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UNESCO Chair in Bioethics University of Haifa

MUHS

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October 2018

World Bioethics Day
19th October 2018

Theme : 2018

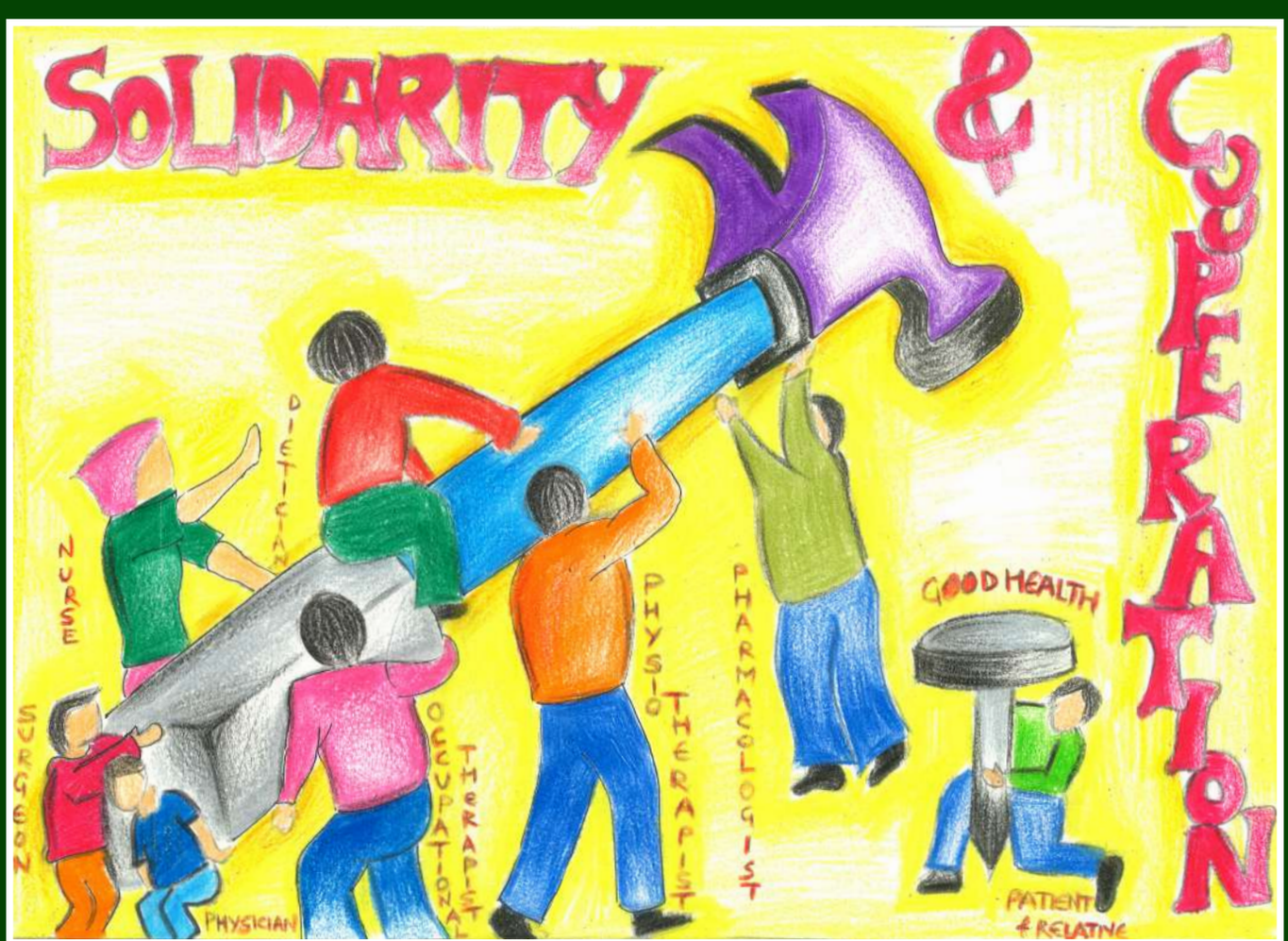
SOLIDARITY AND CO-OPERATION

Seth G S Medical College and KEM Hospital, Parel, Mumbai -12
www.kem.edu Email - gmubioethics@kem.edu

GSMC MUHS UNESCO Bioethics Unit

World Bioethics Day
19th October 2018

Poster Competition on
'Solidarity and Co-operation'



First Prize

Nidhi Ranka, Fourth Year, Physical Therapy

Introduction

Advances in biomedical sciences have made ethical lens imperative for medical practitioners, researchers and society at large so that adherence to moral values of beneficence, justice, autonomy in medical practice and research are up held.

Warren Reich's encyclopedia of Bioethics defines Bioethics as *'an area of interdisciplinary studies'* concerned with systematic study of human conduct in the area of life sciences and health care. Dr. James Drane calls the discipline paradigmatic because the dilemmas force the scholars to examine the essential life and death questions in the context of medical conditions. Scholars from diverse disciplines like philosophy, theology, sociology, law, biomedical sciences alongside medicine have contributed to development of the field. With their contributions to the development of bioethics core principles since 1960s, these streams have been instrumental in guiding medical practitioners towards rights based approach to health. So in way it is a union of the two trees of knowledge- humanities and philosophy on one side and medicine and biosciences on the other; that leads to growth of an integrated approach towards not only human but also environmental well-being and growth.

The Oxford dictionary defines the word *'Inarch'* as a plant graft created by connecting a growing branch without separating it from its parent stock. The term conveys the spirit of synergy between the two streams. Hence we chose this name for our bulletin which will bring to you articles on bioethical issues by medical faculty, students, ethicists, philosophers.

Our bulletin is intended for undergraduate, postgraduate students in medical, paramedical subjects and nursing as well as practitioners and teachers. It aims to open up discussion on ethics of practice, research, curriculum content and advances in biomedical sciences.

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Editorial

It is overwhelming to educate oneself about solidarity and cooperation. Overwhelming because the search takes us to the toil and sacrifice of the founding fathers of our nation, their commitment to the cause of freedom and justice. Mahatma Gandhi said, “Non-cooperation with evil is as much a duty as is cooperation with good.” Non-cooperation with evil translates as solidarity with the oppressed, the downtrodden.

The political turmoil that the world has been witnessing lately, the agony of the refugees, the blatant violation of human rights, the daily news of hunting down of minorities, crimes against women and children; create a sense of frustration, fear and futility. The beginning of solution lies in solidarity. When the pain is a shared experience, healing comes from fellow human beings. As Joia Mukherjee says, “There will be no equity without solidarity.“

There are numerous levels of understanding behind solidarity and numerous ways in which expression of solidarity occurs; namely, verbal, reactionary, transactional, manifested and the highest is transformational. Transformational solidarity strives for betterment of the affected people. This is achieved by cooperative and collaborative effort towards uplifting and helping the affected communities.

Affordable and accessible health care is the single most important measure that can be offered to the community. The recent move towards assuring availability of generic medicines is a concrete example of cooperation. Ayushman Bharat, the ambitious project of the government aims to bring about 50 crore poor rural and urban people under the umbrella ofhealth insurance. It is important for tomorrow's health care providers to be part of this movement and the fundamental bioethics principles behind it. On the local front in our city, concerted efforts of the Municipal Corporation of Greater Mumbai through Savitribai Phule Gender Resource Center (SPGRC) are creating safe spaces for women and girls. The GRC is collaborating with and drawing upon the experience of numerous non-governmental organizations for women's empowerment.

Taking into account the ever-increasing population of the megapolis of Mumbai, the public private partnership policy of MCGM is striving to create more efficient health facilities providing superspeciality care.

On one side where the governmental bodies are taking these diverse measures to improve the health services through cooperation with various stakeholders, community support groups extend help and moral support where institutional support need is over and families have to cope with long term morbidity.

It is important that tomorrow's healthcare provider learns about all these support mechanisms for the needy. Albert Schweitzer said, “The first step in the evolution of ethics is a sense of solidarity with other human beings.”

Hence 'Solidarity and Cooperation' is an appropriate theme for students of Bioethics.

Dr. Padmaja Samant

United Nations Educational, Scientific and Cultural Organization

UNESCO Chair in Bioethics University of Haifa

Professor Russell D'Souza
MBBS, MD (Madras), FCGP (I), DMHSc.(Melbourne), MPM(Monash), CCTMg.(Canberra)
MHSMg. (Monash), DFAPA.(USA), ABDA.(USA),MRACMA.(Australia), FACHSM (Australia)
Head
Asia Pacific Bioethics Network for Education Science and Technology
UNESCO Chair in Bioethics

Centre for Asian Bioethics Initiatives & Studies
71 Cleeland Street Dandenong 3175 Melbourne Australia
Phone: +61 3 9740045 Fax: +61 3 97946718

Message

I am delighted that the bioethics unit at KEM Mumbai is bringing out its annual Bulletin 'INARCH'.

As the Head of the Asia Pacific division I am aware that the Bioethics Unit at KEM Hospital is engaged in outstanding activities in sensitization, teaching and training with in the modern curriculum. This years Bulletin INARCH is being built on the World Bioethics Day Theme Solidarity and Co-operation. I take this opportunity to congratulate the Bioethics team for their outstanding contributions to the achieving the objectives of the UNESCO Chair in Bioethics.

