Official Newsletter of Karnataka State Chapter of Association of Surgeons of India

KSC-ASI

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SHASTRA

ISSUE 2/19, JUNE 2019

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Dear esteemed KSC-ASI members

As the election extravaganza comes to an end we have heaved a sigh of relief. The election results have been reassuring. With a stable government at the centre we expect positivity to run through the reins of governance. This time we have a person from the medical profession, Dr. Harsh Vardhan as our health minister, we all hope health takes a priority in planning the national agenda in the coming days.

We are proud to present the second Issue of Shastra. We have tried to include a number of articles to make it more interesting. We also find that this would help in active participation of our members. We have in this issue, Dr. H.V. Shivaram, who is known for his punctuality, giving us tips about time management. Dr. Mamata, the First Lady Vascular Surgeon of India speaks about vascular surgery. Dr R.D. Prabhu, a very famous senior surgeon from Shimoga reflects his views on the present day training of surgeons and what a general surgeon must know when he steps out of the college. We have been reading a lot about the Second Victim during surgical catastrophes. In our guest column Dr. Aparna Govil Bhasker, a famous bariatric surgeon from Mumbai writes about what the second victim feels and goes through. We have included an article in Kannada. Dr. Shivanand Kubsad, a senior surgeon from Mudhol, writes about the various aspects of Doctor - Patient relationship, and the effects of commercialisation on the noble profession. A Kannada poetry by Dr Karaveera Prabhu and an English Verse paying tribute to the Anaesthesiologists complete the literary part of this newsletter.

Coming to the Branch activities, please send in the reports at the earliest so that they can be sent in the same month to the ASI headquarters and also get published in Shastra. The branch activity will be graded based on the guidelines followed. Most of them are mentioned in the Chairman's message. A tabulated form will be circulated soon. The process of selecting the nominee for lifetime award is on and the criteria are listed in the grid form. Kindly send the details so that the deserving surgeons will not miss the chance to be honoured. Various Branches have sent in their reports. A special thanks to Hubli -Dharwad team for hosting the second EC meeting and to DR. S.S. Soppimath for making the stay arrangements.

We encourage more input from the members. We also wish to get a feedback in the form of letters so that we can improve the quality of content in future. Kindly send in your inputs and feed back to : secretarykscasi@gmail.com; emagazineshastra@gmail.com.

Long live KSC-ASI

Dr. Naaz Jahan Shaikh
Editor, Shastra.

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Chairman's Message

Dear colleagues...
Season's greetings!!

We have already completed four months of our tenure. We had academic activities across the state. It was indeed a great experience and honour to be a part of the CME organised by Gadag, Bellary and Hubli. It was satisfying to note that the quality of CME has remarkably improved in its academic content. Hubli Branch also helped us to hold the second EC meeting which had an active participation of all the EC members and was quite decisive in the end. Stay arrangements were made by Dr. S.S.Soppimath. We thank the Hubli- Dharwad team and Dr. S.S.Soppimath for their hospitality

In the month of June we have a CME at Bengaluru organised by our surgical gastroenterology colleagues.We also plan to open a new branch at Karwar in the month of October. The Second KSC -ASI Midcon will be held at Mangaluru on 24th and 25th August. Kindly block your dates and try to attend in large numbers.

Many more branches have yet to notify their programs. The branch reports have to be reported on time. An invitation to the chapter must also be sent at least two weeks prior to KSC-ASI so that the travel arrangements can be made. The meeting hall must display the KSC-ASI logo and the photographs must contain this logo. Social activities carry more weightage. These are some of the criteria for consideration of branch awards. They also direct us towards incorporating discipline in our activities in our respective places. The list of criteria for awards and points allotted is near completion. We will circulate the same shortly.

We are lagging behind in mobilising new members. The strength of an associations lies in numbers. We must motivate the out-going Post Graduates to enrol themselves as life members.

Our Secretary had attended the National EC Meeting at Chennai. Emphasis was on membership drive and the ASI MISSION. Details of the mission are in the website. The website is active with all the latest updates. There is a wall for interaction of members. From the Branch activities and conference photos to details of honoured surgeons, you can find everything about KSC-ASI.

Shastra is being presented with articles from eminent surgeons. Kannada has also got its share of importance and readership. You are all welcome to send in articles, experiences or interesting cases.
Looking forward for a greater interaction

Chairman
Dr. Vidyadhar Kinhal

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Secretary's message

Dear senior colleagues and friends,

Greetings from KSCASI. Hope this message finds you all in pink of your health. This is the second edition of e-shastra for the year 2019. Dr Naaz has been doing an excellent job by bringing out the second edition so early, which contains many guest columns from eminent surgeons.

It has been an eventful two month since inception - with CME being organised by Vijayapura, Gadag, Hubballi- Dharwad, Kalaburagi and Tumkur branches. Hubli-Dharwad branch hosted the second EC meeting at KIMS Hubli. The stay arrangements were made by Dr. S.S.Soppimath. On behalf of the EC I thank the Hubli - Dharwad team and Dr. S.S.Soppimath for the hospitality.

Many branches have been reporting the activity in earnest but many are not. I sincerely request the office bearers of the branches to report the activities within ONE WEEK to the KSC-ASI so that the branch stands to gain points for awards and in turn we can forward them to the ASI HQ which helps KSC ASI to get points. It is a win-win situation which helps KSC-ASI to stand in a better place in the chapter rating. Last year, we were at fifth position at the national level. Please help us to attain a better position this year.

According to the vision of ASI, which is given in detail in the ASI MISSION STATEMENT, my sincere request to the branches is to organise large scale health awareness and treatment activities. If planned in advance KSC-ASI can assist in getting financial assistance from the ASI HQ. Also focus should be on membership enhancement and enrolling of members for the ASI Social Security Scheme. This scheme is for the benefit of the family members in case of a - God forbid- unfortunate event.

ASI E-Voting registration is taking place and this office has received a communication from HQ about the unresponsive members, the list of which is circulated in the WhatsApp group. If you happen to be one who has not responded, I request you to kindly register as early as possible. Having significant electoral strength and being eligible to vote in ASI election helps KSC-ASI to have a firm foot hold in the Organisation.

MIDCON is the next major event which is being organiSed at Mangaluru on 24th and 25th August. Shortly the detailed brochure will be published in the KSCASI website. KSC ASI website provides members a lot of information about history of the association and the upcoming activities of various branches. There is a member area where we can post any information for the benefit of the members. Request you to utiliSe the facility.

Good wishes to you all.

Long Live KSC ASI.

Secretary

Dr. Diwakar Gaddi.

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Time Management for Surgeons

-Dr H V Shivaram MS; FRCS; FACS
Aster CMI Hospital, Bengaluru

It was 1983 and I had just joined Army Medical Corps. I was to meet the commanding officer of the unit at 9.15 am. I reached his office at 9.20 am. The officer was upset; he told me these words which I can never forget in my life: “Doctor, when I give you my time I am giving you a portion of my life which I will never get back. Don’t make me regret it”

Time is precious, all of us know this. But we don’t care too much about it. We don’t value someone else’s time or in fact we don’t value our own time!

Surgeons are busy people. We have to make time for OPD consultations, ward rounds, surgical procedures, ICU care, cross referrals, documentation etc. apart from family and social commitments, attending conferences, professional meetings, teaching, preparing for a talk, research work, publishing in a journal …….sometimes the going becomes too tough!

Surgeons have a reputation as decisive, precise, adept at taking decisions, bold, smart etc. But when it comes to time management they are as good as anyone else! The common perceptions are that they do not stick to their appointments, make anaesthesiologists wait in the OT, they are not regular in teaching rounds.....etc etc.

Very often we see that surgical meetings, conferences don’t start on time; delegates or speakers don’t arrive on time; the guest lectures overshoot the time allotted; no time for question & answer session etc. Ultimate result is that academics takes a back seat.

Indians in general are not known for their punctuality or good time management. We are often made fun of our time sense- Indian Standard Time! As Harvey Mackay has put it “Time is free, but it’s priceless. You can’t own it, but you can use it.You can’t keep it, but you can spend it. Once you have lost it you can never get it back”

Every morning 86,400 seconds is credited to our account. If we fail to use the day’s deposit, the loss is ours. Every night it is written off as lost, if we don’t invest it in a good purpose. It carries over no balance. No overdraft is allowed; each day a new account is opened and written off in the night. There is no going back. There is no drawing against the “tomorrow”. We must live in the present on today’s deposits. We have to invest it very wisely so as to reap the maximum health, happiness and success. Everyone, however powerful or rich has only 24 hours in a day and no one has 24 hours and 1 minute! The busiest people are the ones who are well organised and they make the best use of time and make time for all the work they want to do. (Others keep giving excuses saying they have no time!)

How is it possible?

They are the ones who know the value of time and manage it very effectively. Time management is the process of planning and exercising conscious control of time spent on specific activities to work smarter and harder. It is a thoughtful task to act on various things that help one to increase efficiency and strike a better work-life balance. They know that poor time management skills can result in missed deadlines, poor quality of work, stress, poor professional reputation and financial loss. Good time management allows one to accomplish more in a shorter period of time.

Effective time management is no rocket science to learn! It requires a bit of interest and attention to details. These are some of the tips one can adopt for better time management:

1. Planning: the idea is to work smarter than harder so that everything gets appropriate time slot and attention. Brian Tracy, the best seller author says, “Every minute you spend in planning saves 10 minutes in execution; this gives you 1000 percent on energy”. “For every minute spent in organising an hour is earned”- Benjamin Franklin.
2. Prioritizing: Every day there will be hundreds of tasks to accomplish! But prioritizing them is the key to success. Do not start your day with unimportant tasks or something which can be done later also. Priorities will help to focus on what actually needs to be done.
3. Setting deadlines: Make a manageable to-do list every day and complete the task. This is very important to avoid procrastination and time wasters
4. Delegation of responsibilities: Many surgeons find it very difficult to delegate work to their colleagues or juniors. But this is a very crucial team building exercise and delegation of work with supervision makes effective use of everyone’s time and talent.
5. Do not multitask: Multitasking is one of the biggest time wasting activities. Instead of accomplishing many things, we will end up achieving nothing. Best is to take one thing at a time, finish the task and then go to the next task.
6. Cut off distractions: Distractions cut off our many valuable hours in a day. To name a few, mobile phones, social media, chatty co-workers are all distractions which eat up our time. It is better to set a fixed time in a day where we can check our social media.
7. Make use of technology: Time management apps are available if we have to handle too many tasks and team members simultaneously. It may be very useful for surgical departments or teams. It helps in managing and tracking the time being spent on each task. One such tool is ProofHub. It keeps a record of every minute so that we can manage our time effectively.

