BIMA

BULLETIN OF INDIAN MEDICAL ASSOCIATION

Vol. XL XXVII No. 12 / December 2025 MUMBAI BRANCH

Forthcoming Events:

14th December 2025 – CME at IMA Mumbai Branch
21st December 2025 – 'Oncology' CME at Krishna Palace Hotel, Grant Road, Mumbai.

Dr. Girish Rajadhyaksha President
Dr. Pragji Vaja Hon. Secretary
Dr. Rajendra H. Trivedi Editor - BIMA
Dr. Vijay Karanjkar Secretary-BIMA

I.M.A. House, I.M.A. Chowk, 16, K. Khadye Marg, Haji Ali, Mumbai - 400 034. ● Mob.: 75067 35383 / 89283 48578
Website : www.ima-mumbai.com ● E-mail : ima_mumbai@yahoo.com / ima_mumbai1@rediffmail.com / imamumbaibranch@gmail.com

DIABETES DAY CME - 9TH NOVEMBER 2025

➤ President
Dr. Girish Rajadhyaksha

➤ Felicitation of speaker
Dr. Nihar Mehta

➤ Felicitation of speaker
Dr. Unmesh Mukherjee

➤ Felicitation of Speaker
Dr. Kiran Shah

➤ Felicitation of speaker
Dr. Jeenam Shah

BIMA
VOL. XL XXVII, NO. 12, December 2025

Editorial

World Aids Day is observed every year on 1st December. It was first celebrated in 1988 making it one of the earliest international health awareness days. The main purposes are to raise awareness about HIV/AIDS, show solidarity with people living with HIV, remember lives lost and promote prevention, treatment, care and support. The theme for 2025 is "Overcoming disruption transforming the AIDS response". World AIDS Day remains important because despite decades of progress, HIV/AIDS continues to affect millions globally and within individual countries, it is also an occasion to combat stigma, misinformation and to advocate for resources for testing, prevention and care.

HOW AND WHY IT IS CELEBRATED

On World AIDS Day and around that date.

- Awareness campaigns are organised - public talks, seminars, media campaigns - by governments, NGOs and community organisations.
- People often wear the red ribbon, the universal symbol of support for people living with HIV/AIDS.
- It is a moment to commemorate those who have died of AIDS–related illnesses and to celebrate progress, increased access to treatment, prevention, reduced deaths etc.
- It is also a chance to highlight current challenges like funding, social stigma inequalities in access and call for renewed commitment by governments, civil society and communities.

Thus World AIDS Day is both a memorial and a mobilising moment for compassion, science, rights and action.

The disease begins with infection by the human immunodeficiency virus (HIV). HIV attacks the body's immune system – particularly white blood cells – weakening the body's ability to fight infections, cancers and other diseases. If left untreated HIV can progress to AIDS (Acquired Immunodeficiency Syndrome) which is the most advanced stage of infection, where the immune system is severely compromised. Not everyone with HIV necessarily develops AIDS - with early diagnosis and effective treatment, many can live long, healthy lives.

Transmission of HIV can happen through unprotected penetrative sex with an infected person. Anal sex carries a higher risk than vaginal sex. Transmission also occurs through sharing contaminated needles or syringes, through infected blood transfusions with unscreened blood

and from mother to her child during pregnancy, childbirth or breast feeding. HIV is not transmitted by casual contact e.g. hugging, sharing food or through air or water.

INCIDENCE

Global Situation:- Worldwide about 40.8 million people were living with HIV at the end of 2024. In 2024 alone around 1.3 million people acquired HIV and approximately 6,30,000 people died from HIV related causes globally. On the positive side, access to life saving treatment has improved by the end of 2024. 31.6 million people were receiving antiretroviral therapy (ART). Though the burden remains large, there has been substantial progress over decades — reduction in new infections, better treatment coverage, fewer deaths.

Situation in India:- According to a 2023 estimate, around 2.5 million people in India were living with HIV. The national adult prevalence rate is relatively low - about 0.2%. India has made progress between 2010 and 2023–24 new HIV infections decreased by about 44%. Despite the relatively low prevalence, the absolute number remains significant due to India's large population. Through the national programme, (National AIDS Control Organisation (NACO) / National AIDS Control Programme (NACP)) India continues efforts to reduce new infections and improve access to testing and treatment.

