

"Medico legal guidelines in sudden death in gynecology practice"

In general, irrespective of the diagnosis, death can take place in the hospital under two circumstances. Firstly, the more common one, the expected death, where the patient's relatives are aware of the serious nature of the illness, and naturally death is expected. The second situation would be sudden and unexpected death. When the death occurs unexpected and suddenly, the relatives find it difficult to cope with the bad news. They can hardly believe the sudden loss of their loved one.

Every maternal death is a tragedy of multiple dimensions.

Every year more than 500000 women die during child birth in the world; out of which 1/5th, i.e. 100000 women die in India alone. With present situations doctors have the risk of facing medico-legal problems.

Deaths related to pregnancy are categorized into:

- **Direct** - the disease is related to pregnancy and/or delivering a baby

- **Indirect** - a disease unrelated to pregnancy directly, but exacerbated by the physical aspects of pregnancy and/or delivery

Coincidental - a disease physically unrelated to pregnancy.

Common Allegations of Obstetrical Professional negligence:

1. Failure to perform a timely C-section
2. Wrong or incorrect management
3. Complicated delivery
4. Failure to transport mother to tertiary case center in appropriate timing
5. Pharmacologic & anesthesia errors
6. Failure to diagnose
7. Inappropriate facilities & poor standard of care
8. Failure to educate patient

Guidelines in cases of Sudden death:

1. If possible call some doctors to see even when you know that they can not do anything further or help the

How to inform police and ask for postmortem?

1. You need not inform or take consent of relatives for informing police or asking postmortem. It is the job of police to ask for consent.
2. Law does not recognize, if you give death certificate in lieu of patients relatives giving a clean chit of "no negligence" to doctor.

How to protect yourself from courts:

1. Receive and reply notices and comply with summons/dates.
2. Seek advice of good medico-legal expert/opinion.
3. Take medical indemnity insurance.
4. Seek expert witness affidavits.
5. Submit eyewitness to avert allegations of "was not present during emergency".

patient.?

2. Never ever transfer a dying or dead patient to other hospital.?

3. Documentation: Accurate documentation in all cases of maternal death is essential. Poor documentation remains a problem in all aspects of medicine, and can have potential medico-legal consequences. Contemporaneous note-keeping is difficult in a resuscitation situation, unless someone is scribing. Those involved should then write full notes as soon as possible during & after the event.

4. Let terminal oxygen, i.v. fluids etc. continue till doctors have completed records?
5. Finally declare death, but how?

How to declare death?

The onus of convincing the bereaved family members about the circumstances, which lead to sudden demise of the patient, definitely lies on the health care team and should be carried out with utmost priority. In this situation, any lack of compassion and kindness on the part of the health care team may in fact trigger violent grief reaction, and anger may be directed towards the hospital staff.

1. Ensure your notes and records are complete
2. Take some relatives in

confidence and talk to them about certainty of death. Be tactful and empathetic while declaring death, show genuine sorrow.?

3. Ensure that chief / main doctor is present to declare death and do not do through junior doctors to prevent later on lots of heartaches and headaches.?

4. While declaring death do not irritate them with pending bill, proposed post-mortem, information to police, harsh language, arrogance, pointing out relatives negligence, gloat with "that you have done everything".

When to Inform Police

A doctor has to inform the police in following circumstances. Failure to inform police in such cases may result in penal consequences. Police must be informed in: (i) unknown, unconscious patient, (ii) death on operation table, (iii) suspected unnatural death, (iv) sudden, unexpected, violent and unexplained death, (v) instant death after treatment or reaction of medicine, and a (vi) married lady dying within seven years of marriage due to any reason.

It is also advisable to inform police in following circumstances

- (i) undiagnosed death within 24 hrs. of admission or specially if there is any suspi-

cion,

(ii) accidental deaths, and (iii) in cases of hospital deaths if

a. accidents not related to medical management like fall from staircase etc., though there is no legal obligation on doctor, it is advisable to inform the police,

b. unexpected or rare complications may occur sometimes, e.g. a patient may vomit, aspirate the content and may die.

This is very unpredictable and it is not obligatory on part of the doctor to inform such deaths. But it is better if we inform the police because sometimes patient's relatives may allege negligence in such cases. In cases of death due to negligence in treatment there are no specific provisions to inform the police but in order to avoid untoward incidences it is better to inform the police.

If the cause of death can't be ascertained in any case then it is desirable to send the body for postmortem examination preferably with the help of the police. It is advisable to suggest postmortem in the following circumstances:

- (i) whenever death is sudden, unexpected or unexplained,
- (ii) when precise cause of death is needed for insurance claim purposes etc.,
- (iii) as a help to arrive at final diagnosis.

Information to police shall preferably be in writing and the written acknowledgment should be obtained. If the information is telephonic one must note down name, buckle number and designation of the police.

Do's and Don'ts:

- Inform police whenever necessary.
- Extend all possible cooperation to the police.
- Furnish copies of medical records to police, court or relatives whenever demanded.
- Follow the legal procedures or provisions.
- Have a valid informed consent for the treatment.
- Preserve the documents,



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records specially in medico-legal, controversial or complicated cases.

- Insist for post-mortem examination if the cause of death can't be ascertained.
- Involve medical associations, medico-legal cells, voluntary organizations whenever legal problem arises.
- Consult your lawyer before giving any reply.
- Don't become panicky.
- Don't manipulate or tamper with the documents.
- Don't do unlawful or unethical acts.
- Don't issue false or bogus certificates. Certificate was issued on request is no defense.

Don't neglect the treatment while completing legal formalities specially in serious or emergency situation.