Whenever I am at the helm of affairs, I have made it a point to see that time management is given due importance. It gives me immense pleasure to see that our EC meetings, CMEs and state conference – all start on time now. During AWRcon Bengaluru conference or the state conference at Ballari, the academic sessions were running on time! All the activities in Bangalore branch, start on time and end on time. If every surgeon insists on good time management it will benefit the entire surgeons’ community. We have no right to waste someone else’s time who has been punctual for the event.

I conclude with the following lines from an anonymous author which effectively portrays the value of time:

To realize the value of one year, ask a student who has failed his final exam.
To realize the value of one month, ask the parent of a premature baby.
To realize the value of one week, ask the editor of a weekly newspaper.
To realize the value of one day, ask a daily wage labourer who has a large family to feed.
To realize the value of one hour, ask lovers who are waiting to meet.
To realize the value of one minute, ask a person who has missed the train, the bus, or a plane.
To realize the value of one second, ask a person who has survived an accident.
To realize the value of one millisecond, ask the person who has won a silver medal at the Olympics

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ದೈನಿಕ ಸೂಕ್ತಿ:
"ಸಮಯವೆಂಬುದು ಪ್ರಾಣಕ್ಕೆ ಸಮ. ಅದನ್ನು ವೃಥಾ ವ್ಯಯಿಸುವುದು ನಿಮ್ಮನ್ನು ನೀವೇ ಹತ್ಯೆ ಮಾಡಿಕೊಂಡಂತೆ."
- ಜೇಮ್ಸ್ ಆಲ್ಟೆನ್ಸ್.

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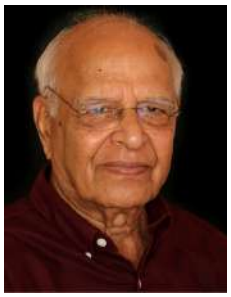
Good teachers create Good surgeons



Dr. R.D.Prabhu
MBBS, M.S., FRCS
Senior Rural Surgeon , Shivamogga

We all know that we need more doctors in smaller towns and villages. That implies that we need more surgeons in those areas too. But despite government offering attractive salaries for such jobs there are very few takers. The reasons may be many; heavy investment in the medical education, poor social life in those places, concern about the children's education, etc. etc. However, there is one other reason that I feel is equally important; the qualified doctor is not confident to practice in the conditions prevailing in those places. Most of them believe that to practice surgery, it is essential to have a high-tech laboratory, imaging equipment, I.C.U., well equipped operation theatre and so on. After all these forty-six years of practicing multi-disciplinary surgery in Shimoga in a poorly equipped operation theatre of a nursing home with only basic facilities, I tend to agree with the William Osler's quote

" The young physician starts life with 20 drugs for each disease and the old physician ends life with one drug for 20 diseases…"

A lot of good, useful and safe surgery is possible in a simple set up. I often wonder what could be the best way to convince my learned colleagues that it is possible in India to practice this another, simpler, affordable and safe surgery!

When I was working in the J.J.M.Medical College, Davangere in around 1968-70, there was an Asst. Surgeon of the Chigateri Gen. Hospital attached to our Surgical Unit. He had recently finished M.S. from Mysore University. One day I asked him to perform haemorrhoidectomy that I was to do at the end of the list. He was taken aback! "Sir, I have never done that procedure….". He said, in fact he had not done any procedure by himself during the training and now he was a qualified surgeon licensed to open any abdomen or any other part of a patient! I was surprised and sad that a person can get an MS degree without any surgical competence! Something somewhere had gone wrong in his training. Some years later I met daughter of my colleague, an MD in Ob & Gyn from a reputed Medical college. She had performed half a hysterectomy, that is separation of Fallopian tube, Ovary and broad ligament with assistance, on one side only. The other half was performed by another P.G.student. That was all the hands on experience they both had up to their post graduation! Of course the situation may be different now. However, would it not have been better if the unit heads had made sure that their PG students get some hands-on experience and confidence in "cut, ligate, haemostasis, anastomosis, dissect and suture", or in the commonest procedures, before being let loose to look after themselves! Is not a trainer obliged to give better trained surgeons to the community!

When I was in the UK, I worked under a consultant surgeon, Mr. Peter Smith (a surgeon with FRCS is called Mister in the UK). He was aware that I had decided on returning home to India. So he took upon himself to train me to perform, what he used to call "jungle surgery" what we call rural surgery. He felt that India still lacked proper health care infrastructure.

But on arrival in India I found that the prevailing conditions in many areas were even more dismal than those of jungle surgery! Mr. Smith did not say that I had to take back home their high standards of surgery practiced in their National Health Service hospitals, but guided me to be able to do their type of surgery without modern and newer facilities and equipment. He was aware that India had not yet reached their standards of health care. For example, he would show me how to work without cautery, use electrolytes study only when essential, avoid daily lab tests and depend more upon clinical assessments, and simplify procedures etc. He took me to another hospital to show me how an open thoracic procedure too is feasible and safe with such ether anaesthesia.

All this helped me tremendously in my earlier days of practice in Shimoga. It also showed me how important a role a trainer plays in creating confidence in a surgeon to practice safe and life-saving surgery in places with poor surgical infrastructure. An English surgeon demonstrating old /out dated practices in an English hospital on English patients, just to train me, an Indian surgeon for surgical career in India! That was the most impressive demonstration to me of a good guide or trainer who gave purposeful and practical guidance to a surgeon for the job he is to face in the future. We too may have such trainers in India, but we need more of such creators.

We need surgeons who can tackle the most difficult situation in the remotest areas. Such surgeons can be better created by teachers and professors who have empathy for the poor. Our MS graduates should to go out in to the country sides, without expecting higher salary or other sops.

Such surgeons can be better created by teachers and professors who have empathy for the poor. If we need our MS graduates to go out in to the country sides, do not offer higher salary or other sops. Give them training to face the prevailing conditions prevailing there. The professors with very academic outlook and disdain for anything other than text book type of surgery need to realise that there is another type of India (Bharat) beyond the boundaries of their college campus and metropolis. There, a lot of what they profess and teach is unpractical and unaffordable, at least for the present. If we wish to create surgeons for that India we need to teach them a different Indian Surgery which is also, essentially, an affordable, practical, simplified and yet safe surgery. The term ‘rural surgery ‘ has stuck to it.

Some years ago there was a study about the outcomes of haemorrhoidectomy by three methods that were in vogue at the time; a)-dissection, ligation of the pedicle and excision, b)-dissection, excision of haemorrhoid and closure of the wound and c)- cryotherapy with cold CO2. At the end of a week or, so examination under anaesthesia revealed that all the wounds looked the same irrespective of the method.

Though each of them could cost different in a private hospital, the outcomes were comparable. Though that study was some decades ago, there is lesson in it. Not every new technique is better than the earlier one. Gadgets make money for the industry. They will tempt you, lure you, bribe you to use them. If you have the interests of your patient at your heart, you will also consider the economics of them. I believe that the modern staple haemorrhoidectomy does much the same thing a transfixation of pedicle does but with a higher cost! Staples by

themselves do not give a better result; outcomes of staple surgery in the hands of a bad surgeon are as bad as those of open surgery by a bad surgeon. The staples are for the rich while older method is suitable general category patients. So let us not set aside older methods just because some innovative method has been introduced. Students need exposure to such good older techniques too.

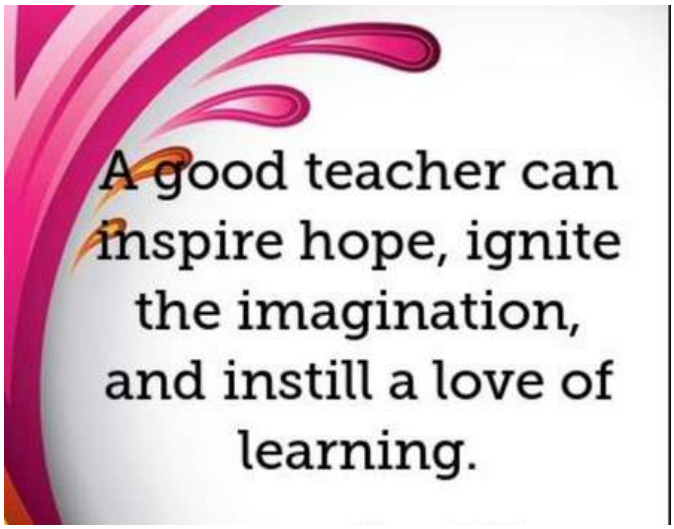
I remember in the U.K. there was doctor doing preregistration surgical house job. He had passed from a prestigious British Medical College. He had seen aortic valve replacement and other cardiac surgical procedures, but had never seen a hernia repair! We have similar stories in our medical colleges too.It is time that we relook at our medical education. Medical colleges ought to seriously consider their great responsibility of creating useful doctors and surgeons to serve our people poor and rich alike. If the community expresses its dissatisfaction about the medical and surgical services, can we say are we not responsible for it?!

Doing more and more of less and less .....?