ADVANCES IN TREATMENT AND PREVENTION

Thanks to decades of research and global commitment, there have been major advances in how we treat and prevent HIV/AIDS.

- **Antiretroviral therapy (ART)** - Use of ART has transformed HIV from a fatal disease into a manageable chronic condition for many. When people living with HIV take ART regularly, the virus can be suppressed to very low levels, enabling near normal life expectancy and dramatically reducing the risk of transmission.
- **Wide access to treatment** - As of end of 2024, 31.6 million people globally were receiving ART - a big increase compared to a decade ago.
- **Prevention efforts** - Awareness campaigns, safe-sex education, promotion of condom use, safe injection practices, safe blood transfusion protocols, prevention of mother-to-child transmission - all remain critical.

Despite progress, significant challenges remain. There are still new infections every year. Prevention must remain a priority.

- Gaps in access to treatment - not everyone living with HIV receives ART. In many regions stigma, discrimination, lack of resources or social barriers hinder testing and care.
- Funding and resource constraints - reductions in international funding and disruptions in services threaten to reverse gains made in HIV response, particularly in low and middle income countries.
- Stigma, discrimination and social attitudes, misinformation and prejudice around HIV/AIDS remain significant barriers to testing, disclosure care and social support.

World AIDS Day is a call - for individuals, communities, governments and the international community - to renew commitment for prevention, testing, treatment access, care and compassion. Only with sustained collective action can we hope to end AIDS as public health threat and honour the memory of those lost.

Long Live IMA

DR. RAJENDRA H. TRIVEDI
Editor
IMA Mumbai Branch

From the President's Desk

Dear Friends,

I extend my warm greetings to all of you while welcoming a pleasant winter which has just begun.

As we are entering this so called healthy season of the city, I must draw your attention to two very important health hazards we are facing at the moment.

The first & foremost is the deterioration of the AQI i.e. Air Quality Index of Mumbai due to pollution. Last year during this period it had crossed 700. As you are aware, the AQI should ideally be below 50 or at least below 100. Air pollution is the presence of one or more contaminants in the atmosphere like dust, fumes, gas, mist in quantities that can be injurious to human health.

Poor air quality can lead to various short term & long term health hazards. Short term symptoms like coughing, sneezing & irritation of eyes are quite common. Long term issues are more serious like COPD, asthma to even increased risk of acute myocardial infarction and strokes, and even cancers. Children, pregnant ladies and senior citizens are the most vulnerable.

The second deadly health hazard is a viral disease, Chikungunya. It is transmitted to humans by mosquitoes Aedes aegypti and Aedes albopictus.
The word "Chikungunya" has African origin meaning "bent over in pain."

It begins with abrupt onset of fever commonly accompanied by joint & muscle pains. The real problem is the uncertain but long duration of the illness. Many patients keep getting joint pains and vague neuritis like symptoms for varied period of time extending sometimes to an year or even more.

Two years ago, USFDA approved a vaccine for Chikungunya called IXCHIQ for people above the age of 18 years who are at increased risk to the virus.

I am sure you are taking all precautions and educating your patients to protect them from these two health hazards.

Wish you all Merry Christmas in advance.

Jai Hind!
Jai IMA!

Prof. DR. GIRISH RAJADHYAKSHA
President
IMA Mumbai Branch

Report of Family Welfare and Vasectomy Centre Sub Committee for the month of November 2025.

It gives me great pleasure to submit the report of our above Centre for the period 01/11/2025 to 30/11/2025.

With the help of all dedicated IMA staff, the Centre is running smoothly and to our satisfaction.

We have performed 29 (Twenty Nine only) vasectomies in the month of November 2025. Total no. of cases done by us till end of November 2025 are 1445.

Regular updates are given to our philanthropic sponsor, President, Secretary and Managing committee of our IMA, Mumbai branch. I, as a Chairman and my sub-committee members thank all for their co-operation.

Dr. Girish Rajadhyaksha
President

Dr. Aspi Raimalwala
Chairman
Family Welfare and Vasectomy Centre

Dr. Pragji Vaja
Hon. Secretary

IMA NATCON - 2025

(100th National Annual Conference of India Medical Association)
86th Annual Meeting of Central Council of IMA
Date: 27th & 28th December 2025
Organized by: IMA Ahmedabad.