Key Recommendations : Some of the areas identified for improvement in the management of many of the cases of maternal deaths reported are as follows:

... Continue page 8

Fear-Free Hospitals, Stronger Healthcare: Udaipur Stages Landmark Goodwill Rally



Udaipur: Marking National Doctors' Day, the Indian Medical Association (IMA), Udaipur, organized a massive Goodwill Rally for Fear-Free Hospitals on July 1, drawing thousands of doctors, nurses, paramedical staff, medical students, and members of the public. The rally conveyed a strong message in support of doctors' safety, dignity, and the need for a secure and violence-free working environment in hospitals.

The initiative aimed to create public awareness about ensuring safe and respectful workplaces for healthcare professionals while strengthening trust and harmony between society and the medical fra-

ternity. Participants emphasized that only doctors who work without fear can provide the best possible healthcare to the community.

IMA Rajasthan President Dr. Anand Gupta said that more than 50 social, business, and voluntary organizations participated in the rally, demonstrating strong public support for the medical community. He highlighted that protecting healthcare professionals is vital for strengthening the healthcare system.

The rally was attended by IMA National Vice President Dr. Sunil Chugh, IMA Rajasthan Immediate Past President Dr. M.P. Sharma, and Harish Rajani, former

Rajasthan Minister, as distinguished guests. They underscored the importance of ensuring the safety and dignity of doctors to enable uninterrupted and quality healthcare services.

The rally commenced from

Bhandari Darshak Mandap, passed through key city roads, and concluded at the same venue. Participants carried messages advocating an end to violence against healthcare workers and promoting fear-free hospitals. The event also

witnessed enthusiastic participation from numerous medical institutions, professional associations, and social organizations, reflecting a united commitment towards safeguarding the healthcare fraternity.



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Mental Health Consequences of Social Media and Smartphone Addiction: An Emerging Public Health Challenge

The rapid proliferation of smartphones and social media platforms has transformed the way individuals communicate, learn, work, and interact with society. While these technologies have brought undeniable benefits, their excessive and uncontrolled use has emerged as a growing public health concern. Problematic smartphone and social media use shares several characteristics with behavioral addictions, including compulsive engagement, loss of control, craving, withdrawal-like symptoms, and significant impairment in daily functioning. Neurobiological studies suggest that social media platforms exploit the brain's reward pathways through variable reinforcement mechanisms such as likes, comments, notifications, and endless scrolling, leading to repetitive use and dependence.

Excessive digital engagement has been associated with a wide range of mental health consequences. Numerous studies have linked heavy social media use with increased rates of anxiety, depression, low self-esteem, fear of miss-

ing out (FOMO), loneliness, and psychological distress. Constant exposure to carefully curated online content often promotes unhealthy social comparison, resulting in feelings of inadequacy and dissatisfaction. Furthermore, excessive screen time, particularly during evening hours, disrupts sleep patterns through both psychological stimulation and blue light exposure, contributing to insomnia, fatigue, and mood disturbances. The growing dependence on digital devices has also been associated with reduced attention span, impaired concentration, and diminished productivity in academic and professional settings.

Children and adolescents represent a particularly vulnerable population due to the ongoing development of their cognitive, emotional, and social capacities. Excessive smartphone use among young individuals has been linked to cyberbullying, body image concerns, poor academic performance, emotional dysregulation, and an increased risk of self-harm behaviors. Beyond psychological effects, prolonged screen exposure contributes to sedentary lifestyles, obesity, musculoskeletal

complaints, and digital eye strain. Healthcare professionals themselves are not immune, often experiencing digital burnout due to continuous connectivity and work-related demands.

Given the increasing prevalence of technology-related mental health problems, physicians must remain vigilant in identifying problematic digital use during routine clinical encounters. Assessment should include evaluation of screen time, sleep patterns, mood symptoms, anxiety, social functioning, and the impact of technology on daily life. Management strategies should emphasize digital hygiene practices, including limiting screen time, reducing unnecessary notifications, establishing technology-free periods, promoting physical activity, encouraging face-to-face social interactions, and utilizing evidence-based interventions such as Cognitive Behavioral Therapy when indicated. As digital technologies continue to evolve, fostering a balanced and healthy relationship with technology has become an essential component of modern mental healthcare. Increased aware-



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ness among healthcare professionals, educators, parents, and policy-makers is vital to addressing this emerging challenge and protecting psychological well-being in the digital age.

"The article is in accordance to personal Opinion of our esteemed writers."xxxxx



इटर्नल हॉस्पिटल



अब सर्जरी होगी और भी सुरक्षित, सटीक और लगभग दर्द-रहित

राजस्थान के निजी अस्पतालों में पहली बार

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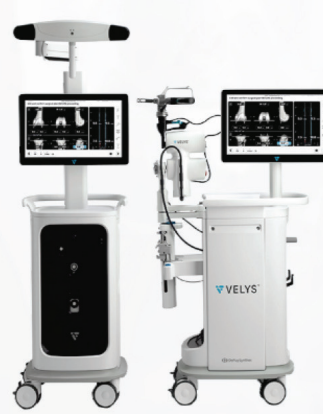
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- संक्रमण का कम खतरा
- रक्त चढ़ाने / ट्रांसफ्यूजन में कमी
- जल्दी सामान्य गतिविधियों पर वापस लौटना
- उच्च जोखिम वाले ऑपरेशन करने में सटीकता
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सटीक इंप्लांट पोजिशनिंग

रियल टाइम रोबोटिक गाइडेंस से बेहतर अलाइनमेंट



बेहतर परिणाम

कम दर्द, कम रक्तस्राव और प्राकृतिक मूवमेंट की वापसी



तेजी से रिकवरी

छोटे चीरे, कम जटिलताएँ और जल्दी सामान्य जीवन में वापसी



महत्वपूर्ण जानकारी: रोबोट सर्जरी नहीं करता है। सर्जरी अनुभवी सर्जन द्वारा की जाती है। रोबोट केवल सर्जन की सटीकता बढ़ाने में सहायता करता है।

अधिक जानकारी के लिए
क्यूआर कोड स्कैन करें



इटर्नल हॉस्पिटल क्यों चुनें ?