Is specialization of knowledge a boon or a bane?
https://medium.com/@mukundarajanvn/is-specialization-of-knowledge-a-boon-or-a-bane-ef2caeed6182

Obituary

Dr. Dinesh Babu
30th June 1943- 22nd April2019



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Vascular Surgeon's perspective on Peripheral Arterial Disease

by Dr.Mamata S.H. (Purantagi)

Consultant Vascular Surgeon, JIVAS
Bhagawaan Mahaveer Jain Hospital, Miller's Road, Bengaluru

Vascular Surgery is one of the challenging subjects for the medical fraternity and has evolved as a specialised branch separated from Cardio-thoracic and Vascular surgery discipline. The prophetic words of the great American surgeon William Halstead – "A surgeon's skills are measured by the way he handles the blood vessels" ushered in the era of one of the most skilful surgical specialties – Peripheral Vascular Surgery.

In India, this specialisation evolved by the end of 20th Century. Since then, the development and progress in the field of vascular surgery is phenomenal. With the advancement of technology, availability of advanced diagnostic tools - both hardware and software, the treatment options and the surgical outcomes for vascular procedures (whether it be venous/ arterial or occlusive/ aneurysmal/ traumatic vascular injuries) has been revolutionary. The present scenario has transformed from a more complex open vascular bypass to a more advanced minimally invasive endovascular procedures.

There has been an exponential increase of vascular problems in our country due to rapid increase in diabetic population (6.3 crores estimated – 15 lakhs detected every year) and unabated smoking. The incidence of peripheral arterial disease in female population is increasing due to changing trend of socialising lifestyle (increased smoking). Bare foot walking resulting in foot injuries especially in diabetic neuropathy is one of the commonest presentation of peripheral arterial disease in India. Hypertension, dyslipidaemia and hyper-coagulable state are other etiological factors provoking progression of atherosclerosis leading to peripheral arterial occlusive disease.

Peripheral arterial disease commonly affects the lower limbs presenting with claudication and eventually progressing to rest pain and gangrene. It is easily treatable in the earlier stages of claudication with appropriate medicines and simple life style modification programs. Unfortunately, due to lack of awareness among the general public and also among many of the doctors, majority of the patients present lately in non-salvageable condition to a vascular surgeon resulting in unnecessary limb amputation and loss of life.

Early diagnosis and prompt treatment will definitely decrease the future complications and result in improved quality of life. Even when the patient presents relatively late to vascular surgeon, most of the limbs can be salvaged with a high success and low complication rate by vascular bypass or minimally invasive endovascular procedures like angioplasty and stenting if needed. The advanced endovascular techniques are gaining importance in the treatment for

many of the inoperable AV malformations/ Aneurysms which otherwise are of highest risk with open surgery. Selective embolisation for AVM, Penumbra technique for venous thrombosis and other mechanical atherectomy procedures in arterial occlusions are some of the techniques gaining importance in the field of vascular surgery.

To summarise, the blockage of the arteries if not treated at right time may be limb threatening and at times may be life threatening. The process of atherosclerosis and plaque rupture can be slowed down or prevented by optimal control of diabetes and hypertension/ active lipid management/ lifestyle modification (fitness, regular exercise, quitting smoking etc.). Salvaging the limb can definitely be attempted with the vascular techniques whether it be a vascular bypass or minimally invasive endovascular procedure for any simple or complicated vascular disease to promote good quality of life thereby reducing morbidity and mortality.

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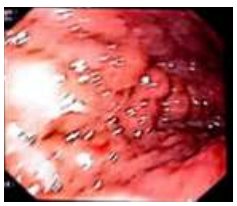
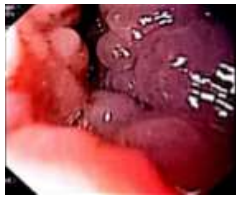
Hollow viscus perforation, and yet no perforation ...??!!

- Dr. V.V.Chiniwalar
Gen and Lap Surgeon
Gangavati

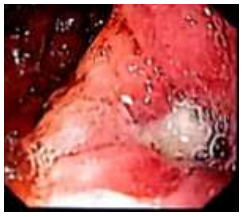
A 23yr old male patient presented with acute onset of severe generalised pain. clinical examination revealed a board like rigidity. X- Ray erect abdomen revealed gas under the diaphragm. Patient refused admission only to return back next day for treatment. a preliminary work-up was done and patient posted for laparotomy. A surprise was awaited! The abdomen was clean. No site of perforation could be located. Minimal thickening of ileum in two places, and a few enlarged mesenteric nodes and appendix studded with fecoliths. Ileal resection was done with end to end anastomosis along with appendicectomy. HPE revealed non specific lymphadenitis, fat necrosis of Ileal mesentery and sub acute Appendicitis.



Patient returned after 15 days with pain abdomen. C.T scan showed minimal ascites. Managed conservatively.
Patient returned again after one month with abdominal pain. Patient posted for Upper G.I. Endoscopy, but as he reported with full stomach it was not done. USG showed moderate Ascites. Thickened colonic wall and stomach wall also noted. Ascitic Fluid analysis showed Lymphocytic predominance and positive for ADA. AKT started. Referred for expert consultation. Findings were similar and was asked to follow the same treatment.



No response to AKT noted. Ascites increased. Therapeutic tapping done. Posted for Colonoscopy and Upper G.I. Endoscopy.
Endoscopy revealed oedematous stomach with ulcer in the lesser curve. HPE revealed Poorly differentiated Adenocarcinoma stomach.



Retrospective analysis-

1. In a Hollow Viscus Perforation attention must be given to stomach, especially posterior wall and lesser curvature. Stomach ulcers, intestinal Diverticula may be overlooked.
2. Endoscopy early in the post operative course would be more diagnostic
3. Though Carcinoma stomach presents at later age, it can occur in younger patients which has to be borne in mind.

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Guest Column...

WHAT DID I DO WRONG?
- A PAGE FROM A SURGEON'S DIARY.

-Dr. Aparna Govil Bhasker
Bariatric and Laparoscopic surgeon
Mumbai

There are only two types of surgeons. Those who have had surgical complications and those who are going to have. The law of averages catches up with us eventually. As the old adage goes, if you have never had a complication, you've probably not performed enough number of surgical operations.

Surgical training is all about minimising complications. As surgeons we are also trained to first find fault with ourselves. When a patient has a complication after a surgery, the first thought that enters our mind is – "What did I do wrong?" The second is- "Could there have been a better way to do this?" Unfortunately, in retrospect there is always a better way to do it. And sometimes when patients go asking for second opinions, they come back confused about why their surgeon did not choose the obvious better way.

Surgery is not mathematical. Of course all of us plan before a surgery. We prepare and we go through the steps mentally. We anticipate certain events and keep things ready. Unfortunately, there are times during surgery when things are not straight forward and clarity may elude us. There are times when we have to choose the best possible solution from the available options. There are also times when we run out of options. There are times, when saving a life becomes a priority over everything else. There are times, when help may not be available and the buck stops with us. And then there are times, that despite our best efforts things still go wrong.

What follows for the patient has been talked about. Of course, the patient is a priority and the one who suffers. But what about the surgeon? I recently read an article about the surgeon being the "second victim". I would say that a surgeon is the "neglected second victim". Carrying the burden of someone else's health and life is not easy. No surgeon wants to have a complication. We feel guilty and accountable. Every inch of our existence wants the patient to get better. Every minute is spent waiting to get some good news. Every complication takes away a bit of our life because when someone is in pain because of us, we don't feel like doing anything else. Many a nights are spent thinking what we could have done to avoid it. We go through every step of the surgery in our minds wondering how we could have done it better. Complications take their toll and forget socialising, we find it difficult to focus on our daily family lives. Our children and our spouses become the "third victims".

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People say it's a part of growing up and eventually every surgeon gets used to it. Well, I am yet to see a surgeon who can take it in a stride. In today's day and age, there is also a fear of litigation, of being abused and of things being dragged in the media. Many young doctors today suffer from high stress levels and depression. Today, suicide rate is amongst the highest in doctors.

One complication is equal to thousands of successful surgeries and sometimes that one complication is enough to ruin work and reputation of an entire lifetime. There are no easy answers. Artificial intelligence and robots are still eons away from the magical number of zero complication rate. At the end of the day surgeons are only human and there can never be a perfect 100% good outcome. The complexities of human bodies are sometimes beyond us. The worst patients sometimes recover unexpectedly and complications may happen when we least expect them.

We have many a workshops and conferences that focus on management of complications but I am yet to see a workshop where they talk about stress management for surgeons. Technical skillset is important but at the same time, it is also important to deal with the stresses of a surgical career. We need to retrain ourselves to not expect too much from ourselves. We need to learn to become more realistic. We need to accept that sometimes things are out of our control. We need to know that human body is too complex and 2 plus 2 is not always equal to 4. We need to understand that we are not God.

.....At the end of the day, the bottom line is that, we can only try our best but ultimately it is "He who heals"!!!

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Improving surgeon wellness: The second victim syndrome and quality of care

Suffering in silence : Medical error and its impact on health care providers
https://psnet.ahrq.gov/resources/resource/31743/Suffering-in-silence-medical-error-and-its-impact-on-health-care-providers

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ವೈದ್ಯಕೀಯವೆಂಬ ಬೆಳಕಿನ ದಾರಿ..

-ಡಾ|| ಶಿವಾನಂದ ಕುಬಸದ
ಕುಬಸದ ಆಸ್ಪತ್ರೆ ,
ಮುಧೋಳ-೫೮೭೩೧೩
ಜಿ. ಬಾಗಲಕೋಟ.