CRICKET FEVER GRIPS IMA MUMBAI BRANCH ONCE AGAIN!!

"SUPER SIXES CRICKET TOURNAMENT" will be held on **Sunday, 4th January 2026** from **9.00 am onwards** at IMA House Lawn, Haji Ali, Mumbai. **Box Cricket,** underarm bowling, Six-a-Side; one lady and 5 gents IMA members per team

Make your winning team and register with IMA office Mob No. 7506735383 /8928348578

Attractive gifts for all winners.

DR. GIRISH RAJADHYAKSHA
President

DR. PRAGJI VAJA
Hon. Jt. Secretary

DR. PRAKASH BORANA
Chairperson

DR. KIRAN DESAI / DR. AJOY SAHA
Co- Chairpersons

Sport Sub- Committee

Secretary Communicates

Dear Friends,

IMA Mumbai Branch had following activities during the month of November 2025:

9th November 2025: - 'Diabetes Day CME' was organized by IMA Mumbai Branch, the eminent speakers were Dr. Nihar Mehta who spoke on ' Triple Therapy, Common Goal- Good Glycemic & Cardiovascular Outcomes in T2DM Management ', Dr. Unmesh Mukherjee who spoke on 'Recent Advances in Radiation Oncology', Dr. Kiran Shah who spoke on 'Clinical Pearls in Diabetic Retinopathy ', Dr. Girish Rajadhyaksha who spoke on ' Diabetes Emergencies.' and Dr. Jeenam Shah who spoke on' Flu & Shingles in India: Rethinking Adult Immunization'.

14th and 15th November 2025: - 'MASTACON 2025' was held at IMA Solapur Branch on 14th and 15th November where in Dr. Santosh Kulkarni was installed as IMA State President with his team. From our branch Dr. Girish Lad as Vice President and Dr. Surendra Shingnapurkar as Joint Secretary are in his team. Everybody appreciated the arrangement, venue, food, scientific programme and hospitality of IMA Solapur branch who hosted the MASTACON 2025. State Executive and Council meetings were held on Saturday, 15th November 2025. Issues like Court Case regarding Homeopathy CCMP course and registration of Homeopath doctors in Maharashtra Medical Council, Nursing Home Act amendments were discussed in detail and President informed that we are hopeful to get court decisions in our favor. 19 members from our branch attended MASTACON 2025.

Our branch has been awarded with prestigious State Awards as follows:

1) Presidents Appreciation Award for Best Large Branch.
2) Dr. J. S. Sikchi Award for Local Sub Faculty of IMA CGP.
3) IMA MS President Appreciation Award to IMA MS AMSCON 2025.
4) IMA MS President Appreciation Award to Dr. Girish Lad.
5) IMA MS President Appreciation Special Award to Dr. Shivkumar Utture.
6) IMA MS President Appreciation Special Award to Dr. Anil Pachnekar
7) IMA MS President Appreciation Award to Dr. Sujatunnisa Attar.
8) IMA MS President Appreciation Award to Dr. Pragji Vaja.

Forthcoming Events :
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21st December 2025 – 'Oncology' CME at Krishna Palace Hotel, Grant Road, Mumbai.

DR. PRAGJI VAJA
Hon. Secretary
IMA Mumbai Branch

INDIAN MEDICAL ASSOCIATION MUMBAI BRANCH ANNOUNCES CME ON "HIV & MULTI SPECIALITY"

DATE: Sunday, 14th December 2025 **TIME:** 8.00 am Onwards

VENUE: IMA House, IMA Chowk, 16 K. Khadye Marg, Haji Ali, Mumbai - 400034.

