Indian Medical Association
77th Meeting of Central Council
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Amritsar
Respected Chief Guest, President of the World Medical Association Dr Ketan Desai; Madam Jayshree Ben Mehta President Medical Council of India; His Excellency Shri AR Kohli Former Governor of Mizoram distinguished International and National Delegates; Past Presidents; Honorary Secretary Generals and leaders of the Indian Medical Association (IMA); Ladies and Gentlemen.

It is indeed a great honour and privilege for me to be here today in the holy city of Amritsar to assume the prestigious 88th Presidency of the IMA.

Mother Teresa once said, “You can do what I cannot do, I can do what you cannot do but together we can do great things.”

The true strength of IMA lies in our unity and common commitment to the betterment of the medical profession. As I stand here today, I would like to:

- Seek forgiveness for anything that I may have said or done in the course of my IMA career that has caused hurt to any member;
- Seek support for successfully fulfilling the task you have entrusted me with i.e., representing the best interests of the medical community on a global platform; and
- Promise you that I will give in my 100% to meet your expectations and help harbour a more promising future for our profession.

My journey in the IMA began over 25 years ago in 1991 when I was appointed the Vice President of the Delhi Medical Association (DMA). With a burning urge to serve the medical profession, I continued assuming progressing roles in the organization as the President, IMA New Delhi Branch; President, DMA; Chairman IMAAMS; Director, IMA AKN Sinha Institute; Honorary Finance Secretary, IMA; Senior National Vice President, IMA; Honorary Secretary General, IMA and finally National President-Elect, IMA.

I do not fear struggles and am ready to put my best foot forward in the year ahead. My passion for medicine and commitment to the society is rooted in my childhood.

I am the seventh born in a family of nine brothers and sisters. All of us lived in a modest one-bedroom set in Hauz Qazi area of Old Delhi with our parents. My daily routine as a child included an over 3-km one-way walk to the local government school; school revisions on top of a cupboard, which functioned as my study table, along with my brother owing to lack of space for all of us and helping my family with daily chores. This phase of my life taught me the importance of hard work and working together as a team.

The sight of suffering around me always twitched a nerve and I felt an overwhelming need to help people. I knew from the beginning that I wanted to become a successful doctor one day so that I could help those in need. The nobility and satisfaction that lie in saving lives makes the years of hard work and struggles worth it.

I was not always the man that you see standing before you today. I was in fact a very shy student, who was called Jhepu in school.

My years at the Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sewagram, Wardha have made me who I am today. I completed MBBS and post-graduation in Medicine from the institute and also learned Gandhian principles and Vedic Medicine along with modern medicine.

After returning to Delhi, I decided to join my mentor, Dr (Col) K L Chopra at Moolchand Hospital in 1983 and became a consultant just after five months of residency through an out-of-turn promotion.
I was also offered a lecturership in Medicine at MGIMS and DM at GB Pant Hospital, but felt that I had a lot more to learn from Dr KL Chopra.

I have had the good fortune of being trained by Dr AN Malaviya in Clinical Immunology at AIIMS, New Delhi; Dr HN Khattri in Bed Side Cardiology, Dr Navin Nanda in Color Doppler Echocardiography in the United States and Dr Deepak Chopra in Mind Body Medicine in the US.

We, Dr KL Chopra, Dr HK Chopra and myself, were the pioneers of clot dissolving thrombolytic therapy in acute myocardial infarction in India.

I also started an NGO along with Dr KL Chopra in 1986 called the ‘Heart Care Foundation of India’. The NGO is committed to raising awareness on preventive health in the country as well as helping people from economically weaker sections of the society in getting access to quality healthcare services. We have set three Limca Book of Records for training the maximum number of people in the lifesaving technique of CPR 10, hands-only Cardiopulmonary Resuscitation.

I have had the honour of receiving many National Awards including the Padma Shri, Vishwa Hindi Sammaan, National Science Communication Award and the Dr BC Roy National Award. I have also been bestowed with the FICCI Health Care Personality of the Year Award.

Dr KK Aggarwal, the name I am known by today has also charted a journey of its own: from Krishan to Kissu in medical college to Krishan Kumar in my pre-Moolchand days and then to KK since my days at Moolchand Hospital. I am also referred by many as ‘the doctor with a stethoscope’.

My strengths are communication, hard work and perseverance.

I would now like to share with you my vision for the IMA this year.

In 2017, IMA policies will be based on Collaboration rather than cooperation, Good plans and not quick plans and finally, good Governance and financial stability. The theme for the year will be “IMA 1 Voice”.

IMA represents the collective consciousness of 2.7 lakh doctors across 1700 local branches and 31 state branches. It is the largest NGO of doctors of modern medicine in the world and connects the medical fraternity to one another on a daily basis. Its strength is its troop of more than 35,000 IMA leaders / office bearers, who live and breathe IMA.

There is a paradigm shift in the thinking of IMA. We have been asked by one and all as to what the “IMA can do”. We want to shift to what “IMA Should Do” or “IMA To Do”. All IMA members should come out with plans and submit them for review and implementation.

Team IMA is now Team Digital IMA. In the coming year, IMA will function in a paperless fashion, including in all its meetings. We will regularly communicate with the press, public, and our leaders and members through e-mails, SMS, official WhatsApp and Google Groups, Facebook and Twitter. We will also roll out national-level campaigns and petitions.

Our strength will lie in organizing national events on the same day and at the same time across all branches including press briefings, community events and educational programmes.

We will also initiate a Past National President Forum and Past Honorary Secretary General Forum. We need their strength and invaluable experience to be able to work in the best interest of the community.

This year, IMA will also launch IMA Medical Advisory Board with all National Award winners on its board, and IMA Advisory Board with Non-Medical National Awardees on its board.

IMA will also initiate a Steering Committee on Health Planning and Policy making with all stakeholders as members. IMA will organize regular working group meetings on various policies and guidelines.
To be the voice of the medical profession, to be a part of all government programmes and to build credibility akin to the United Nations and the World Health Organization, we need to increase the membership of our organization. Regulation 1.2.2 of the MCI Code of Ethics also mandates that for the advancement of one’s profession, a physician should affiliate himself/herself with associations and societies and be actively involved in the functioning of such bodies. **Free e-membership to all medical students and five-year interest-free instalments** for all doctors up to five years after their MBBS will be available from today.

The strengths of IMA include its **Academic Wing** (IMAAMS), **Research Wing** (IMA AKN Sinha Institute) and **GP Wing** (IMA College of General Practitioners).

IMA has 10,000 IMA member-owned medical establishments in the **Hospital Board of India Wing**. Coordination with each other will make their functioning better. This year all the four wings of IMA will have a **National Chairman** called “Chairman IMA Academy, Research and Medical Establishments Wings”.

**IMA Paramedical Council** will be launched to promote skill development courses. It will be led by a Dean, Sub Dean and State Directors.

The following **Project Wings** will also be started: Spouse Wing, Women Doctors Wing, Children Wing, Service Doctors Wing, Medical Students Wing, Junior Doctors Network, Doctors-Parliamentarians Wing, National Award winning Doctors Wing, Overseas Doctors Wing and Doctors-Bureaucrats Wing.

Each of these wings will have a National Chairman, five Vice Chairmen (North, East, West South, and Central) and 31 State Coordinators and a **Headquarter Coordinator**.