On behalf of Professor Amnon Carmi the Head and Chair holder, Professor Mary Mathew Head of the Indian Program and myself, I congratulate you and the membership of the Bioethics Unit of the UNESCO Chair in Bioethics at KEM Hospital on the launching of the Bulletin 'INARCH and wish you all great success in the activities of these units.

Yours Sincerely

Professor Russell D'Souza MD
Melbourne, Australia

Municipal Corporation of Greater Mumbai

Seth G S Medical College and K E M Hospital, Parel, Mumbai

Dr. Avinash Supe
MS FICS DNBE FCPS DHA PGDME
MHPE (UIC)FIAGES FMAS FAIS

Director (ME & MH) and Dean,
Chairman, GSMC MUHS UNESCO Bioethics Unit
Professor, G I Surgery, Professor of Medical Education
GS Medical College and KEM Hospital
Director, GSMC FAIMER regional Institute
Past President, Academy of Health Professions Education

Message

It is heartening to see that we are rapidly graduating from a bioethically neutral to an aware and enthusiastic institute that is imparting bioethics awareness training to our students. It is a challenge to allot time to the syllabus that is only co curricular as of now. But the students' response is heartwarming. I am really happy that the events and competitions held in our institute see participation of young minds from all medical colleges in the city. These students are now able to detect and discuss bioethical nuances in the literature and art forms too. The day is not far when the teachers will be challenged to include bioethical dimensions of the health and disease in their day to day teaching.

As concepts mature, view becomes broader. From a narrow institutional or system oriented focus, the lens switches to a wide world view where disparities, injustice, inequality and inequity abound. The whole purpose of bioethics discourse is - understanding these disparities, inequalities and existing health problems of the affected communities by joining the dots.

This year's UNESCO Bioethics theme is Solidarity and Co operation. Why might this theme be chosen? When we take a broad view of the events that have been making headlines for last few months to a year, the themes that stand out are oppression, suppression and restriction of the weak, including innocent children, women, elderly, and minorities by the powerful in various ways. These incidents may be seemingly unconnected with health, but their health implications are far reaching. It is vital that medical fraternity is aware of these links and is able to play active role in society. I am proud to state that the Municipal Corporation of Greater Mumbai has set an outstanding example of solidarity and cooperation in the form of I am sure that the deliberations of this year's world bioethics day celebrations and the articles in the bulletin INARCH that is presented to you fulfills the objectives of UNESCO. I wish the unit all the best.

Dr. Avinash Supe

Public Private Partnership policy of Municipal Corporation of Greater Mumbai

Dr. Padmaja Keskar
Exceutive Health Officer, MCGM
Public Health Department

It is the obligatory duty of the Municipal Corporation of Greater Mumbai [**MCGM**] to provide basic primary health care. However, over the years MCGM has gone well beyond and developed secondary care healthy services and tertiary care health services (medical colleges and hospitals). Further, it has also over the years developed 5 specialized hospitals viz. T.B. Hospital, Infectious Diseases Hospital, Leprosy Hospital, E.N.T. Hospital and Eye Hospital. The total health care services are rendered through 207 health posts, 175 dispensaries, 28 maternity homes, 17 peripheral hospitals, 4 medical colleges and 1 dental college and hospital.

As per the census 2011, the population of Greater Mumbai is approximately 12.4 million. In addition to this population the health services of Mumbai cater to the additional population of the adjacent districts such as Thane, Palghar, Raigad and even beyond. Thus, there is an additional burden of nearly equivalent population of the nearby districts, the reason being easy availability of a robust health infrastructure and facilities provided by M.C.G.M. It is observed that because of the availability of health services the demand for health care is exponentially rising ever since. There is a tremendous load of patients at these municipal health care institutions because of the subsidized rates in diagnostics and treatment.

MCGM being development planning authority for the city of Mumbai, several plots have been reserved for various amenities, especially health related in the development plan of Mumbai. These reservations are kept as an obligatory commitment for health care. When developers develop these plots, as per the reservations in the development plan, it is mandatory for the developer under the accommodation and reservation policy to build and hand over the reservation amenity to MCGM free of cost, so that the developer can avail of the admissible benefits as per the development planning policy.

Due to massive urbanization and high volume of development, it has been observed that there is a rapid increase in life style diseases. Also in this era of super specialization and rapid modernization, the demand for and requirement of super specialty health care services, such as intensive care units [**ICUs**], neo-natal intensive care units [**NICUs**], dialysis centers etc. has increased tremendously.

There are several properties handed over to the Public Health Department MCGM under the policy of Accommodation Reservation, which are under the Policy of Public Private Partnership Policy [**PPPP**] and are handed over by MCGM to private partner by following the due process of E-tendering. Thus these services can be available to the community at large at subsidized rates.

In a public interest litigation filed against MCGM, the Hon'ble Mumbai High Court directed to MCGM to revise the Public Private Partnership Policy. Accordingly, the policy was revised for handing over premises received under 'Accommodation and Reservation' for running maternity homes with allied services and dialysis centres by considering the viability of the policy. Keeping in mind the demand for the need of multi-

specialty clinics, a policy is in the pipeline. Under this policy, it is proposed that successful bidder shall be handed over the premise at a pre-determined rent for a period of 10 years initially, renewable subsequently subject to faithful Performance. The terms and conditions are devised in a way where the successful bidder has to offer the services as per the reservation, at rates, which are at par with MCGM rates for certain, fixed percentage of beds. Remaining beds can be utilized under various government. schemes and health insurance policies.

Since these premises are located across different locations in the city of Mumbai, a gap analysis is done for that particular location and according to the required demand. The required services are outsourced under the PPPP by following the due procedure of E-tendering on MCGM's website and advertisement in local newspapers. After thorough scrutiny, the selected successful bidder is handed over the property, after completion of all legal formalities as per Improvement Committee and corporation resolution.

The successful bidder enters into a legal agreement with MCGM under which amongst other conditions, the bidder has to maintain the premises and pay all taxes, charges etc. Outsourcing of Services is done with or without equipment along with or without paramedical and support staff of MCGM. This can be successful only with the co-operation and extended support from private professional partners.

The healthcare infrastructure of MCGM is currently facing an acute shortage of consultants such as neonatologists, intensivists and nephrologists. For the vision of the corporation to be fulfilled, dedication and concerted efforts by citizens are required. A successful partnership in health services can easily bridge the current gap. There are several charitable trusts in Mumbai, which can involve these consultants to work for the community for a social cause. As a result, Mumbai shall become a preferred health hub destination.

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As we talk with candour, we open the doors to new possibilities and new areas of cooperation in advance in democracy, in combating terrorism, in energy and environment, science and technology and international peacekeeping.

- ***Atal Bihari Vajpayee***

Ayushman Bharat: Solidarity and Cooperation

Gautami Chaudhari,
Student Wing Member

Our country has 1.2 billion people of which nearly 23% fall below the poverty line groups and nearly half of the population does not have health insurance to cover their medical expenses.Many people fail to access appropriate healthcare; often,due to lack of finances.

National Health Service(NHS) United Kingdom;the largest single-payer system in the world is a publicly funded national health care system which provides most health services for free at the point of use.In fact all countries that have seen success stories in providing basic health services to the public e.g. Sri lanka,Thailand,France have major dependency on public services.

Solidarity means a unity and agreement of feeling and action among masses about the common interest. In the context of health care, solidarity is advocating for right of all Indians to have quality health care services accessible every person in every part of the country,at minimum possible cost.

Public health care system in India, though systematic, functional and cost effective; is far from robust. The major reasons for it are- excessive workload, lack of sufficient funds and lack of adequate number of health care workers. The private health care system, on the other hand, comprises of about 58% hospitals in the country, employing about 81% of the health care workers. It is efficient, equipped with latest infrastructure but expensive and out of reach of lakhs of families in India.

A combination of the advantages of the two systems would create an ideal health care system for the nation. This can be achieved by cooperation.

Ayushman Bharat, now the biggest and ambitious public health insurance scheme, launched on the 15th August 2018 is an ideal example of the solidarity and cooperation in the context of universal health care and the way to achieve this goal is by a public-private cooperation.

All public hospitals in over 25 states and over 11000 private hospitals have participated in the scheme which offers coverage of upto Rs.5 lakh to 100 million families of the poor and vulnerable sectors of the country. Through this bold ambitious mission; India aims to achieve an equitable health care distribution.

This sense of solidarity with a will to cooperate for the common goal of Ayushman Bharat-Long live India - is a fitting example of the "Solidarity and Cooperation" theme given by the UNESCO chair in bioethics, Haifa for 2018.

MCGM's Positive Approach for Gender Justice
Gender Resource Centre, A Step Towards "Gender Friendly City"

- Dr. Kamaxi Bhate
Member Secretary PSH and SPGRC

Municipal Corporation of Greater Mumbai, took a proactive measure to prevent sexual harassment at workplaces, and passed a policy against sexual harassment at work place in 2004 as per the supreme Court Guidelines. It is said that the MCGM is the first Indian public sector organisation which took the stand of "Zero Tolerance" to sexual harassment at the work places of MCGM. The policy was formed after a systematic needs assessment survey of all the MCGM work places with the participation of women and men employees. The survey was conducted to discuss about the problems faced by women at work places and need for such a policy. The survey findings were analysed and after in depth deliberations and discussions, MCGM passed a policy against sexual harassment at work place. The MCGM policy was in alignment with BMC service rules as per the supreme court guidelines. As the next step, MCGM formed an Apex Committee for prevention and redressal of sexual harassment in 2004, and 64 local committees were formed in all the work places.

