAI will be held at Kolkatta from 25.1.03 to 26.1.03 hosted by FPA Calcutta. I request all the units of FFPAI to join with FPA Calcutta to make it memorable event. Kindly motivate your unit member to enroll in 8th FFPAI National convention in large number. FPA Calcutta is working hard to make it successful event of FFPAI.

Rajkot unit has organized very interesting clinical case paper presentation contest "Modhusudan paper presentation contest" where any allopathic doctor of India can participate personally or even in his absence. Detail of this contest is given in this bulletin.

FFPAI congratulate Dr. G. N. Patel of Rajkot unit who has prepared on excellent audio visual film on 'Female foetocide. My sincere request to all units of FFPAI to get a copy of it from Rajkot unit and show it to your members. There is a message which will inspire you to work and think positively to motivate entire society to work against female foetocide.

Dear friends your suggestions are always welcome to improve the activity of FFPAI at all the fronts.

Long live FFPAI.

Dr. Shailendra Mehtalia.
Hon. Gen. Sec., FFPAI.

"Any one who PROFITS from CRIME is a part of it. No crime is VICTIMLESS."

GUIDELINES TO EXTEND A NEW FAMILY PHYSICIANS UNITS

The Federation of Family Physicians Associations' of India was established in the Year 1983 with only four units. Today it has extended all over India and giving yeoman services to the community and profession. The FFPAI has its Head Quarter at Mumbai, managed by the professionals. The Members of the association is govern by the Aims, Objectives and Bylaws of the Federation.

REQUIREMENT FOR NEW UNITS:

1. Sponsoring a New units with quality members leads to the growth of the organization.
2. A healthy units provides community services and enriches fellowship.
3. The philanthropic doctors of the area get ample opportunity to do combined services in great magnitude by organized way. The prospective doctors get opportunity to develop their leadership qualities in their profession.

HOW TO ORGANISE NEW UNITS To extend a new unit the following steps to be followed:

1. The new units must have minimum of 10 to 15 members
2. The sponsor unit should nominate an extension chairman, a key member with experience and knowledge about the Federation.
3. The BOD of the sponsoring unit should pass a resolution expressing its desire to sponsor a new unit mentioning the area and state.
4. A copy of the preliminary report and list of members should be sent to the President and Secretary of the FFPAI at the head quarter Mumbai.
5. For establishing a new unit the following meetings should be conducted
(a) Information and indoctrination meeting, (b) Organization meeting (c) Inauguration and unit presentation of the unit

THE BENEFITS OF THE FAMILY PHYSICIANS.

1. General practitioner come under the consultant faculty i.e. Family Physician. (FP)
2. Family physicians has a family registration
3. CME help all family physicians in day-to-day practice
4. Family Physicians can express their experiences in the clinical meetings during the case presentation
5. Inter unit activity highlights and upgrade services of family physician.
6. Opportunity to present scientific papers (clinical/non clinical) in the FFPAI conventions
7. Conventions add to our advantages at national and international levels with fellowships
8. Publication of FFPAI Medical Times provides information regarding the activities of various units of FFPAI
9. Family Physicians have due recognition in the society.
10. Family Physicians may get recognition with the Royal College of family physicians U.K

In brief, the sponsor unit should highlight the benefits received from the participation in national and international family physician conventions held during or past years. The CME and community services extended during the year should be briefed to the new unit

AFFILIATION TO FFPAI

After the acceptance of the new unit by the federation, the following fees structure to be paid by the new unit for the affiliation to FFPAI 1.Rs.250/- for 50 members. 2.Rs.500/- for 51 to 500 members.3.Rs.750/- Above 500 members.For further details contact Hon. General Secretary, FFPAI, 17, Matri Corner Gokhle Road South, Mumbai- 400 025

Prepared By : Dr. Ramesh Guzar, Family Physician Raichur, Karnataka.

"Unjust GOVERNANCE is organized EXPLOITATION"

DO YOU WANT TO BECOME AN EFFICIENT AND EFFECTIVE DOCTOR?

It seems very strange to ask such question to a well-educated, most respectable doctor in the society. I have come in contract with many doctors who have achieved an incredible degree of outward success but have found themselves struggling with an inward hunger, a deep need for personal congruency and effectiveness and for healthy growing relationships with family members and other people.

We as doctors have knowledge about our brain. The brain has been investigated through its anatomy, neurophysiology, psychology, ethology, biophysics and biochemistry. Maps of brain have been created using techniques such as X-rays, computed tomography, nuclear magnetic resonance, EEG. We are well informed with the structure of the brain and not about the fine print of its functions.

With 2 million visual, and 100,000 acoustic, inputs, an estimated 13 billion neurons and 70 billion glial cells the supporting structure of nervous tissue - the human brain is a biological computer in continuous operation and capable of performing million of parallel computations simultaneously. It represents the most highly organized structure in the known universe.

Scientists believe in the mind. Mind is the physiology and brain is an anatomy. Scientists believe that mind has two types: Conscious and unconscious mind.

Conscious Mind is 10%. It is working with help of five senses. It has critical faculty. It has short term memory.

Unconscious Mind. It is 90%. It is doing all internal function of the body. It is obedient. It has long term memory. It has control over our personality, thinking and behaviour.

The brain has been described as the general purpose computer which can be run on Glucose and Oxygen and made entirely by God. Unfortunately, it is also the only computer that's is delivered without any operating instructions.

In a rapidly changing world it is essential constantly to modify and to update action and management programmes.

Alpha learning enables you to bring about this positive mental programming quickly and efficiently. By learning the skills of physical relaxation, alpha learning, mind mapping, brainstorming, self hypnosis, quantum learning, super learning, creative visualization, auto suggestions, and real life practice you will find it far easier to confront life's challenges and enjoy peak performance in all you do.

Using the Alpha level for improving your Efficiency.

Physical relaxation is also the essential starting point for alpha training since the brain can only be brought into the right frame of mind for receiving new instructions provided the body is free from needless tension.

Now you can do the progressive Relaxation exercise.

Lie down in a bed comfortably. Close your eyes.

Just picture yourself lying on the seashore.

Now stretch all your big toes up. Feel the tension on the upper part of sole. Now say yourself that " All negative thoughts, worry, tensions, anger, jealousy, greed, fear, hatred, stored in the body are going out side of the body as we squeeze the wet clothes and water and dirt goes out". Now relax and feel the relaxation.

Now stretch all your big toes down. Feel the tension in the sole. And repeat as above. Now stretch your sole up. Feel the tension below the muscle in the knee. And repeat as above.

"Those who give up freedom to purchase temporary safety deserve neither freedom nor safety."

Same way you have to repeat the procedure with all the muscle from toes to top. First stretch the muscle and then relax. And use the self-suggestion to yourself.

Continue with these regular practice sessions for another fourteen days. As with any other skill, alpha training needs to be practiced in order to sustain a high level of performance.

Close your eyes and roll them slightly upwards. Now count backwards slowly from 100 to 1, count mentally to yourself. Feel yourself going deeper and deeper within.

When you reach the count of one, you would be ready to program yourself for specific benefits and to release your imagination for solving the problem. Give self-suggestion to your self :-

- * I REMAIN ENERGETIC AND ENTHUSIASTIC ALL DAY.
- * I AM MORE AND MORE PATIENT, UNDERSTANDING .
- * I HAVE ABUNDANT CREATIVE IDEAS.
- * I MAINTAIN MY CALM AND WISDOM IN ALL SITUATIONS.
- * I MAINTAIN A HEALTHY BODY AND MIND.

Then for coming out is to say, " I am going to count 1 to 5 When I reach the count 5, I will open my eyes, feeling wide awake, feeling fine and in perfect healthy better than before. And this is so. I works because our brain neurons are programmed for solution and survival we interfere by thinking in terms of problems and limited modes of survival - limited intelligence, limited health, limited love, limited money, limited experiences, limited production, limited success. When you stop limiting your thoughts, you free your brain neurons to move you and others with whom you are in touch to new horizons. Alpha level is a source of relief, a source of energy, a source of solution and source of ideas.

You will not find ALPHA mind approaches to learning in school textbook, methodologies or curricula. It may be many take years before schools respond to changing values in society and a new scientific findings relating to the mind. Meanwhile we all need to do our part as teachers, parents, and doctors in encouraging such progress.

Now, system scientist PAUL LAVIOLETTE and psychiatrist WILLIAM GRAY have proposed a new theory of brain function that sees left brain logical thinking and right brain feeling as integrated in learning and creative problem solving process. Feelings, they say, form patterns that screen information with the help of feeling, the mind can better organize and reorganize its information. As doctors go the Alpha level and picture solutions they are activating the right- feeling - hemisphere. They become more intelligent, as measured by their problem solving ability due to release of Endorphine in Nerve cells. Still if you think your mind is not cool and calm, you can do the following mental exercise.