JCI एवं NABH मान्यता प्राप्त
सुपर स्पेशियलिटी हॉस्पिटल



विश्वस्तरीय रोबोटिक एवं
अत्याधुनिक चिकित्सा तकनीक



अनुभवी सुपर स्पेशलिस्ट
डॉक्टरों की टीम



सुरक्षित, भरोसेमंद एवं
गुणवत्तापूर्ण उपचार

यादें

बात करूं उन यादों की जो प्रोफेशन से जुड़ी है

सच बोलूं तो सौभाग्य
मेरा इस पेशे को मैंने अपनाया
जब जब एक मां को
उसका नन्हा सौपा, तो वो पल
वो एहसास वो खुशी ने
सब थकान को दूर भगाया

याद है अब भी की अपने बेटे के एक जन्मदिन पर चाहते
हुए भी सुबह उससे ना मिल पायी ,
एक जटिल प्रसव केस में थी स्कूल से लौटा तब गले लगा
पायी .
खुशकिस्मत हूं ऐसा बेटा पाया जो कर्तव्य पहले को हमेशा
समझ पाया.

मानो ना मानो हम डॉक्टर 24x7 खुद की जिंदगी में बहुत
अनकहे समझौते कर जिया करते है . पर हर क्षण पहले मरीज
की परवाह करते है

एक याद मैं साझा करती हूं दिवन के सिजेरियन के दौरान
नाइफ स्लिप होकर मेरे पैर पर गिर गया,
ना खुद एक क्षण को रुकी ना ओटी में किसी को बताया ,
सर्जरी फिनिश की पहले, जब मेरे पैर और जमीन को खून
में सना पाया तो वहां सब हैरान हुए . मैडम पहले क्यूं ना
बतलाया.

मेडिकल प्रोफेशन महज एक पेशा नहीं, एटीट्यूड है, जिम्मेदारी
है, जोखिम एवं संवेदनशीलता इसे पूर्ण बनाते हैं, यह मेरी गुरु
डॉ. Vinya Pendse मैडम ने सिखाया, इसी को मैंने अपना
मूल सिद्धांत बनाया.

एक और याद जिसे इत्तेफाक नहीं मैं हर इच्छा सर्वोपरि कहूंगी
साझा करती हूं 1995 की बात है प्रेग्नेंट फीमेल रूटीन
एंटीनेटल चेकअप को आई

चेकअप में बच्चे की धड़कन को 40-45 पाया तुरंत ओपीडी
रोका ओटी शिफ्ट कर इमरजेंसी सिजेरियन किया.
आश्चर्य टू नाट थी ईश्वर की लीला देखो बच्चा समय रहते
बाहर आया यादें बहुत है समय सीमित है अंतिम पंक्तियां कहूंगी
डॉक्टर एक इंसान है, उससे ऊपर भगवान है. मेडिकल
प्रोफेशन में होना मानो एक वरदान है. आभार उन सबका
जिन्होंने मुझ में इतना विश्वास दिखाया, मानव जीवन सफल
बनाया



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भोर भ्रमण

जीवन के उत्तरार्ध में
सूर्योदय का विहंगम दृश्य
जीवन-चलचित्र पटल से
परत दर परत
उठती जा रही जैसे
कोई चादर अदृश्य !

एक शख्स अधेड़ से
उदासीन, बेउमंग
संगीत प्रेमी का
मिला ऐसा संग
भोर में उतरे
सरगम के रंग
हर सुबह बनी
बेहद मधुर तरंग !

एक अन्य महाशय
रोज सैर के बाद
आम्रपाली के नीचे
करते इंतज़ार,
प्रेम- प्रसंग न था
थी हम-ख़याल मित्र
जिसके संग बिताने
जीवन संध्या के पल
दिखते थे बेकरार !

वृद्धों का कोई झुंड
बेतहाशा ठहाके लगाता
कोई रोज नये
राजनैतिक पैतरे बताता,

बीते दिनों का
गुणगान करता
तो कोई दुःखमय
आपबीती सुनाता !
दिल की परतें खोलती
एक जोड़ी अनोखी सी
अपंग नाती- वृद्ध दादी
लम्बाई समान,
विचार छूते आसमान !
सावन की हर भीगी सुबह
दादी के हाथ होती
छतरी बड़ी,
पोती के हाथ
उनकी लम्बी छड़ी !

अनुभव की विरासत
कभी आशा, कभी हसरत
उत्तरार्द्ध तरंगित
उद्गम उत्साहित
भोर आनन्दित !
अरुणिमा की चाह
कालान्तर में
गढ़े ऐसी राह
जहाँ
एक हों
आदि व अन्त
बन जाएँ अनन्त !



Dr. Ranu Patni

Senior Consultant
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INDIA v/s RAJASTHAN : WHERE DO WE STAND AS A STATE ON HEALTH INDICES...!?!

The National Family Health Survey–6 (NFHS-6) is India's latest and largest Nationwide Health and Demographic Survey, conducted during 2023–24 by the ‘International Institute for Population Sciences’ under the MoHFW-GOI. It covered about 6.79 lakh households across 715 districts and provides updated information on Population, Health, Nutrition, Family welfare, Maternal and Child Health, Immunization, and Healthcare Utilization. was officially released on 29 May 2026.

Key Findings of NFHS-6 – “INDIA”..