As per the Supreme Court guidelines which are also called as Vishakha Guidelines**;** the constitution of internal committees was done. The woman officer having highest position, in the work place heads this committee with minimum 50% women members. All the committee members are given two day training in the concept of gender, definitions of sexual harassment as per the policy, how to create awareness in the work place with staff members and students as the case may be. This is to prevent sexual harassment. They are also trained in enquiry procedure in case of a complaint and need based recommendations for punishment as per the service rules of MCGM.

In 2013 "The Sexual Harassment of Women at Work Place (Prevention, Prohibition and Redressal) Act 2013" was passed. MCGM already had mechanism for Prevention of Sexual Harassment at work place but due changes of the names of the committees were made as per the law, at present we have 86 well trained internal committees.

The PSH committee work on safety of women at work place, and women friendly work places. The concept of Women friendly city initiative and creating space and platform for all the organizations working on women's safety issues was shaped and Gender Resource Centre(GRC) was born. The concept of GRC was put forth by the erstwhile joint municipal commissioner V. Radha, then chairperson of the Prevention of Sexual Harassment Apex Committee of MCGM. The PSH committee members and many NGOs with their understanding of women's issues and experience of women's movement, gave shape to this GRC.

Most Innovative Step:- Two whole floors of an independent building in the central place like, Elphinstone (w) on Madurkar Marg was handed over to PSH committee by the MCGM for GRC. This was named as "**Savitribai Phule Gender Resource Centre (SPGRC)".**GRC is a direct extension of the work of PSH committee, towards gender friendly city. MCGM did not stop with only assigning an independent building to the PSH committee but created good budget for the formation and working of the Gender Resource Centre for the empowerment of women of city of Mumbai. The GRC is for the capacity building and empowering girls and women. That needs to do lot innovative activities, and needs ever-increasing enthusiasm. Moreover, a whole floor of the building was reserved for a library and reading room for women. All this could not have been managed by the PSH committee alone. As we have

experienced NGOs working on the Gender issues for decades and as they already are part of women's movement in Mumbai, we decided against creating new posts for the purpose of running gender resource center.

We were keen to have a proactive, ready to help and prompt workforce in place to run the services. So SPGRC decided to link and facilitate the activities of Voluntary Organizations, other groups and facilities of MCGM. PSH committee chose the NGOs most carefully.The PSH committee of the MCGM called for presentations and discussion meeting with various women's groups and NGOs of the city of Mumbai. Only those NGOs were short-listed whose focus was prevention of violence against women. PSH committee chose three NGOs who had worked for more than 15-20 years in the city of Mumbai with this focus and one NGO for the Library.

1. Stree Mukti Sanghatna for family counselling
2. SNEHA for violence counselling
3. Lawyer's Collective for Legal counselling and
4. AKSHRA

It is the only organisation which worked on gender focused library in Mumbai for more than 20 years. SPGRC invited AKSHRA to start the library.

Activities at SPGRC : SPGRC decided to work with above organization along with the health department and education department of MCGM on regular basis to channelize and coordinate the existing resources.

Stree Mukti Sanghatna: SMS has a counselling centre at SPGRC, they do family counselling in cases of domestic violence , in some cases they refer women to the in-house Psychiatric centre of GRC. The psychiatrists from Psychiatry Department of KEM Hospital work at GRC once a week. SMS also works with family court where in cases of divorce, children come to meet one of the parents in this case woman. SMS has space in SPGRC where woman can sit with her child without any fear of harassment or disturbance. Cases requiring the legal help are referred to legal unit of the government working in SPGRC after lawyer's collective shifted to Delhi.

SMS also has community programmes creating awareness about domestic violence (DV) and training of young volunteers about how to identify cases of DV in the community, where to refer, when can there be Police complaint.

SNEHA: SNEHA has been working with hospitals and health sector for several years. At SPGRC, SNEHA does violence counselling and, along with SPGRC.They have started two Women's OPDs, one at KEM Hospital and Nair Hospital.

SNEHA does regular training of hospital staff and medical students in the peripheral hospitals as well as teaching institutes about how to identify DV cases and importance of referring these women to the Women's OPD for counselling. SNEHA even follows up the survivors of the sexual assault cases brought to the hospital. They even have community programmes about DV and how to approach police station. Sensitisation programmes for police are organised about DV and sexual assault cases on regular bases. Training of barefoot counsellors in the community facilitates awareness generation on gender issues and promotes gender sensitive programs, policies, laws and schemes.

AKSHRA: This organisation has been working intensively with young boys and girls, gives scholarship to girls and does lot of empowerment activities with these young girls. SPGRC has more than fifteen desktop computers, and AKSHRA imparts computer training to girls during vacations. AKSHRA runs a gender-centred library.

A reading room is managed by AKSHRA. This reading room is used by girls and women regularly. Some women get their children along while they read and study. This library or reading room does not require any identity card. AKSHRA also conducts self-defence training of girls and women. AKSHRA conducts programmes in Municipal schools with girls along with mothers. These are called 'MELA' - Fair. The objective is to involve and enhance participation of key stakeholders in programs related to gender and development on a common platform. They conduct

Safety Audits of urban zones, and train the community girls to do the same.

Legal Counselling and free legal help is offered to women survivors of Domestic Violence by government's community units“ Vidhi Pradhikaran” with the help of advocate volunteers(Advocate Mrs. Nirmala Samant Prabhavalkar Mumbai City's ex-Mayor is one of the volunteers!) twice a month. Organisations at SPGRC refer cases and women from the community on their own also avail this free legal help facility.

Issue based activities of SPGRC:- GRC is been working with various organisations and other departments of MCGM.

- FASS-(Forum against Sex Selection techniques) along with LADLI and health department.
- POCSO-(Protection Of Children from Sexual Offence) along with UNICEF and Prerna, the entire health staff of peripheral hospitals and medical colleges are sensitised.
- PROTOCOL& SAFE KIT - development for the examination of Survivors of the Sexual Offence along with medical college staff from the departments of Forensic Medicine, Gynaecology, Paediatrics and CEHAT, series of discussions were held at SPGRC. GRC developed and printed the protocols for all hospitals and teaching institutes.
- ADOLESCENT MELAS – Melas for adolescents are conducted by the planning department and schools of MCGM, with seven different NGOs working in the community,.
- VAW (Violence against Women) campaign with organisations in the community.
- Reading Spaces - Community Libraries or reading corners with the help of girls and Women in the community
- YOGA Training:- Yoga training is given with the help of volunteers to the women twice a day 6 am to 7 am and 6pm to 7pm.
- Developing Posters on Child Sexual Abuse: - Education Department and Observer Research Foundation work together in this area. Posters are provided to the education department in the month of June so that they are put up in the schools at the beginning of the academic year.
- Developing Posters and Pamphlets for easy understanding of women's health issues with the help of Patient Education Centre of KEM Hospital the department of Community Medicine .
- Right to Pee campaign for safe, clean and free urinals for women.
- Capacity Building Workshops- for Women and Girls
- Theatre of Oppressed –For community workers and volunteers.

Training Material developed by SPGRC:-

Pamphlets- on Prevention of Sexual Harassment at Work Place for awareness in Marathi and English.

PSH Poster- General, for Hospitals, for Schools (in Marathi and Hindi)

Training Manual- on conducting enquiry

SPGRC Pamphlet- Information about SPGRC

Women's Health Posters & –Educational Pamphlets

POCSO SOPs and SOPs for the examination of the survivors of sexual offence

Protocols for the examination of the survivors of sexual offence

SAFE KIT- for the examination of the survivors of sexual offence.

SPGRC is a Vibrant Place of MCGM, a platform for all gender related and Women's issue related activities and platform for women's organizations Mumbai, for their meetings and workshops . This is the place where young volunteers from Law Colleges, Social Work Colleges and degree colleges come to take experience and learn about gender issues.

This is a live example of solidarity and cooperation and a model worthy of replication.

The # Me Too Movement

Dr. Swathi H. V,
Dr. P. Y. Samant

Recently, all news channels and media are abuzz with allegations of sexual harassment against more and more celebrities popping up daily. The # Me Too movement was culmination of this storm. Can there be a more eloquent example of solidarity against abuse of women?

One hesitant soft voice of protest was joined by many others; the powerful, the not so powerful, the celebrities, the ordinary! A small ripple turned into a tsunami. Half the world may be thinking of it as a drama, an attention-seeking gimmick or an act of revenge! Do they not know that the women who speak up against sexual harassment risk being isolated, hunted and humiliated?

In Indian national bar association's survey sampling more than 6000 people, (with 78% women), found that Over 38% women claimed to have faced sexual harassment at workplace, while 50.7 % had suffered harassment online.(1) Considering this as a mainly urban survey, the statistics including rural women might be worse.

Is it a bioethical issue? Yes. It is a violation of human rights of women and men who are victims of this violence. It is violation of dignity, autonomy and it causes subtle but definite health risks like anxiety and depression. In a survey by 'Stop Street Harassment', teenagers reported maximum harassment. In the same survey,77 percent of women had experienced verbal sexual harassment, and 51 percent had been sexually touched without their permission.(2)

Women do not report these instances as they are scared of criticism and mockery coming their way. This causes perpetuation of harassment. As a result, productivity, mental peace and relational harmony take a toll.