TIME	TOPIC	SPEAKER
08.00 am to 09.20 am	Registration & Breakfast	
09.20 am to 09.25 am	Welcome Address	**DR. PRAGJI VAJA** Hon. Secretary
09.25 am to 09.30 am	Presidential Address	**DR. GIRISH RAJADHYAKSHA** President
09.30 am to 10.00 am	Manage HK or Maintain Optimal RAASi - Tackling the Dilemma of HF Treatment	**DR. KUNAL SINKAR**
10.00 am to 10.30 am	Prevention of Shingles in Patients with Co-morbid Conditions	**DR. SHALMALI INAMDAR**
10.30 am to 11.00 am	Kotak Mahindra Bank	**MR. PERALAN KATHIRESRAJAN**
11.00 am to 11.15 am	Bariatric Nutrition for Long-Term Success: 10 Non-Negotiables	**DIETICIAN KAVITA BHATIA**
11.15 am to 11.45 am	How can I Keep my Brain Healthy	**DR. PANKAJ AGRAWAL**
11.45 am to 12.15 pm	New advances in Treating Brain problems	**DR. NITIN DANGE**
12.15 pm to 12.45 pm	Indication for HSCT in pediatrics	**DR. CHINTAN VYAS**
12.45 pm to 12.50 pm	Vote of Thanks	**DR. USHA SHAH** Jt. Secretary
12.50 pm onwards	Lunch	

● 1MMC Credit point Applied ● Registration free but compulsory

Dr. Girish Rajadhyaksha
President

DR. Pragji Vaja
Hon. Secretary

IMA Mumbai Branch

ANNOUNCEMENT

INDIAN MEDICAL ASSOCIATION MUMBAI BRANCH
IN ASSOCIATION WITH INDIAN CANCER TREATMENT CENTRE
ANNOUNCES CME
Sunday 21st December 2025 at 8.15 am onwards
Venue: Krishna Palace Hotel, 96/98, Naushir Bharucha Marg, Grant Road (W), Nana Chowk, Mumbai.

DR. GIRISH RAJADHYAKSHA
President

DR. PRAGJI VAJA
Hon. Secretary

MASTACON 2025 AT IMA SOLAPUR BRANCH AWARDS - 14TH AND 15TH NOVEMBER 2025

MASTACON 2025 AT IMA SOLAPUR BRANCH - 14TH AND 15TH NOVEMBER 2025

Presidents Appreciation Award for Best Large Branch

Dr. J. S. Sikchi Award for Local Sub Faculty of IMA CGP.

IMA MS President Appreciation Award for IMA MS AMSCON 2025.

MASTACON 2025 AT IMA SOLAPUR BRANCH - 14TH AND 15TH NOVEMBER 2025

IMA MS President Appreciation Special Award to Dr. Shivkumar Utture.

IMA MS President Appreciation Special Award to Dr. Anil Pachnekar

IMA MS President Appreciation Award to Dr. Pragji Vaja.

IMA MS President Appreciation Award to Dr. Sujatunnisa Attar.

MASTACON 2025 AT IMA SOLAPUR BRANCH AWARDS - 14TH AND 15TH NOVEMBER 2025

WHY BECOME A MEMBER OF INDIAN MEDICAL ASSOCIATION (IMA)?

Dear colleagues,

Indian Medical Association (IMA) is the largest and the fastest growing non-government organization (NGO) of over two and half lakhs health care providers. It spans across the country and has over 1800 branches. It attracts a variety of physicians from MBBS doctors, specialists and super specialists from urban, sub-urban and rural India and a wide age span. The primary mission of IMA is to unite the medical fraternity under one banner and ultimately advance the medical science for the betterment of the masses. Simultaneously, it seeks to safeguard the interest of the medical fraternity in this ever changing milieu of medical profession.

In the light of this ever changing field, Medical Council of India (MCI) has recently recognized the importance of continuous medical education (CME). It has now become mandatory that the medical fraternity comply with the CME credit hours regulation to renew their medical registration. IMA is accredited by the MCI to grant credit hour points to doctors and has taken the onus of advancing this complex field by hosting regular conferences, CME's which are very well received.

ACHIEVEMENTS OF IMA

1. There is an increasing threat to the safety of doctors especially the young ones. Because of constant representation of these concerns by IMA to the state government of Maharashtra, there is now a law in place to protect the doctors and its establishments.
2. Similar efforts are being undertaken by the IMA at the central government also.
3. IMA is successful in motivating the Standing Committee in Delhi to summarily reject the NCHRH Bill (National Council for Human Resource in Health).
4. The draconian CEA (Clinical Establishment Act) was strongly opposed by IMA. IMA was successful in drafting a Maharashtra specific CEA which is both doctor and patient friendly.
5. There are stringent rules set forth for renewing licenses for nursing homes, firefighting provision rule, FDA regulations and PCPNDT Act etc. IMA is engaged with the concerned agencies in streamlining the process and create a hassle free environment for medical profession.