**Existing project wings** include IMA Aao Gaon Chalen, IMA Medical Advisory Board, and IMA Welcome the Girl Child. This year, IMA Aao School Chalen will be added.

IMA is now an active participant on the world stage, be it in Confederation of Medical Associations in Asia and Oceania (CMAAO), CMA (Commonwealth Medical Association) or WMA (World Medical Association). We will also form a **dedicated IMA International Wing**.

Let me also take this opportunity to thank the IMA leadership for nominating me as Vice President CMAAO and President CMAAO 2019.

At **WMA, CMAAO** and **CMA**, we propose to work hand in hand to help establish ourselves as the voice of the medical fraternity globally. IMA will organize an international stakeholders meet with CMAAO next year on March 10-11 to formulate guidelines on air pollution. Later this year, a workshop on **End of Life Issues** will be organized in collaboration with WMA.

IMA has patented a **Medical Emblem** for modern medicine. This will help keep a check on quacks and also differentiate practitioners of modern medicine from doctors belonging to other systems of medicine. All doctors are requested to use the emblem in their letterheads and visiting cards.

IMA has also designed an **e-IMA flag**, which can be attached to e-mail addresses of all IMA members along with the IMA logo and Medical Emblem.

**IMA Headquarters will fly the IMA flag at its premises.**

IMA has also patented its logo. No state or local branch will now be able to use standalone IMA logo with IMA name. However, they are free to design their own logo with their state or branch name.

We will continue to host weekly webcasts every Thursday and will initiate weekly **Facebook Live** sessions titled “Ask Dr KK”.
IMA Sandesh on IMA website platform will be held on all health days and “Dil ki Batein” once a month, which will be an address from the National President. Each one of you is free to reach out to me with your views, suggestions, and concerns on Facebook, Twitter, and E-mail.

This year also marks our centenary year of conferences. The first medical conference was organized in 1917. We will apply for a National Commemorative stamp to mark this occasion.

IMA will also attempt to enter the Limca Book of Records and Guinness Book of Records. IMA has already applied for the Limca Book of Records in CPR.

From this year, IMA will also observe IMA Founder’s Day with an oration.

IMA supports the demonetisation drive of our Prime Minister and requests all members to wholeheartedly support it and make their practice cashless.

The medical profession is being blamed and shamed due to the act of fee-splitting by a few practitioners. It is important to note that fee splitting is unethical if it involves no work at one end. Collecting blood at your clinic or charging all money heads at your clinic may not be unethical as long as the legal responsibility is shared.

To avoid any conflict of interest, just as the last two years, IJCP Group, Talking Point Communications, HCFI Legal Cell, Heart Care Foundation of India, Perfect Health Mela, eMedinexus and eMedinews will continue to provide complimentary value-added services to IMA.

PROFESSION FIRST: IMA IS FOR THE PROFESSION

- IMA is committed to solving six major issues (Protection of MCI autonomy, Capping of compensation, Insulation against violence by way of a central act, Amendments in CEA and PCPNDT Act and Ban on non-MMBS, non-BDS doctors prescribing modern medicine drugs).

IMA demands protection of professional autonomy and for this, the present IMC Act needs to be amended as opposed to the introduction of the undemocratic National Medical Commission Act.

The medical profession is facing a paradigm shift in public behaviour and needs insulation against any violence. There has been a marked shift in public expectations. A central act against violence is the need of the hour.

Medical doctors charge a fraction of what their western counterparts charge and so cannot be liable for compensation in crores. We cannot afford the formula: 70 - age at injury x yearly income + 30% one-third for personal expenses. Capping is the only answer.

Both the PCPNDT act and Clinical Establishment Act have to be community-friendly and need drastic amendments. We became doctors to serve the community and not to be jailed for human errors. Criminal provisions for doctors cannot be the answer.

While the medical profession respects all other systems of medicine, the prescription of Schedule H, H1 and X drugs by non-MMBS, non-BDS doctors can cause large-scale harm.

- One of IMA’s primary duties is to update the knowledge of its members. Regulation 1.2.3 of MCI Code of Ethics also mandates that a Physician should participate in professional meetings as part of Continuing Medical Education (CME) Programmes, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorised organisations. The MCI or the State Medical Councils, as the case may be, must be regularly updated on this front to ensure compliance.

National IMA should be recognized as an autonomic professional academic body for this purpose. IMA, during the year, will develop an IMA Accreditation Council; build an IMA Knowledge Bank;
IMA will also come out with IMA Text Books, IMA Standard Treatment Guidelines, IMA White Position Papers and Stands. It will also publish a health journal for the general public.

IMA Centralized CMEs will be transparent, ethical and will include online conferences with a focus on ‘What’s New in the last one year’.

All IMA CMEs will be (e) tobacco free and will serve health-friendly food. An IMA alcohol policy will be applicable (no alcohol should be served and when served, it should be restricted to 30 ml in one hour and 60 ml in a day. No alcohol should be served if non-doctor guests are invited to the meeting. Organizers should ensure that transport is available to all doctors who are served drinks).

All IMA CMEs will promote the concept of car-pooling as an environment-friendly measure, an important step in light of the rising environmental pollution levels.

All CMEs locations and venues will be noise-friendly with acceptable PM 2.5 and PM 10 levels.

All IMA CMEs will be transparent and will include a slide on Mental Health, a slide on Pharmacovigilance with IMA PvPi number 9717776514 and also a Disclaimer Slide stating that the contents are not influenced by the industry.

IMA will create a centralized CME Corpus Fund to promote ethical CMEs. The interest from the corpus will be distributed to states for ongoing distribution to the branches. One of the past national presidents will be the chairman of this fund.

IMA will have standard refresher courses with standard videos, ppts and public health statements. Focus will be on what the GP should know (2 ekam 2 in medicine) and not what speakers know.

- Charity begins at home: We need to take care of our own health needs. Doctors die, on an average, 10 years earlier than non-doctors. All state and local branches must organize or arrange for annual check-ups for members and their families with provisions for all vaccinations including flu and pneumonia.

Medical profession by itself is a health hazard. Doctors need to have full insurance with no exclusion clause. Doctors should be treated free across the facilities or given “at cost” treatment. They must get free or “at cost” vaccinations. Doctors with an IMA ID Card should be respected and acknowledged at every hospital or government set up.

Medical profession is not a commercial profession. Many Supreme Court judgments have clarified this. Being professionals, we are governed by the MCI Code of Ethics Regulations. Our fee structure is nominal. The members deserve medical and non-medical amenities at negotiated or concessional rates.

We will form a “IMA Member’s Welfare Board”, which will help negotiate better offers for loans, equipment, drugs, cars, vacations, travel, etc. The board will have a centralized travel agency, equipment and/or diagnostic buying division. Their job will be to bulk negotiate the prices for the profession. IMA will also start a centralised cell for the maintenance and protection of equipment.

We need to have a Doctors’ Non Communicable Disease Control Programme for diseases such as stroke, hypertension, diabetes, metabolic syndrome, fatty liver and cancer.

- The medical profession provides services to CGHS, EHS, PSUs, and similar organizations at highly subsidized rates but we want our payment on time, which currently is delayed for months and without any interest. CGHS rates also need to be rationalized.