Of course, it is very reassuring for young adults to have robust institutional mechanisms in place for prevention of sexual harassment. But we must also remember that solidarity is the most important weapon against the crime of sexual harassment at workplace. As Black feminist Bell Hooks said (3) and I quote" Solidarity is not the same as support. Support can be given and withdrawn as easily. Solidarity requires sustained ongoing commitment. "

The time is now! The time to build critical mass to stop this abuse and harassment! The time to treat it as a public health and human rights issue!

It is an important agenda for the Municipal Corporation of Greater Mumbai (MCGM) to ensure harassment free workplaces under its banner. Savitribai Phule Gender Resource Center is tirelessly working on capacity building, information dissemination and advocacy to achieve this objective. MCGM was one of the first organizations to adopt Vishakha guidelines and have policy in place for prevention and redressal of workplace harassment. During the sensitsation sessions in our institute, we have been told that the person suffering sexual harassment may document the incident, collect evidence in support of complaint and share the incident with a colleague/ friend. This calls for solidarity among us to stand by the victim.

Every good step can be improved. We sincerely hope that male victims of sexual harassment also get justice and protection. To be meaningful, solidarity has to essentially be with every oppressed person.

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Faculty Development in Bioethics Training – A National Movement

Dr. Santosh B. Salagre
National Chair, Faculty Training
The Indian Program of the UNESCO Chair in Bioethics, Haifa

The Need of Faculty Development

Two land mark studies in 2001 were undertaken by the UNESCO. The studies looked at outcomes from universities teaching bioethics for over 30 years, where bioethics in the curriculum was included as a mandatory requirement for accreditation. This teaching was undertaken by trained ethicists and moral philosophers. The results were unsatisfactory, with lack of translation from the classroom to the doctor/ Heath care provider patient interface. Following the results of these studies, reform in the teaching of bioethics was found important. The reform included a change in the methodology of teaching bioethics to medical and health science students and the need for the integrated teaching over the entire period of the training including the bed side and clinical arena. Thus, all teaching faculty with additional skills training in bioethics was planned to empower the faculty.

The Focus of Faculty Development

Faculty training was initiated at Maharashtra University of Health sciences, Nasik in 2015 as three days program which was built to Train-Teach-Transfer (3T), Bioethics and Human Rights knowledge. The evolution of this initial basic and advanced training over next couple of years resulted in the current accredited 3T-IBHSc (Integrated Bioethics in Health sciences) training program. The programme has been designed to introduce medical, dental, pharmacy, nursing and health science teaching faculty of Universities and Colleges to teach the current vertically integrated bioethics core curriculum, which reflects the 15 principals enshrined in the UNESCO's Universal declaration on Bioethics and Human Rights (2005). This course has been taken by over 2200 Senior Medical, Dental, Nursing, and Heath science Teaching Faculty of Universities of Health Sciences. The participants have been successfully assessed on completion of this course, that was conducted for teaching faculties from 10 State Government Universities of Health Sciences, 22 Private Deemed Universities and over 70 Government and private, medical, dental, nursing and pharmacy colleges in India.

Knowledge Transfer Technique for faculty development

The Department of Education of the UNESCO Chair in Bioethics Haifa's 3T-IBHSc course for Medical, Dental and Health Science Teaching faculty uses the methodology of a group of 'Co Learners' concept, where training faculty and participant senior teaching faculty members are co learners, using the process of "Learning Through Osmosis". Osmosis learning is the art of unconscious learning. It is where we stop studying materials and start absorbing them. This is an analogy for natural, organic and indirect way of learning. To learn through osmosis means a way of learning seamlessly.

Learning by osmosis is about listening. It is about absorbing the contents by role plays, debates, cinema, videos, street plays, reflections and narrations. It is how you apply meaning to what you see around you. This stimulates the innate talent of teachers and enhances the 'Craft of Teaching'. It stimulates the art for plucking the meaning out of the presentations, rather than the facts and figures. This is how 'Intuition' is developed, which is the pulling force that separates successful knowledge transfer from some conventional forms of teaching.

Thus in this methodology there is a 'Co Learner

Model' where all topics have a number of co-presenters with a lead presenter and every presentation being related with an exposure of the innovative teaching –learning methods. As part of the 360^{0} evolution of this course since 2015, this updated innovative model of knowledge transfer technology for adult learners has a proven trajectory from the outcome and satisfaction evaluation.

Key Components of faculty development

***Part A: Bioethics and Human Rights Principals*:** History , Principles, codes and guidelines of ethics, Universal declaration on Bioethics and Human Rights, Autonomy, Privacy, Confidentiality, Informed Consent requirements, Beneficence, Non-Maleficence, Justice, Equality and Equity, Human Rights, Human Dignity, Vulnerability, Gender disparity, Non-discrimination and Non Stigmatization, Environmental Ethics and Biosafety.

***Part B: Bioethics Knowledge Transfer Technology*:** Impact of neuro cognition on teaching competencies, Ethical decision making, Case Based Teaching, Communication skills and Professionalism, Use of Emotional Intelligence in teaching Bioethics, Ethical deliberation, innovative teaching methods and assessment technology.

Part C: Integrated Bioethics: The smaller groups from the various disciplines such as teaching faculties from pre-clinical subjects, para-clinical subjects, clinical subjects, dental, nursing, pharmacy, physiotherapy, and other health sciences are made to discuss the practicality and feasibility of integration. The subject wise curriculum is introduced with ability of faculty to examine and produce an agreed modality and feedback regarding the introducing, teaching and assessing the bioethics principals as applied within the respective subjects of the course that they are mandated and accredited teachers.

Faculty Development through Online Courses

The international certificate online course is being conducted on the principles of Bioethics and Human Rights for teaching faculty members of Medical, Dental, Nursing, Pharmacy, Physiotherapy, Occupational Therapy, Ayurveda and Homeopathic Colleges in collaboration with International program of UNESCO Bioethics Chair at HAIFA. It's a 3 level International Certificate Course through Distance Learning. The course runs for a duration of 3 months and have an International faculty from India, USA, UK and Australia that facilitate the teaching and assessment of the modules. International guest webinars are also organized during these three months on topics such as ,Universal Declaration on Bioethics and Human Rights, End of Life Decisions, Bioethical Mediation, Truth telling in Clinical Practice, Public Health Ethics, Bio-pharma Bioethics (Drug- Discovery, Development & Commercialization Bioethics).These courses are designed to improve self-knowledge about bio ethics especially as an add on to those who have already undertaken the face to face 3T-IBHSc Bioethics Course.

Solidarity & Cooperation through Bioethics Training

Considering the vast scope of health sciences education in our country and the quantum of the work related to faculty development in bioethics training, it is imperative that the collective sustainable efforts are needed to achieve the goal of trained motivated faculty across the country. The individual disciplines may have their own subject curriculum to implement, but when it comes to the core curriculum of bioethics, revolving around fifteen bioethics principles, it is imperative that integration of efforts occur reflecting solidarity in health profession education. The cooperation from health science universities, institutions, regulatory bodies, government sector is an essential element for sustainability of the faculty development in the subject of bioethics.

(Acknowledgement: Dr Russell D'Souza, Head and Chair, Asia Pacific Division. UNESCO Chair in Bioethics, Haifa)

Teaching Reproductive Ethics – A Gender Justice Case study

- Dr. Padmaja Samant

Introduction:

To a medical teacher, study of bioethics is one matter. Its translation into teaching clinical subject like gynecology and obstetrics to postgraduates and undergraduates is quite another. Principal pillars of bioethics- justice, beneficence, non-maleficence and autonomy are to be woven into day-to-day topics where the sciences like pathological, surgical and medical aspects are at a center stage.

Current Challenges:

General discussion on philosophy and abstract principles does not attract attention of students and stand-alone lectures cannot be arranged in cramped schedules. Also, the discourse in medical ethics having originated mainly in the west, its relevance in our society may be unclear to the students here in India. Lastly the objective nature of exams and shortage of time make the task more difficult.

For positive impact, live examples to which students can relate are required. Bioethical issues arising pertaining to woman's reproductive life cycle should be covered during lectures or discussions on the topics. Training is required for teaching as well as assessment in these areas.

In this paper, micro ethics at personal level and macro ethics at policy level in various gynecological and obstetrical topics are discussed. It is also proposed that scope of reproductive ethics be widened. The topics relevant to each community are different and appropriate weightage may be given to those.

Ethical Dilemmas in Reproductive Health:

Reproductive physiology, gynecological and pregnancy related pathology comprise major curriculum in obstetrics and gynecology. The subject also deals with women's sexuality and reproductive health, both of which are governed and controlled by society. For generations, physicians have debated on issues like when an individual should be considered able to make reproductive and sexual choices. Our laws like Medical Termination of Pregnancy Act have stringent criteria for pregnancy termination. There is no space for termination of pregnancy for a woman who has not been able to negotiate contraceptive use. An anomalous fetus will have to be carried to term if the deadline of 20 weeks is missed. The honorable Supreme Court has put the ball in doctors' court to resolve such applications by petitioners. On the other side, a person younger than 18 years cannot be advised contraceptive use as POCSO act criminalizes sexual activity before the age of 18 years.

For men, sexual freedom and domestic dominance is a birthright. Reproductive choices like vasectomy are their own. Not so for women! Almost every gynecologist must have faced situations where an adult woman's private decisions about sexual health are handed over to the family against all personal beliefs and legal provisions. This gender bias exists in all sociocultural strata.