BENEFITS AVAILABLE TO IMA MEMBERS

1) IMA is accredited by the MCI to grant credit hour points to doctors.
2) Medico-legal cell help round the clock for the members.
3) Profession Protection Scheme (PPS) (Indemnity – 10 Lakhs) at nominal fees.
4) **Airing your views and grievances** through BIMA (Bulletin of IMA)

Social Security Schemes popular as "**Make your Nominee a Millionaire**", gives benefits to the next of kin of the deceased life member.
Guest room facilities available in IMA branches all over India at highly concessional rates (List Available at IMA office).
50% discount on rent of IMA Hall (renovated) and Lawns.
Discounts on purchases of new car and on car insurance renewals.
Membership is transferable all over India.

The MCI recommends that every graduate be a part of a recognized medical association and IMA fulfils this mission perfectly. IMA is a perfect platform for all the practitioners, particularly for young practitioners who are still learning the nuances of medicine and work of this profession. The best part is that the IMA membership is transferable to any part of India. We welcome you all to share your interest with us.

Increase Membership fees from 6th April 2025
For Single Life Membership Fees - Rs. 19,259/-
For Couple Life Membership Fees – Rs. 28,875/-
For to be Clubbed Membership Fees - Rs. 10,559/-
"Two Cheques to be drawn as shown in the next page."

Dr. Girish Rajadhyaksha
President - (M) 9821695349

DR. Pragji Vaja
Hon. Secretary - (M) 9820482375

IMA LIFE MEMBERSHIP CHARGES

Two Cheques to be given separately for IMA Life Membership fees as shown below from 6TH April 2025

FOR SINGLE LIFE MEMBERSHIP FEES

1. Rs. 12,159/- + 2,188/- (18% GST) = **Rs. 14,344/-**

Cheque should be drawn in favour of **"IMA Maharashtra State"**

2. Rs. 4,165/- + 750/- (18% GST) = **Rs. 4,915/-**

Cheque should be drawn in favour of **"Indian Medical Association Mumbai Branch"**

FOR COUPLE LIFE MEMBERSHIP FEES

1. Rs. 18,222/- + 3,280/- (18% GST) = **Rs. 21,502/-**

Cheque should be drawn in favour of **"IMA Maharashtra State"**

2. Rs. 6,248/- + 1,125/- (18% GST) = **Rs. 7,373/-**

Cheque should be drawn in favour of **"Indian Medical Association Mumbai Branch"**

INCLUSION OF SPOUSE OF EXISTING IMA MEMBER (CLUBBED MEMBERSHIP FEES)

1. Rs. 6,858/- + Rs. 1,235/- (18% GST) = **Rs. 8,093/-**

Cheque should be drawn in favour of **"IMA Maharashtra State"**

2. Rs. 2,090/- + Rs. 376/- (18% GST) = **Rs. 2,466/-**

Cheque should be drawn in favour of **"Indian Medical Association Mumbai Branch"**

ATTACHMENT :

2 passport size photos, 2 Xerox copies of MMC Registration Certificate, 2 Xerox copies of degree certificate, Pan Card, Aadhar Card
2 Xerox copies for Couple Members marriage certificate.

DR. GIRISH RAJADHYAKSHA
President
(M) 9821695349

DR. PRAGJI VAJA
Hon. Secretary
(M) 9820482375

DR. S. G. SHANBHAG
Chairman
(M) 9619020962

DR. RAJENDRA H. TRIVEDI / DR. MANGALA GOMARE
Co- Chairpersons
Membership Promotion Committee
(M) 9833783382 (M) 9833898688

Relatives in Waiting Room

It is thought in the recent times, that one of the health quality indicators is not only patient's satisfaction, but also his delight. To that, it is necessary to add satisfaction of the relatives and friends, who are with the patient.