IMA will come out with a National Grievance Cell at IMA Headquarters, where all members can file their grievances.
The constitutional right “equal pay for equal work” should be implemented in medical profession. All service doctors and resident doctors should get full 7th Pay Commission, obligatory research grants, uniform age of retirement and uniform nationwide pay scales, legitimate leaves, and working hours and conditions.

IMA stands for proper representation of medical faculty in every policy making body and starting Indian Medical Services on the lines of the Indian Civil Services.

Our MBBS graduates do not mind going to rural areas but they want security, tax-free uniform income, extra rural allowance, rural health diploma during the posting and a surety for PG seat. Doctors should also be given subsidies to open smaller establishments in rural set ups. Rural set ups should also be connected to district setups with teleconsultations.

IMA also has a Health Scheme, Pension Scheme, National Professional Protection Scheme, National Social Security, IMA Legal Cell and IMA Benevolent Fund.

**IMA IS ALSO FOR THE COMMUNITY**

IMA believes in providing 4 A’s of Universal Health Care: “Available”, “Accessible”, “Affordable”, and “Accountable”.

**Universal health care** should also be linked with **universal insurance**. Premiums of those who cannot afford to do so, should be paid by the state government and the employer should pay for the employee’s premium.

To provide universal health care, we need **5% GDP funding** by the central and state governments. Currently, we spend less than 1.2% and we rank at 180th position out of 192 countries on this.

The state government should provide **free emergency and primary care to all**. If the government cannot provide this, then the person should be able to get the same from the private sector and get reimbursed at CGHS rates.

Looking after calamities, disaster situations and epidemics is the responsibility of the state. However, as a part of its social CSR commitment, IMA will form an “IMA National Healthkeeping Health Force” on the lines of “World Peacekeeping Military Force” to be available at all hours to serve during any national calamity.

IMA also intends to suggest **capping of prices of services** during calamities, as a part of CSR activities. For example, during dengue or chikungunya outbreak, the point of care fever panel is provided at ₹ 1000/- (Typhidot, NS1, IgG IgM dengue, IgM Chikungunya, and malaria antigen). IMA has negotiated the cost to the doctor at ₹ 350/-.

We also want the Ministry of Health to declare an **Epidemic or Disaster Fund** aimed at providing free services to all affected. The government announces **ex-gratia grant** to the families in case of any flood, fire, or train mishap; the same should be announced for any death during the epidemic or for any illness in the family.

IMA also wants the government to declare a **special fund for rare diseases and orphan drugs**.

Universal health care should cover all segments of the society, respecting the **Rights of the Transgender**. IMA will request all medical establishments to have **separate toilets** for the third gender. Sexual preferences should be respected maintaining **privacy and confidentiality**. All members must confine to M/F/0 nomenclature.

Let me now briefly touch upon the **4 A’s of Universal Health Care**.

**Available**: Health care should be made available 24x7 to all. It should be transparent. Medical service providers should be classified as per needs. Let us take the example of heart attack.
To reduce heart attack mortality from 12 to 1 percent and to provide treatment within the 3-hour window period (earlier the better), cardiac centres with heart attack treatment facilities should be allowed to be advertised or notified by the state governments.

- **Accessible**: Health care should be accessible to all within 5 minutes of reach. IMA is for opening of medical establishments in residential areas so as to provide care within 5 minutes, till ambulances are available within 5 minutes reach.

- **Affordable**: IMA believes that health care should be within every one’s reach. IMA will run two campaigns “Poor Kahan Jayen” and “Rich Kahan Jayen”. Provisions should be made for people from all economic strata. Traveling abroad for available treatment must be stopped, especially its reimbursement. ‘Made in India’ concept should be promoted. Public sector, Mediclaim, CGHS and allied groups should only reimburse made in India products, unless unavailable.

- **Accountable**: Health care should be accountable but IMA wants a single-window accountability system. How can a doctor be tried simultaneously in Medical Council of India (MCI), state medical council, consumer court, human rights court, police complaint under Indian Penal court, and under special acts for the same complaint? IMA is not against a medical tribunal on the lines of Central Administrative Tribunal (CAT) or all cases should be first tried by the state medical council.

IMA is for quality and cheap drugs. IMA was the first to open a Jan Aushadhi Kendra at its headquarters in Delhi and would like all states to do the same. IMA wants all stents and devices in the essential list of medicines to be made available under Jan Aushadhi Stores. IMA is against high price variations in drugs and devices unless they add value to the same (nanotechnology, taste, bioavailability, etc).

IMA welcomes the new MCI gazette notification asking doctors to prescribe generic medicine in capital letters but clarifies it further. “Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs”. The spirit of this amendment is to reduce prescription errors. It talks about drugs with generic names and not generic drugs. Also, it does not exclude writing brand name or company name. IMA’s stand is to write the chemical name of the drug and also write the brand or the company name in brackets. For example, write Paracetamol (Jan Aushadhi) if this drug is to be prescribed.

To make healthcare affordable, the government must promote aided hospitals on the lines of government schools and allow doctor-owned small establishments. Those doctors who want to open establishments at CGHS rates should be given concessional lands and other amenities.

All IMA branches should think of opening community hospitals and promote domestic medical tourism by providing cost-effective transparent medical and surgical care. Every state must identify community surgical centres, where all surgeries can be done at a fixed cost of under ₹. 15,000/-. Today, private doctors provide 80% of health care. Hence, they are often the first ones to detect any new pattern in a disease. They can be an important part of disease surveillance systems. IMA will appoint honorary state community health directors under a National Chairman. They will coordinate with all branches for matters of public health and national programmes.

IMA will also coordinate with all State Medical Councils and MCI and come out with regular guidelines.

We also want single-window registration of our establishments. Today, doctors are required to obtain more than 50 clearances to open any medical establishment. Also, how can we justify getting multiple registrations to get the license to practice? When one driving license is applicable pan India, then why multiple registrations for doctors?

As per MCI Ethics Regulations 8.6, Professional incompetence shall be judged by peer group as per guidelines prescribed by MCI. However, these guidelines have never been made. IMA intends to draft these guidelines.
In its judgment in Jacob Mathew vs State of Punjab & Anr on 5 August 2005, the Hon’ble Supreme Court of India directed Statutory Rules or Executive Instructions incorporating certain guidelines to be framed and issued by the Government of India and/or the state governments in consultation with the MCI regarding prosecution of doctors for offences of which criminal rashness or criminal negligence is an ingredient. MCI has not done this so far. IMA intends to develop a draft.

In Parmanand Katara vs Union of India clarification in MCI General Body Meeting, it was submitted that Evidence Act should also be so amended as to provide that the Doctor’s diary maintained in regular course by him in respect of the accident cases would be accepted by the courts in evidence without insisting the doctors being present to prove the same or subject himself to cross-examination/harassment for long period of time. This needs to be persuaded.

IMA also intends to promote the concept of Bioethics. We will be establishing State UNESCO Chairs. We already have National UNESCO Chairs. IMA will work on bioethics training and sensitization. All state units will get cooperation from the respective 13 state universities.

We are professionals and do not run commercial activities. MCI Ethics Regulations do not allow us to hire agents or touts (7.19) and indulge in fee splitting or giving or receiving cuts and commissions (6.5). IMA is against any unethical act and strongly opposes any cuts and commissions. IMA will also be compiling a book on ‘What is Not Unethical’. Charging for your legitimate services is not unethical.