First Exercise is of counting your breathing. While inhaling you have to count and while exhaling you have to count two. Again while you inhale count three and while you exhale Count four and so on for three minutes. Second exercise is of concentration. While you inhale see that from which nostril you inhale, whether it is right or left. Same way when exhale see that from which nostril you exhale, whether it is right of left. Continue for three minutes. Third exercise is of quality. While you inhale see that what you experience in your inner wall of nostril. Same way when you exhale, whether it is cool or warm or anything. These exercises help you to remove your negative thoughts. This will make your mind cool and calm. Most of us take care of our body but not of our mind. Above exercises help you to sharpen your mind to enjoy peak performance in all you do.

Dr. Pravin R. Chheda.
Family Physician, Surat.

"Educating the MIND without MORALS creates a MANIAC in society."

"GOD HELPS THOSE WHO HELP THEMSELVES"

The "Union Health Ministry" has drawn up a new improved code of ethics to infuse a dose of regulation into the medical profession and benefit patients in the bargain. If the new norms come into force, doctors will have to maintain a medical record- including prescriptions - of all their patients for a three year period from the date of commencement of treatment.

A doctor will also have to "Clearly display his fee and other charges on the board of his chamber" so reads a news item which appeared in a reputed English News Paper.

Dear Members, this is not the first time that the authorities are trying to regulate the medical practice and profession. The in famous "CPA" the proposed amendments to the "Bombay Nursing Home Act" are some more examples in recent times. In democracy which is nothing but a game of numbers for our rules, and hence we doctors who form a microscopic minority are always chosen as soft targets. It is further reported that some 20 odd regulations are to be added to the code of medical ethics that governs the MCI.

It is a paradox that our country which boasts of very rich spiritual traditions believes in controlling the human behaviour by amending the existing laws and adding new ones to the existing list. With economic and materialistic progress the society at large has very high expectations in a very peculiar science where simple answers, like those possible in mathematics, are only exceptions. The patient community believes that since they are paying the doctors they must get expected results.

But on many occasions the expectations are quite irrational. The health education and hence the understanding about diseases and health is very poor in our country. But with an expectation of "Transparency" in the behaviour of doctors and their treatment such new regulations are planned to control the medical practice.

Dear Members with factors like lack of unity amongst us, the total apathy for our rights etc. it is for sure that such challenges are thrown at us quite regularly.

Wise and enterprising men never run away from challenges. In fact they convert such boldly for our services. About 3 years ago when I tried to carry out a survey of our charges I was shocked to see that some of our members are charging less than the charges for a "Hair Cut". Some doctors are doing home visits for mere Rs.50/-.

Friends unless we are sure and confident about our "self image", our "Image" will not improve in the eyes of lay people. Do you know that in Pune the "Dinanath Mangeshkar Memorial Hospital" is going to pay regular visit charges to "Family Doctors" for their hospital visits to monitor the treatment of their patients.

Please feel free to communicate with me on this matter. Your suggestions will be highly appreciated. Let us not overlook the writing on the wall " God helps those who help themselves".

Dear Friends, if we fail I am sure we the "Family Physicians" will become a species which is on the verge of vanishing and unlike friends of animals, who put their mite to "Save Wild Life" there would be nobody to save us.

Dr.Suhas Pingle.
Hon. Secretary,
GPA, Greater Bombay.

Reprinted from GPA, GP Bulletin

"To a devious person a crooked path looks straight."

CIPROFLOXACIN USE AND MISUSE

Ciprofloxacin is a widely used antibiotic in this country and seems to be a favorite with all doctors. The use is so wide spread that it is not uncommon to see patients self medicating with this drug. Whether such widespread and rampant use is warranted or not forms the basis of this short write up. This antibiotic belongs to the class of fluoroquinolones and is very effective against Gram negative organisms like *Pseudomonas Aeruginosa*, *Salmonella*, *Shigella*, *Haemophilus Influenzae*, *Neisseria Gonorrhoeae* and *Escherichia Coli*. It is also effective against Gram positive cocci that include methicillin susceptible *Staphylococci* and *Streptococci*. It is a recommended drug for upper urinary tract infection, prostatitis, sexually transmitted disease and gastrointestinal infection. This fairly widespread antibacterial spectrum has made this an antibiotic of choice amongst all of us and is used for diverse conditions, ranging from common sore throat to post operative wound sepsis. As I said earlier there is also wide spread self medication and its easy availability to the people is due to lax drug enforcement laws in our country.

Though it is possible to achieve cidal levels, it is not an antibiotic of choice against *Staphylococcal* and *Streptococcal* infections and for the prevention of wound infection there are better alternatives. Community acquired diarrhoeas generally need no antibiotics and if one has to use an antibiotic host of alternatives are available. The same applies to urinary tract infection in our country.

This wide spread use of this useful drug is leading to or has led to a situation where in this drug is becoming of has become ineffective against *Salmonella typhi* that causes lot of morbidity and mortality in our country. Going by the experience of the author and his colleagues who are both community and hospital based, increasing number of patients with typhoid fever are either not responding or responding inadequately to this drug. Clinicians are being forced to use alternate drugs like Ceftriaxone, a far more expensive drug that has the additional disadvantage of the need to be administered parenterally. Let us now examine the safety profile of this drug. Fluoroquinolones as a class can cause nausea, vomiting, diarrhea, insomnia, dizziness, phototoxicity and damage to the cartilage of the growing bones [reason for not using in children]. More important and clinically relevant side effect is potentiating the action of Aminophyllin and anticoagulants. This occurs due to interference with their intrahepatic metabolism. Theophyllin [Aminophyllin] is a widely used xanthine in conditions where there is airway obstruction, more so in the elderly who already have a compromised metabolism. It stimulates the central nervous system and has a narrow margin of safety. Peak serum concentrations of Ciprofloxacin are 40% higher in the elderly due to reduced metabolism, smaller volume of distribution due to reduced extra cellular fluid and fat and diminished renal excretion.

The drug combination of Ciprofloxacin and Tinidazole has caught the doctors fancy and is widely used as a broad spectrum antidiarrheal. This needs to be discouraged. Most of the diarrheas are self limiting and even in E-coli induced infection of the gastrointestinal tract though ciprofloxacin reduced the duration of diarrhea, it is better to use an alternate drug or / and manage the diarrhea with salt and fluid replacement alone. Restriction of the use of this drug in our country for conditions other than Typhoid fever is required because it is still a good drug against multi drug resistant *Salmonella typhi*. The fear is that, if this drug continues to be indiscriminately used, we may soon end up in the same situation that existed when this organism became widely resistant to Chloramphenicol.

Dr. B.C.Rao, Family Physician, Bangalore

"It is cruelty to the innocent when the guilty go Unpunished."

" A FEW TOIL AND THE REST ENJOY

I am writing this with a heavy heart. In the past September, 11 disaster at World Trade Centre (USA) and the actions by USA in Afghanistan, we expected some difficulties regarding collections for the 32nd Annual Conference. But the experiences of visits to Pharmaceutical Companies related to me by Dr. Gita Vora, Chairperson Reception Committee, Dr. Jyoti N. Sheth, organizing Secretary and Dr. Anjana A. Tolia, Convener - Exhibition Committee and others is horrible.

We were used to Pharmaceutical companies avoiding their participation in our conference by saying that the budget is over or avoid meeting us personally or on telephone by stating that they are out of station or in a meeting. Now the Marketing Managers of some companies have turned out to be real nasty when approached for their participation in our conference. These companies do not need the goodwill of the members of General Practitioners' Association - Greater Bombay.

They say that family physicians can be bought with money of favours to write their products. These marketing managers feel that they can get better business if they cater to individual doctors, small groups of doctors or local associations. General Practitioners' Association - Greater Bombay gives them a platform to meet a thousand delegates for two days.

The pharmaceutical companies should use this goodwill and see that this translates into business for them. After the conference the pharmaceutical companies should ask their medical representatives to meet the family physicians throughout the year to promote their products. We cannot be expected to market their products. They expect us to guarantee return on their contribution to the conference. What should be our reaction to this attitude? Should we ask their representatives not to enter our clinics? Should we advocate boycott of their products?

Concerned actions by all our members will definitely make them change their attitude. I would like the members to write to us and give their opinion.

Our Association was the first association to give a platform to its members in our conference. It will be very difficult to organize a conference in the years to come if only a few members toil and the rest enjoy the fruits of their labour. If this sorry state of affairs continue and members do not assert themselves and help the organizers to raise funds it will be possible to organize such mega events in the future.

Dr. P. R. Melmane, President GPA-Greater Bombay

OPINION POLL

Is it fair for General Practitioners' Association or Family Practitioner's Association of FFPAI to join with the Pharma Company for the Immunization programme?