38 ವರ್ಷಗಳ ನನ್ನ ವೈದ್ಯಕೀಯದಲ್ಲಿ, ಮಳೆಗಾಲದಲ್ಲಿ ದ್ವೀಪವಾಗಿ ಬಿಡುವ ಸಣ್ಣ ಗ್ರಾಮದಿಂದ ಮೊದಲ್ಗೊಂಡು ತಾಲೂಕು, ಜಿಲ್ಲಾ ಸ್ಥಾನಗಳಲ್ಲಿ, ಮತ್ತೆ ಸರಕಾರಿ ಕೆಲಸ ಹಾಗೂ ಖಾಸಗಿಯಾಗಿ ಈ ವೃತ್ತಿ ಮಾಡಿದ್ದೇನೆ. ನೂರಾರು ಹೃದಯಸ್ಪರ್ಶಿ ಘಟನೆಗಳು ನನ್ನೆದುರಿಗೆ ಘಟಿಸಿವೆ. ವೈದ್ಯಕೀಯದಲ್ಲಿ ಜರುಗುವಷ್ಟು ವೈವಿಧ್ಯಮಯವಾದ, ಮನಸ್ಸಿಗೆ ತಾಗುವ ಘಟನೆಗಳು ಜೀವನದ ಬೇರೆ ಯಾವ ರಂಗದಲ್ಲಿಯೂ ಜರುಗಲು ಸಾಧ್ಯವಿಲ್ಲ. ಮಾನವ ಸಂಬಂಧಗಳು, ನೋವು, ಸಾವು, ಅಸಹಾಯಕತೆ, ಸಂತೋಷ, ಸಂಭ್ರಮಗಳನ್ನು ಅವುಗಳ ಪರಾಕಾಷ್ಟೆಯಲ್ಲಿ ನೋಡಲು ಸಾಧ್ಯವಾಗುವುದು ಇಲ್ಲಿ ಮಾತ್ರ. ಈ ವೃತ್ತಿಯಲ್ಲಿ ಇರುವಷ್ಟು ಆತ್ಮ ಸಂತೃಪ್ತಿ ಬಹುಶ: ಯಾವ ವೃತ್ತಿಯಲ್ಲೂ ಇಲ್ಲ, ಎಂದೇ ನನ್ನ ಅನಿಸಿಕೆ. ಸೇವೆ ಮಾಡುವ ಮನಸ್ಸಿದ್ದರೆ ಇಲ್ಲಿ ಸಿಗುವಂಥ ಅವಕಾಶಗಳು ಬೇರೆಲ್ಲೂ ಸಿಗಲಾರವು. ಕೆಲವೊಮ್ಮೆ ನಾವು ಹೇಳಿದ ಬಿಲ್ಲಿಗಿಂತ ಸ್ವಲ್ಪ ಕಡಿಮೆ ಸಂದಾಯ ಮಾಡಬಹುದಾದರೂ, ಗುಣಮುಖನಾದ ರೋಗಿಯ ಮುಖದಲ್ಲಿ ಮೂಡುವ ಸಂತೃಪ್ತಿಯ ಭಾವನೆ, ಹೋಗುವಾಗ ಕೆಲವು ಬಾರಿ ಕಾಲು ಮುಟ್ಟಿ ನಮಸ್ಕರಿಸಲು ಬರುವ ಅವರ ಕೃತಜ್ಞತಾ ಭಾವದ ನಡವಳಿಕೆ ನಮ್ಮನ್ನು ಧನ್ಯರಾಗಿಸುತ್ತವೆ, ಸಾರ್ಥಕತೆಯ ಭಾವ ಮೂಡುತ್ತದೆ. ಹಲವು ಜನರ ದುಃಖ ಕಡಿಮೆ ಮಾಡಿ, ಮುಖದಲ್ಲಿ ನಗೆ ಮೂಡಿಸುವ ಈ ವೃತ್ತಿ ದೊರೆತಿದ್ದೇ ನಮ್ಮ ಪುಣ್ಯ ಎನಿಸಿದೆ. "ದಾಸೋಹ" ವನ್ನು ಆಚರಣೆಗೆ ತರಲು ವೈದ್ಯಕೀಯದಂಥ ಕ್ಷೇತ್ರ ಇನ್ನೊಂದಿಲ್ಲ.

ಇಷ್ಟು ವರ್ಷಗಳ ವೈದ್ಯಕೀಯದಲ್ಲಿ ಏನೆಲ್ಲವನ್ನೂ ನೋಡಿದ್ದೇನೆ. 'ಇದೇನು ಅಂತಹ ರೋಗವಲ್ಲ ಖಂಡಿತ ಗುಣವಾಗುತ್ತಾರೆ' ಎಂದುಕೊಂಡವರ ಮರಣವನ್ನೂ, 'ಇನ್ನೇನು ಉಳಿಯಲಿಕ್ಕಿಲ್ಲ, ಅವರನ್ನು ಬೀಳ್ಕೊಡಲು ಸಿದ್ಧರಾಗಿದ್ದುಬಿಡಿ' ಅಂದುಕೊಂಡಾಗ ಪವಾಡದಂತೆ ಗುಣಮುಖರಾಗಿ, ಹಾಸಿಗೆಯಿಂದ ಎದ್ದು ನಡೆಯುತ್ತ ಹೋದವರನ್ನೂ ನೋಡಿದ್ದೇನೆ. ಇಂಥವನ್ನೆಲ್ಲ ನೋಡಿದಾಗ ವೈದ್ಯರಾಗಿ ನಾವು ಕಲಿತದ್ದು ಸಾಕಾಗಲಿಲ್ಲವೇನೋ ಅನಿಸಿದ್ದಿದೆ. ದಿನಂಪ್ರತಿ ದಾಪುಗಾಲಿಕ್ಕಿ ಬೆಳೆಯುತ್ತಿರುವ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಕೂಡ ಕೆಲವೊಮ್ಮೆ ನಿರುತ್ತರ, ಹಲವು ಬಾರಿ ಅಸಯಾಹಕನಂತಾಗಿ ಗಲಿಬಿಲಿಗೊಂಡು ನಿಂತಂತೆನಿಸಿಬಿಡುತ್ತದೆ. ಆದರೂ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಅಗಾಧವಾಗಿ ಬೆಳೆಯುತ್ತಿದೆಯೆನ್ನುವುದು ಸಮಾಧಾನಕರ ಅಂಶ. ಮೈಲಿಬೇನೆಯಂತಹ ರೋಗವನ್ನು ನಿರ್ಮೂಲನೆ ಮಾಡಲಾಗಿದೆ. ಪೋಲಿಯೊ ರೋಗ ಇಂಡಿಯಾದಿಂದ ಮತ್ತು ಅನೇಕ ದೇಶಗಳಿಂದ ಕಾಣೆಯಾಗಿದೆ, ಧನುರ್ವಾಯು, ಹೆಪಟೈಟಿಸ್ ಬಿ ಮತ್ತು ಇನ್ನೂ ಅನೇಕ ರೋಗಗಳಿಗೆ ಪ್ರಬಲ ಲಸಿಕೆ ಕಂಡುಹಿಡಿಯಲಾಗಿದೆ, ಅನೇಕ ಕ್ಯಾನ್ಸರಗಳನ್ನು ಗುಣಪಡಿಸಬಹುದಾಗಿದೆ, ಬಂಜೆತನವನ್ನು ಬಹುಪಾಲು ನಿವಾರಿಸಲಾಗಿದೆ. ಪ್ರಸವವನ್ನು ಸುರಕ್ಷಿತಗೊಳಿಸಲಾಗಿದೆ. ಅಂಗಕಸಿ ಈಗ ದಿನನಿತ್ಯದ ಸುದ್ದಿಯಾಗಿದೆ. ರೋಗನಿದಾನಕ್ಕಾಗಿ ಅದ್ಭುತವೆನಿಸುವ ಪರಿಕರಗಳನ್ನು ಕಂಡುಹಿಡಿಯಲಾಗಿದೆ. ಒಂದೆರಡು ಮಿಲಿಮೀಟರ್ ನ ಗಡ್ಡೆಯನ್ನೂ ಕರಾರುವಾಕ್ಕಾಗಿ ಗುರುತಿಸುವ ಯಂತ್ರಗಳಿವೆ. ದೂರದಿಂದಲೇ ಕಿಡ್ನಿಯಲ್ಲಿನ ಹರಳುಗಳನ್ನು ಪುಡಿ ಮಾಡುವ ಯಂತ್ರಗಳಿವೆ. ಯಾವುದೋ ಊರಲ್ಲಿ ಕುಳಿತು ಇನ್ನಾವುದೋ ಊರಲ್ಲಿರುವ ರೋಗಿಯ ಮೇಲೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡುವುದನ್ನು ಸಾಧ್ಯವಾಗಿಸಿದ ರೋಬೋಟ್ ಕಂಡುಹಿಡಿಯಲಾಗಿದೆ. ಬರೀ ಒಂದು 'ಕ್ಯಾಪ್ಸೂಲ್'ನಲ್ಲಿ ಕ್ಯಾಮರಾ ಕುಳ್ಳಿರಿಸಿ ಜೀರ್ಣಾಂಗ ವ್ಯೂಹದ ಒಳಗನ್ನು ನೋಡಬಹುದಾಗಿದೆ. ಲೆಪ್ರೋಸ್ಕೊಪಿ, ಎಂಡೋಸ್ಕೊಪಿಗಳಂತೂ ಸಾಮಾನ್ಯವಾಗಿಬಿಟ್ಟಿವೆ. ಹೀಗೆ ವೈದ್ಯಕೀಯದ ಆವಿಷ್ಕಾರಗಳು ಕಟ್ಟು ಕಥೆಯಷ್ಟೇ ರೋಮಾಂಚಕಾರಿಯಾಗಿವೆ. ಅವು ಆಧುನಿಕ ವೈದ್ಯರ, ತನ್ಮೂಲಕ ರೋಗಿಗಳ ಪಾಲಿಗೆ ವರದಾನವಾಗಿ ಪರಿಣಮಿಸಿವೆ. ಸಂತೋಷದ ಸಂಗತಿಯೆಂದರೆ, ವೈದ್ಯಕೀಯದಲ್ಲಿ ಇಂದು ಅದ್ಭುತ ಸಾಧನೆಗಳಾಗುತ್ತಿವೆ. ಇತ್ತೀಚಿಗೆ ತಾನೇ, ಸಿನೀಮಯ ರೀತಿಯಲ್ಲಿ ಬೆಂಗಳೂರಿನ ಹೃದಯ, ಚೆನ್ನೈನಲ್ಲಿ ಮಿಡಿದ ನೆನಪು ಇನ್ನೂ ಹಸಿರಾಗಿದೆ. ಇಡೀ ಜಗತ್ತೇ ಅದನ್ನು ಕುತೂಹಲದಿಂದ, ಆಸಕ್ತಿಯಿಂದ,