Indicator	NFHS-5 (2019–21)	NFHS-6 (2023–24)
Institutional deliveries	88.6%	90.6%
Antenatal care (ANC) coverage	92.6%	95.9%
ANC in first trimester	70.0%	76.2%
At least 4 ANC visits	58.5%	65.2%
Births attended by skilled personnel	89.4%	91.3%
Full immunization (12–23 months)	83.8%	87.1%
Postnatal care within 2 days	79.1%	85.3%

CHILD NUTRITION IMPROVEMENTS – “INDIA”...

- NFHS-6 reports notable reductions in under nutrition among children under five:
- Stunting reduced by about 17%.
 - Severe wasting reduced by about 32%.
 - Coverage of vaccines such as rotavirus vaccine more than doubled in several regions.
 - More than 95% of vaccinations were delivered through public health facilities.
- EMERGING CONCERNS
- While many indicators improved, NFHS-6 also highlights:
- Rising prevalence of Non-Communicable diseases (such as Diabetes and Hypertension).
 - Increasing Overweight and Obesity among adults.
 - Continued need to address regional disparities in health outcomes.

NATIONAL AVERAGE V/S RAJASTHAN :
NFHS-6 COMPARATIVE REPORT (2023-24)

1. INTRODUCTION

National Family Health Survey (NFHS-6) covered nearly 33,107 Households WOMEN-41261 MEN-5690 across in Rajasthan by Indian Institute of Health Management Research (IIHMR University) from 28 May, 2023 10 January, 2024.Rajasthan has shown steady improvement over successive NFHS rounds, particularly in Maternal Health, Institutional Deliveries, Immunization coverage, and Nutrition Outcomes, though challenges remain in Anaemia, Adolescent Health, and Rural Health Disparities.

2. MATERNAL HEALTH INDICATORS : INDIA V/S RAJASTHAN..

Indicator	India (NFHS-6)	Rajasthan Status
Women receiving ANC	95.9%	97.3% Improving-Better then National Average
ANC in first trimester	76.2%	78.2% Improving but lower in rural districts
4+ ANC visits	65.2%	61% Moderate improvement
Institutional deliveries	90.6%	94.1%Significant improvement;
Births delivered by caesarean section (%)	21.5%	10.4% Much Better then National average
Skilled birth attendance	91.3% 94.9%	High coverage across districts
Postnatal care within 2 days	85.3% 89.6%	Better then National average

ASSESSMENT

Rajasthan has made substantial gains in maternal healthcare due to expanded Institutional Delivery Services, Janani Suraksha Yojana, and Strengthened Primary Healthcare Infrastructure. However, tribal and remote districts continue to lag behind state averages.

3. CHILD HEALTH & IMMUNIZATION : INDIA V/S RAJASTHAN..

Indicator	India (NFHS-6)	Rajasthan Status
Full Immunization (12–23 months)	87.1% 75%	Lower
Any vaccination received	96.4% 95.2%	Similar trend
Rotavirus vaccine coverage-3doses	85.4%-doubled	83.4% Significant increase
Public facility vaccination share	95.6% 97.5%	Public sector dominant

ASSESSMENT

Rajasthan has shown strong progress in immunization coverage through Mission Indradhanush and strengthened outreach services. Coverage gaps persist in some desert and tribal districts.



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4. CHILD NUTRITION INDICATORS

Indicator	India NFHS-6 Trend	Rajasthan Status
Stunting	Reduced by 17%	Declining but remains above national average in some districts Noticeable improvement Improving gradually
Severe Wasting	Reduced by 32%	
Underweight Children	Declining	
Nutrition Service Coverage	Increased	Expanded through ICDS and Poshan Abhiyaan

ASSESSMENT

Rajasthan continues to face nutritional challenges, especially among tribal populations and children from economically weaker households. However, reductions in stunting and wasting indicate positive progress.

5. FAMILY PLANNING INDICATORS

Indicator	India Trend	Rajasthan Status
Modern contraceptive use	52.7% Increasing	57.1% Better then National average
Unmet need for family planning	8.5% Declining	7.9% Gradual reduction
Birth spacing awareness	Increasing	Moderate improvement

Assessment

Rajasthan has traditionally reported lower family planning indicators compared with southern states but continues to show steady progress through awareness campaigns and improved service delivery.

6. NON-COMMUNICABLE DISEASES (NCDS) : INDIA V/S RAJASTHAN..

Indicator	India NFHS-6 Trend	Rajasthan Status
Hypertension	Increasing	Similar rising trend
Diabetes	Increasing	Growing burden
Overweight/Obesity	Increasing	Urban areas showing faster rise

ASSESSMENT

Like the rest of India, Rajasthan is witnessing an Epidemiological Transition from Communicable Diseases to Lifestyle-related Illnesses.

7. MAJOR STRENGTHS OF RAJASTHAN

1. Improved institutional deliveries.
2. Better immunization coverage.
3. Increased maternal healthcare utilization.
4. Expanded health insurance coverage.
5. Reduction in child malnutrition indicators.
6. Improved public healthcare outreach.

8. KEY AREAS REQUIRING ATTENTION

1. High Anemia prevalence among Women and Children.
2. Persistent Malnutrition in tribal districts.
3. Adolescent health challenges.
4. Rising burden of Diabetes and Hypertension.
5. Rural-urban healthcare disparities.
6. Need for stronger early ANC registration.

10. OVERALL COMPARATIVE CONCLUSION

Rajasthan's Health Indicators have Improved substantially and are moving closer to National Averages across Most NFHS-6 Domains. The State has made Notable Progress in Maternal and Child Health, Institutional Deliveries, Immunization, and Health Insurance coverage. However, Rajasthan still faces challenges related to Nutrition, Anemia, Adolescent health, and emerging Non-Communicable Diseases.

Overall, Rajasthan can be categorized as a "Moderately Improving State with accelerating gains in Maternal and Child Health but continuing Nutritional and Lifestyle-Health challenges."