Answer : Please tick (✓):

Yes :

24 %

No :

73 %

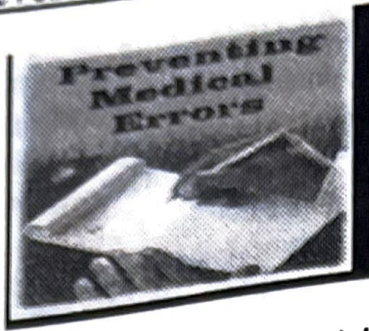
Can't Say :

3%

We thank various units of FFPAI to take part and express their opinion in this opinion poll.

"Your attitude, not your aptitude, will determine your altitude."

Preventing Medical Errors



"First, do no harm" has long been the guiding principle of the practice of medicine. But errors occur every day in healthcare. Medication errors are the most common preventable causes of patient injury. When all sources of errors are added up, the likelihood that a mishap will injure a patient in the hospital is at least 3%. This is a serious public health problem.

We tend to view most errors as human errors and attribute them to laziness, inattention or incompetence and try to find who is to blame. Yes, some errors may be due to negligence, but most errors are just "waiting to happen", arising from poorly designed systems & processes. Therefore, measures to reduce errors need to build within the system. Firstly, reporting of errors and near misses should be encouraged, to help identify the causes of errors. Secondly, system checks to limit dangerous errors; and when errors do occur, creating ways to reduce their effects will minimize patient harm.

A potentially attractive strategy for preventing injury from medical error is to identify which patients are at increased risk of harm. For example, elderly patients are at a higher risk of injury from adverse drug reactions and drug interactions. Certain interventions like cardio-thoracic surgery, vascular surgery & neurosurgery entail higher risk. Generally, patients who are sicker, subjected to multiple intervention, and those who remain in the hospital longer are more likely to suffer from medical mishaps.

Complications arising from drug treatment are the most common cause of adverse events in hospital patients. Such complications occur in 6.5% of patients, and in 28% of cases they are preventable. ADRs are most commonly caused by prescription errors. And these include wrong drug, wrong dose, wrong route of administration, wrong patient, wrong time of administration. Errors may occur because the prescriber may not have immediate access to relevant information relating to the drug (its indications, contra-indications, dose, side effects, drug interactions etc.) or the patient (allergies, other medical conditions, laboratory results). Hand written prescriptions can further contribute to drug errors.

Computerized drug prescribing provides one method of reducing drug errors. An immediate benefit is improvement in the legibility of prescriptions. One study has concluded that a rule based computerized system can lead to substantial reduction in ADRs. The system can be used to warn the prescriber of possible problems with prescriptions, stoppage of unsafe prescriptions & modifications of high risk ones.

Voluntary reporting of medical errors & proper investigation of their causes, not with a view to blame, but to ensure avoidance of those errors with corrections in the system needs to be done for greater patient safety.

Compiled from Medical Digest

"India is not the first country with Problems, but we are the first country not coming up with solutions."

CLINICAL PEARLS

Instant hearing aid :



It is often difficult to obtain a history from a hard of hearing patient. Place the ear pieces of your stethoscope in the patient's ears and speak into the diaphragm. The stethoscope is always handy, and one no longer needs to yell into a patient's ears. The ear - pieces can be cleaned with an alcohol pad

Vibrating paper tests nerves:



An inability to feel vibration often is an early sign of peripheral neuropathy. When a low - pitched tuning fork is not available, try using your page, set on vibrator mode, to see if the patient can feel vibrations over bony prominence. This simple test has proved quite valuable.

Stopping scabies from spreading :



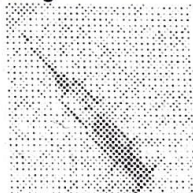
When treating scabies, be sure to tell the patient to apply the scabicide lotion under his or her fingernails. Eggs tend to collect there from scratching and can easily be spread to other parts of the body.

Tooth injuries:



When evaluating for tooth injury, use a tongue blade to avoid possibly painful manipulation of tooth. Place one end of the tongue blade on the suspicious tooth and gently tap on the other end of the blade with your finger. This method, with minimal added pain, allows easy assessment of the degree of pain present.

Reducing Injection Discomfort:



When administering an intra-muscular injection into the gluteus maximus, have the patient point his or her toes inward. This maneuver will prevent the muscle from contracting, thereby reducing the discomfort of the injection.

"Tolerance beyond the point of absurdity is not a virtue but cowardice."

FAMILY PHYSICIANS ARE KEY PERSONS IN BUILDING UP SAFE BLOOD POOL.

In last few decades science has progressed beyond our imagination but still has not succeeded in developing synthetic blood substitute. So in today's world blood transfusion is an indispensable mode of therapy. Availability of advance medical facilities to wider area has resulted in the increased demand for blood. As blood is not a commodity, which can be bought, it has to be donated. We family physicians can play a pivotal role in motivating healthy blood donor & procuring safe & sufficient blood pool.

In 1926 the British Red Cross instituted the first blood transfusion service in the world. Since then there has been an ever-increasing demand for blood and its components. India requires nearly 6 million units of blood per year; availability is only 3-5 million units. Thus there exists a huge gap between demand and supply of blood. All upgraded blood banks are directed to obtain licenses from a licensing Authority. But according to official sources nearly 50% of the blood banks in the country are unlicensed.

For supply of blood we rely on government and commercial blood banks which now run on voluntary and replacement donors. Professional donor constituted the overwhelming majority of donors earlier but they have been completely banned by supreme court since 1998 due to their high risk behaviour. Today 80 percent of blood donation is through replacement donor where patient's relatives or friends arrange to replace the blood through another donor. The replacement donor channel has been hijacked by the erstwhile professional donor as touts arrange for blood replacement through the old professional donor network. Voluntary donation constitute only 20 percent, they are the safest option. It is our prime duty to motivate more and more voluntary donors. People are willing to donate but the fear of social stigma is so acute that they do not come forward to donate blood. They are afraid that their colleagues will somehow learn any infection they may have, as it is difficult to maintain confidentiality. Educating donor regarding the importance of blood donation and enormous risk through contaminated blood to recipients is the key to ensure a safe blood supply regime.

Donor should be carefully selected from low risk group. A detailed questionnaire of the donor's medical and sexual history should be filled out. Strict confidentiality of the information supplied by the donor should be maintained as social pressure often makes donor reluctant to disclose details of their sexual practices and blood safety hinges solely on the integrity & the honesty of the donor's response. Education and awareness of the donor is an essential part of the safe and adequate blood supply. Sustained public awareness can certainly reduce the level of transmission related diseases. Feeble government move since 1989 have had a minimal impact and a great deal remains to be done. We family physicians are ideal person to educate and create the required awareness for building up safe and sufficient blood supply. We are closely linked with the family and have good rapport with them. We look after the health of each and every member of the family, so more or less we are aware of their behaviour. We will be able to encourage voluntary blood donation. It will help to minimize the wastage of blood unit collected at a wasted cost from collecting infected blood. An uninfected donor pool will be built up and in turn minimize the transfusion related diseases.

Dr. (Mrs.) Charu Galla.,
Family Physician Kolkatta.

"Unprincipled ALLIANCES keep generating recycled TRASH and not fresh TALENT"