IMA believes in following the principles of Krishna and not Rama when it comes to ethics.

IMA will draft a standard medical and surgical consent. Our country today is a mix of both rural Bharat and modern India. The time has come to revisit the Samira Kohli vs Dr Prabha Manchanda & Anr, 16 January, 2008 judgment where the apex court observed: “We have however, consciously preferred the ‘real consent’ concept evolved in Bolam and Sidaway in preference to the ‘reasonably prudent patient test’ in Canterbury, having regard to the ground realities in medical and health-care in India. But if medical practitioners and private hospitals become more and more commercialized, and if there is a corresponding increase in the awareness of patient’s rights among the public, inevitably, a day may come when we may have to move towards Canterbury. But not for the present”.

IMA campaign “Koi Sun to Nahi Raha” will remind us of the significance of maintaining privacy and confidentiality in practice. IMA is against pasting of the OT list in open or calling out the name of patient in corridors outside the ICU.

IMA will also promote soft skills in doctors. One of them will be an acronym ‘ALERT’: Acknowledge, Listen, Explain, Revise, and Thanks in routine practice.

The MCI has made regulations relating to the Professional Conduct, Etiquette, and Ethics for registered medical practitioners. These three words were never taught to us in our curriculum.

Ethics and Etiquette are two concepts that govern the behaviour of human beings. Ethics refer to a set of moral principles that relate to the difference between good and bad. Etiquette is a customary code, which indicates the proper and polite way to behave in the society. The main difference between ethics and etiquette is that while ethics is related to principles or conscience, whereas etiquette is related to behaviour.

Behaviour includes communication, attitude, and approach (altruistic). Etiquettes also include cultural norms (Namaste, good morning), sense of submission (not surrender, which is unconditional; there is politeness in submission) and accommodation (to accommodate the patient and not vice versa); accommodative attitude like sorry, please, excuse me.

Conduct is the outcome of ethics and behaviour.

IMA has an IMA Mediation, Grievances, and Redressal Cell and will request all state branches to have one to solve community grievances.
“Doctors are brand ambassadors of health” and so we must practice what we preach. We must not smoke and social drinking, if any, should be avoided in the presence of non-doctors. The campaign “Koi Dekh to Nahi Raha” will remind us that we are different and cannot share our personal life with our patients. We cannot be friends with our patients even on social media.

IMA is also concerned about the recent disclosure that the late Hon’ble Chief Minister Jayalalithaa was put on ECMO instead of declaring simply that she was on life support. Such type of media awareness will only cause more harm to the society. More and more people will now ask why their patient was not put on ECMO in cardiac arrest.

COMMUNITY HEALTH

We should be community-friendly. We expect all our leaders to put a sign on the wall saying, “My answer is yes, let’s take it forward”.

We launched the slogan “Jiska Koi Nahi Uska IMA”. All of us should guide patients in the right direction if they cannot afford treatment. IMA will fight for the rights of poor people in association with the HCFI Legal Cell.

We will also be launching a campaign called “Walk with Doc”. All doctors should ask their patients to walk with them in parks.

Our focus will be on a community approach to control any disease. Every doctor should have a slogan saying, “Main Hoon Na” to give confidence to their patients.

Another campaign will be “Apne Padosi Ko Swastha Rakho”.

IMA will also start the concept of “Shramdaan” every Friday from 4 pm to 5 pm where doctors will do community work along with the public.

Every IMA branch should form ‘Unused Usable Gifts Bank’, ‘Unused Drugs or Device Bank’, and ‘Unused Usable Medical Books Bank for Medical Students’.

IMA will also launch an IMA Centralised Corpus Fund to cater to the treatment of poor patients.

IMA will also promote the concept of Support a Girl Child and Support a Health Check. Instead of offering food on birthdays or death anniversaries, people can be motivated to offer ‘Health Checks’ to needy people.

IMA is committed to promoting eye and organ donation including whole body donation. We will be launching a campaign called “Puchna Mat Bhulo” to promote “mandatory required request”, in which every medical professional is required to ask legal heirs for donation of eyes (in case of death) and organs (in case of brain death). On 1st December 2016, two heart donations were wasted at AIIMS, which recently completed 50 transplants. It is our duty to guide patients needing heart transplant to reach the right institution at the right time so that no organ is wasted. One can also reach out at aiimshearthelpline@gmail.com.

1st of July has been designated as the IMA National Blood Donation Day and Organ Pledge Day.

IMA is committed to the United Nations 17 Sustainable Development Goals 2030 with 169 targets. They are Zero poverty (1), Zero hunger (2), Good health and wellbeing (3), Quality education (4), Gender equality (5), Clean water and sanitation (6), Affordable and clean energy (7), Decent work and economic growth (8), Industry innovation and infrastructure (9), Reduced inequalities (10), Sustainable cities and communities (11), Responsible consumption and production (12), Climate action (13), Life below water (14), Life on land (15), Peace, justice and strong institutions (16) and Partnership for the goals (17).
SDG 3 directly relates to good health and wellbeing. We need to **shift our focus from disease to wellness.**

More than six million children still die before their fifth birthday each year. Since 2000, measles vaccines have averted nearly 15.6 million deaths. India’s **Under-Five Mortality rate** declined from 125 per 1,000 live births in 1990 to 49 per 1,000 live births in 2013.

From 437 per 100,000 live births in 1990-91 to 212 in 2007, the Maternal Mortality Rate (MMR) in India came down to 167 in 2009. Delivery in institutional facilities has risen from 26% in 1992-93 to 72% in 2009. **But why should we accept any preventable death?**

Contraception can do wonders in reducing the maternal and infant mortality rates. A 32% reduction in MMR and 10% reduction in IMR will immediately fulfil the need of India. Therefore, I propose that IMA should run **Special Clinics for Contraception.**

Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20% of these women are from India. Annually, it is estimated that **55,000 women die** due to preventable pregnancy-related causes in India. Mothers in the lowest economic bracket have about two and a half times higher mortality rate.

India has made significant strides in reducing the prevalence of HIV-AIDS across various high-risk categories. HIV prevalence has come down from 0.45 percent in 2002 to 0.27 in 2011. The IMA campaign for this will be ‘**Ek se Abhi Nahi, Anek se Kabhi Nahi**’ and “Be Faithful to Your Partner”.

IMA is committed to the following **SDG Goals and Targets.**

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births (3.1).
2. By 2030, end preventable deaths of newborns and children under 5 years of age (3.2).
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases (3.3).
4. By 2030, reduce by one third, premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being (3.4).
5. Strengthen the prevention and treatment of substance abuse (3.5).
6. By 2020, halve the number of global deaths and injuries from road traffic accidents (3.6).
7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (3.7).
8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (3.8).
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination (3.9).
10. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate (3.a).
11. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all. (3.b)
12. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States (3.c)

13. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks (3.d)

ALL ASPECTS OF HEALTH

1. **Physical Health**: We will focus on universal lifestyle parameters and universal disease signals. IMA is against separate lifestyles for prevention of various diseases.

2. **Mental Health**: One of our focal areas will be “Mental Health”. At any given time, over 10% of the society is suffering from a mental disorder. With only 2600 psychiatrists in the country, we need to take mental health to the primary level. We will be launching the campaign “Bar Bar Pucho” to remind every doctor to ask a patient at every visit about mood, depression, alcohol use, smoking habits, drug abuse, and sexual needs and preferences. All IMA branches should organize 10% of CMEs on mental health and every CME lecture must have a slide on mental health. A special campaign will be “Sun To Lo” on the concept “Listen, Listen and Listen”. Good listening is key mental health counselling.