'ತಮ್ಮ ಜೀವವನ್ನೇ ಕೈಯಲ್ಲಿ ಹಿಡಿದು' ನೋಡುತ್ತಿತ್ತು. ಯಾವಾಗ ಜೀವಂತ ಹೃದಯ ಹೊತ್ತವರು ಚೆನ್ನೈ ತಲುಪಿದರೋ ಆಗ ಉಸಿರೆಳೆದುಕೊಂಡವರು ಎಷ್ಟೋ ಮಂದಿ. ಆದರೆ ಇನ್ನೂ ಆ ಹೃದಯ ತನ್ನ ಹೊಸ ಸ್ಥಾನದಲ್ಲಿ ನಾಲ್ಕು ಸಾರಿ ಬಡಿದಿತ್ತೋ ಇಲ್ಲವೋ, ಆಗಲೇ ಸಾಮಾಜಿಕ ತಾಣಗಳಲ್ಲಿ "ಸಂಶಯ"ಗಳು ಓಡಾಡತೊಡಗಿದ್ದವು. "ಹೃದಯ ಕೊಟ್ಟ ಮಹಿಳೆ ನಿಜವಾಗಿ ಮರಣಿಸಿದ್ದಳೇ?" (ವೈದ್ಯರು ದುಡ್ಡಿನಾಸೆಗೆ ಸುಳ್ಳು ಪ್ರಮಾಣ ಪತ್ರ ಕೊಟ್ಟಿರಬಹುದು) "ಬಡವರಿಗೆ ಇಂಥದ್ದೆಲ್ಲವನ್ನು ಮಾಡುವರೇ? (ದುಡ್ಡಿದ್ದವರಿಗಷ್ಟೇ ವೈದ್ಯಕೀಯ ಸೌಲಭ್ಯ, ಬಡವರಿಗೆ ಇಲ್ಲ) ಇತ್ಯಾದಿ ಮಾತುಗಳು ದಿನವಿಡೀ ಚರ್ಚೆಗೊಂಡವು. ನಮ್ಮ ದೃಷ್ಟಿ ಚಿಕಿತ್ಸಕವಾಗಿರಬೇಕು, ಸಂಶಯಾತ್ಮಕವಲ್ಲ.ಅಲ್ಲವೇ?

ವೈದ್ಯವೃತ್ತಿ ಹಿಂದಿನಂತೆ "ನೋಬಲ್" ಆಗಿ ಉಳಿದಿಲ್ಲ, ವೈದ್ಯರು ಹಾಗೂ ಆಸ್ಪತ್ರೆಗಳು ಈಗ ಮೊದಲಿನ ಹಾಗೆ ಇಲ್ಲ, ಎಂಬುದು ಈಚಿನ ದಿನಗಳ ಸಾಮಾನ್ಯ ಅಪವಾದ. ಆಸ್ಪತ್ರೆಗಳೆಲ್ಲ ಹಣ ಮಾಡುವ ಸಂಸ್ಥೆಗಳಾಗಿ ಮಾರ್ಪಟ್ಟಿವೆ, ಎಂಬುದೂ ಕೂಡ ಜನ ಸಾಮಾನ್ಯರ ಒಕ್ಕೊರಲ ಮಾತು. ಒಂದು ಕ್ಷಣ ವೈದ್ಯರ ಸ್ಥಾನದಲ್ಲಿ ನಿಂತು ನೋಡಿದಾಗ, ಸಮಸ್ಯೆಯ ಅರಿವಾಗುತ್ತದೆ. ಈಗೀಗ ವೈದ್ಯರು ಅವಶ್ಯಕತೆಗಿಂತ ಹೆಚ್ಚು 'ಕಾಳಜಿ' ವಹಿಸಬೇಕಾಗಿದೆ. ಕೆಲವೊಂದು ಪರೀಕ್ಷೆಗಳು ಅವಶ್ಯವಿಲ್ಲವೆಂದರೂ ಕೂಡ "Evidence Based Treatment" ಎಂಬ ಹೊಸ ಪದ್ಧತಿಯಲ್ಲಿ ಅನಿವಾರ್ಯವಾಗಿ ಸಾಕ್ಷಿಗಳನ್ನು ಕಲೆ ಹಾಕಬೇಕಾಗುತ್ತದೆ. ಉದಾಹರಣೆಗೆ, ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಾಡಿದಾಗ ಒಬ್ಬ ವ್ಯಕ್ತಿಗೆ ಅಪೆಂಡಿಸೈಟಿಸ್ ಇದೆ, ಎಂದು ಖಂಡಿತವಾಗಿ ಗೊತ್ತಿದ್ದರೂ ಅದಕ್ಕೆ "ಸಾಕ್ಷಿ" ಯಾಗಿ ಅಲ್ಟ್ರಾಸೌಂಡ್ ಪರೀಕ್ಷೆ ಮಾಡಬೇಕಾಗುತ್ತದೆ. ಮಾಡಿದರೆ, ಅನಾವಶ್ಯಕ ಪರೀಕ್ಷೆ ಮಾಡಿಸುತ್ತಾರೆ ಎಂಬ ಮಾತು ಬರುತ್ತದೆ. ಮಾಡಿಸದಿದ್ದರೆ 'ಎವಿಡೆನ್ಸ್' ಇಲ್ಲದ ಸ್ಥಿತಿ. ಇನ್ನು "ಗೂಗಲ್"ನಲ್ಲಿ ಕಣ್ಣಾಡಿಸಿ ಬಂದವರಂತೂ ಯಾವ್ಯಾವ ಪರೀಕ್ಷೆಗಳನ್ನು ಮಾಡಬೇಕು, ಏನೇನು ಔಷಧಿಗಳನ್ನು ಕೊಡಬೇಕು,ಇತ್ಯಾದಿ ಲಿಸ್ಟ್ ನ್ನೇ ತಂದಿರುತ್ತಾರೆ...!! ಇಂಥದರಲ್ಲಿ ವೈದ್ಯವೃತ್ತಿ ಕತ್ತಿಯ ಮೇಲಿನ ನಡಿಗೆಯಾಗುತ್ತಿದೆ.