There is no doubt that, patients undergo enormous agony, anxiety and stress, (along with their other medical complaints) because of not only his illness, but also because of other issues, like job, family and finance etc. But the plight of his near and dear ones, who accompany/attend to him is equally challenging if not more.

There are variety of relatives and friends, whose behaviour and reactions differ vastly. At one end, there are some who attack health workers and even burn down the hospital, and at the other end there are few who express their gratitude and distribute some presents to all the staff even after their child died in the hospital.

The relatives' ordeal/problem starts from taking an appointment for OPD consultations. The first hurdle, many times, is call centre /operator coming on the line or responding to the call. Then to get the right doctor, early appointment and reasonable fees, are challenges. There may be misunderstanding in the information given, which may cause inconvenience to the patient later. Use of smart phones may make it easy. But there are many patients and relatives who are not adept in using them. (It includes even some staff members also)

On arrival at the hospital, it is not easy to locate the particular OPD room, unless there is guidance and good signage. If the patient is handicapped, finding a wheel chair or a stretcher and the persons to move them takes long time. The relatives struggle to arrange. Fed up, some relatives move chair and stretcher themselves.

Even when there is an appointment, the patient has to wait for long, many times. The patient and relatives become restless. The relative repeatedly enquires with the receptionist, claiming that the patient is in pain or discomfort. Some get agitated and start shouting.

Once inside the consulting room, more often than not, the relative starts telling the history, exaggerating the complaints, even when the doctor requests him to allow the patient to speak. He stops for a while but soon starts interrupting the patient and the doctor. Sometimes he says that the patient is shy or cannot express properly and the doctor should listen to him only.

When the doctor eventually arrives at provisional diagnosis and suggests some tests and treatment, the relative once again imposes himself, giving his own suggestions. (based on his google knowledge).

Ambulance is another area where the relatives play both positive and negative role. They are of great help in arranging an ambulance, in shifting the patient and in comforting and calming the patient. But they may also be a nuisance and source of irritation. They keep on ordering the driver, to drive the ambulance fast and advising which route is the best and so on. If a nurse and or doctor is in the ambulance the relatives keep on pestering about the condition of the patient and requesting them to provide emergency treatment to alleviate the patient's complaints.

The behaviour of relatives and friends (sometime socalled social workers) at the E R or Casualty is much more aggressive and interfering. They plead initially, and later shout and even threaten. They claim that the patient is having pain, high fever and may even collapse, if not attended to immediately. If the patient happens to be a child, this reaction will be much more severe. Even a small cut on the hand of the child provokes the mother to make such a big fuss and start crying to force the doctor to see the child immediately even leaving a serious patient.

In case of multiple relatives especially during emergency, nearest family members bring the patient to hospital. later other family members arrive and keep on asking about patient's condition, mode of treatment again and again which is not only irritating but also disturbing in carrying out duties.

Casualty is the most stressful department in the hospital. Apart from treating the patient's emergency, the doctors and the staff have to manage the impatient and agitated relatives, which is an onerous task. One more difficult issue is the relatives' reluctance to the police information and they become a major hurdle in medico legal cases. They use all type of pressures to dissuade the doctors from registering such cases and informing the police. More problems are created if patient had died on arrival. If told that it was necessary to inform the police as Cause of Death was not known, they create big ruckus and sometimes they insist to take the body away (which of course cannot be permitted).

Most of the attacks on doctors, staff and arson by relatives and friends are because of some perceived negligence on the part of the hospital staff at the casualty. It is perhaps because their anxiety, impatience, intolerance and anger. The main grievances against doctors were that they did not see the patient promptly, they were rude, did not communicate properly, wrong treatment was given, was not admitted immediately, and asked them to pay the advanced deposit to the hospital etc.

It is not that every relative behaves like this. In fact, majority of the relatives are decent. They are of great help as intermediary between doctors and patients by giving history, comforting the patient and carrying out all the required formalities. As written earlier, they carry out various tasks like taking the appointments, clarifying the patients' complaints especially in case of shy and poorly communicating the ones. To give helping hands to move the wheel chair carrying the records are some of the tasks they carry out. Some times they have to pacify the patients in pain and even the stressed staff members

Admission of the patient is another area. where they play an important role. Making enquiries about classes, estimates, arranging finances (some time their own) are carried out by them. Going and observing the rooms beds and other facilities before patient is shifted there is another task they perform. Of course if bed is not available or there is delay in admitting, they are the ones who start making noise.