On the other side, gynecologists have been party to the heinous crime of female feticide.

This makes it critical that reproductive ethics are taught to undergraduate and postgraduate students of gynecology and obstetrics with specific case discussions or as problem based learning.

When western literature on reproductive ethics was searched, reproductive technology and human rights, fetal neonatal problems of IVF babies, donor gamete related issues and surrogacy were the commonest.(1) Professional duty, confidentiality, veracity in cases of HIV medicine, teenage pregnancy were the principles

dealt with. (2) Actually, arrival of HIV and AIDS not only caused huge changes in clinical practice; but also major changes in the public policy towards the developing countries with HIV burden. (3)

In teaching bioethics, the scope of the term 'Reproductive Ethics'could be effectively widened to include reproductive and sexual health issues for culture specific teaching.

Personal ethics strongly dominate physicians' clinical decisions. In a survey published in 2007, in USA,52% physicians objected to abortion for failed contraception, and 42% were against offering contraception to adolescents without parents' knowledge.(4) It is evident that not only Indian but even western physicians are governed by their moral ideas and may decline otherwise potentially lifesaving procedure like pregnancy termination even if the clients might resort to unsafe abortion. Though it's a well-known fact that lack of woman's autonomy causes most unwanted pregnancies, safe abortion is not available to many. Marital rape is not yet accepted as an offence in India. In such a scenario, assertion of woman's autonomy seems far-fetched.

With all these handicaps and challenges faced by women, it may appear that physicians are almost like saviors to their patients and duty-bound to protect them. In such situations, a well-meaning physician may take paternalistic approach. This approach is contrary to the principle of autonomy. At the same time while treating a patient in an ethically conscious, and empowering way, an important difference between health seeking culture in Indian compared with the western societies is to be kept in mind. Our patients treat us as gods. Especially, rural or relatively less educated patients leave decision making to the treating physician. It is not a healthy approach because the complexities of reproductive and sexual health issues. One of the reasons why advice on reproductive and sexual health fails to make impact is that medical teachers do not discuss the complexities of reproductive and sexual health with students (the future doctors). As a result, on going out into the society, these doctors fail to offer effective solution to women with diverse familial and social issues. Only when these issues are discussed and solutions are offered, a patient will be empowered to make her own reproductive decisions.

Teaching Reproductive Ethics: Possible divisions of reproductive ethics for purpose of teaching: It would be a good idea to also divide the reproductive health topics into Macro ethics and Micro ethics as put forth by Barkin in the context of health care.(5)Micro ethics should cover personal belief systems and circumstances respectively while discussing ethical issues and dilemmas. Reproductive microethics should also cover issues like consent, autonomy, embryo preservation, surrogacy, reproductive rights. The interface here is between patient and doctor, or participant and researcher.

Macro ethics should deal with systemic issues like resource allocation, laws that govern women's reproduction and health and policy measures that govern and determine health care access and or denial.

The What, When and How of Teaching- Case based learning is much more interesting for students than didactic lectures. Here some examples of reproductive ethics are presented that can be taught from first year subjects like Anatomy, second year subject of forensic science and third year subjects like Gynecology.

Lifecycle Approach: Gender affects reproductive health in various ways during reproductive life cycle and ethical perspectives can be taught more effectively by this approach.

Embryonic Life: Concept of beginning of life as understood in different societies is to be discussed during teaching fertilization and fetal development. Personal belief systems become micro ethics. The macroethics here would be the acts that govern legally

permissible termination of pregnancy. Female feticide that has been a curse on our society is another aspect, which must be highlighted here besides in lectures on the act. Interactive teaching with imaginative use of video clips, blogs, essays and poems reach not only the brains but the hearts too.(6,7)Anomalies can be discussed with organogenesis in anatomy. One of the most empowering Ted talks by a mother about her anomalous child is that of Sarah Gray. It conveys empathy, respect for the unborn and altruistic act by a mother in the midst of personal tragedy. It is a 'must watch' for all medical students.(8)

Teenage: Consent is integral to any medical transaction between the provider and client. Implied consent in invasive clinical examination in girls and women is taken for granted. It requires to be discussed in initial years when interaction with patients starts. Consent is also important part of surgical procedures. While teaching postgraduates, role play of consent procedures followed by discussion could highlight how autonomy slips from woman's hands when it comes to reproductive decisions. A discussion on how the trainees themselves handle tricky situations around consent is very valuable exercise.

Use of contraception by young adolescents has become a taboo after the Protection of Children from Sexual Offences act has been enacted. Discussion of the act is part of macroethics concerning forensic gynecology. The debate on appropriateness of discussing contraceptives with adolescents becomes micro ethics topic.

Reproductive Age: Topics like medical termination of pregnancy arouse diverse thoughts and emotions in young minds of students depending on their faiths. Some sects advocate against performance of abortions. Discussion around personal choices has never found space in teaching. But personal beliefs don't go away by not discussing. Philosophy is an integral part of bioethics and vocalizing beliefs in an unthreatening atmosphere is integral to growth. Eugenics can be discussed here. Many of our patients discover anomalous fetuses after the permissible age of pregnancy termination. The debate on rights of the unborn, beginning of life has a place here in postgraduate teaching.

Various social schemes like Rajiv Gandhi Jeevandayee ArogyaYojana, Janani ShishuSuraksha Karyakram, Janani SurakshaYojana underline the macro ethical aspects of public health policy.(9)These can be discussed under justice.

Respect is understood in a very narrow sense in medicine. Respect for diversities and cultural compatibility is missing. The Cultural Competence Continuum(10) requires to be explained by examples approach to reproductive problems of patients of different faiths. Bioethics grand rounds are a way to speak out one's own dilemmas that may arise out of cultural unfamiliarity. Incentives for family planning procedures to doctors, nurses and so called motivators are policy issues that can be highlighted. Coercion, conditional approach to MTPs with forced contraceptive usage can be discussed.

Hysterectomy is taught during lectures as well as in clinical posting. One of the very controversial issues surrounding reproductive health of girls is hysterectomy in young mentally challenged girls. The bioethical aspects here are micro ethics like individual's lack of autonomy to consent or refuse surgery, dilemmas about benefit/risk, communication and counseling of frustrated caregivers. Terms like beneficence, non-maleficence can be elaborated. Parental angst and distress about hygiene, sexual abuse and pregnancy vis-a vis morbidity risk and pain suffered by girls is a very sensitive issue. Less invasive treatment options can be discussed.

Misuse of state health insurance policy by doctors and the booming business of hysterectomies can be discussed under both micro as well as macro ethics.(11)

Commerce of assisted reproduction is the foremost bioethical topic discussed with respect to reproduction. ICMR guidelines and laws governing ART world over are important for postgraduate students and fall under macro ethics. Ethical issue of autonomy and justice around enrollment of surrogate mothers should be taught. Donor eggs, donor semen and ethics of confidentiality should be discussed. Adoption procedures and rights of adoptive children should be part of teaching in obstetrics and neonatology.

Maternal mortality is an important topic in Obstetrics and Gynecology. Gender analysis of maternal mortality reveals numerous rights violations in personal spheres of women. This insight will help young trainees to address the cases with empathy.

Research Ethics: Research ethics need to be discussed with postgraduate students. Case study of ethics violations in HPV vaccine trial (12) is an apt example. HeLa cell line controversy, Tuskigee trials are stark examples of autonomy and justice respectively. Movies like 'Miss Evers' Boys' are the best ways to discuss the issues and teach the principles.

Violence against Women: Violence against women is finding mention in textbooks as well as examination papers in Obstetrics and Gynecology. It is a welcome move on the part of various national and international bodies like Royal College of Obstetricians and Gynecologists, American College of Obstetricians and Gynecologists, Federation of Obstetric and Gynecological Societies of India. Women specific laws like the Protection of Women from Domestic Violence Act, 2005, the Criminal Law Amendment Act 2013, PCPNDT act should be discussed from gender justice point of view. These acts uphold the fundamental rights to life and security and should be part of macro ethics in Forensic gynecology. The acts should be discussed in undergraduate and postgraduate teaching as numerous students who may enter family practice after graduation should be able to carry out their mandated duties towards survivors of violence.

Obstetric violence is a recent term, which encompasses dehumanizing treatment and over medicalization in labor, unconsented episiotomies, rising rate of cesarean sections. World Health Organization has acknowledged the need to eliminate birth abuse. (13) It is a micro as well as macro ethical issue with respect and autonomy on one hand and laws on the other hand. Venezuela, Argentina, Porto Rico already have laws addressing the same.

These are only a few examples where bioethical principles can be underlined within day-to-day teaching.

Teaching Tools:

- It is important that today's teachers prepare a repository of relevant bioethical examples for teaching medical subjects so that students' learning is well rounded.
- As most of these are every day issues for residents and even undergraduates attending clinical posting, debates and problem-based discussions can arouse dormant sensitivities among trainees.
- Journal keeping and narrative writing helps affirm the ethical principles.
- Short video clips, case based discussions, articles in media can be taken as initiators and ethical principles can be highlighted.

Assessment:

- Formative assessment can be done by the analysis of narratives and reflections, participation in discussions and direct observation of counseling skills.
- Summative assessment can be done by short answer questions

Conclusion: As medical science advances, newer

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bioethical questions emerge in all medical subjects. The teachers will be able to make bioethics interesting if they add discussions on these questions and dilemmas to their daily teaching in an interactive manner. It will stimulate the students to apply bioethical principles to their patient interactions and learning. Teaching reproductive ethics can be a potent advocacy tool for women's rights and empowers students with gender lens. A generation of doctors can be prepared to deliver gender sensitive health care by using these teaching tools.