**Inauguration of Family Physicians'
Association Gulbarga.**



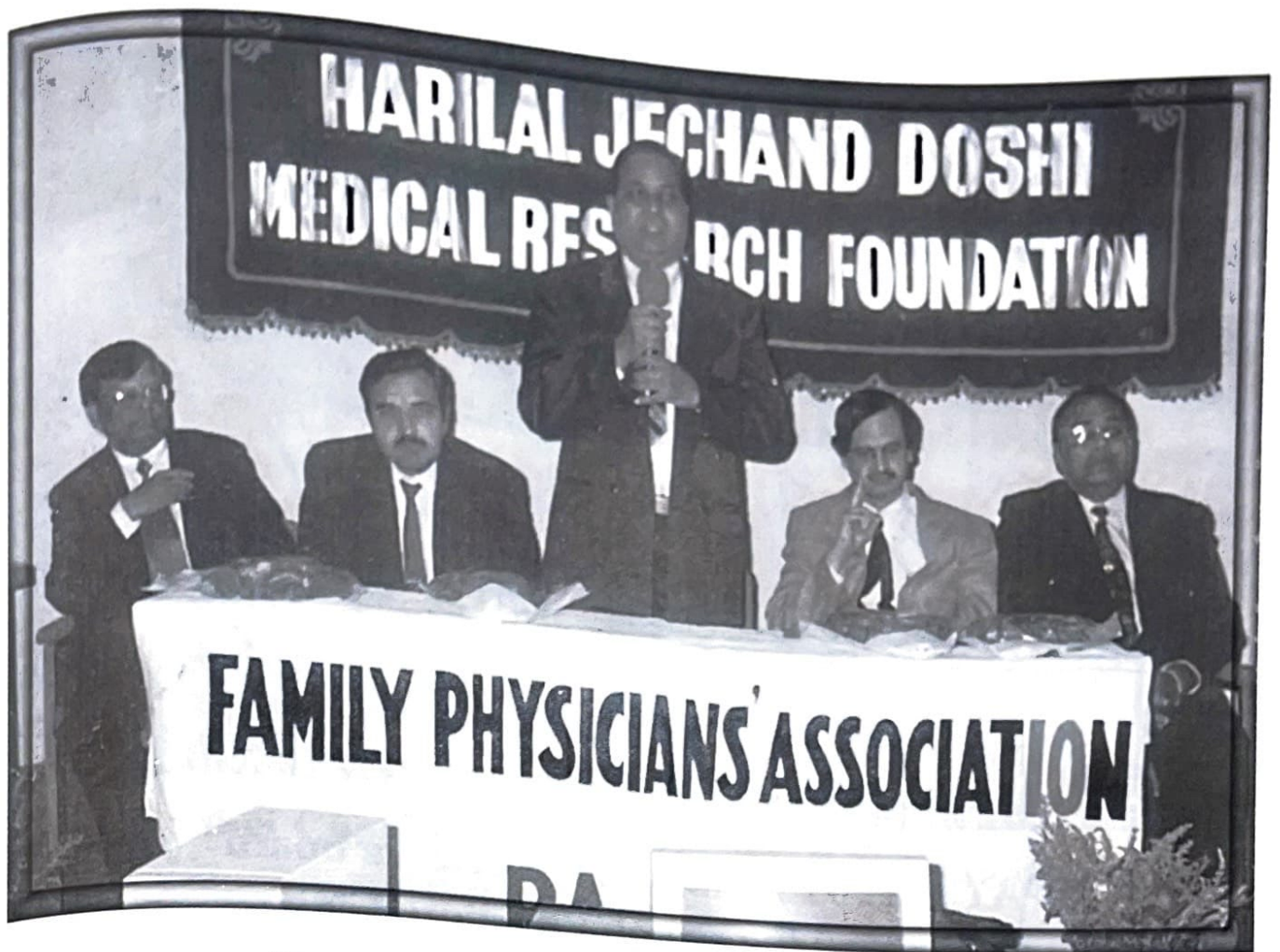
**GPCON-2001 organised by GPA Pune.
Inaugural speech by GPA President Dr. Suhas Alekar.**



Inauguration ceremony FPCON-2002 FPA Vadodara.



**GPCON-2002 GPA Surat
4th Annual Conference 2.2.2002 to 3.2.2002.**



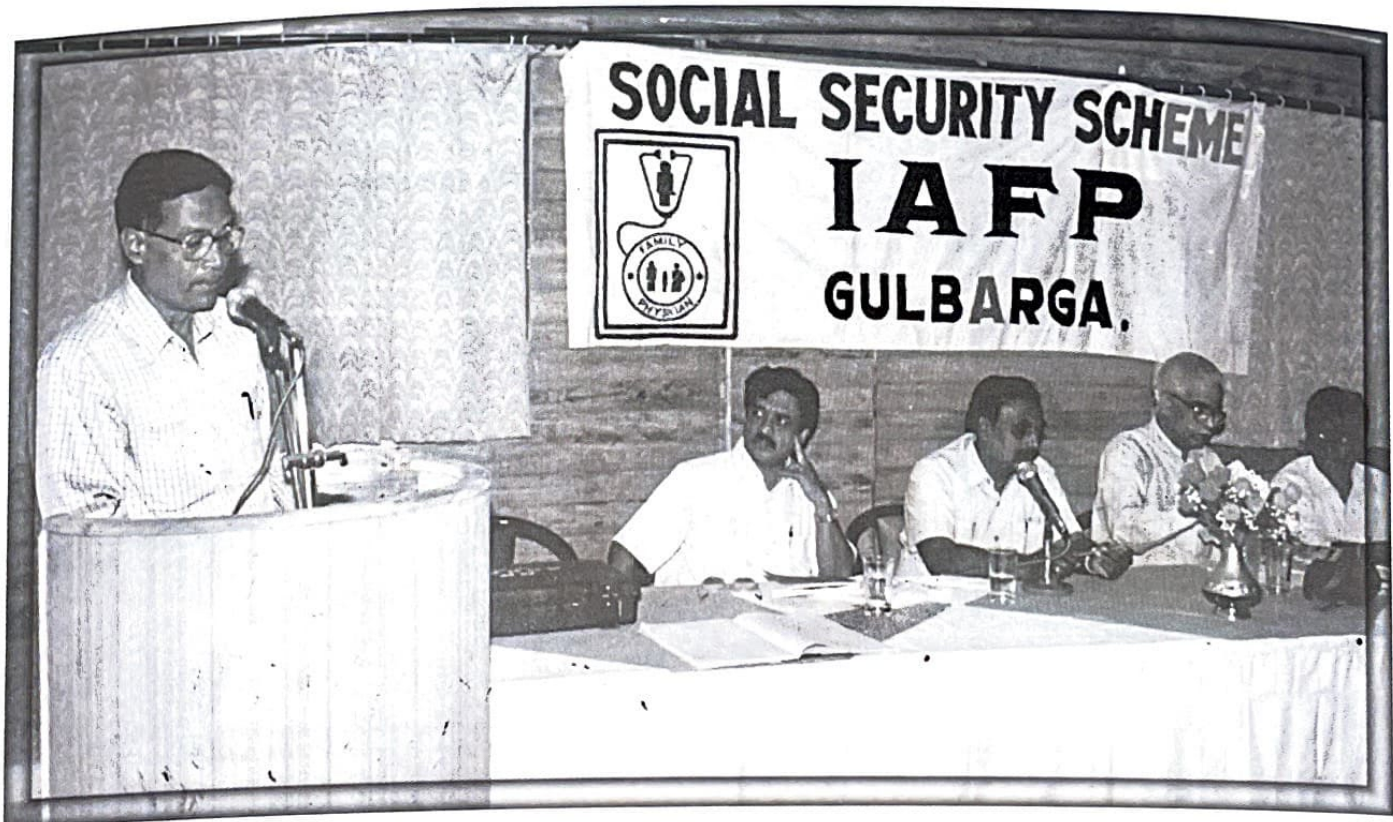
**H.J. case presentation competition
held on 20.1.2002 by FPA Rajkot.**



**Successful candidates of
GPA Academy of Family Medicine run by FPA Surat.**



**FPA Cal 2001 member of executive board
addressing the members before CME.**



**Social security scheme of IAFP Gulberga.
FFPAI President Dr. Borgaonkar addressing meeting.**



**A lecture on Beyond Medicine
by Sadhvi Chaitanya Pragyajee (Ph.D.) in life sciences.**



**Dr. D. K. Taneja (Dean MGM Medical College)
administering the oath of office to the newly elected
President GPA Indore Dr. P. Bansod and his team.**