Once the patient is admitted they have multiple tasks like to ensure that the doctors come regularly nurses give medicines and other treatment at the right time and all other services are provided timely and in correct manner. They also see that patient is complying with the instructions and most important duty is to keep round the clock vigil on the patient and his clinical condition and bring to notice any deviations to the concerned person.

Some relatives are too demanding and few of them are downright irritating and annoying. They are likely to create conflict between staff and the patient vitiating the atmosphere and affecting the patient care.

The plight of the relatives is unenviable. Most of the time, the hospital staff treat them as necessary evil. They are frequently told not do this not to that. T Many obstacles are there for their visit and stay. Arrangements for their stay are inadequate and poor. They have to manage their stay somehow. They have to adjust from their routine, take leave from their job, (it is not the entitled sick leave of the patient), make alternate arrangement for domestic chore and for children and elders. They have to make many adjustments and sacrifices. They are told to procure medicines, devices and other articles several times. In private hospitals, they have to pay the bills, arranging for finances (sometimes utilizing their own resources). Their duties are taxing and challenging. Many times, they have to work in two shifts one at office/home and another with the patient.

Their waiting with the patient or outside in the common waiting room is very stressful. They are anxious, worried and tired. Sleeplessness is very common. In this state, the relatives visit temple and/or silently chant prayers for the recovery of their dear ones. The prolonged stay of the patient makes lives much more difficult. Fluctuating clinical condition, complications or hoping against hope are all worrisome. The coughing, breathless, bleeding. restlessness, shouting and insomniac patients makes them very uneasy and disheartened.

The relatives take the responsibility of ensuring that staff, like doctors, nurses, house keeping and other service providers attend to the patient regularly, as required. Though some staff take such requests and reminders in right spirit, some others resent them and call it interference. Sometimes it leads to arguments, flaying of tempers and conflicts This may affect the patient care adversely. It is also true that some relatives are quite demanding, arrogant and egoistic. They tend to make complaints to the authorities even about petty issues. Such relatives are big nuisance to the staff. Later they may /instigate the patients to approach outside agencies against the hospital.

Communication is an important factor, that creates confusion and misunderstanding, between the staff and the relatives Doctors and nurses are not too open about the medical condition of the patient in matters,

like diagnosis, treatment, prognosis and expenses. Some are reluctant and others are poor communicators. The usual excuse of the doctors is that they are busy and have no time. At the same time some relatives are very irritating, asking the same questions, repeatedly. They do not seem to understand the replies. They always grumble that the staff do not explain them properly. Another issue, the relatives face is when there is difference between what the doctor tells to the patient and to them. They get confused and worry that the doctor is hiding something. This is because most of the Indian doctors do not tell the negative aspects of the clinical condition to the patients and give hope to them that they would be alright. Perhaps this not to scare the patients and for them to have optimism and positive attitude. But this would be difficult for the relatives.

The plight of the relatives waiting outside the critical care units, is much more difficult. The arrangements for their waiting /staying overnight and toilet and bathing facilities are not satisfactory and are in fact pathetic some times. The barrier created between patients and relatives create lot of confusion and suspicion in the minds of the relatives. They are allowed to visit the patient only for a short time each day. Already scared and stressed patients feel lonely and helpless. The doctors in critical units provide information only once or twice everyday as per the hospital protocol. (In case of very serious patients, more often) The relatives of all ICU patients, waiting outside, start sharing their experiences.
(most of them negative) This leads to more tension and worry among them. No wonder most of the complaints and litigation about negligence are from patients/relatives of such patients, are from critical care units.

The relatives waiting outside the operation theatres, have their own ordeal. Once the patient is wheeled in, the relatives get little or no communication from the staff. The relatives have to just wonder, worry and hope. Sometimes the surgery starts much later than scheduled (because of various reasons) or gets prolonged for considerable time (again due to various factors which include unforeseen findings, complications) the relatives are rarely informed, even less the truthful reformation. The relatives are terribly worried and start imagining all sorts of worst outcomes. Sometimes suddenly a nurse or a junior doctor comes out to inform that some additional procedure has to be done or extra bottles of blood are required. This is really shocking to the relatives. Yet they have to accept stoically in the interest of the patient.