ಇವುಗಳ ಜೊತೆಗೇ ಇತ್ತೀಚಿಗೆ ಪ್ರಾರಂಭವಾದ ವೈದ್ಯ/ಆಸ್ಪತ್ರೆ ಮತ್ತು ರೋಗಿ/ಸಂಬಂಧಿಕರ ನಡುವಿನ ಸ್ವಾಗತಾರ್ಹವಲ್ಲದ ಬೆಳವಣಿಗೆಗಳು ಮನಸಲ್ಲಿ ಬೇಸರ ಮೂಡಿಸುತ್ತವೆ. ಪ್ರತಿಯೊಬ್ಬ ವೈದ್ಯ ತನ್ನ ರೋಗಿಗಳು ಗುಣವಾಗಬೇಕೆಂದೇ ಬಯಸಿದರೂ ಅನೇಕ ಬಾರಿ ಅನಿರೀಕ್ಷಿತ ಪರಿಣಾಮಗಳು ಗೋಚರಿಸಿಬಿಡುತ್ತವೆ. ಎಂಥಾ ಕರ್ತವ್ಯನಿಷ್ಠ, ಜಾಣ ವೈದ್ಯನಾದರೂ ಕೆಲವೊಮ್ಮೆ ವ್ಯತಿರಿಕ್ತ ಫಲಿತಾಂಶಗಳು ಅನಿವಾರ್ಯ. ಯಾಕೆಂದರೆ ರೋಗಿ ಎಂದರೆ ಒಂದು ಯಂತ್ರವಲ್ಲ, ಯಂತ್ರವೆಂದಾದರೆ ನಿಷ್ಪ್ರಯೋಜಕ ಭಾಗವನ್ನು ಕರಾರುವಾಕ್ಕಾಗಿ ಕಂಡುಹಿಡಿದು ಅದನ್ನು ತೆಗೆದು, ಬಿಸಾಡಿ ಹೊಸದನ್ನು ಜೋಡಿಸಬಹುದು. ಆದರೆ ಪ್ರತಿಯೊಂದು ರೋಗದಲ್ಲಿಯೂ, ರೋಗಿ, ರೋಗಗಕಾರಕ ಜೀವಿ, ರೋಗ ಹೋಗಲಾಡಿಸಲು ಬಳಸಲ್ಪಡುವ ಔಷಧಿಗಳು, ಇಂಥದೇ ಔಷಧಿಯನ್ನು ಬಳಸಬೇಕೆಂಬ ವೈದ್ಯಕೀಯ ಜ್ಞಾನ ಇವು ನಾಲ್ಕೂ ಮುಖ್ಯವಾಗುತ್ತವೆ. ವೈದ್ಯಕೀಯ ಜ್ಞಾನ, ಬಳಸಲ್ಪಡುವ ಔಷಧಿ ಸರಿಯಾಗಿದ್ದರೂ ರೋಗಿಯ ರೋಗನಿರೋಧಕ ಶಕ್ತಿ ಕಡಿಮೆಯಿದ್ದರೆ ಅಥವಾ ರೋಗಕಾರಕ ಜೀವಿ ಬಲಯುತವಾಗಿದ್ದರೆ ನಿರೀಕ್ಷಿತ ಫಲಿತಾಂಶ ದುರ್ಲಭವಾಗುತ್ತದೆ. ಇದನ್ನೆಲ್ಲಾ ವೈದ್ಯರು ಹೇಗೋ ಹಾಗೆ ರೋಗಿಗಳು ಕೂಡ ಅರಿಯುವುದು ಅವಶ್ಯವಾಗುತ್ತದೆ. ಇಲ್ಲಿ ಎರಡು ಮತ್ತು ಎರಡನ್ನು ಕೂಡಿಸಿದರೆ ನಾಲ್ಕೇ ಆಗುತ್ತದೆಂಬ ಭರವಸೆ ಇರುವುದು ಅಸಾಧ್ಯ. ಕೆಲವೊಮ್ಮೆ ವೈದ್ಯರ ಅಚಾತುರ್ಯದಿಂದ ಅಥವಾ ಅಲಕ್ಷದಿಂದ ವ್ಯತಿರಿಕ್ತ ಪರಿಣಾಮಗಳೂ ಜರುಗುತ್ತವೆ. ಕಷ್ಟವೆಂದರೆ ಯಾವುದು ಅನಿರೀಕ್ಷಿತ ಮತ್ತು ಯಾವುದು ಅಲಕ್ಷ ಅಥವಾ ಅಚಾತುರ್ಯದಿಂದ ಘಟಿಸಿದ್ದು ಎನ್ನುವುದನ್ನು ನಿರ್ಧರಿಸುವುದು. ಅದನ್ನು ನಿರ್ಧರಿಸಲು ಹಲವು ಮಾರ್ಗಗಳಿವೆ. ಆದರೆ ಇತ್ತೀಚಿನ ದಿನಗಳಲ್ಲಿ ಸಣ್ಣ ವಿಷಯಗಳಿಗೂ ವೈದ್ಯರ ಮೇಲೆ ಹಲ್ಲೆ ಮಾಡುವ, ಅವಮಾನ ಮಾಡುವ ಘಟನೆಗಳು ಸಾಮಾನ್ಯವಾಗಿಬಿಟ್ಟಿವೆ. ಹೀಗಾಗಿ ಹಲವು ವೈದ್ಯರು ತಮ್ಮಲ್ಲಿ ಗುಣವಾಗುವಂತಹ ರೋಗವಿದ್ದರೂ ಮುಂದಿನ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಕಳಿಸಿ ಕೈತೊಳೆದುಕೊಂಡರಾಯ್ತೆಂದು ವಿಚಾರಿಸತೊಡಗಿದ್ದಾರೆ. ಆಗ ಅನಾನುಕೂಲವಾಗುವುದು ಮತ್ತೆ ರೋಗಿಗೇನೆ. ಒಂದು ಕಾಲದಲ್ಲಿ ವೈದ್ಯಕೀಯ ವೃತ್ತಿಯೆಂದರೆ ಜನಸೇವೆ ಮಾಡುವುದು ಮಾತ್ರ ಆಗಿತ್ತು. ಆದರೆ ಈ ದಿನಗಳಲ್ಲಿ ಅದು ಕನಸಿನ ಮಾತೆ ಸರಿ.. " ಯಾವ ದಿನ ಮೊದಲ ವೈದ್ಯಕೀಯ ಸೀಟು ಖಾಸಗಿಯಾಗಿ ಮಾರಾಟಗೊಂಡಿತೋ, ಅಂದೇ ವೈದ್ಯಕೀಯ ವೃತ್ತಿ ವಾಣಿಜ್ಯೀಕರಣಗೊಂಡಿತು.." ಅದು ಭಾಗಶಃ ನಿಜ. ಇನ್ನೂ ನಿಜವಾದದ್ದೆಂದರೆ ಯಾವಾಗ ಆಸ್ಪತ್ರೆಯನ್ನು ಕಟ್ಟಿಸುವುದು, ಅವಶ್ಯಕವಾದ ಉಪಕರಣಗಳನ್ನು, ಪರಿಕರಗಳನ್ನು, ಸಿಬ್ಬಂದಿಯನ್ನು ಹೊಂದುವುದು ಮತ್ತು ನಿಭಾಯಿಸುವುದು ವೆಚ್ಚದಾಯಕವಾಯಿತೋ, ಯಾವಾಗ ವೈದ್ಯಕೀಯವೂ ಕೂಡ ಗ್ರಾಹಕ ರಕ್ಷಣಾ ಕಾನೂನಿನ ಅಡಿಯಲ್ಲಿ

ಪರಿಗಣಿತವಾಯಿತೋ ಆಗಲೇ ವೈದ್ಯಕೀಯವೂ ವ್ಯಾಪಾರವಾಗಿಬಿಟ್ಟಿತು. 'ಆಸ್ಪತ್ರೆ ಅಂಗಡಿಯಾಯಿತು, ರೋಗಿ ಗಿರಾಕಿಯಾಗಿಬಿಟ್ಟ' ದುರದೃಷ್ಟಕರ, ಅಷ್ಟೇ. 'ಕೋಟಿಗಳ ಲೆಕ್ಕದಲ್ಲಿ ಖರ್ಚುಮಾಡಿ ಪಡೆದ ವೈದ್ಯಕೀಯ ಪದವಿ , ಇನ್ನಷ್ಟು ಕೋಟಿಗಳನ್ನು ವೆಚ್ಚಮಾಡಿ ಕಟ್ಟಿಸಿದ ಆಸ್ಪತ್ರೆ ಮತ್ತು ದಿನ ದಿನವೂ ಹೆಚ್ಚುತ್ತಿರುವ ನಿರ್ವಹಣಾ ವೆಚ್ಚ, ಇವೆಲ್ಲವನ್ನೂ ಇಟ್ಟುಕೊಂಡು ಉಚಿತ ಅಥವಾ ರಿಯಾಯತಿಯ ಸೇವೆ ನೀಡುವುದು ಅಂತಹ ಜಾಣತನವಲ್ಲ', ಎಂಬ ಸ್ಥಿತಿ ತಲುಪಿದ್ದಾಯ್ತು. ಆಸ್ಪತ್ರೆಗಳು 'ಆರೋಗ್ಯ ಮಾರುವ ಕೇಂದ್ರ'ಗಳಾಗಿಬಿಟ್ಟವು. 'ಇಲ್ಲದ ರೋಗಗಳಿಗೆ ಇರುವ ಎಲ್ಲಾ ಪರೀಕ್ಷೆಗಳನ್ನೂ' ಮಾಡಿ ಅಂತಸ್ತಿನ ಮೇಲೆ ಅಂತಸ್ತು ಪೇರಿಸಿಬಿಟ್ಟವು. ಯಾವ ವೃತ್ತಿಯನ್ನು 'ವ್ಯಾಪಾರ' ಎಂದು ಪರಿಗಣಿಸಬಾರದಿತ್ತೋ ಅದು 'ಸೇವೆಯ ಪರಿಪೂರ್ಣತೆ'ಯ ಹೆಸರಲ್ಲಿ 'ಉದ್ಯಮ'ವಾಗಿಬಿಟ್ಟಿತು.