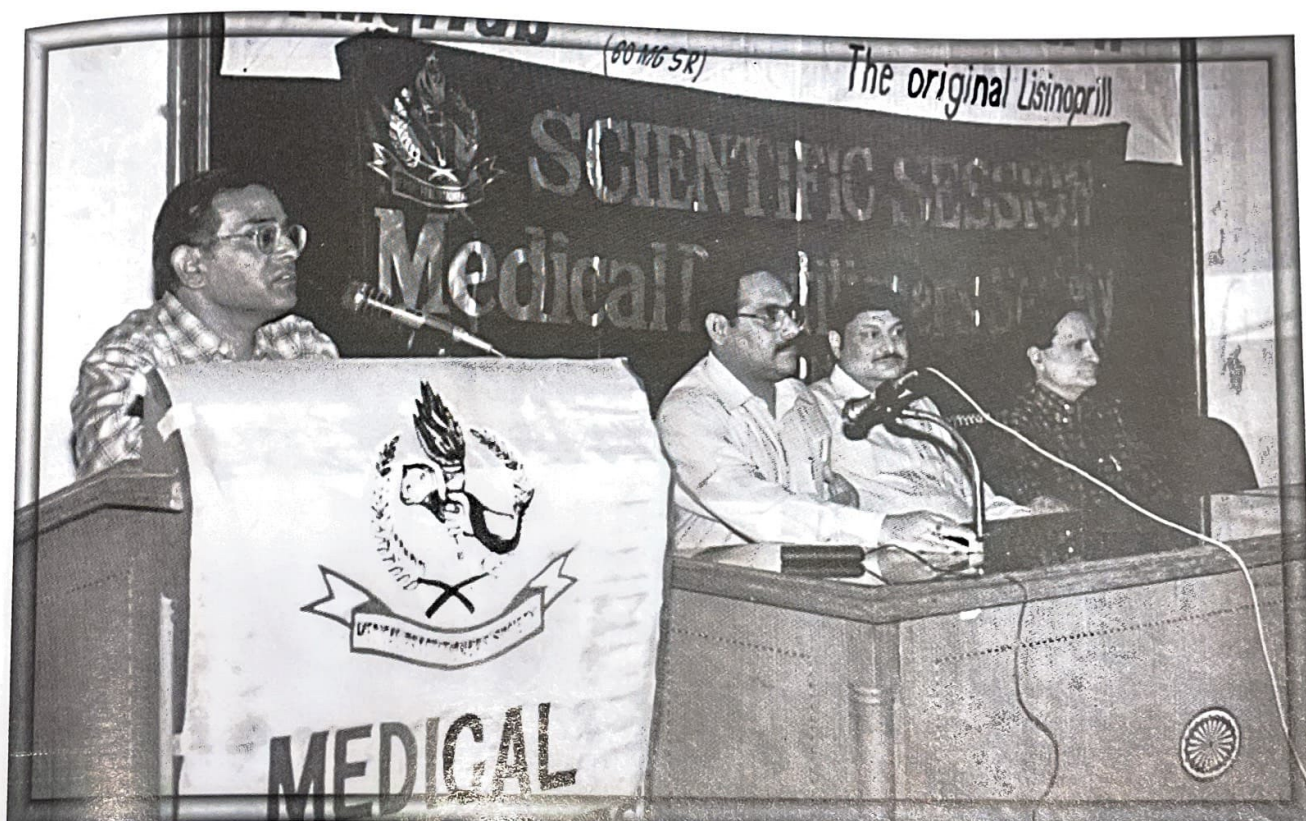
**38th meeting of Central Executive Committee of
FFPAI held at Vadodara on 5.1.2002.**



**37th Central Executive Committee meeting
at Raichur 16.9.2001.**



Editorial Board meeting of FFPAI Medical Times held at Mumbai on 26.1.2002.



Clinical meeting at IMA hall Jaipur organised by medical practitioners' society Jaipur.



**FPA Cal 2001 Members listening to the speaker during
2nd CME at R. N. Tagore International Institute of
Cardiac Science.**



FPCON-2002 Vadodara on 5.1.2002 and 6.1.2002.

HOSPITAL ATTENDANT (COMPOUNDER) COURSE OF FPA, SURAT

It is our common experience, that when we appoint a compounder at our at our clinic, he / she takes 3-4 months to get fully acquainted with day to day working of our clinic. He usually works without any interest in his work, is always looking for another job, and many times leaves the job within 1-2 years. The reasons for this being (i) He usually has no inclination or liking for this medical field. He joins as compounder just for filling gap till he gets some job, and (ii) He is paid less as he is totally raw and untrained.

FPA Surat were thinking of starting training course for training our compounders to overcome this problem, for long time. Meanwhile we came across the management of "Jeevan Bharti" a leading teaching institute of South Gujarat, who were also thinking to start such training course. We joined hands together to implement our common ideas and started Hospital attendant (compoundering) course.

The details of this course are as follows :

Eligibility : SSC Passed Male/Female
Months.Fees : Rs.1500/- for six months course.Duration of the Course : Six
Day Time - Practical Clinical Training. Timings : Morning 8-10 am Theoretical lectures

Aims of the Courses :

- (1) To prepare the students for the job of hospital attendant and / or compounders
- (2) To impart primary knowledge of anatomy and physiology or various systems of body
- (3) To teach the basic nursing care which includes pulse, temp. and BP taking and recording them, injection techniques, IV fluids techniques, and general nursing care
- (4) To give knowledge of First Aid, and tackling medical emergencies
- (5) To give ideas about common diseases
- (6) To give ideas of some commonly used drugs and their side effects
- (7) To teach them good manners and skills of communications with patients
- (8) To train them for preparing the clinics / hospitals before doctor comes
- (9) Basic knowledge of English Language

The Training Schedule :

The student has to attend the theoretical training daily morning 8.00 am to 10.00 am, six members of FPA, Surat, senior nurses and an English teacher comprises the teaching staff. They take lectures in rotation, on different subjects allocated to them. The help of multimedia computer is also taken to teach anatomy and physiology of different systems.

For practical training, eighteen training centres were created. Which included 6 family physicians private clinics and 12 various departments of trust hospitals of Surat., Covering paediatrics, gynaecology, orthopedics, ICCU, ICU, etc.All the students are posted at any of these nursing stations, by rotation, for one month each time. The minimum passing level is 50%. Objective type of paper is given for theory exams. On successfully passing he exams, a certificate is awarded bearing the names of Jeevan Bharti Vidhya Mandal and FPA, Surat. The experience of the first batch of students was very encouraging. All the students have joined the course with idea of making this job as their lifetime career. So they are also keeping keen interest in learning. The members of Indian academy of paediatricians,Surat Branch have promised to absorb most of the students at their hospitals and consulting rooms on completion of the course. If any unit of FFPAl is interested in getting further details of it, we will be more than happy to provide it.

Dr. Shailesh Gandhi. - Dr. Yatish Lapsiwala.-Family Physicians' Surat.

**"In injustice is happening to your neighbour, you can sleep, wait for your turn.
You are next."**

FFPAI CONFERENCE NEWS

32ND ANNUAL CONFERENCE OF GENERAL PRACTITIONERS' ASSOCIATION OF GREATER BOMBAY

Keeping in mind the National Policy of Empowerment of Women, our association set a precedent by empowering its lady members to organize the 32nd Annual Conference. The trusts imposed on these members have been more than justified. 738 delegates registered for the conference.

Congratulations to all the women conference committee members ably led by Dr. Gita C. Vora, Chairperson, Reception Committee for a job well done. The GRAND SUCCESS of the conference is a result of teamwork by all the members of the Managing Committee, the members of the conference committee, advisory board members and many others.

The Guest Speakers with their excellent presentations, the video presentation on "Awakening about Female Foeticide", the live telecast from Bombay Hospital of "Coronary Angioplasty with stenting", the symposia on "Sex - Stress - Suicide" and "Women's Empowerment" contributing to the success of the conference.

Once again the members enjoyed the facilities of St. Andrews's Auditorium and the specious grounds which had 40 stalls. The Entertainment Programme "Heart Waves" kept the members enthralled with classical songs of songs of yester years.

The conference was financially supported by the following sponsors - Meyer Organics Pvt. Ltd. Alkem Laboratories, Serum Institute, Vascular Concepts Pvt. Ltd. Glaxo Smithkline Beechem-Consumer, Glaxo - Smithline - GSK, German Remedies Limited, Sun Pharmaceutical Industries Ltd. and stall Holders and Advertisers.

Congratulations to the winners of the clinical and non-clinical papers.

- * Dr. N.S.Ellis's Prize to Dr. Pushpa Mahadeokar for her paper on "Survey of community work in Adivasi Area"
- * Dr. C. D. Panjabi's Prize to Dr. Daksha Shah for her paper on "Tuberculosis - The Millennium Battle".
- * Dr. B. G. Mody's Prize to Dr. G. N. Sheth for his paper on "A study of 307 TB patients".
- * Dr. S.D.Bhandarkar's Prize to Dr. Kanchan Bantwal for her paper on "-Screening of gestational DM in antenatal patients".
- * Dr. M. P. Mehta's Prize to Dr. Subodh Kedia for his paper on "Doctor - Patient relationship".
- * G.P.A. Prize to Dr. Ramesh Bansode for his paper on "Are Bicycle Seats Scientific and Safe?"

All our efforts would have been in vain, if you, my dear members had not registered in such large numbers, in spite of programmes competing for your attention, elsewhere.

" A society becomes violent where exploitation is the essence of existence."

FFPAI CONFERENCE NEWS

MEMORIES OF FPCON -2002 VADODARA

What looked like an up-hill task in March 2001 when it was first decided that we would host FPCON -2002, turned out to be smooth sailing in the end for Dr. Bharat Shah (Org. Secretary) and his team lead by dynamic Dr. H. H. Shah (Chairman). All of us are witness to grand success of FPCON-2002.

Inaugural ceremony was performed on 5th (Saturday) with lamp lighting by Dr. Vallabh Kathiria Z our Inaugurator and Union Minister, Heavy Industries. He wished our association a bright future.

Dr. K. M. Patel (Chief Guest) advised each and every member of FPA to take part in association activities in whatever possible way. That is the way FPA & FP will become stronger.

Dr. A. N. Borgaonkar (President, FFPAI) released our souvenir. He was indeed highly impressed by quality and contents of our Souvenir.