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Cooperation and respect for each other will advance the cause of human rights worldwide. Confrontation, vilification, and double standards will not.

Robert Mugabe

Support Groups: A Step towards Solidarity in Health Care

Dr. Mariya Jiandani
Dr. Jyotsna Thosar

Health care systems have evolved and changed over a period of time with increasing complexities and advanced technologies to improve survival. However treatment of acute injuries and immediate infections has always gained priority from historic times over the more chronic disorders or diseases, that primarily affects quality of life and imposes huge burden on the family and health economics. Treatment of chronic diseases requires sustained motivation of patients so as to engage in long term adherence, review the treatment plan periodically, resolve every day challenges in activities of daily living and in participation in society. As per world health organization "treatment" involves more than routine medical diagnosis, institutional care or even the prescription of drugs. To face the complexities and challenges, when confronted with illness; it is the networking of professional help, support from family members, peers and fellow patients that comes to a rescue.

In today's era, with the role of health care provider being challenged increasingly, support groups are gaining increased importance to improve health experience. A support group is defined as "a group of people with common experiences and sharing a common health burden who provide emotional and moral support for one another". They come together to share information and coping strategies and feel empowered to meet the given demand. They are an informal resource that attempts to provide healing components to a variety of problems and challenges often from individuals experiencing similar life events. A review of number of studies from countries of the Organization for Economic Co-operation and Development noted that in order to improve health outcomes and service use for people with prolonged illness, peer support groups improve patient experience, psychological outcomes, behavior, health outcomes.

Types of support groups:

There are various effective models of support groups like self-help groups, professional support groups, online support groups.

Self-help groups or peer support offer a unique form of support based on mutual understanding and the experiential knowledge of members. They constitute a potentially valuable resource for assisting people to manage chronic illness and its impacts. Regular meetings are held at the residence of any member and active participation of all group members is encouraged. Accessibility may be an issue for people not able to travel or at remote distances. These groups work on small scale and are self -funded. An individual may be inhibited from joining because of the fear of disclosing the identity.

Professional support groups have a committee consisting of various members such as doctors, social workers, counselors, rehabilitation therapists etc. they are funded by charitable trusts, social clubs or religious organizations. Hence they are able to provide support to members like arranging for free wheelchairs, free transport of patients, sponsorships for expensive procedures.

Online support groups generally have participation of members around the globe. The exchange of ideas is through web, video calling, chat rooms, blogs, discussion boards and even smart-phone apps. Communication has become effective in the era of

technology with electronic medical records software, patient portals and telemedicine tools. Resources saved digitally can be shared easily and are accessible at all times, to anyone without the need for producing and distributing hardcopies. Besides immediate help and support can be extended anytime of the day or night.

How support groups work?

Support group is a societal connect where people can share personal stories, express emotions, and be heard in an atmosphere of acceptance, understanding, and encouragement. Participants share information and resources. strengthen and empower themselves, allowing the rectification of mistakes made by other members. Besides support community education or advocacy is also an agenda of some groups.

The established support groups carry out certain activities for the members on regular basis. These include annual gatherings and entertainment programs in which members participate, the panel discussions with subject experts followed by question answer sessions, narration of experiences by survivors, participating in events like celebrating birthdays, marathon, awareness campaign and others.

Support groups usually have a set meeting time (generally weekly or monthly), and an open format, which means that the groups are ongoing, and members have the option of attending when convenient or are comfortable. For some people, simply attending meetings and listening to the experiences of others can be helpful.

These support groups may offer a variety of services, including educational materials, consultations, group therapy, team building activities, and other resources to teach individuals how to cope and adapt to the lifestyle that is often dictated by their illnesses.

Benefits of support groups:

An informal support outside of family, friends, or professionals often provides greater understanding, an opportunity for empathy, and a sense of identity for participants. Learning new ways to handle challenges, cope with changes, and maintain new behaviors are all important aspects of the support group experience that helps facilitate personal growth and change in a way that individual therapy cannot.

A positive impact on health is achieved through emotional support that can reduce stress. Further, people may greatly benefit from the information sharing that takes place and they learn to communicate more effectively with their doctors. Partners, friends, and family members may also learn to be more understanding and supportive of their chronically ill loved ones

For ongoing health care and sustained behavior change, evidence supports that peer support is a critical and effective strategy. The benefits can be extended to community, organizational and societal levels.

Overall, studies have found that with social support:

- Morbidity and mortality rates are reduced
- life expectancy is increased
- knowledge of a disease is improved
- self-efficacy and self-esteem is improved
- self-reported health status and self-care skills are improved.
- Long term medication adherence is encouraged
- use of emergency services is reduced

Limitations:

Though support groups facilitates betterment of patients and caregivers, and are helpful for people who are comfortable, there are certain limitations. The advice given in the group can not replace the expert's judgment towards the condition. Hence regular follow-ups and continuation of medical management is a must. A therapy suitable for one individual may not be the answer for other individual, and this needs active cognisance.

There may be members with negative thinking and

complaining which can cause frustration. Unfortunately, there sometimes may be a comparison to who is more ill and who is treated in the right manner and getting stable quicker. Some people seeking help may not want to make themselves known to others, for different reasons like embarrassment, social anxiety, or stigmatization Some barriers to accessing support groups are awareness, time constraints, and confrontation of negative aspects of the disease.

Through the literature, the researchers also found that peer support groups rely on community settings, specific guidance, strong oversight, and leadership training for success. Patient support groups require significant structure to effectively achieve their patient wellness goals.

Existing support groups in Indian context: Health systems have seen a reduction in readmission rates, lower healthcare costs across the spectrum, and adherence to treatments that improve the health of the community at a minimal cost. It drives health care to patient centric approach with peer support and patient empowerment to make better health care choices , improve adherence and overall physical and emotional health.

In India there are support groups for many heath conditions like hemophilia, thalassemia (congenital conditions), spinal cord injuries, renal failures, Psoriasis (chronic conditions), Cancers, muscular dystrophies(less life expectancy conditions), cerebral palsy, dyslexia, autism (developmental conditions). But these are established in urban areas. Hence it is a big challenge to reach out to rural or remote areas and form a support group to help the population.

Conclusion:

Support groups are powerful healers which offer many of the same therapeutic characteristics as more structured groups. Altruism, belongingness, universality, interpersonal learning, guidance, identification, self-understanding, instillation of hope, and existential factors directly relate to the mutual support that members provide one another. In a group situation, a participant can learn how to express feelings in a healthy and positive way, practice positive communication, receive feedback about appropriate and inappropriate content for conversation, learn new ways to ask for help from others, be able to help others, learn how to form friendships, and learn new coping skills and behaviors.

In India where health services are burdened because of mismatch between demands and number of health services catering society, patient's support groups is a need of an hour especially in remote or rural areas. Today, most of us need that same nurturing, encouragement and consolation, particularly during difficult times. With face-to-face interactions within the community becoming more scarce, a support or self-help group comprising people in the same situation may help fill the void.

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Solidarity and Unity towards the Disabled: Many in body but one in mind

Ms. Karuna Nadkarni
Ms. Usha Kasar

The chanting of "Nam-myoho-renge-kyo", by the small community of Nichiren Buddhists of Japan; when their monk Nichiren encouraged them not to give up hope despite being few in number, saying, "If the spirit of many in body but one in mind prevails among the people, they will achieve all their goals, whereas if one in body but different in mind, they can achieve nothing remarkable."

Could he be actually talking about solidarity and unity…?

UNITY is the act of coming together, to feel the power and to have everyone accepts your definitions and policies; whereas;

SOLIDARITY is the act of providing support and coming together for a common cause without requiring to giving up on individual differing interests. It ultimately, is an expression of common discussions, the process and the possibilities.

When we talk about Solidarity towards the Disabled population, it is more than compromise, and shouldn't be mistaken as such. At its core is RESPECT: respect for people and their experiences, respect for possibility, respect for the not-yet-known.

While writing the foreword to the World Report on Disability 2011, Professor Stephen Hawking stated:

"Disability need not be an obstacle to success. We have a moral duty to remove the barriers to participation, and to invest sufficient funding and expertise to unlock the vast potential of people with disabilities. Governments throughout the world can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment, and never get the chance to shine".

The Government of India report titled,'Disabled Persons in India: A Statistical profile 2016 ',stated the following while defining Disability,

'From the conceptual point of view, there is no universal definition of what constitutes a disability or of who should be considered as having a disability.

Moreover, there is no one static condition of disability. A disability is a result of the interaction between a person with a health condition and a particular environmental context'.

As per 2011 population census, the Persons with Disability(PWD) in India constitutes as - 20% of locomotor disability, 19% have vision disability, 19% have a disability in hearing and 8% have multiple disabilities. The report also highlights that the number of persons with disabilities is highest in the age group 10-19 years (46.2 lakh people) which also puts a strain on the nation's economy.

The United Nations Conventions on the Rights of Persons with Disabilities defines disability differently. It says:

Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

In India the scenario worsens due to gender bias, caste discrimination and economic status of the disabled person. Their handicap becomes a barrier to their academic and socio-professional insertion. The

majority of people living with disability are more and more subject to uncertainty, isolation, marginalization and discrimination caused by unemployment and social exclusion.