3. **Social Health**: The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. This basically addresses health inequities. If health inequities are to be reduced, both social determinants of health and universal health coverage need to be addressed in an integrated and systematic manner.

4. **Financial Health**: IMA will promote the concept of “Will”, “Advanced directives”, and “Do not resuscitate orders”. IMA will come out with books on ‘How to Earn Ethically’, “Earning through Point of care Investigations” and a ‘Costing Department’ to guide charges under various heads. Regarding financial health of IMA, all state and local branches of IMA that are independent societies but use the name and logo of IMA, will donate one percent of their annual turnover to the centralized IMA fund.

5. IMA is also for implementation of the Goods and Services Tax (GST) but with health services kept out of its purview as per existing service tax laws.

6. **Environment Health**: IMA will organize an international stakeholders meet with CMAAO to formulate guidelines on air pollution on March 10-11, 2017.

7. **Spiritual or Vedic Medicine**: IMA will promote parasympathetic lifestyle, postures, respiration, relaxation, and awareness to reduce hospitalisation rates, duration of medicines, and cost of the treatment. Beta-blockers are the only drugs proven to reduce mortality in heart patients. Parasympathetic lifestyle is like prescribing a beta-blocker. On the lines of social determinants of health, IMA will design Yogic determinants of health.

ALL SYSTEMS OF MEDICINE

IMA respects all systems of medicine. They are complementary to each other. Yoga is nothing but a parasympathetic mode of living. Jalneti has been tested in modern medicine as nasal wash technique. Pranayama is parasympathetic breathing, which is slower and deeper breathing. Shavasana is progressive muscular relaxation. Mourning period ‘baithak’ is “narration exposure therapy”. Neti Neti is the principle of differential diagnosis by process of exclusion, and Cognitive Behavioural Therapy is based on the principles
of Bhagavad Gita. As per Chanakya Neeti, we must be sensitized about and know the weaknesses and strengths of our competitors. We must also be sensitised about the philosophy of other systems of medicine.

We must know that Homoeopathy tinctures and most Ayurvedic drugs work on the same principles as of Modern Medicine. However, conventional classic homoeopathy and Ayurveda Bhasma work at the level when matter is converted into non-matter. Yoga and meditation work at the level of waves or silence potential.

IMA is not averse to doctors from various systems of medicine working together but is against crosspathy. **Schedule H, H1, and X drugs can only be prescribed by doctors of modern system of medicine.** Unconventional therapies cannot be supported by IMA unless they show evidence-based results.

We need to follow and respect all religions, beliefs, and customs. IMA will come out with **All-Religion Practices Note Book** for ready reference. Hinduism believes in living your karmas through detached attachment; Islam in helping everyone (khuda ka banda) through discipline and persistence; Jainism in non-violence; Sikhism in *Seva, Satsang* and *Simran*; Christianity in unconditional love through confession and forgiveness and Bahai faith in unity in diversity.

**The medical profession is the real dharma and is a mix of all.**

**ALLIED SYSTEMS**

A modern doctor should take help from a nurse educator, counsellor, health care worker, dietician, physiotherapist, dentist, occupational therapist and pharmacist, as the case may be, to practice.

**ONE HEALTH**

IMA will promote the concept of one-health, which incorporates human, animal, plant and environmental health (air, water, earth) under one roof. IMA will organize a series of events on zoonotic diseases.

IMA will launch the concept of ‘**Silent hours**’ in medical establishments; 2 pm to 4 pm (Sh Sh Sh ... Baat Nahi Karo). IMA will also promote the idea of **Air Quality Index** being projected through newspapers and TV on a daily basis.

**INFOTAINMENT**

Public education is an important component of health care. IMA believes in the concept of infotainment using one-line health sutras. IMA will collaborate with Heart Care Foundation of India to promote the concept of Perfect Health Mela at the National level. IMA will also promote the concept of Community Diwali and National Sports Festival.

**UNDER ONE ROOF**

IMA is for holistic care and wellness under one roof in medical establishments.

**NEW INITIATIVES**

1. **Disease Awareness:** IMA will focus on creating awareness about eradicable diseases, emerging diseases, and resurging diseases. It will also focus on rare diseases and orphan drugs.

2. For **Vector Control**, IMA will be launching the campaigns “**Apke Ghar me Machhar to Nahi**” and “**Katwaiga to nahi**”. Community participation is a must for vector control. No house should be left unattended. The IMA campaign against mosquito breeding, especially Aedes, will be called **‘DENGwar’**.
3. **Hygiene:** A large number of diseases can be controlled by teaching and practicing hygiene. The components will include personal, food, water, sleep, hand, sexual, pet, kitchen, cough, respiratory, and mobile hygiene. The campaign slogan will be “Kahin Mein Gandagi to Nahi Fela Raha”.

4. **Government goals:** IMA is committed to achieving government goals: Making India defaecation-free by 2030, Eradicating hepatitis C by 2030 and hepatitis B by 2050, Mercury-free medical establishment by 2020, Eliminating measles and Controlling rubella/congenital rubella syndrome (CRS) by 2020.

5. “**Aao School Chalen**” will be a project dedicated to hygiene, vector control, and cardiac first aid (CPR). Thousands of lectures will be organized in schools at the same time on the same date across the country.

6. **Vitamin D deficiency is a highly prevalent public health problem in the society today.** We will be promoting the concept of **Sunshine Events** throughout the year on the lines of relaxation **moonlight events**.

7. **Formula-based practice and communication:** We will periodically release practice-linked formulas and sutras like Formula of 80 to live up to 80 without lifestyle diseases, Formula of 10 to revive a person after death etc.

8. **Rationalization of Practice:** We will be launching a series of initiatives in this regard: promoting rational use of drugs/antibiotics; rational ordering of investigations and hospitalization. IMA will also launch a campaign of not giving blood transfusion if only one unit is required (Na Baba Na, Ek Bottle Nahi). The campaigns “**Jaroorat Bhi Hai Kya**” and “**Will it Benefit**” will help to reduce the cost of treatment, number of litigations and health care associated drug-resistant infections. The ‘**3A**’ campaign supported by IMA, **Avoid Antibiotic Abuse**, will be launched from Bihar, which tops the list of largest consumers of antibiotics in the country and contributes most significantly to the sale/purchase of about 17.8 percent of antibiotic consumption in the country. We will be publishing a book on ‘**When not to use antibiotics**’. We will also be launching a Safe Syringe Campaign (sharp injury protection, reuse prevention) with guidelines on IV to oral switch. Similar campaigns will be “Use Wisely not Wildly” and “Think Before you Ink”.

9. IMA is also concerned about **declining research** in the field of newer antibiotics. The focus for most new research has been on gram negative bacteria, hepatitis C or on non-communicable diseases.

10. Sexual violence against children, whether evident or suspected, is a common, preventable and punishable acute medicolegal emergency. Educators are duty bound to address sexual violence against children, which needs to be addressed with ‘timely, appropriate and effective’ intervention. Sexual violence against children should be reported ‘ethically, sensitively, non-sensationally’ and within the legal framework without depicting the child in distress and ensuring no further traumatization.