“The article is in accordance to personal Opinion of our esteemed writers.”xxxxx



भगवान महावीर
कैंसर चिकित्सालय एवं अनुसंधान केन्द्र
(कै. जी. कोठारी मेमोरियल ट्रस्ट द्वारा संचालित)



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- इंटरवेंशनल पेन एवं पैलिएटिव केयर
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IMA Pride 2026 Celebrates Medical Excellence with Doctors' Day Awards and Investiture Ceremony

Jaipur: The Indian Medical Association (IMA), Rajasthan, organised IMA Pride 2026, an Investiture Ceremony and Doctors' Day Award Ceremony, on Saturday, July 4, at the auditorium of the New Academic Block, Sawai Man Singh Medical College, Jaipur. The event celebrated the achievements of the medical fraternity while marking the official swearing-in of the new IMA Rajasthan executive committee.

The ceremony was graced by Cabinet Minister Dr. Kirori Lal Meena as the Chief Guest. Distinguished guests included Mrs. Amrita Meghwal (Former MLA, Jalore), Dr. Ghanshyam Bairwa, Dr. Leela Vyas, and Dr. Haridutt.

A major highlight of the event was the installation of the new IMA Rajasthan Executive Committee. Dr. Mahesh Chand Sharma took oath as the President of IMA Rajasthan, while Dr. N.K. Agrawal assumed office as Secretary, Dr. Anand Gupta as President-Elect, and Dr. Akhil Agrawal as Treasurer, along with nearly 30 newly elected office bearers. The oath was administered by Chief Guest Dr. Kirori Lal Meena.

Marking Doctors' Day, the association honoured 101 doctors from across Rajasthan for their exceptional service and contribution to the medical profession. Among the awardees were Dr. Anju Soni, Dr. Tripti Sharma, Dr. Rajeev Munjal, Dr. Paras Jain, Dr. Brijesh Gaur, Dr. Durga Shankar Saini, Dr. Jagdish Modi, Dr. Rahul Katta, Dr. Sweety Soni, Dr. C.L. Nawal, and several other distinguished healthcare professionals.

In a proud moment for healthcare journalism, Medical Buzz, North India's leading monthly medical newspaper, was also felicitated for its outstanding contribution to the medical fraternity and its dedicated service over the past nine years. Receiving the honour on behalf of Medical Buzz were Dr. Rajeev Munjal, Dr. Paras Jain, Dr. Brijesh Gaur, Dr. S.S. Gett, and Dr. Vinita Patni, reaffirming the publication's commitment to connecting, informing, and empowering the medical community.



The presidents, secretaries, and treasurers of all IMA Rajasthan branches were also felicitated with mementoes in recognition of their dedicated service to the association.

The event was attended by IMA National Vice President Dr. Sunil Chugh, Immediate Past President Dr. M.P. Sharma, former President Dr. Ashok Sharda, and Dr. Rajnish Sharma. A meeting of IMA Rajasthan office bearers was also convened to discuss future programmes, organizational priorities, and initiatives for the coming year.

The programme was anchored by Dr. Bajrang Soni, Dr. Anurag Sharma, and Dr. Ritu Sharma. Members of the organizing committee, led by Dr. Rajnish Sharma and Dr. Umesh Dutt Sharma, along with Dr. Kusum Gaur, Dr. Sunil Katta, and Dr. Ashish Kumar Gupta, were also honoured for their exemplary efforts in making the event a grand success.

Leading healthcare institutions and supporting organizations, including Manipal Hospital, Mahatma Gandhi Hospital, Apex Hospital, Tania Medical College, Shri Krishna Hospital, Katta Hospital, Rohit Hospital, Maya Devi Hospital, Vedansh Hospital, Arya Medical College, Soni Hospital, Somani Hospital, Mahavir Cancer Hospital, OUCH Hospital, Asian Cancer Hospital, OK Diagnostic Centre, Kalpana City Centre, and Tiny Soul School, were felicitated for their valuable support.

The celebrations concluded with a memorable Ghazal evening and a community dinner. As part of IMA Rajasthan's "Green & Healthy Rajasthan" initiative, saplings were distributed to all participants, encouraging environmental sustainability and a greener future.

The event concluded with a vote of thanks by Dr. Umesh Dutt Sharma, Chairman and Convener of the Organizing Working Committee, who expressed gratitude to all dignitaries, delegates, sponsors, and participating doctors, bringing a fitting conclusion to a day dedicated to celebrating excellence in the medical profession.

... Continue of Page 1

1. Improve the emergency care facilities in the labour room to deal with clinical situations such as an acute postpartum collapse due to haemorrhage, or a collapse due to amniotic fluid or pulmonary embolism. A trolley with the required drugs, fluids, IV sets, cannula, "cut down sets," endotracheal tubes, laryngoscopes, etc., should be readily available in every labour room. The obstetrician in charge should appoint a person (e.g. the head nurse) in the labour room to be responsible for ensuring that all items in the emergency trolley are readily available and in working order and that the drugs are within the expiry date.

2. Provide regular training and updating to doctors and labour room nurses. This should include training for setting up intravenous lines, intubation, and external cardiac massage. Those in service and in training should undergo this updating.

3. Establish an alarm system in labour rooms to call for help, especially in those labour rooms that have large, separate enclosures for the second stage of labour.

4. Make a concerted effort to ensure availability of blood and components to all centers where deliveries take place. This does not mean setting up full-fledged blood banks in all centers. In centers where blood and components are not available, a tie-up with the nearest blood bank can be established and the line of communication simplified so that valuable time is not lost when requesting for emergency supplies of blood.