United Nations report of 2015 shows that 34% of children with disabilities in India are out of school, more so children with multiple disabilities, intellectual disabilities and speech impairment.

The major reason for children dropping out of schools is attributed to lack of access. Most villages in India have primary level schools up to 7th std, after which the children have to be shifted to a town school. Lack of transport facility and economic liability of the parents to afford long distance travels leads to majority drop out in 7th standard.

Another major pattern of drop outs is seen among girls with disabilities due to lack of good toilet facilities in schools. Toilets in most government schools are Inaccessible, unclean and lack running water for hygiene purpose.

The solidarity rally by the disabled people on Dec 15th 2016 to pass the Rights of persons with Disabilities Bill, emphasized the aim to allow people living with a disability to recover their autonomy, and resolve issues surrounding social insertion and their participation in the country's effort to produce revenues.

THE WAY AHEAD:

- The Rights of Persons with Disabilities Bill - 2016":

As per UNCRPD guidelines, "The Rights of Persons with Disabilities Bill - 2016", has replaced the 21 years old existing PWD Act of 1995. The types of disabilities have been increased from existing **7 to 21** and the Central Government will have the power to add more types of disabilities. The vacancies in government establishments have been increased from **3% to 4%** for certain persons or class of persons with benchmark disability. The Bill also warrants punitive actions against violation of the provisions of the new law.

- EQUAL OPPORTUNITIES: Giving them equal opportunities and treating them at par with the non-disabled. Their disability should not be viewed as their inability and should not doubt their capabilities.
- CHANGE IN SOCIETAL ATTITUDES: The need to capture importance of solidarity towards the disabled should be cultivated as societal values. A culture has to be developed wherein the needs of the disabled are taken care of while building infrastructure.
- ACCESSIBILITY: Making the present infrastructure disabled friendly for ease of access and greater participation.
- MEDICAL TEAM EFFORT: A holistic well being of a patient should be the focus of management, under the guidance of team members including the medical personnel, Psychologist, Therapists, Medical Social Workers and other required specialised team members. Community based rehabilitation has to be strengthened so as to reach each and every disabled in the society and to make their lives worthy.
- SARVA SHIKHAN ABHIYAN (SSA):

It is Government of India's flagship programme aiming at Universalisation of Elementary Education and has been operational since 2000-2001 .It ensures to provide variety of interventions for universal access and retention,and bridge gaps between gender and social category in elementary education and improving the quality of learning.

With the passage of the Right to Education (RTE) Act, changes have been incorporated into the SSA approach, strategies and norms are guided by the following principles:

- Provide quality elementary education along with emphasis on preparing students to meet challenges of everyday living with a special focus on the education of girls and children with special needs as well as computer education.
- Equity, to mean not only equal opportunity, but

also creation of conditions in which the disadvantaged sections of the society can avail of the opportunity.

- Access, not confined to accessibility to school alone but also reaching out to the educational needs of the traditionally excluded disadvantaged population and girls in general, and children with special needs.
- The onus is placed on the role of the teacher to motivate, innovate and create a learning culture in the classroom, and beyond the classroom, that might produce an inclusive environment for children, especially for girls from oppressed and marginalized backgrounds.
- The RTE Act imposes moral compulsion on parents, teachers, educational administrators and other stakeholders, rather than shifting emphasis on punitive processes.

To sum up, the final aim of celebrating International Day of Persons with

Disabilities on December 3rd should be to achieve' Disability Justice ', through Solidarity and Unity for empowerment and liberation of the disabled - meaning that we value our people as they are, for whom they are, and that people have inherent worth outside of commodity relations and capitalist notions of productivity.

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Non-cooperation with evil is as much a duty as is cooperation with good.

- Mahatma Gandhi

Use of Generic Drugs

Dr. Padmaja Marathe
Dr. Nayana Ingole

Introduction

Drugs form a vital component of patient's disease management be it cure or prevention. However, around 33% of the world's population has difficulties in accessing medications, due to high prices, with this proportion rising to 50% in the developing countries.(1) A recently released Chinese film, '*Dying to Survive*' has made news in the media and has triggered a lot of discussion among masses about use of generic drugs in India. In the plot, an anticancer drug is smuggled from India to China and made available there. The drug proves lifesaving for patients and is cheap and affordable at the same time. The message from this movie is that generics can help in improving access to life-saving medicines and they are not inferior to branded drugs. (2) Various authors have reported that the use of generic drugs can provide substantial savings in health care cost without affecting the quality or the therapeutic effect of the prescribed medicine. (3, 4)

What are generic drugs?

A drug which is similar to a brand name drug in dosage form, safety, drug regimen, quality and indication is a "Generic drug". A new drug on approval is exclusively marketed by the pharmaceutical company for at least 5 to 7 years. Once patented, most new drug discoveries are also protected by patent laws up to 20 years. Altogether, new drugs receive about 12 to 14 years of market exclusivity which allows companies to get a return on their investment into development of that drug and to make a profit. When the market exclusivity period is over, other companies can apply for approval of their versions of the product containing the same active ingredient/s. The active ingredient is the chemical substance that carries the effect of the medication.

Generic drugs can be much cheaper than brand-name drugs because they create competition in the marketplace, and generic companies do not need to account for as high a development cost. The cost of generics reportedly is almost 80- 85% less compared to the brand. (5) For oral drugs, it is accepted that if blood concentrations of the active ingredient of the generic and brand name drugs are the same (bioequivalent), then their concentration at the target site and therefore their safety and efficacy will also be identical. This type of bioequivalence studies are a surrogate marker for clinical effectiveness and safety data, as it is not normally necessary to repeat clinical studies for generic products. (6,7) In many countries all over the world, including the United States (USA), Germany, United Kingdom, Iraq, Malaysia and Brazil, generics are freely available, they are good quality and fully bioequivalent (achieve equivalent plasma concentrations) to original innovator drugs. (1)

So, why are generic drugs not commonly used in India?

India is exporting generic drugs to Africa and other countries, including the US. (8) However, the use of branded drugs continues. For example more than 100 brands are available for a common drug like paracetamol. A study conducted by HEBBAR, Sahana K. et al reported that the awareness amongst non-medical people about generic drugs is poor compared to medical persons. Adequate measures are required to be taken to increase awareness and knowledge among public so that they become imperative enough to ask their doctors to prescribe

generic drugs. (9)

Generic drugs are not used routinely because of multiple reasons the important ones being lack of awareness, quality concerns, unavailability or inaccessibility and vested interests. Quality comes at a cost and most doctors have concerns regarding the quality of the generic medicines available in India. The drug regulations with respect to testing and use of generic medicines are not evolved in India. It is reported that only around 1% generics are subjected to rigorous testing in India. (10)

Pharmacy is a booming business in India with pharmaceutical shops available mostly everywhere across the country. However, as of now there are very few generic medicine shops in the country and the patients has to actually hunt around if he wants to buy generic medicines.

Physicians face the dilemma of prescribing either the branded or generic drugs. Though the majority of doctors support generic drug substitution; quality concerns, availability or accessibility and sometimes incentives from pharmaceutical industry works as an obstacle in their prescription practice.

The current situation

Health care costs have been on the rise globally, and this trend is expected to continue. The Union Health Ministry and the Medical Council of India had issued a directive in 2012 that generic drugs in India would not be sold under branded names but only by their generic names and all doctors and physicians in the Central and State Governments-run hospitals should prescribe only medicines with generic names. (5)

Central Government has launched a new scheme with the objective of making quality medicines available at affordable prices for all, particularly the poor and disadvantaged, through exclusive outlets “Pradhan Mantri Bhartiya Janaushadhi Kendras”, so as to decrease patients' expenditure on drugs. All State Governments will be directed to open Pradhan Mantri Bhartiya Janaushadhi Kendras in Government run hospitals and medical colleges.

Govt. of India has established BPPI (Bureau of Pharma Public Sector Undertakings of India) under the Department of Pharmaceuticals for co-coordinating procurement, supply and marketing of generic drugs through Pradhan Mantri Bhartiya Jan Aushadhi Yojana Kendra. (11). The Medical Council of India has mandated all its members to prescribe generic medicines.

India has become one of the strategic markets for the pharma multinational companies (MNCs). Most of the pharmaceutical companies have a bilateral strategy for the Indian market - mass market via product localization and India-specific pricing to capture the branded generics segment. Pfizer has come out with branded generics like telmisartan and rabeprazole, GlaxoSmithKline (GSK) is marketing branded generics like Benitec A (Olmesartan in combination with Amlodipine), Meropenem and Calamine lotion. Diovan (Novartis), Januvia (Merck Sharp & Dohme), Galvus (Novartis), and Crestor (Astra Zeneca) are some of the branded generics being sold in India at a discount of up to 80% to the global prices by pharma MNCs. (12)

NGOs are also working towards creating awareness about generic medicines. A lot of information may be available from electronic sources to a common man. However, it is advisable to verify the generics available from a family physician / consultant before using it to ensure quality and safety.

Conclusion

With the increase in health care costs and out of pocket expenses it is the need of the hour to make drug treatments cheaper and affordable to masses. Stringent regulations, strict quality control, easy availability and awareness about generic drugs will go a long way in achieving that objective.

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When times are tough and people are frustrated and angry and hurting and uncertain, the politics of constant conflict may be good, but what is good politics does not necessarily work in the real world. What works in the real world is cooperation.