ಇವತ್ತಿಗೂ ಕೂಡ ಪ್ರತಿಶತ ೯೦-೯೫ ರೋಗಗಳನ್ನು ಗುಣಪಡಿಸಲು ಸಾಮಾನ್ಯ ಪರೀಕ್ಷೆಗಳು, ಪ್ರಾಮಾಣಿಕ, ಮಾನವೀಯ, ರೋಗಿಯ ಮಾನಸಿಕ ವ್ಯಥೆಯನ್ನು ತಗ್ಗಿಸಬಲ್ಲ, ಸಾಂತ್ವನ ನೀಡಬಲ್ಲ ಒಬ್ಬ "ಕುಟುಂಬ ವೈದ್ಯ" ಸಾಕು. ಇನ್ನುಳಿದ ೫-೧೦ ಪ್ರತಿಶತ ರೋಗಗಳನ್ನು ಇಂದಿನ ಅತ್ಯಾಧುನಿಕ ಉಪಕರಣಗಳ ಸಹಾಯದಿಂದ ಕಂಡು ಹಿಡಿಯಬಹುದಾದರೂ ಆ ರೋಗಗಳ ಚಿಕಿತ್ಸಾವೆಚ್ಚ ಅತೀ ಹೆಚ್ಚು ಹಾಗೂ ಗುಣವಾಗುವ ಪ್ರಮಾಣವೂ ಕಡಿಮೆ. ವಿಪರ್ಯಾಸವೆಂದರೆ ಆಧುನಿಕ ಜೀವನದಲ್ಲಿ 'ಕುಟುಂಬ ವೈದ್ಯ' ಎಂಬ ಕಲ್ಪನೆಯೇ ಮರೆಯಾಗುತ್ತಿದೆ. ಮೊದಲಿನ ದಿನಗಳಲ್ಲಿ 'ಕುಟುಂಬ ವೈದ್ಯ'ನೆಂದರೆ ಕುಟುಂಬದ ಸದಸ್ಯನಂತೆಯೇ ಇರುತ್ತಿದ್ದ. ಏನೇ ರೋಗ ಬಂದರೂ ಮೊದಲು ಅವನೆಡೆಗೆ ಹೋಗಿ ಅವನಿಂದ ಗುಣವಾಗುವ ಸಾಧ್ಯತೆ ಇಲ್ಲದಾಗ ಮಾತ್ರ ಅವನೇ ತಿಳಿಸಿದ ದೊಡ್ಡ ಆಸ್ಪತ್ರೆ ಅಥವಾ 'ಸ್ಪೆಷಲಿಸ್ಟ್' ಕಡೆ ಹೋಗಿ ಉಪಚಾರ ಪಡೆಯುವುದಾಗಿತ್ತು. ಈಗ ಕುಟುಂಬ ವೈದ್ಯ ಎಂಬ ಬಿರುದಿಗೆ ಪಾತ್ರರಾಗಲು ಇಷ್ಟ ಪಡುವ ವೈದ್ಯರೂ ಇಲ್ಲ, ಅಂತಹ ವೈದ್ಯರನ್ನು ಬಯಸುವ ರೋಗಿಗಳೂ ಇಲ್ಲ. ಹೀಗಾಗಿ ಈಗ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗುವುದೆಂದರೆ ಹೋಟೆಲ್ ಗೆ ಹೋದ ಹಾಗೆ, ಅಥವಾ ಮಾಲ್ ಗಳಿಗೆ ಹೋದ ಹಾಗೆ. ತಮ್ಮಲ್ಲಿ ಇರುವ ದುಡ್ಡು, ಅಂತಸ್ತು, 'ಇನ್ಸುರನ್ಸ್ ಪ್ಯಾಕೇಜ್'ಗಳಿಗೆ ಅನುಗುಣವಾಗಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಆಯ್ದುಕೊಳ್ಳುವುದು 'ಫ್ಯಾಶನ್' ಆಗಿದೆ. ಕೆಲವು ಆಸ್ಪತ್ರೆಗಳೂ ಕೂಡ ಅದೇ ಮಾನದಂಡಗಳನ್ನು ಬಳಸಿ ರೋಗಿಗಳನ್ನು ವಿಂಗಡಣೆ ಮಾಡುವ ಕೆಟ್ಟ ಪರಿಪಾಠ ಪ್ರಾರಂಭ ಮಾಡಿಬಿಟ್ಟಿವೆ. ಜನ 'ಆಸ್ಪತ್ರೆಗೆ' ಹೋಗುತ್ತಿದ್ದಾರೆ. 'ವೈದ್ಯರೆಡೆಗೆ' ಅಲ್ಲ. 'ವೈದ್ಯ ಯಾರಿದ್ದರೂ ಆದೀತು, ಆಸ್ಪತ್ರೆ ಮುಖ್ಯ' ಆಗುತ್ತಿದೆ. ಹೀಗಾಗಿ ನಮ್ಮ ವೈದ್ಯಕೀಯದ ಬೆಳವಣಿಗೆ 'ಬಹುಜನಾಭಿಮುಖ'ವಾಗುತ್ತಿಲ್ಲ, ಸೇವಾಭಿಮುಖವಾಗುತ್ತಿಲ್ಲ. ಅದಕ್ಕಾಗಿಯೇ ಊರ್ಧ್ವ ಮುಖವಾಗಿ ರಾಕೆಟ್ ವೇಗದಲ್ಲಿ ಸಾಗಿದ ಈ ವೈದ್ಯಕೀಯದಲ್ಲಿ ಒಂದಿಷ್ಟು ಸಮಯ ನಿಂತು ಚಿಂತಿಸಬೇಕಾಗಿದೆ, ಸಾಮಾನ್ಯ ಪ್ರಜೆಗೆ "ಅವಶ್ಯವಿರುವ ಆಸ್ಪತ್ರೆ" ಯಾವುದು, ಎಂದು. ಎಲ್ಲ ಊರುಗಳಲ್ಲಿ ತಲೆ ಎತ್ತುತ್ತಿರುವ "ಹೈಟೆಕ್" ಆಸ್ಪತ್ರೆಗಳು ಎಷ್ಟು ಜನರ ಕಷ್ಟಗಳನ್ನು ನಿವಾರಿಸುತ್ತಿವೆ, ಎನ್ನುವುದನ್ನು ನಿಕಶಕ್ಕೆ ಒಡ್ಡಬೇಕಿದೆ. 'ಹೆಚ್ಚು ಖರ್ಚು ಮಾಡಿ ಕಡಿಮೆ ಜನರನ್ನು ಗುಣಪಡಿಸುವುದಕ್ಕಿಂತ, ಕಡಿಮೆ ಖರ್ಚುಮಾಡಿ ಹೆಚ್ಚು ಜನರನ್ನು ಗುಣಪಡಿಸುವತ್ತ' ನಮ್ಮ ದೃಷ್ಟಿ ನೆಡಬೇಕಿದೆ. ಜನರೂ ಕೂಡ ಆ ನಿಟ್ಟಿನಲ್ಲಿ ಚಿಂತಿಸಬೇಕಿದೆ. ಅವಶ್ಯವೋ ಅನಾವಶ್ಯವೋ ತಮ್ಮ ಇಡೀ ಶರೀರವನ್ನು ಒಂದು ಬಾರಿ ಸಿ.ಟಿ.ಸ್ಕ್ಯಾನಿನ ಒಳಗೆ ತೂರಿಸಿಬಿಟ್ಟು ನೋಡಬೇಕೆನ್ನುವ ಆಸೆಯನ್ನು ಅದುಮಿಟ್ಟು ಅವರೂ ವೈದ್ಯರ ಉಪದೇಶಗಳನ್ನು ಆಲಿಸಬೇಕಿದೆ.

ಕೊನೆಯದಾಗಿ ಒಂದು ಮಾತು. ನಿಜವಾಗಿಯೂ ಭಾರತದ ಇಂದಿನ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿ ಅತ್ಯವಶ್ಯವಾಗಿ ಬೇಕಾದುದು, ರೋಗಿ ಹಾಗೂ ವೈದ್ಯರ ನಡುವಿನ 'ನಂಬಿಕೆ ಹಾಗೂ ಭರವಸೆ'. ಇದ್ದ ಪರಿಕರಗಳನ್ನು ಸರಿಯಾಗಿ, ಕರಾರುವಾಕ್ಕಾಗಿ ಉಪಯೋಗಿಸುವ ವೈದ್ಯರು, ರೋಗಿಗೆ ಸಾಂತ್ವನ ನೀಡುವ ದಾದಿಯರು, ವೈದ್ಯ ರೋಗಿಯ ಮಧ್ಯೆ ಪ್ರವಹಿಸುವ ಮಾನವೀಯ ಅನುಕಂಪದ ಅಲೆ ಮತ್ತು ಅಪ್ಯಾಯಮಾನವೆನಿಸುವ ಆರೈಕೆ ಮಾತ್ರ. ರೋಗಿಗಳು ವೈದ್ಯರನ್ನು ನಂಬದೆ ಅವರ ಮೇಲೆ ವೃಥಾ ಆರೋಪ ಹೊರಿಸುವುದೂ, ಅವರ ಮೇಲೆ ಹಲ್ಲೆ ಮಾಡುವುದೂ ಅಲ್ಲ, ಹಾಗೆಯೇ ವೈದ್ಯರೂ ಹತ್ತು ರೂಪಾಯಿಗೆ ಆರಾಮವಾಗುವ ರೋಗಕ್ಕೆ ಸಾವಿರ ರೂಪಾಯಿಯ ತಪಾಸಣೆ ಮಾಡಿಸಿ, ಹತ್ತು ಸಾವಿರದ ಶುಲ್ಕ ವಿಧಿಸುವುದೂ ಅಲ್ಲ....!

ಅವರು ಇವರನ್ನು ನಂಬಬೇಕು, ಇವರಿಗೆ 'ದಯವೇ ಧರ್ಮದ ಮೂಲ'ವಾಗಬೇಕು. ಆಗ ವೈದ್ಯಕೀಯದ ಅನುಭವವೇ ಒಂದು ಅನುಭಾವವಾದೀತು....!!

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Poetry Corner.....

ದಾದಿ

ಬಿಳಿಯ ಬಟ್ಟೆ
ಯನ್ನು ತೊಟ್ಟ
ಶುಭ್ರದಾರಿ ದಾದಿಯು
ಕಾಲಹರಣ
ಮಾಡದೇನೆ
ದುಡಿಯುತಿರುವ ತಾಯಿಯು
ಮೇಲು ಕೀಳು
ಪಂಥ ತೊರೆದು
ಸೇವೆಗೈವ ಸೇವಕಿ
ನೋವ ನುಂಗಿ
ನಗುವ ಚಿಮ್ಮಿ
ಕಾಲ ಕಳೆವ ಜಾನಕಿ

ಹಿರಿಯರಿರಲಿ
ಕಿರಿಯರಿರಲಿ
ಭೇದವಿಲ್ಲ ಅವಳಲಿ
ಗಂಡು ಹೆಣ್ಣು
ಯಾರೆ ಬರಲಿ
ಒಂದೆ ಭಾವ ಮನದಲಿ
ರೋಗಿಯಲ್ಲಿ
ದೇವರೂಪ
ಕಂಡುಕೊಂಡ ಭಕ್ತೆಯು
ಹಗಲು ಇರುಳು
ಎನ್ನದೇನೆ
ದುಡಿವ ಶಕ್ತಿಶಾಲಿಯು

ಡಾ.ಕರವೀರಪ್ರಭು ಕ್ಯಾಲಕೊಂಡ
ಬಾದಾಮಿ

****

An ode to the masked heroes.. Surgeon and Anaesthetist !!

When the battle is waged against ones own body..
Those enemies within ravaging organs boldly,
causing pain of types innumerable ..
Man donned the role of the Surgeon,
the Warrior indomitable!

Slicing the tumor unwanted,
suturing the wound unsighted...
Picking a stone,
setting a bone..
Untwisting the gut..
Interplacing a net,
Incising the pus to drain ..
Mitigating with a stroke all the pain!

So marched the surgeon with a lions heart,
knife and hammer in his cart.

But alas..
As the weapons of healers danced on body of awaken..
those cries of pain left all shaken.

Those screams and curses in agony steep,
made many an onlooker weep.
Shattered was the spirit of the saviour..
Leaving a deep scar in the mind of warrior.

So the saga of suffering went on and on for mankind...
Mavericks and godmen tried magic of every kind.

One fine day..
Nature bowed to man's will and the secret was unveiled ,
Finally the mystery of pain was unravelled.
So came greatest discovery of medical physiology ..
Field of Anaesthesiology !

Patient walked out of theatre..
all well and no pain,
Surgeon walked in and out with pride and glory again!

Thanks to these Masked Heroes.. theatre being the battlefield for these commandos!!

With skill and intellect, both work as a team not amiss..
Taking the sufferer through a journey of bliss,
Saving many a lives, still modest to say it's God's wish!

From clutches of painful cacophony..
Creating a joyful symphony ,
They are the unrecognised and the unsung heroes!!

Says the patient relieved and relived..
"Take a bow"
Dear Surgeon-Anaesthetist duo..
Gratitude to you, deep from our hearts we owe!!!
□□

- Dr. Aruna Kamineni
Gen and Lap Surgeon,
Venkat Kamineni Hospital, Ballari

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BRANCH BUZZ...