5. Smaller centers should establish tie-ups with higher centers for accepting obstetric emergencies. If a complication needing the help of a more experienced obstetrician or anesthetist develops, it should be possible to arrange such help without delay. Whether the patient should be transported to the higher center, or experienced personnel from such centers go to the periphery, has to be decided on the nature of each situation but transport should always be readily available either way.

6. The ambulance service should be available not only for transporting patients but also to bring blood and components and to transport expert teams.

7. Ensure that life-saving drugs are available in center.

8. Establish obstetric intensive care facilities especially in major centers. There should be ambulances with transport ventilators attached to such centers.

9. Increase the public's

awareness of the need for antenatal care and early reporting to hospital if complications develop. Conducting regular antenatal classes will help in conveying valuable information to patients and their families.

Legal Judgments:

K. Murugesan & Anr. v. Dr. Sarala Devi Tamil Nadu S.C.D.R.C. 542

Consumer Protection Act, 1986 - Sections 2(1)(g), 14(1)(d) - Medical

Negligence-Deficiency in Service-Delay in Operation-Compensation-Advanced stage of pregnancy-Acute labour pain-Opposite party found immediate operation necessary-Delay of four long hours-Opposite party waited for her Anaesthetist husband - No attempt to get assistance to local Anaesthetist - Delay in opposite party's husband-No attempt to get assistance of local Anaesthetist-Delay in opposite party's husband coming from Madras-Operation conducted with the help of local Anaesthetist - Child in womb died, removed during operation-Delay in doing operation reason of death-Operation conducted without having blood for transfusion-Patient lost about 300 c.c. blood-No blood available - Patient taken to Madras in ambulance-Died on the way - Opposite party guilty of callous negligence- Complaint entitled to compensation along with interest.

A.Ravi v. Dr.(Mrs.) Usha Rani & Ors. Tamil Nadu S.C.D.R.C. 581

Consumer Protection Act, 1986 - Section 14(1)(d) - Medical

Negligence - Family Planning Operation - Patient Died - compensation - Patent taken to the operation theatre in good condition - Surgeon engaged to do the operation - Patient developed pain during operation - Local anaesthesia given had not necessary effect - Patient died due to negligence of surgeon - complaint lost consortium of wife and mother his children - Entitled to compensation of Rs.4,00,000/- along with 18% interest.

CONCLUSION:

The obstetrician-gynecologist practices in an environment where emergencies will occur. Preparation for these situations requires allocation of resources and supplies, planning, and collaboration. Inpatient emergencies can be mitigated by a rapid response team that has designed

roles, streamlined communication, prompt access to emergency supplies, and ongoing education and training. The criteria used to activate a rapid response team must be defined and disseminated among potential activators. A protocol with standardized interventions and onsite drills will improve the care given in an emergency. The exact nature of the protocol will vary widely depending on the work environment and resources available. Prompt recognition of and response to critical clinical scenarios, teamwork, and training enhance patient safety and mitigate the severity of adverse outcomes.

"The article is in accordance to personal Opinion of our esteemed writers."xxxxx

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Advancing Rheumatology Through Knowledge: Jaipur Rheumatology Update 2026 at Narayana Hospital Jaipur

In its continued pursuit of clinical excellence and medical education, Narayana Hospital Jaipur successfully hosted the Jaipur Rheumatology Update 2026, a prestigious scientific conference that brought together leading clinicians, specialists, and physicians from across the country. Held on June 21, 2026, at Hotel Clarks Amer, Jaipur, the conference served as a vibrant platform for academic exchange and collaborative learning in the evolving field of rheumatology. Designed around the theme, "Investigations in Rheumatology: Where to Order and How to Interpret," the conference explored the critical role of diagnostic investigations in enabling timely diagnosis, accurate clinical decision-making, and improved patient outcomes. More than 100 healthcare professionals participated in the programme, reflecting the growing importance of evidence-based practices in rheumatology. The scientific agenda featured thought-provoking sessions delivered by eight distinguished faculty members, who shared their expertise on contemporary diagnostic approaches, interpretation of laboratory investigations, and practical insights drawn from complex clinical scenarios. Interactive case discussions and knowledge-based quizzes encouraged meaningful participation, creating an engaging environment where learning extended beyond traditional lectures into collaborative problem-solving. The conference was organised in association with API Jaipur, the Metabolic Society Jaipur, and the Research Society for the Study of Diabetes in India (RSSDI), reinforcing the spirit of mul-



tidisciplinary collaboration and continuous professional development. Reflecting on the success of the event, Dr. Rahul Jain, Director – Rheumatology at Narayana Hospital Jaipur and Organising Chair, said, "Jaipur Rheumatology Update was envisioned as a platform where clinicians could collectively explore the judicious use and interpretation of investigations in routine practice. The enthusiastic

participation and rich academic discussions reaffirm the growing commitment to advancing evidence-based rheumatology care." Mr. Balwinder Singh Walia, Director, Narayana Hospital Jaipur, highlighted the institution's commitment to fostering academic excellence. "Meaningful scientific engagement is fundamental to the advancement of healthcare. By creating opportunities for collaboration and

knowledge sharing, we continue to strengthen clinical practice and contribute to better patient care." Adding to this, Dr. Pradeep Goyal, Clinical Director & Head – Cardiac Anaesthesia, remarked, "The conference reflected the importance of continuous learning in modern medicine. The exchange of scientific perspectives and practical experience equips clinicians to make more

informed decisions and deliver enhanced patient care." Through initiatives like Jaipur Rheumatology Update 2026, Narayana Hospital Jaipur continues to nurture a culture of innovation, collaboration, and life-long learning—reinforcing its position as a leading destination for advanced healthcare, academic excellence, and evidence-driven clinical practice.