Keynote Address followed this, where Dr. R. K. Anand Addressed our delegates in style of his own. He said " Family practice is a Speciality in its own right and Family Practitioner should be treated at par with other speciality consultants. " Dr. R. K. Anand bid us best wishes for our endeavor to "Aiming Higher".

Swami Someshweranandji (Guest lecturer) blessed us with simple but vital advice.

See Almighty in everything--

Don't expect ordinary people to perform extra ordinarily.

Keep Smiling.....always!-

Dr. Mahesh Desai(Homour in Medicine) was supposed to make us smile, but he made us burst out in laughter instead. He left behind his excellent sense of humour for us to follow.-Scientific lectures & papers were also quite good.

Dr. Rasesh Desai, Urologist, gave us practical tips in management of urinary incontinence. -Dr. Kaushik Trivedi elaborated on acute coronary syndrome and again there was a debate on Surgical V/s Interventional approach in IHD by Dr. Sharma & Dr. V. C. Chauhan.

Dr. Rahul Shah, Orthopaedic Surgeon from Leelavati Hosp. Mumbai made us wiser about latest state of art technique for joint replacement surgery.

Substantial Contribution from Family Practitioners of Mumbai, Surat, Vadodara, Bhavnagar, Gulbarga, Raichaur & Rajkot in the form of Scientific discourse was remarkable feature of FPCON - 2002. Family Practitioners dominated the stage, speaking out their thoughts and experience, unlike the past years when they used to be listening to consultants. Venue was well decorated and good number of Stalls represented many companies. Entertainment Program got appreciated quite well by all delegates. 80% of the programmes were presented by members of GPA and their family members. We realised how talented we are even at this front. Delicious food of excellent quality was served to us in style. Salad decoration was Unique and fitting to the occasion. Even the kit sponsored by alembic is worth mentioning here.

Spouse programme was carried out throughout both the days and was a pleasure for all who attended it. Not only that, our GPA Ladies wing got a shot in the arm and is now flying high with new enthusiasm since conference day.

Bhailal Amin Gen. Hospital played excellent host to CME programmes on 4th Jan, 2002.

On the whole its was very very good team effort by our organizing committee. President Dr. Devesh Patel and FFPAI Past President Dr. J. V. Shah played a key roll to make this conference, a event to remember for ever.

"We are suffering because citizens have given and taken votes based on caste/religion and not principles".

FFPAI CONFERENCE NEWS

GENERAL PRACTITIONERS' ASSOCIATION - PUNE

Held on September 22nd, 23rd 2001 at Tilak Smarak Mandir, Tilak Road, Pune - 30,
Number of Delegates -: 540.

Chief Guest	:	Dr. Shrikant Purnapatre, President IMA Maharashtra State (Elect).
Scientific Programme	:	Saturday 22.9.2001
Session - I Workshop	:	Fever of more than 7 days. Inauguration ceremony
Session -II	:	Anxiety and Depression in Family Practice.
Short Lectures	:	1. Drugs in Pregnancy and Lactation 2. Repeated UTI in Females. 3. Basic principles of Ayurveda and treatment of common ailments.
Session :III Free papers	:	How I Manage in my practice. Prescription Audit.
Scientific Programme	:	Sunday 23.9.2001
Session - I : Workshop :	:	Changing face of IHD.
Session - II : Oration	:	Effects of Allethrin on human Respiratory and Nervous system.
Short Lectures	:	1. Computer in Family Practice. 2. Milestone Paediatrics 3. Care of wound in Family Practice.
Key Note Address	:	* Role of Iron therapy in Family Practice. * Common ENT Infections and its current medical and surgical Management.
Session -III	:	* Symposium: Family medicine - Present and Future.
Session -IV	:	* Medical management of Osteoarthritis.

"Weak people can never be sincere - cowards can never practice morality."

FFPAI CONFERENCE NEWS

ANNUAL FAMILY PHYSICIANS' CONFERENCE - GULBARGA

Date : Sunday the 23rd December 2001

Venue : Hotel Sun International - Gulbarga -585 102

No. of Delegates - 182

Chief Guest : Dr. B. G. Jawali, President Hyderabad Karnataka Education Society.

Scientific Programme

Topics :

1. X-Ray chest
2. Proper diabetic control
3. Family medicine today and tomorrow
4. Breathlessness
5. Androgen deficiency in aging males (Adam)
6. Sex journey 15 to 65
7. My interesting case.
8. Cancer awareness.
9. Open house question answer session

Activity of IAFP Gulbarga From August 2001 to December 2001

- * Social security scheme was started by IAFP Gulbarga and 40 members have joined the scheme.
- * An interesting programme on Oxygeon Therapy was arranged in the 1st month of Oct. 01.
- * On going CME activities and clinical case presentation is a regular feature of IAFP Gulbarga.

MEDICAL HUMOUR

An attractive young girl accepted an invitation to visit a U.S. Navy Ship. In the company of a handsome medical officer, she asked if he had a speciality.

"I am a naval surgeon, Ma'am", he said.

"Really? a Naval Surgeon? My goodness what'll you boys think of next?"

A patient on the phone :-

"Doctor, please come immediately, my wife has drunk petrol and is running about in the room".

Doctor :- "Don't worry, she will stop running when the petrol gets over".

"Doc, what is the difference between a psychiatrist and a psychologist?"

"A psychologist is a blind man pitch black attic looking for a black cat. A psychiatrist is a blind man in a pitch dark attic looking for a black cat that isn't there."

The doctor entered the patient's room with a grim look on his face. "I've good news for you Mr. Mehta.....and bad news".

"We have to remove both legs"

"And the good news?"

"The patient in ward 63 wants to buy your slippers".

"Unjust nations invite their own pain and freedom cannot prevail in a corrupt society"

FFPAI CONFERENCE NEWS
FAMILY PHYSICIANS' ASSOCIATION, SURAT.
GPCON - 2002

2nd And 3rd February 2002

Theme : Tune with the time - Achieve new heights.

Number of delegates - 450

Saturday - 02.02.2002-Scientific Programme.

Prevention of stroke by new interventional technique - Carotid stenting

Psychiatric problems in Gen. Practice

Antenatal care by family physician

Drugs in elderly

Video presentation and workshop on Minor Surgery.

02.02.2002 Evening. Inauguration ceremony. Lecture : **TABIYAT AAPNI NE RASHTRANI**
by Dr. Gunvant Shah.

03.02.2002 Sunday - Scientific Programme.

Hormone Replacement Therapy -

Free papers

1. A study on dietary knowledge, attitude and practice among Family physicians.
2. What to be millionaire? ADOPT - "EIP".
3. SLE - A case presentation
4. Epidemiological study of symptom complex observed in post earthquake period in Gujarat since 26.1.01.

Key note address :-

"Video Demonstration of various epileptic seizures and management of convulsions"

Invitation Papers :

1. Analytical study of Mega-Health Check-up of GPA -
2. Diabetes care in family practice. Where do we stand? -
3. Health management and its implications for family physicians
4. Key to success in general practice
5. Evaluation and management of common knee problems.
6. An approach to patient of obesity.

A panel discussion 'Secret of success as family physicians'. By successful family physicians' from various units of FFPAl.

Valediction

03.02.2002 Evening : Entertainment programme A hilarious non-stop comedy **"TARI NE MARI JODI"**

"A society becomes violent where exploitation is the essence of existence."

FFPAI UNITS' ACTIVITIES

* GPA GREATER BOMBAY :

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

Regular CME Classes are held at S.R. Mehta & Sir Kikabhai Cardia Institute on Fridays.
A new CME centre has been started at Lilavati Hospital on Wednesdays.

New Centre started at Borivali Medical Brotherhood on every Saturday.
Following symposia have been held :

Newer Advances in Asthma

Pre-marital counseling"

Role of GP in Care of Cancer Patients"

Health Beyond Absence of Disease"

How to win patients and influence them"

Institute of general practice:

Lecture Series XXII on Sunday 21st October 2001 at Jaslok Hospital Auditorium.

"Selection of Imaging Modalities and X-Ray Chest"-Lecture Series XXIII on Sunday 25th November 2001 at Jaslok Hospital Auditorium.

Institute of General Practice offers Proficiency in General Practice (PGP) Specialized Training Programme in medicine, gastro entrolgy, paediatrics and ICCU from June 2001.

Research project:-

New projects, GPA GB is planning to undertake in a short while

Efficacy of 'CROCIN-1000 mg. in Osteoarthritis.

Cardio protection and HRT.

Social security scheme-

Total members 2263, including 449 spouse members-The amount paid to the nominee of last deceased is Rs.88,480/- We have lost eight members up to December 2001.

The financial position of the scheme is very sound.

Group health insurance scheme:-

The scheme is open to members, spouse and dependant children up to 21 years.