11. IMA will have a ‘**zero tolerance**’ policy against the health care providers committing sexual violence, sex-selective abortions and other unethical practices. They need to be dealt with, by law, in an exemplary and deterrent manner, so that the desired signals stand strongly conveyed to all concerned. One cannot turn a blind eye to the **sex-selective abortions** and **falling sex ratio**, issues of vital concern in India. **IMA, by an appropriate resolution, will terminate the primary membership of any member indulging in such sex-selective abortions.**

12. IMA will start a **Campaign 950** with the intention of bringing the female-to-male ratio back to normal.

13. Under the **Welcome the Girl Child** project, IMA members will support the girl child. IMA will also provide **free heart surgeries to needy girls** in collaboration with the Sameer Malik Heart Care Foundation Fund. No girl should die of any disease just because her family cannot afford treatment.
14. IMA is for proper and timely notification of a notifiable disease. As per MCI Ethics Regulation 5.2, a physician is required to notify the constituted public health authorities of every case of communicable disease under his care. Also as per regulation 7.14, in case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

Indian Penal Code 269 says “Any negligent act likely to spread infection of disease dangerous to life is punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both” and IPC 270 says “Malignant act likely to spread infection of disease dangerous to life with imprisonment of either description for a term which may extend to two years, or with fine, or with both.”

**Not notifying TB, dengue or chikungunya is a violation of the above regulation including local municipal acts.** IMA also wants cancer, Zika virus disease and microcephaly to be included in the notifiable list.

15. In the field of digital health, IMA will create awareness about the safe use of mobile devices, digital hygiene and safety of mobile towers. NeHA (National eHealth Authority) is in the process of being set up through an Act of Parliament. IMA supports eHealth in India. Many patients in the urban setting are already demanding online services from doctors. It is high time that the doctors also reciprocate appropriately. IMA policy is to launch nationwide online tele-consultations.

16. IMA will have a special cell to take care of the rights of the differently-abled persons.

17. A Blood Donation Cell will create awareness about 100% voluntary blood donations. **1st July will be IMA Voluntary Blood Donation Day.** Every state will have a Blood Donation Cell and chairmen of all states will meet regularly to promote blood donations in the country.

18. IMA will open **IMA Surveillance Cell, IMA Single Window Disease Surveillance and Adverse Events Reporting Cell under one roof** for Notifiable diseases, Communicable diseases, TB, HIV, Syphilis, Vaccines, Devices, Drugs, Blood, Herbs, AMR, Sentinel events, Never events, Medication errors, Schedule X drugs, Diseases.

19. **IMA PvPi Nodal Centre** will run the helpline 97177776514 and will ask all members to report adverse reactions to drugs, devices, herbs, blood and vaccines. IMA will also pursue inclusion of Pharmacovigilance training in the internship curriculum and 2 to 4 days training in the Department of Pharmacology during the internship posting in Community Medicine.

20. IMA will open a **Research Promotion Cell, Statistical Department, Research Paper Writing Cell** and Independent **Ethics Committee.**

21. IMA will start a **National Infection Control Committee** to control spread of infection. IMA is for compulsory availability of **N95 and surgical masks** for doctors and public, respectively, in health care settings. All persons entering a health care establishment must be given surgical masks at reception and with facilities of a separate line for registration, imaging and lab tests.

22. Padma Vibhushan Awardee Sonal Mansingh will be the **Brand Ambassador** of “India Swachh Bharat, Swasth Bharat” project and IMA Kayakalp project of swachh medical establishments. All IMA states will nominate nine eminent medical persons as “Navratnas” to propagate cleanliness in the state. IMA will also promote the concept of “Namaste” instead of shaking hands, called “Sonal Namaste”. This alone will check spread of major infections.

23. **IMA Nutrition Cell** will promote the concept of balanced food (moderation, variety, seven colours, and six tastes). IMA will promote exclusive breastfeeding for first six months of life with mandatory feeding of colostrum in the first hour. IMA will promote anti-anaemia diet, which will also include consuming gur-chana every Friday in fasting state. IMA will also promote the concept of weekly carbohydrate fast to reduce insulin resistance and the concept of kitchen as a pharmacy.
24. IMA supports the Pradhan Mantri Surakshit Matritvaa Yojana and is committed to participating in every Antenatal Care Check-up to be held on the 9th of every month. IMA is for 100% institutionalized deliveries. In addition, IMA wants minimum four antenatal visits during pregnancy and identification of the paediatrician in the last trimester.

IMA will start two special campaigns 12:12 (Hb12 by age 12) and 2H (control Hemoglobin and Hypertension in pregnancy). IMA will also initiate a special campaign 9/9/9: nine parameters for nine months on the 9th of every month in antenatal care (Syphilis, Immunization, Institutional delivery, Thalassemia, Hemoglobin, Hypertension, HIV status of the spouse, High-Risk Pregnancy and Breastfeeding).

25. The 9th of every month will also be IMA Community Service Day for organizing camps and other community activities.

26. IMA is also for involvement of a paediatrician in antenatal care at the 9th month.

27. On 1st July, Doctors’ Day, IMA expects all branches to organize a mega community service event and provide free/subsidized treatments for the community.

28. 5th September is Teachers’ Day and should be celebrated in all branches.

29. Both 5th September and 1st July IMA days will be dry days and no alcohol should be served in any function as a mark of respect.

30. IMA will also be organizing a series of well-baby shows and IMA God Bharai function in association with Johnson and Johnson.

31. One of the major IMA campaigns will be to audit every preventable death “Vo to Theek Hai, Par Mara Kyon”. Every year over 1.2 million children aged 0 to 5 years die of preventable causes, as per UNICEF. Premature and neonatal birth complications (39%) are the biggest killers followed by pneumonia (14.9%), diarrhea (9.8%) and sepsis (7.9%). Though the under-5 mortality rate, deaths per 1,000 live births, have come down to 48 from 126 deaths in 1990, it is still higher than Afghanistan (36), Pakistan (38), and China (11). India reported 25 million births in 2015.

32. IMA is against issuing or obliging for false certificates for medical leave, Mediclaim forms, etc. IMA campaign will be directed at learning to say no “Sorry I cannot oblige you for...”

33. IMA (e) tobacco policy will mention in all meetings “Thanks for not consuming tobacco” and IMA alcohol policy will be “Please do not embarrass me by asking for whisky”.

34. IMA is for total tobacco ban with arrangements for alternative crops and rehabilitation of tobacco workers and industry.

35. With regard to the elderly and the oldest, IMA will start campaigns “Abhi to Main Jawan Hoon” and “Forget me not”.

36. To control non-communicable diseases, IMA supports high alcohol tax, 85% pictorial warning on tobacco packs and high tobacco taxes and introduction of sugar tax. The campaigns will be “White sugar is a slow poison”, “Move Move and Move” and “Glow Red Campaign”.

37. IMA legal cell will work on discrepancies and controversies in law.

38. We need uniformity in IMA working. We abolish all unconstitutional permanent posts from today.

39. IMA is for centralised autonomous wings. Each of the constitutional IMA wings (IMAAMS, IMACGP, IMA AKN Sinha, NPSS, NSS, Pension Scheme and Health scheme) from today will have an OSD at headquarters for coordination.