The relatives had a harrowing experience during Covid period. They either had to quarantine themselves or be away from the affected patient. When there was acute shortage of beds (especially the ICU beds with ventilators) medicines, oxygen, it was the responsibility of the relatives to somehow and at any cost to arrange/ procure them. There was no permission to meet the patient (It was not advisable also) and the relatives were struggling to get information about the clinical condition of the patient. Arranging the money for the patient was a major challenge. It was very difficult to decide with whom to talk (This was universal problem) and what distance and what precautions to take. In the event of unfortunate death of the patient, the problems of the relatives were multiplied. There were restrictions for everything. The body including the head and face was completely covered, only to be identified by the label outside. Sometimes wrongly labelled body was handed over. The relatives were not sure whom they cremated. There was also restriction on the number of people who could be present in the funeral. It was really a very painful experience.

It the responsibility of the relatives arrange to pay the bills when patient is admitted and during the course of hospital stay. Though most of them are prompt and are sincere in making payments, some of them do not do so in spite of repeated reminders. Even when they meet the person at the bill payment counter, they start giving excuses and promises. At the final bill they keep on raising objections and question many entries They waste lot of time in this process and delay the discharge of the patient. Some of them help the patient to go away without making payments. When the patient dies, sometimes the relatives refuse to pay the outstanding bill or express inability to make the payments.

Most of the relatives are responsible and are extremely helpful in the management of the patient in various ways. Sometimes it is wondered, what would happen when they are not around. They are integral part of patient management. But some of them are quite irresponsible They only want to show that they care for patient. One lady had come in labour and the relatives which included her husband, were pleading and shouting at the staff to give proper and prompt care to the patient. Unfortunately the lady bled excessively and needed blood to be transfused. When the relatives were requested to arrange for blood and donate as replacement, in no time they disappeared one by one, claiming that they were neighbours and would send the real relatives.

Unfortunate death of the patient is another area where relatives play a significant role. It is true that death of near and dear ones is sad and disheartening. In spite of best treatments some deaths are inevitable. The deaths which are sudden, unexpected, of the children, young persons and of operated patients on the table or soon after, evoke extreme reactions, among the relatives Some are stunned and go silent, some others in total denial, refuse to believe, many of them wail, cry and weep loudly thumping their chests. Few of them shout, blame hospital staff and become violent.

In one case, the relative shouted and blamed a junior doctor even though he was not part of the treatment and chased him away threatening to beat him up. The doctor ran out of the hospital never to return. In another case a leader was shot with a gun and had almost breathed his last. When the onlookers brought him to the hospital and requested the hospital, at least to try to revive him, out of respect to the leader and on insistence of the relatives hospital doctors tried to resuscitate him. After some time they gave up and declared his death. Some how the relatives felt that the hospital made a mistake and the rumour spread and more than one thousand people surrounded the hospital, shouting and breaking glasses. In another infamous case, a popular leader died and the relatives and his supporters attacked the hospital and burnt it down. The hospital closed down never to start again. In another instance police information and possibly post mortem was required on a young boy who had died soon after a major surgery. The patient's relatives refused. When told that cause of death could not be given and the case must be reported, they threatened the hospital staff with dire consequences. After some time, a group of people came with swords and took away the body. Even the police could not do anything.

It is not always that the reaction of the relatives is hostile. In one case a young child had died after prolonged treatment. The relatives came to the same ward next day with some gifts to all the staff members who had treated the child. and expressed their deep gratitude for the excellent care rendered by them. There are many instances where relatives have donated money, equipment, in memory of their relatives who died in the hospital. One great philanthropist built a famous hospital in memory of his wife.

The role of the relatives in management of the patients is very important in Indian context. This must be respected, appreciated and acknowledged by the hospitals.

If possible the hospitals can provide some quiet space for them to pray and meditate.

It may also be a good idea to provide them psychological support by hospital counsellors. A thank you note for those who were supportive, would be a good gesture.

This will go a long way in overall care of the patients.

Dr. P. M. Bhujang

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