Bellary Surgical Society, branch of KSC-ASI, conducted a CME on Oncology, in collaboration with HCG Bengaluru.

Dr Vidhyadhar Kinhal, President KSC-ASI, and Dr Diwakar Gaddi, Secretary KSC-ASI, graced the occasion.

Dr Govindaraju E, MCh Oncology, VIMS, Ballari gave a talk on "Evolution of Surgical management of Ca . Breast ", in which he explained the historical perspective of the breast surgery and various landmark trials which radically changed the way we see and approach a patient with Ca.Breast.

Dr.Mahesh Bandemegal, gave a talk on **"Advances in Breast Cancer Surgery"**, in which he took forward the topic from where the previous speaker left, and dwelled into Breast Conservation Surgery and Oncoplastic techniques and principles, by excellent slides and operative video recordings.

Dr. Lohith G Reddy, Consultant Radiation Oncologist, HCG, Bengaluru, gave a talk on the recent advances in his field of expertise, explaining the marriage of **Robotics, Immuno-modulation and Protons with Radiation therapy**. He said, how the cancer management is evolving from evidence based treatment to individualised and customized treatment.

Dr Khalid Muqueem, Secretary Bellary Surgical Society, moderated the event and finally, Dr Prabhu Hubli, President, Bellary Surgical Society, addressed the gathering and gave vote of thanks.

CME was followed by fellowship and dinner.

CHAIRMAN :
DR PRABHU HUBLI

SECRETARY
DR. KHALID MUQUEEM

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Activity report of the KSC-ASI, Gadag branch 28th April 2019

President : Dr Jyoti K
Secretary: Dr Rajashekhar T Patil
Dept of surgery GIMS Gadag, in association with KSC-ASI and surgical society Gadag conducted one day surgical CME on 28th April 2019 at GIMS Gadag.
The theme was " SEAL AND HEAL THE GUT"
The inaugurator of the CME was Dr Ramachandra C , Director Kidwai Bangalore. The chief guest of function was Dr Nagesh Director surgical gastroenterology BIMS Bangalore. The guest of honour was D**r Vidyadhar kinhal chairman KSC-ASI**
1.Dr Ramachandra C, Director Kidwai Bangalore spoke on management of colorectal cancer.
2.Dr Nagesh Director surgical gastroenterology BIMS Bangalore spoke on role of laparoscopy in HPB surgery.
3. Dr Gurushantappa HOD department of general surgery KIMS Hubli spoke on open versus laparoscopy in acute appendicitis.
4. Dr Sanjeev Chatni , well known medical gastroenterologist from Hubli spoke on endoscopic management of upper GI bleed.
5. Dr M B Patil Prof department of general surgery BLDEA medical college spoke on difficult laparoscopic cholecystectomy.
It was attended by over 200 delegates. The program was appreciated in its scientific content and arrangements.

Organising chairman:
Dr.Jyoti K

Organising secretary
Dr Rajashekhar T Patil

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Activity report of the KSC - ASI, HUBLI-DHARWAD BRANCH

President : Dr. Vijay Kamat
Secretary: Dr. S.Y.Mulkipatil
Treasurer : Dr. Sandhya.N

1.KSC ASI HUBLI DHARWAD branch along with KIMS HUBLI organised a Continued Surgical Education program on 5th May 2019 at KIMS HUBLI. An E.C meeting of the state was also hosted .
The invited faculty was from Executive Committee of the state
TOPIC AND SPEAKER
Lessons learnt from Appendicectomy - Dr. Rajgopal Shenoy
Surgical Management of Ventral Hernia - Dr. H.V. Shivaram
Management of Acute Pancreatitis - Dr. E.R. Siddesh
It was attended by over 50 delegates including Post Graduates . The program was appreciated in its scientific content and arrangements.

2. A CSE program was conducted on 18th May at Hans Hotel
TOPIC AND SPEAKER
Management of Complex Fistula in Ano(Video Talk)- Dr. Parvez Skeikh, Mumbai

3. A free Piles Check up Camp was organised at HEBSUR hospital on 30th March, where 30 patients were examined .

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Activity Report of KSC-ASI, Tumkur Branch

*Conducted our 1st EC Meeting on 26th March 2019 under the chairmanship of our President Dr Prabhakar GN

* Conducted the CME on 26th march 2019,

Topic : Recent advancement in management of Fistula

Speaker :Dr Parmeshwar CM. Consultant surgeon SMILES INTERNATIONAL INSTITUTE OF COLOPROCTOLOGY, BANGALORE.

*Conducted CME on 24th March 2019

Topic : Diabetic foot simplified through the new classification from india - A revolutionary global approach

Speaker : Dr Amit Jain , Consultant Surgeon, Amit jain's Institute of Diabetic foot Brivandavan Areion Hospital, Bangalore.

*Conducted CME on 30th April 2019

Topic : Recent advancement in the management of Acute Hemorrhoidal Disease

Speaker : Dr Mahesh GS, Consultant surgeon , Tumkur.

*Conducted CME on on Bowel Disease - IBD & IBS on 30th may 2019 from 9.00AM to 1.00PM in Association with Department of General Surgery SSMC, Tumkur and Karnataka Gastro Centre, Bangalore .

TOPIC AND SPEAKER

Medical management of IBS - Dr. M.R. Lokesh

Approach to Chronic Diarrhoea- Dr. Lokesh L.V

Diagnosis of IBD- Dr. Abhijeet. V.

Role of Pathologist in IBD - Dr. Ramesh S.T

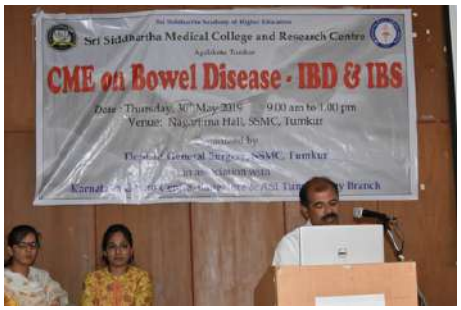
Role of Radiologist in IBD- Dr. Blalkrishna Shetty

Medical Management of IBD - Dr. Umesh Jalihal

Surgical Management of IBD- Dr. Nagbhushan

Organising chairman: Dr.Prabhakar G.N

Organising Secretary Dr. Satish Babu N.



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Activity report of the KSC - ASI, KALABURAGI BRANCH

President : Dr Rajashekhar patil
Secretary: Dr ShivaKumar C R

1. KSC ASI Kalaburagi branch along with HCG Hospital , Kalaburagi organized a Continued Surgical Education program on 27th April 2019 at Zest Club , Kalaburagi.
TOPIC AND SPEAKER
Medical management of IBS - Dr. M.R. Lokesh
Approach to Chronic Diarrhoea- Dr. Lokesh L.V
The invited faculty was from HCG Hospital Kalaburagi.
It was attended by over 60 delegates. The program was appreciated in its scientific content and arrangements
2.KSC ASI- Kalaburagi branch along with Sparsh Hospital , Bengaluru organised a Continued Surgical Education program on 7th may 2019 at Heritage inn hotel , Kalaburagi.
* Dr. Deepak Shivarathre, consultant Orthopaedic surgeon Spoke on orthopaedic oncology.
* Dr Rahul S Kanak Surgical Oncologist, spoke on Head and Neck Oncology – an update.
It was attended by over 60 delegates. The program was appreciated in its scientific content and arrangements

Loeb's Rules of Therapeutics or Loeb's Law of Medicine

1. If what you are doing is doing good, Keep doing it.
2. If what you are doing is not doing good, Stop doing it.
3. If you do not know what to do, Do nothing.
4. Never make the treatment worse than the disease!!

"The Golden Rule of treatment: Do unto others as you would have done to you if you were that patient in that bed at that time"!!

Upcoming events

Grid Scoring System for Life Time Achievement Award

S.No	Attribute	Grade	Marks	Candidate Score
1	Contributions to City Branch	EC Member	2	
		Secretary	3	
		President	5	
2	Published Papers in peer Reviewed Journals/Written Chapters in book	<5	5	
		>5	10	
3	Presented Papers in Conferences	City/State	3	
		National	5	
		International	10	
4	Participated in Symposia / Panel Discussions	City / State	3	
		National	5	
		International	10	
5	Participated in Workshops / Demos	City / State	3	
		National	5	
		International	10	
6	Record as a Presenter / Speaker	Average	0	
		Good	5	
		Excellent	10	
7	Received Awards	State Level	5	
		National	10	
8	Contribution to KSCASI- ASI/ASI	EC Member	5	
		Secretary	10	
		Chairman	15	
9	Regular trainer of M5/DNB Students	Yes	10	
		No	0	
10	Other activities Charitable work , Public Service activities ,etc	Yes	Yes	
		No	No	

The Proposers please note:

Award is decided by the scoring as shown in the grid. Hence proposers must provide evidence (list of activities papers, chapters, presentation etc) for activities under each of those headings & detailed CV for the candidate whom they are proposing.

If there are no suitable nominations EC of KSCASI will nominate a suitable person.

The decision of the EC of KSCASI is final in all matters

LETTER TO THE EDITOR

The fact that 30 Page 'Shastra', ASI-KSC Newsletter was published within a month of the New Body assuming Office speaks loud about the enthusiasm.
Immediacy of reporting makes the Newsletter contextual, relatable & hence impactful.
The varied contributing articles, theme based coverage, Paper & Poster Presentation Winners seemed novel.
Article, 'The Quick Quenching of Quiz Question Quotient' by Dr C S Rajan drew my attention because of the Tips that included, 'How he does', his learnings & insights. It is relevance to teaching too.
Kudos to Dr Naaz Jahan Shaikh, Editor for the timely, refreshing & commendable Newsletter. Also, Dr Vidhyadhar Kinhal, Chairman, Dr Diwakar Gaddi, Hon. Secretary & Dr Jaspal Singh Tehalia for the organisational support & motivation.
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