The scheme will enroll new members from 1st of every month up to 1st December. Prompt settlements of all claims are made within a month of scrutiny by our Committee. Members joined the scheme up to 1st December 2001.

Professional indemnity scheme:-The Professional Indemnity Scheme is also started with United India Insurance Co. Ltd. Total 555 members have joined this scheme up to December 2001.

Total Premium Rs. 2,21,445/- was paid to United India Insurance Co. Ltd.

* GPA - PUNE ACTIVITY FOR THE YEAR 2001-2002.

The year started on 25.3.2001 at the AGM, where Dr. Suhas Alekar took over as President for the year 2001-2002 from Dr. Anil Panse.

The new team of office bearers for the year 2001-2002 were announced as below:

President	: Dr. Suhas Alekar.	Vice President	: Dr. Prakash Atre.
Secretary	: Dr. Hillary Rodrigues.	Treasurer	: Dr. Nandkishor Mantri.
Jt. Secretaries	: Dr. B. L. Deshmukh and		Dr. Vivek Billampelly.

"Calamities are of two kinds : Misfortune to Ourselves, and good fortune to Others."

Salient features of GPA - Pune activities of the year.2001-2002

1. Lecture series in Dematology and Paediatrics.
2. CME' s.
3. One day training programme in Psychiatry.
4. GPCON-2001.
5. Health Camp for Orphans and the Old age Homes.
6. Cardiology Update.

Scientific Programme:

3.6.2001: Cardiology in Family Practice :

Topics:1."Hypertension recent advances " and "Interpretation of Stress Test and Color Doppler Studies."2."Active Intervention in CAD" Attendance was : 109

Lecture series on Dematology:

- 06.06.2001 Eczemas practical approach diagnosis and treatment.
13.06.2002 STD Syndromic Approach.
20.06.2001 Current Scenario of Infective skin disorders / fungal and mycobacterial.
27.06.2001 Papulosquamous disorders diagnosis and therapeutics.

Lectures series in Paediatrics :

- 04.07.2001 Paediatric surgical diagnosis in general practice.
11.07.2002 Newer trends in Immunization.
18.07.2001 Respiratory problems in Paediatrics.
25.07.2001 Common Renal Problems in Children.

Workshop on Psychiatry

- 3.2.2002 Managing a Psychosomatic patient.
Psychiatry in Geriatric patient.
Non Pharmacological methods of treating Anxiety and Depression.
Emotional Problems in Children.

"Geriatric Update" will be on 17.3.2002.

*** FAMILY PHYSICIANS' ASSOCIATION - VADODARA.**

- 22.07.2001 Recent trend in Management of Diabetes.
29.07.2001 BPH-Treatment options
02.09.2001 Recent Approach in Management of Jaundice.
23.09.2001 Approach to newly diagnosed diabetic patient.
14.10.2001 Therapeutic Endoscopy A new revolution.

Hypertension awareness week celebrated successfully by the participation of FPA VADODARA members on local T.V. channels by arranging public awareness programme and awareness regarding hypertension amongst the members of FPA Vadodara.

Cultural activities:

- 1.Family get together & entertainment evening 7.11.01 at Baroda Country Club & Resorts.
- 2.Garba Meet-GPA and IMA jointly organized Saradotsav at Polo Club on 28th Oct.2001.

Earthquake relife:

Financial aid to earthquake affected Doctor.

Convention :Vadodara GPA hosted two days convention and one day pre-convention CME on 4.1.2002 to 6.1.2002.

Sports:GPA Vadodara Won Trophy in IMA interspeciality cricket tournament hosted by IMA, Vadodara Branch.

"Hope for the best and prepare for the worst. Stop worrying and start living."

*** FAMILY PHYSICIANS' ASSOCIATION CALCUTTA.**

Regd. Office : 24/1/1 Alipore Road, SBI Buidlign, 3rd floor, Kolkata- 700 027.
Office Bearers : President : Dr. N. C. Jain - Secretary Dr. (Mrs.) Charu Galla.
Total members 248 till 12.9.2001

CME ACTIVITIES :

- 27.05.2001 Factors affecting upper GI Tract Motility & its management.
- 29.07.2001 CME on Cardiology
- 02.09.2001 New treatment for menorrhagia
- 30.06.2001 Management of Medical disorders in Pregnancy
- 28.07.2001 Clinical Meeting on Normal ECG and technical part of it
- 25.08.2001 Clinical Meeting on Interpretation of Ischaemic Cardiac Tracing
- 29.09.2001 Concluding part of ECG Tracing interpretation of cardiac arrhythmia.
- 24.11.2001 Rational use of blood by Bhoruka Public Welfare Trust.
- 29.12.2001 Role of GP in renal diseases.

*** FAMILY PHYSICIANS' ASSOCIATION - SURAT.**

Mega Health Check up Programme for members of FPA Surat. A complete blood check up and cardiology checkup programme was arranged by FPA Surat for all the members, free of charge. The main aim of this programme was to motivate the doctors to take care of their own health. All the members were subjected to complete pathological investigations resting ECG and blood pressure. High risk group, members were subjected complete cardiac check up which included stress test, echocardiography, sonography. Those members having diabetes mellitus or hypertension, the expert consultation with specialist doctors was also arranged. For female members, the PAP smear test was carried out by gynecologist. 223 members of FPA Surat participated in the programme.

CME Lectures

- 05.08.2001 "Hair transplantation - newer concepts"
- 26.08.2001 Update in Cardiology"
- 12.09.2001 Open forum on "Medical negligence and consumer protection act".
- 23.09.2001 "Diagnosis and Management of Arthritis" -
- 14.10.2001 "Diagnosis and Management of urticaria"-
- 21.10.2001 "Newer concepts in Management of Hypertension"-
- 24.10.2001 "Bio-Terrorism",
- 30.12.2001 "Arthroscopy in common knee problems"-

FPA Academy: FPA academy of family medicine, run by FPA Surat has completed two years in Sep.2001, members of the second batch were awarded fellowship certificates on 23/9/2001 by Dr. V. R. Joshi (Rheumatologist, Mumbai).Lecture Series is going on, under banner of a FPA Academy, every Wednesday, since January,2001and will continue till 30.6.2002.

The following lectures were arranged in this series- 2001 to Jan 2002.

- 01.08.01 Interpretation of lipid profiles.
- 08.08.01 Role of diet in treatments of disease
- 15.08.01 Drugs commonly used in psychiatry.
- 22.08.01 Depression
- 29.08.01 Dispensing Vs. consulting practice.
- 05.09.01 Consumer Protection act and family practice.
- 19.09.01 Open forum on "Medical negligence and CPA"
- 19.09.01 "Emerging Opportunities for family physicians in newer insurance era."

"Fewer persons lose their health due to overwork than from idleness."

10.10.01	Overview of total knee replacement surgery.
17.10.01	Red signals in backache.
24.10.01	Bio Terrorism
31.10.01	Approach to patient of Epilepsy.
07.11.01	Management of Fracture by Family Physician.
28.11.01	Newer molecules in antihyperglycemic therapy.
05.12.01	IGM Nephropathy.
12.12.01	Behavioural Problems in Children.
19.12.01	Learning disability in children.
26.12.01	Management of URTI in children.
02.01.02	Care of Mentally retarded children.
09.01.02	Menopause
16.01.02	Red signals in antenatal care.
23.01.02	Problems of adolescent girl.

Hospital attendant (compounder) course:

FPA Surat has joined hands with Jeevan Bharti - a leading educational institute of Surat, to train SSC passed boy / girl for the job of hospital attendant and compounder. The six months training course incorporates theoretical teaching and practical training at various general practitioners clinics and various departments of hospital.

First batch of 15 students have completed their training in Decemkber-2001.

Health checkup camps :

FPA Surat arranged three large scale health checkup camps in last few months. With the help of consultants of all different specialities, members of FPA Surat, rendered their services to the poor, remotely placed, under privileged people. More than 1000 patients were examined and given free medicines at each of these camps.

09.09.01 "Bhatha" village - 28.10.01 "Variav" village - 20.01.02 "Valod" village.

Blood donation camps: 21 blood donation camps were arranged during last six months.

AIDS Awareness programme: Past president of FPA, Surat, Dr. Tony Nicholas has prepared very interesting slide show on AIDS awareness, about the severity of AIDS its modes of transmission, the preventive measures. The programme is very useful for school and college going students. FPA Surat arranged thirteen such AIDS awareness programme since September 2001.

Members of FPA Surat participated and presenting their work at various conferences at Mumbai, Vadodara, Raichur and Surat.

GPCON-2002:

GPA Surat has organized its 4th annual conference -"GPCON-2002" from 2.2.2002 to 3.2.2002 at Gandhi Smruti Bhavan, Surat.