A Celebration of Compassion: Hanumangarh Honours the Heroes in White on National Doctors' Day

In a heartfelt celebration of dedication, compassion, and selfless service, the Indian Medical Association (IMA), Hanumangarh Branch, commemorated National Doctors' Day with a grand gathering that brought together more than 250 doctors from Hanumangarh, Nohar, Bhadra, Pilibanga, Suratgarh, and Rawatsar. The event served as a powerful reminder of the invaluable contribution of the medical fraternity to society.

The programme was graced by District Collector Dr. Khushaal Yadav as the Chief Guest, who lauded the unwavering commitment of doctors and acknowledged their tireless efforts in safeguarding public health. He remarked that doctors remain one of the strongest pillars of society, serving humanity with dedication and compassion even in the most challenging circumstances.

The keynote address was delivered by renowned asthma specialist Dr. Virender Singh, who travelled from Jaipur to be a part of the celebration. As the Director of Rajasthan Hospital, Jaipur, he inspired the gathering with an insightful address on the evolving role of doctors in modern healthcare, urging the fraternity to continue embracing innovation while preserving the human touch that defines the profession.

The event was further enriched by the presence of distinguished guests including CMHO - Dr. Navneet Sharma, Mr. Vikas Sihag, Managing Director of S.N. Hospital, Sri Ganganagar, Dr. Jyoti Dhingra Vice President of IMA Hanumangarh and Special Guests Dr. S.P. Singh and Dr. Kirti Shekhawat, Principal of Govt Medical college, Hanumangarh. Their presence added warmth and significance to the occasion.



Welcoming the delegates, IMA Hanumangarh President Dr. S.S. Gett expressed gratitude to every doctor for their relentless service and reaffirmed IMA's commitment to strengthening professional unity and promoting excellence in healthcare.

The celebration was also graced by the presence of IMA Patrons Dr. Paras Jain and Dr. Brijesh Gaur, whose continued guidance and support have played an instrumental role in strengthening the association. Also present was Dr. B.S Aeron, Regional Vice President of IMA Rajasthan, who appreciated the Hanumangarh branch for bringing together doctors from across the district and neighbouring towns in a spirit of unity and camaraderie.

One of the most memorable moments of the evening was the felicitation of more than 30 doctors for their exemplary contributions to healthcare. The honours celebrated not only professional excellence but also the compassion, resilience, and unwavering commitment that doctors demonstrate every day in the service of humanity.

The programme concluded with a heartfelt vote of thanks delivered by IMA Hanumangarh Secretary Dr. Arjun Singh Rathore, who expressed gratitude to the dignitaries, guests, organising committee, and every member of the medical fraternity for making the Doctors' Day celebration a grand success. We are proud to have SN Hospital and American Oncology Institute, Sri Ganganagar as the Principal Benefactors of this Programme.

More than just a ceremonial gathering, the event reflected the unity, dedication, and shared purpose of the medical community. It stood as a fitting tribute to the men and women in white coats whose compassion, commitment, and tireless service continue to heal lives and inspire hope every single day.

The PHNHS Annual Award Ceremony on Doctors day Eve:

The Private Hospitals and Nursing Homes Society, Jaipur, held its 21st Annual award ceremony on the eve of Doctors day, on 30th June, 2026 at Jai club. The event was a combination of Awards ceremony, a scintillating cultural eve and sumptuous fellowship fine dinner. The program was attended by almost 450 members of PHNHS and their families, and nearly a 1000 participants were there to celebrate the doctor's day eve. The program began with lamp lighting by the Chief Guest Lieutenant General Padam Singh Shekhawat AVSM, PVSM, SM along with the Guest of Honor Dr. Pawan Singhal and Dr. Rajvendra Singh, with Office Bearers of PHNHS, Dr. Sanjay Mehndiratta, Dr. Tarun Patni, Dr. Rakesh Kalra and other senior doctors. This was followed by inaugural speech by the Chief Guest and welcome address by the Secretary PHNHS.

Dr. Rakesh Kalra. The awards were given in 4 major categories Chikitsa Ratan, Chikitsa Vibhushan, Chikitsa Vibhushan and Chikitsa Shree, along with 4 Chikitsa Shurveer awards to 4 doctors who have given their exemplary services for doctors welfare.

The awardees were selected on merits by a jury of 5 senior doctors of Jaipur. Chikitsa Ratan was given to doctors in practice for more than 25 years and included Dr. H L gupta, Dr. Neerja Patni Grover, Dr. Ashwini Kamdar, Dr. Jolly Arora, Dr. S P Sethi, Dr. N C Poonia, Dr. Pawan Sharma, Dr Babu Lal Gupta, Dr. JN Sharma, and others. The awards ceremony was followed by a scintillating cultural evening with a live band of 8 singers and a cultural troupe. The event was spellbinding and the fellowship dinner at the well decorated Jai club lawns added much more flavor to the Doctors day eve.



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Nine Years of a Dream, A Decade of Dedication

Medical Buzz Completes 9 Glorious Years of Giving Healthcare a Voice

Nine years ago, a dream took shape—not merely to publish a newspaper, but to create a platform that would unite the healthcare fraternity, celebrate medical excellence, and bring to light the challenges, innovations, achievements, and human stories that define the noble profession of medicine.

That dream belonged to Dr. Rajeev Munjal, whose unwavering passion gave birth to Medical Buzz. What began as a vision has today evolved into one of the most respected and influential healthcare newspapers, becoming a powerful voice for doctors, hospitals, medical institutions, healthcare organizations, and the entire medical fraternity.

The journey has not always been easy. Yet, every challenge strengthened our resolve. During the unprecedented COVID-19 pandemic, when uncertainty gripped the world and many publications struggled to survive, Medical

Buzz stood firm. Our commitment to uninterrupted service never wavered. We continued to connect the medical community, disseminate authentic information, and chronicle the courage, sacrifices, and resilience of healthcare professionals when the nation needed them the most. Those difficult years remain a testament to our mission and our responsibility.