40. All professionals as per MCI Ethics Regulation 1.1.1 shall have to uphold the dignity and honour of their profession. While it is true that regulation 1.7 allows a doctor to expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession,
the same has to be reported to the state medical council. IMA will not tolerate any member defaming the profession in national, local, or international media or social platforms.

41. **IMA will design a standard prescription format. The compulsory columns will be advice about hygiene, vaccinations, noise pollution, PM 2.5/10, addictions, standard warning signals, standard lifestyle, important numbers, drugs with generic names, and in CAPITAL LETTERS.**

42. IMA will also design a standard **medical and surgical consent form.**

43. IMA will appoint **celebrity brand ambassadors.** The following have been approached for various campaigns: Sonal Mansingh, Dr S Y Quraishi, Ashok Chakradhar, Surinder Sharma, Uma Sharma, Rajan Sajan Sharma, Nalini Kamalini, Surinder Khanna, C K Khanna, A R Kohli, Geeta Chandran, Ashish Vidyarthi, Chetan Sharma, Vijay Dahiya, Chetan Chauhan, Sushil Kumar and Satpal.

44. IMA will have **additional constitutional awards on Doctors’ Day, Teachers’ Day, International Women’s Day and Elderly Day.** IMA will also honour all doctors aged 100 or older and all those born before IMA was born in 1928.

45. In the field of vaccination, IMA is committed to having India remain Polio-free. As part of the **IMA-MR campaign** to eliminate measles and control rubella/congenital rubella syndrome (CRS) by 2020, the Measles-Rubella (MR) vaccine will target children from 9 months up to 15 years covering **41 crore children,** beginning from the first quarter of 2017.

IMA will also work on typhoid, pneumonia, human papilloma virus (HPV), flu, cholera, hepatitis A and rota virus vaccines. IMA is concerned about the non-availability of anti-snake, diphtheria, rabies and hepatitis B serum in the country. IMA will also move toward dT from TT vaccine.

46. In the field of NCD, the IMA campaign will be “**IMA-OHD**” to avoid 3 key risk factors (obesity, hypertension and diabetes) to delay onset of heart failure by 10 to 15 years and to lower later-life heart failure risk by as much as 86% between 45 and 55 years.

47. In the field of **medical education,** the IMA has proposed amendments to the IMC Act as under:

- Providing for an accreditation authority for Medical Education on the lines of authority vested with AICTE in respect of technological institutions under their ambit through National Accreditation Board.

- Vesting MCI with the authority to propose a National Perspective Development Plan for geographical location of medical colleges in the country on the basis of socioeconomic backwardness in view of unequal geographical distribution of existing medical schools in the country including the phenomenon geo-concentration.

- Vesting MCI with the authority to prescribe service conditions and payable scales for the full-time teaching faculties in the medical colleges in the country at par with the UGC authorized to prescribe service conditions and payable scales for teachers in higher education.

- Vesting authority with the MCI for disbursement of planned development grants for medical education to various medical colleges in the country at par with the authority vested with the UGC.

- To provide for a clause to the effect that membership to the council shall be barred on the principle of conflict of interest.

- To provide for a representative character to the Post Graduate Medical Education Committee by raising its membership strength to 11 in place of 9; of these, 6 shall be elected and remaining 5 shall be nominated members.

- By an appropriate amendment to Section 33 of the present IMC Act, the requirement of prior approval of the government to academic regulations be waived for timely and effective implementation of the academic regulations formulated by the MCI.
Vesting the council with the authority to prescribe moratorium on addition and multiplication of the medical schools including augmentation of their annual intake for the ongoing courses for a specified period whenever the situation needs and demands the same.

The authority to prescribe fee in the name of affordability and equity.

Creation of a national pool of full-time teaching faculty.

Logistics pertaining to modalities for effective functioning can be incorporated as a separate entry under Section 33 for evoking a regulation thereon.

The IMA is opposed to the idea of Exit Examination on the core consideration that it puts a question mark on the operable current standards of medical education.

IMA is of the considered view that the seats in UG and PG avenues of Medical Education should be increased in terms of the perceived requirements and needs for the country; however, ensuring that the desired standards of teaching, learning, assessment and evaluation are not diluted in any manner, whatsoever keeping in mind that any compromise with the same would result in generation of compromised trained health manpower, which would be detrimental to the health care delivery system and a bane for the society as a whole.

A problem medical education faces is that many of those who teach do not practice and those who practice may not teach. Most teachers who belong to pre- and para-clinical departments and many teaching faculty are burdened with administrative jobs. Their skills get wasted. We must bring all of them into the Health Care Delivery fold making their teaching clinically more relevant and generating more interest in students.

Rural postings as in-vogue in UG Medical Education need to be maintained as they are. The policy of incentives for rural postings in terms of accruable 10% marks for each year of posting subject to a maximum of 30% marks for admission to PG course is a good and desirable scheme. Any incorporation of rural posting in the duration of PG studies should not result in extension of the period of study. Further, in case the rural postings are provided during the PG period of study, the academic computation of the same should be well-defined with desired specifics.

IMA is totally opposed to the abolition of MCI. However, it is of the considered opinion that the present IMC Act needs required amendments to make it functionally more viable. The autonomy of the regulatory body has to be upheld. It cannot be trampled upon. It should not be subverted so as to reduce it as a subservient department to the government. It has to have its representative character. It cannot be a body of handpicked people nominated by the government so as to ensure that the dictates of the government reign supreme. As such, the key amendments mooted by the IMA are as above.

48. Desired reforms in medical education: The reforms that are necessary in medical education in the opinion of IMA are as under.

- Transparency in admissions to the medical courses exclusively based on unitary merit without any extraneous consideration in any form including capitation fee of any type.
- Curriculum design and update in a time-bound manner commensurate with the perceived needs of the country and global trends in vogue.
- Putting in place a robust faculty development programme for capacity building.
- Appropriately monitored conduct of examination free and immune from biases of any and every type.
- A national pool of teaching faculty to be created to tide over the paucity/shortage of the same.
- Rationalization of the prescribed infrastructural requirements commensurate with the realistic needs.
- Incorporation of technology and information tools in an appropriate manner.
- Evoking affordability, equity, and access in an inclusive manner in tune with societal interest.
- Putting in place a competency based medical education with rationalized flexibility.
- Putting in place a choice-based credit system in medical education with transferable credits to make it globally relevant.

49. IMA is against **erroneous or humorous depiction of the medical profession** in movies and TV serials.

50. IMA will design **standards and start accreditation-cum-certification process** for GP Clinic, Adolescent Clinic, Sexual Clinic, Anti-smoking Clinic and De-addiction Clinic.

51. IMA will start a campaign called **Lead-Safe Healthy Society in India.**

52. The Supreme Court has recently mandated **playing the National Anthem before screening of any film** in movie theatres. The national anthem is pivotal and centripetal to the basic conception of sovereignty and integrity of India. It is the marrow of nationalism, hypostasis of patriotism, nucleus of national heritage, substratum of culture and epitome of national honour. Every IMA branch should start its meeting with **IMA Prayer** and end it with the National Anthem.

53. IMA **National Initiative for Safe Sound** will have a pan-India campaign on “**Say No to Honking**”. IMA **National program for prevention of blindness from diabetes** will also be run nation-wide.

54. As per a Supreme Court Judgment, it is mandatory for the health care workers to get **free hepatitis B vaccination**. However, the same is not happening. IMA will start a campaign for the same.