The theme of the conference was "Tune with the time achieve new heights".

More than 450 delegates from various units of FFPAl attended this conference.

"It takes less time to do a thing right than to explain why you did it wrong."

*** FAMILY PHYSICIANS' ASSOCIATION - RAJKOT**

Madhusudan paper presentation competition, is open to all allopathic qualified medical personnel of India. One can participate in this event without physical presence or even without proxy.

Name :
Date :
Place :

Madhusudan paper presentation competition.
14th April, 2002, Sunday- Time :9.30a.m. Onwards.

FPA hall, 301-302-303, J. P. Tower, Tagore Marg, Rajkot-360002
Ph.(0281)483032- email : fpatimes@usa.net

This type of CME has solidified our knowledge of science and faith of patients. Our science and knowledge is ever changing and growing. Please keep the pace with time and it's demands. Kindly submit your scientific papers by post or by E-mail at the above address. Each participant will be allotted eight Minutes for actual presentation and two minutes for question -answer. You can send your video recording and slides or audio recording and slides at least fifteen days earlier to Dr. Pinakin Upadhyaya when you have opted to present your paper in your absence. We will play the same during competition and if there are any questions from audiences or judges will be asked to you on phone and you will have to answer these questions personally. Therefore you must remain present at your home near telephone between 10.00am to 3.00pm on the same day. We will bear the charges of telephone.

Activities from 01.07.2001 to 31.01.2002

Clinical Meetings:-05.07.2001-Prevention of rubella-05.08.2001 Eye bank and diabetic retinopathy- 09.09.2001- Prostatic hypertrophy and its management

Social activities : 07.10.2001 Hepatitis -B Vaccination Camp.-10.11.2001 Hepatitis -B Vaccination Camp (2nd) 11.11.2001 Hepatitis -B Vaccination Camp (3rd) 25.11.2001 Hepatitis -B Vaccination Camp for Saurashtra University Employees.-29.12.2001-Hepatitis-B Vaccination Camp for Saurashtra University Employees (2nd).

Female foetecide awareness programme -Member Dr. G. N. Patel has prepared a CD programme for awareness against female foetecide in English and Gujarati. This was shown in GPA conference Vadodara, Surat and Mumbai. This was well appreciated by one and all.

Welfare of members and family members:
14.10.2001 Workshop on mind, medicine and stress management by medicomedia.
30.12.2001 Annual day celebrations cum welcome 2002 was arranged. Prize distribution for standard 1st to 9th and running trophy for standard 10th and 12th was given to the meritorious children of FPA Members.-Opening of FPA Research Centre.

Ongoing Activities: 13.07.2001 Prabhat Mediquiz competition.
19.08.2001 Late Dr. P.V.Pandhya Oration-
Subject :Widening Horizons in Cardio-vascular surgery.
20.01.2002 H.J.Doshi case presentation competition.
CME was held on every Tuesday and Friday regularly at FPA Hall between 4.00 pm to 5.00 pm.

JULY personality, disorder, infection of oral cavity and osteoporosis
AUGUST Hemiplegia, Paraplegia and Rheumatoid arthritis
SEPTEMBER Meningitis and Encephalities
OCTOBER Menstrual disorders and Parkinsonism
NOVEMBER Ante natal care, Pre eclampsia and how to diagnose unconscious patient
DECEMBER Epilepsy
JANUARY Endocrine diseases - pituitary and adrenal glands

"There is no limit to what we can achieve if you don't mind who gets the credit."

GENERAL PRACTITIONERS' ASSOCIATION - INDORE:

Elections held on 3rd June 2001:

President Dr. Pramod Bansod Secretary- Dr. Madhukar Gupta Treasurer- Dr. R. K. Dubey

Oath taking ceremony - oath rendered by Dr. D. K. Taneja (Dean M.G.M. Medical College Indore (July 2001))

11.06.2001 "Discourse and pranayama demonstration by Reverse Chetan Pragyam

July 2001 CME Meeting on "Vascular Headache its diagnosis and management by family physicians.

Aug 2001 Lecture on "Dementia & Alzeimers' disease - diagnosis and management by General Practitioners.

Sept. 2001 "Depression - diagnosis management by family physicians."

Oct. 2001 Consumer Protection Act and its implications on medical practitioners and now to cope with it

Nov. 2001 "Current Trends in Rabies Management"

Dec. 2001 "Upper GI illness - diagnosis and Management"

GPA Indore yoga kendra daily for public free of charge (6am to 7am)

GPA Indore has started setting up a library on text and references for use by its members.

GPA Indore have started a study circle whereby members present their cases, discuss on the investigative diagnostic or treatment aspect of such cases and have a moderator on such occasions. This helps to treat our patient better. Study circle also involves members presenting such cases of clinical interest all members of GPA Indore.

Our founder President Dr. V. K. Gupta (M.S.) donated his body through his will to the deptt. of Anatomy M. G. M. Medical College Indore. On his ad demise the office bears of GPA Indore honoured his will and delivered his body to the college.

FFPAI Welcome following units in FFP AI Family :

1. Ahmedabad Family Physician's Association - Ahmedabad (Gujarat)

President Dr. Dilip Vaidya

Secretary Dr. Amit Shah.

Tel. No. (079) 6441281 (R)

(079) 6443960 (O)

2. Family Physicians' Association - Chincholi Karnataka.

Address for correspondence :

Dr. Vasudev Rao Kulkarni,

Nr.Bus Stand, At and Post : Chincholi. 585307 Dist. Gulberga. Karnataka.

Motivated by IAFP, Gulberga.

3. Family Physicians' Association -Shahpore Dist. Raichur - Karnataka.

Motivated by IAFP, Raichur.

4. Family Physicians' Association -Sedam - Dist. Gulberga - Karnataka.

Address for correspondence :

President

Dr. Shivshanker Tallai

At & Post Sedam - 585 222 Dist. Gulberga.

N.B.: FPA Sedam unit is with FFP AI since long.

"The best way to succeed in life is to act on the advice you give to others."

A NEW OATH FOR PHYSICIANS.

In the name of suffering humanity, with humility, compassion, and dedication to the welfare of the sick according to the best of my ability and judgement, I will keep this oath and stipulations.

I will be honest with my patients in all medical matters. When this honesty reveals bad news, I will deliver it with understanding, sympathy.

I will provide my patients with acceptable alternatives for various forms of diagnosis and medical and surgical treatment, explaining the risks and benefits as best I know them.

I will allow my patients to make the ultimate decision about their own care. In circumstances where my patients are incapable of making decisions, I will accept the decision of family members or loved ones, encouraging them to decide as they believe the patient would have decided.

I will not sit in moral judgement on any patient, but will treat their illness to the best of my ability the circumstances.

I will be empathetic to patients with illnesses caused by substances such as alcohol or drugs, or other forms of self-abuse usually believed to be under voluntary control.

Knowing my own inadequacies and those of medicine generally, I will strive to cure when possible but to comfort control always.

I shall perform medical tests only if I believe there is a reasonable chance that the results will improve the outcome.

I will not perform any tests or procedures or surgery solely to make money. I will freely refer my patients to other physicians if I am convinced that they are better able than I to provide treatment.

I will freely furnish copies of medical records to patients or their families upon request.

I will do unto patients and their families only what I would want done unto me or my family. I will not experiment on patient's unless the patients give truly informed consent. I will strive to instruct patients fully so their informed consent is possible.

I will remain a student all my professional life, attempting to learn not only from formal medical sources but from my patients as well.

I will attempt to function as a teacher for my patients so that I can care for them more effectively and can apply the lessons they provide to the care of other patients.

I will provide care to all patients seeking it, regardless of sex, race, colour, creed, sexual preference, life-style, or economic status. In particular, I will volunteer some of my time to providing free care to the poor, the homeless, the disadvantaged, the dispossessed, and the helpless.

I will turn away no patient, even though with dreaded contagious diseases.

I will encourage my patients to seek medical opinions other than my own before agreeing to accept my opinion.

I will treat my professional colleagues with respect and honour, but I will not hesitate to testify openly about physicians and medical institutions that are guilty of malpractice, malfeasance, cupidity, or fraud.

I will defend with equal favour colleagues who are unjustly accused of malpractice, malfeasance, cupidity, or fraud.

Redefining Luxury in Gulbarga City



RELAX

Just let your hair down in any of our luxurious rooms and enjoy the in-house benefits along with prompt room service in attendance

CONFER

Meet and plan your strategies at any one of our Ultra-modern conference halls.

SOCIALISE

At any of multi-cuisine restaurants, the Bar or 100% Pure Vegetarian Restaurants or

LAZE

Take a dip in Club Aqua Swimming Pool and let the refreshing water wash away your fatigue.



Hotel Sun International

A Touch of Class amongst the best

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