Over the last nine years, Medical Buzz has become much more than a newspaper. It has provided a common platform where healthcare challenges are discussed, groundbreaking innovations are showcased, medical research is highlighted, and inspiring stories of compassion and excellence find the recognition they deserve. One of the proudest mile-



stones of this journey has been the successful organization of eight Annual Medical Buzz Conferences in just nine years. Held across Jaipur, Bikaner, Hanumangarh, and Sri Ganganagar, these conferences have brought together 300–400 doctors from

across India each year, fostering scientific exchange, professional networking, and lifelong collaborations. They have become a hallmark of Medical Buzz's commitment to continuous medical education and unity within the profession.

Medical Buzz has also been privileged to publish articles and insights from some of the country's most respected healthcare leaders and distinguished personalities. Over the years, leading corporate hospitals, prestigious teaching institutions, medical colleges, special societies, and professional associations have become an integral part

of the Medical Buzz family. Their scientific achievements, conferences, cultural celebrations, social initiatives, research breakthroughs, and innovations have all found a vibrant platform in our pages.

Behind every successful journey stand guiding hands and unwavering supporters.

We express our deepest gratitude to our esteemed Patrons, **Dr. Paras Jain** and **Dr. Brijesh Gaur**, whose blessings, encouragement, and faith have been instrumental in the steady growth of Medical Buzz.

Above all, we thank the thousands of doctors, healthcare workers, hospitals, institutions, readers, advertisers, and well-wishers who have trusted Medical Buzz over the years. Every article submitted, every achievement celebrated, every conference organized, and every reader



inspired has added another page to this incredible story.

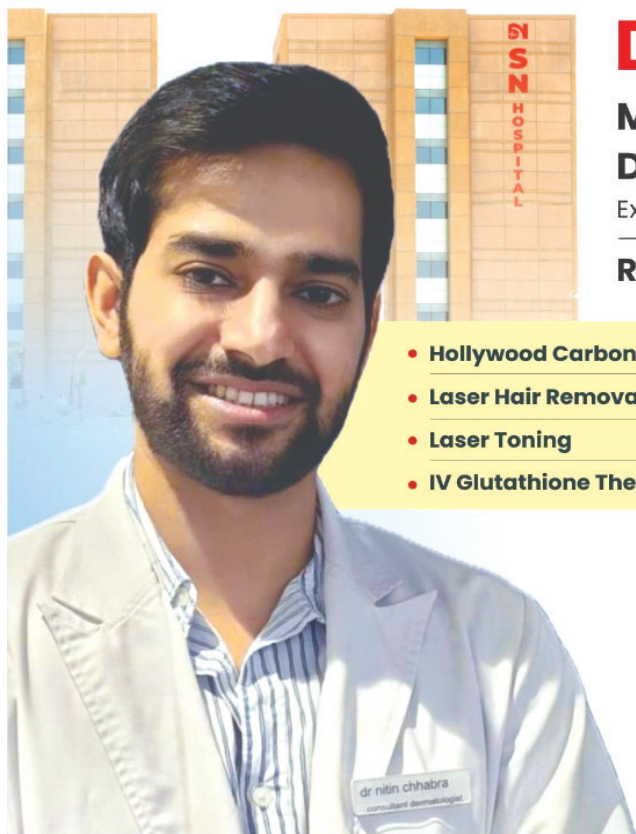
As we celebrate nine years of excellence, we are reminded that this milestone is not the destination—it is the beginning of an even greater journey. The healthcare landscape continues to evolve, bringing new opportunities and new responsibilities. Medical Buzz remains committed to being the trusted voice that informs, inspires, connects, and empowers the medical community.

With gratitude in our hearts and hope for the future, we step into our tenth year with renewed enthusiasm, stronger relationships, and an unwavering commitment to healthcare journalism.

Nine years of dedication. Nine years of trust. Nine years of serving healthcare. The journey continues... stronger than ever.



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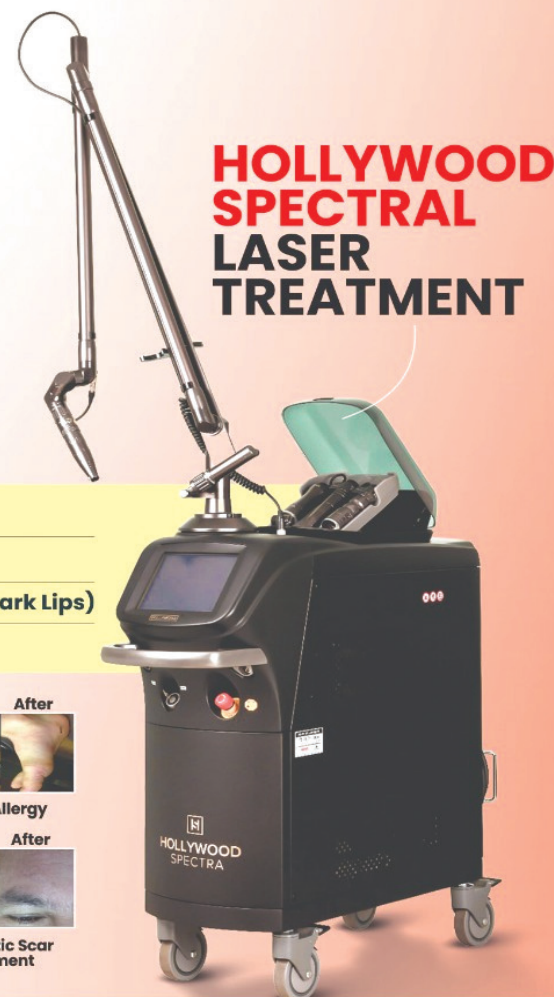
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