55. An HIV-positive person cannot be **denied job or a visa** but this does not apply to a hepatitis B positive person. This dichotomy needs to be addressed.

IMA is for community-based HIV testing, universal HIV testing in pregnancy, viral load checking in pregnancy, care of the serodiscordant couples and gradual shifting towards ‘test and treat’ strategy. A regulation on how to dispose of HIV-positive blood is required. HIV should also be made a Notifiable disease.

56. The prevalence of hepatitis C is less than 1% but in Punjab it is over 5%. Today, the cure of hepatitis C is available at a cost of ₹ 7000/- to ₹ 10,000/-. IMA will take up a campaign to **eradicate hepatitis C.**

57. **Hepatitis A 2 E**: It is now possible to take care of hepatitis A and E by prevention, water and food hygiene, B prevention by vaccine, and C cure with drugs.

58. **Elderly vaccines**: Promoting Herpes Zoster, Pneumonia and Flu vaccines in the elderly to prolong life will be another IMA campaign.

59. IMA is for **integrated training of all counsellors, HIV-negative baby registry and debates on 17 neglected tropical diseases.**

60. IMA is for antibiotic, HIV, and mental health policies.

61. **10th February will be IMA Mass Deworming Day.**

62. IMA will closely work with all National Health Programmes.

63. IMA will also focus on diseases like asthma, cancer, leprosy, respiratory infections, sexually transmitted infections, fluoroasis, trachoma, gallbladder and kidney stones, sickle cell disease, filaria, blindness and malnutrition including acute malnutrition.

64. We have already eradicated Polio, Yaws and Dracunculiasis (guinea worm disease) and are now moving towards other potentially eradicable diseases.

65. IMA will have a separate cell on **Road Safety.**

66. IMA will have a separate cell to build guidelines on men’s health, erectile dysfunction (ED) and prostate diseases.
67. IMA is against unconventional therapies without an informed consent and clearance from independent ethics committee, be it stem cell therapy, reuse of disposable devices (New York vs Oxford), or off-label use of drugs.

68. IMA is for establishing virtual autopsies at clinical level for non-medicolegal cases (whole body CT, whole body MRI, postmortem angio, molecular autopsy).

69. IMA will also work closely with Dental Council of India (DCI), Indian Nursing Council (INC), Trained Nurses Association of India (TNAI) and other associations.

70. IMA will also closely work with all other speciality associations, Federation of Indian Chambers of Commerce and Industry (FICCI), Associated Chambers of Commerce of India (ASSOCHAM), PHD Chamber of Commerce and Industry, Confederation of Indian Industry (CII), Healthcare Federation of India (NATHEALTH), Association of Healthcare Providers (AHPI), Consortium of Accredited Healthcare Organizations (CAHO) etc.

71. IMA wants that by the end of the year, all IMA wings should have separate buildings. IMA Kolkata building also needs repair.

72. IMA will also start a health and medical writer’s forum.

73. JIMA will now be distributed to all the members.

74. IMA is also for opening IMA Medical Colleges, IMA Blood Banks, IMA Elderly Homes and IMA Medical Waste Units.

75. In the field of prevention of diarrhoea, IMA will have special campaign on ORS with zinc.

76. All the IMA standing committees will meet periodically.

77. I also take the liberty of instituting two additional IMA constitutional awards this year.

In diligent recognition of the fond memory of late Dr Kishor Taori who had been an ardent activist of IMA, it would be appropriate to create an endowment by the IMA out of its own resources towards instituting an Annual Oration named as “Dr Kishor Taori Memorial Oration” to be delivered by an eminent expert on 1st July every year, to mark Doctor’s Day. The terms and conditions governing the said endowment would be worked out by the competent authority from time to time.

In diligent recognition of the consistent creative contribution of Dr Ketan Desai presently President WMA, an endowment needs to be created out of a corpus from IMA resources towards instituting an Annual Award named “IMA Dr Ketan Desai Medical Statesman of the Highest Order” award to be conferred on 1st July every year to a deserving eminent man for his or her consistent contribution to the cause of medical education and health profession. The Rules and Regulations governing the same including inception, eligibility and mode of selection may be prescribed under the endowment rules by the competent authority from time to time.

Dear Colleagues, this is not the end.

For IMA, sky is not the limit. We will work in every possible field but not without contribution and support from each one of you.

Just give me few minutes of your intellect every day and we will collectively make a change. Let us believe in Jungle me mor nacha, sabne dekha.

I am thankful to Dr Ketan Desai my mentor; Dr SY Quraishi, Dr SS Agarwal, Dr A Marthanda Pillai, Dr Deepak Chopra, Dr Sanjiv Chopra, Dr Ajay Kumar, Dr Ved Prakash Mishra, Dr Vinay Aggarwal, Dr Naresh Trehan, Dr Vineet Ahuja, Dr Anoop Sarya, Dr Anupam Sibal, Dr Mahipal Sachdev, Dr Harsh Mahajan, Dr Navin Dang - my advisors, Dr Major Prachi Garg, my senior clinical associate; Mr Vivek Kumar, Mr Bejon Misra, Mr Sanjeev Batra, Mr Rajesh Jain, Anita, Akhil, Madhukant, Rajesh and my other
friends from Wardha; Mr Mahesh Sharma, my childhood friend; Mr Ashok Chakradhar and the media - my extended family.

A special word of acknowledgement to the outgoing National President Dr SS Agarwal and the incoming Honorary Secretary General Dr RN Tandon, Honorary Finance Secretary Dr VK Monga and incoming National President-Elect Dr Ravi Wankhedkar.

I would also like to acknowledge the contributions of IJCP Group, Heart Care Foundation of India, eMedinewS, eMedinexus and Talking Point Communications.

I am forever indebted to my late father Shri Qimat Rai Aggarwal; my father-in-law Late Mr GL Sanghi and Late Mrs and Dr KL Chopra, who are still alive in my heart.

Last but not the least, I am grateful to my mother Smt. Satyawati Aggarwal, my wife Dr Veena Aggarwal; Mr Vipin Sanghi and Mr Mukul Rohatgi - my brothers-in-law; Niles - my son; Naina - my daughter; Saurabh Aggarwal and Nitin Aggarwal - my nephews and both the Aggarwal and Sanghi families for their constant support and being my pillars of strength.

I thank all those who are here today and continue to support me in all my endeavours.

कौन आते हैं हमारे पास?
जो धनवान हैं?
रीत हैं या हीन हैं,
कृछ पलों के मेहमान हैं?
सब के सब इंसान हैं,
सेवा हमारा है धरम
याद रखें, हम मरीजों के लिए भगवान हैं!
मुझे जो काम सींपा है उसे प्रण से निमाऊंगा,
मुझे दिल से खुशी होगी अगर मै काम आऊंगा!

Jain Hind
Jai IMA

Dr KK Aggarwal
National President 2016-17
Vice President CMAAO
President Heart Care Foundation of India
Objectives of the Association

1. To promote and advance medical and allied sciences in all their different branches and to promote the improvement of public health and medical education in India.

2. To maintain the honor and dignity and to uphold the interest of the medical profession and to promote cooperation amongst the members thereof.

3. To work for the abolition of compartmentalism in medical education, medical services and registration in the country and thus to achieve equality among all members of the profession.