-William J. Clinton

GSMC MUHS UNESCO Bioethics Unit.

Seth G. S. Medical College and K. E. M. Hospital, Mumbai, Maharashtra, India

United Nations Educational, Scientific and Cultural Organization · UNESCO Chair in Bioethics University of Haifa

MUHS

NURTURING ETHICAL VALUES.....
ENRICHING MEDICAL EDUCATION.

Vision :

"Establishing highest level of ethical and professional standards in health professionals education, practice and research."

Mission:

"To inculcate the basic ethical, professional and humanitarian values in medical students right from the first day of training in order to make them not only expert clinicians but also compassionate human beings."

The 'GSMC-MUHS UNESCO Bioethics Unit' was formed in the month of August 2015. The solemnisation of the Unit under the MCGM Nodal Bioethics Unit and affiliation with UNESCO, Chair in Bioethics Haifa Australia was on 9th November 2015. The MCGM nodal unit was established at an event held in Topiwala National Medical College auditorium.

The objective of Bioethics Unit is to integrate the MUHS approved UNESCO Bioethics curriculum in the undergraduate and postgraduate students education and to train the faculty in effective implementation of the same.

1. To introduce and deliver bioethics and professionalism training in undergraduate and postgraduate curriculum.
2. To prepare an updated and modern curriculum, reflecting the need for integration of ethics during the training period and for its effective implementation in clinical practice.
3. To increase interest and respect to values involved in health care delivery and raising awareness for competing interests. To introduce various non-medical facets of medicine: sociology, economics, and public administration to students.
4. To add new chapters to present curriculum that will relate to new dilemmas, accommodating medical, technological and scientific progress.
5. To create training programs for teachers and instructors of ethics in medical institution.
6. To initiate, collaborate, facilitate and participate research related to bioethics.

GSMC MUHS UNESCO Bioethics Unit.
Seth G. S. Medical College and K. E. M. Hospital, Mumbai.

GSMC- MUHS UNESCO Bioethics Unit:

The Constitution and Memorandum of rules and regulations was drafted by bioethics committee members and approved by the Dean and Director(ME &MH) Dr. Avinash Supe. Following which elections as needed were held and a new team was constituted for a period of two years. The student wing members were selected by inviting applications and holding interviews.

Steering Committee

Dr. AvinashSupe	Director (ME and MH), Dean (GSMC and KEMH)
Dr. Padmaja Marathe	Pharmacology and Therapeutics
Dr. Mariya Jiandani	Physiotherapy
Dr. Yuvraj Chavan	Community Medicine
Dr. Karuna Nadkarni	Occupational Therapy
Dr. Padmaja Mavani	Obstetrics and Gynecology
Dr. Anjali Telang Lone	Anatomy
Dr. Santosh Salagre	Medicine
Dr. Nayana Ingole	Microbiology
Dr. Kanchan Kothari	Pathology
Dr. Venkatesh Rathod	Physiology
Dr. Monty Khajanchi	General Surgery
Dr. Usha Kasar	Occupational Therapy
Dr. Jyotsna Thosar	Physiotherapy
Dr. Shashank Tyagi	Forensic Medicine
Dr. Trupti Ramteke	Biochemistry
Sister Vaishali Chavan	Nursing
Sister Aarya Deshmukh	Nursing
Brother Ravindra Markad	Nursing

GSMC MUHS UNESCO Bioethics Unit.
Seth G. S. Medical College and K. E. M. Hospital, Mumbai.
- Students' Wing -

1	Omkar Thakur	BPTH IV
2	Ameya Kakodkar	INTERN BPTH
3	Sayoni Shah	BPTH III
4	Natasha Mehta	BPTH III
5	Himani Girolkar	BPTH III
6	Piyush Vinchurkar	II/I MBBS
7	Jayesh Urkude	II/I MBBS
8	Shruti Tilak	II/I MBBS
9	Eera Fatima	II/III MBBS
10	Devi Bavishi	III MAJOR MBBS
11	Gautami Chaudhar	IIII MAJOR MBBS
12	Pratik Debaje	II/III MBBS
13	Sanjeevanee Charde	BOTH IV
14	Sarah Sarosh	BOTH III
15	Himani Nahta	BOTH IV
16	Mahima Bhuta	BOTH IV
17	Pooja Bhujbal	Nursing
18	Asmita Wankhede	Nursing
19	Vaibhavi Wagh	Nursing
20	Vaishali Jambhale	Nursing
21	Prajakta Kamble	Nursing
22	Vishranti Jankar	Nursing
23	Ankita Parihar	Nursing
24	Monika Bhoir	Nursing
25	Trupti Rane	Nursing
26	Varsha Kasar	Nursing
27	Asmita More	Nursing
28	Manisha Pawar	Nursing

Bioethics Unit Steering Committee and Students' Wing

World Bioethics day 2017

Celebrated on 12TH October 2017

The World Bioethics Day -2017 celebrations began with the inauguration of the poster competition by Dr. Avinash Supe, Dean and Director, Dr. Anil Gwalani, Professor and Head of General Surgery and Dr. Preeti Mehta, Professor and Head Department of Microbiology. The other events organized were final rounds of the "Street Play", "Debate Competition" and the "Short films Competition". The second bulletin of the Bioethics Unit INARCH -2017 was released by the hands of the Chief Guest, Dr. Yeshwant Amdekar Director, Jerbai Wadia paediatrics hospital. This was followed by the key note address by Dr. Amdekar.
There was a panel discussion on the theme of the theme of the year "Equality, Justice and Equity in Health Care" with eminent panelist Dr. Shubhangi Parker (Prof & Head Psychiatry, GSMC and KEMH), Dr. Ajay R. Sing (Consultant Psychiatrist), Mrs. Veena Johari (Lawyer and Ethicist) and Ms. Priti Patkar-Director, PRERANA, moderated by Dr. Padmaja Samant, Professor of Gyn. and Obst., GSMC and KEMH. This was followed by the felicitation of winners of various competitions which were held in the year 2017.

Address by Chief guest Dr. Yeshwant Amdekar

Release of "Inarch-2017" Bulletin

Panel Discussion on "Equality, Justice and Equity in Health Care"

Structured Training in Bioethics for Undergraduate students.

Structured training in bioethics is conducted across all disciplines for undergraduate students. Modules as designed for MUHS UNESCO Bioethics curriculum are carried out using various interactive teaching learning methods such as Role play, movies etc followed by student interaction and discussions. All 3T trained bioethics faculty conduct these sessions.

Bioethics session for 1st year MBBS students was conducted on January 10, 2018 in MLT. The topics covered were Introduction to Bioethics and Unit activities, Historical perspectives of Medical Ethics, Human Dignity and Human Rights' and 'Cultural Diversities'.

A total of 127 students attended the programme. Dr. Mariya Jiandani , Dr. Pravin Iyer, Dr. Anjali Telang, Dr. Vyankatesh Rathod, Dr. Kinjalka Ghosh, Dr. Padmaja Samant and Dr. Yuvaraj Bhosale.

1st Year Occupational And Physiotherapy Training Module : 28th February 2018.

Introduction to Bioethics History, Bioethical Principles and Cultural Adaptations.

II nd year Training Module for MBBS, OT & PT: 16th March 2018

The sessions for sensitising undergraduate students on principles of Bioethics as per Module 3 of the UNESCO bioethics curriculum (for second academic year) was held on Friday, March 16th 2018 in Theatre 4 of College building. 205 students, of the 2nd MBBS and OT and PT disciplines participated in the event. Dr. Karuna Nadkarni, Dr. Padmaja Samant and Dr. Padmaja Marathe conducted sessions of

- **Benefit and Harm**
- **Empathy**
- **Research Ethics**

III MBBS training Module: 12 July 2018

These sessions was with special emphasis on Organ Transplant and end of life issues. 140 students from batch attended the session. The module was delivered by Dr. Padmaja, Dr. Monty Kajanchi, Dr. Yuvaraj Chavan, Ms. Sujata Ashtekar

Some cases discussed were :-

Case 1: It was discussed that Liver transplant preferably should be from Cadaver. Third party need not to be involved in Organ Transplant.

Case 2: This case saw a few suggestions from the students that compensation should be in terms of Monetary or Employment from hospital.

Case 3: One student opined that in case of one's organ donation, his family member should be given priority for Organ recipient.

- **End of life issues**
- **Advance Directive**
- **Organ donation**
- **T H O Act**

Interns Training in Bioethics:20 feb 2018

The bioethics training and orientation for regular batch of interns was held in the MLT. 160 interns attended the programme. Topics covered were Doctor patient relationship and communication skills.Dr. Mariya, Dr. Samant and Dr. Marathe conducted the session.

Similar programme for the November batch of 11 interns was held in the CM (community medicine) seminar hall on the 13 of August 2018 covering 'professionalism and Doctor - Patient relationship'. Dr. Mariya, Dr. Usha B, Dr. Samant and Dr. Venkatesh conducted the session.

Training of our nursing faculty for 3T at Kolhapur

Dr. Santosh Salagre appointed as National Chair- Faculty Training of the IndianProgram of UNESCO chair in Bioethics (Haifa).

Dr. Salagre contributed to the following training programs :

- 3T IBHSc training program for health science faculty at Baba Farid University of Health Sciences and at Sri Guru Ram Das University of Health Sciences, Sri Amritsar, Punjab and Pt. Deendayal Upadhyay Memorial Health Sciences, All India Institute of Medical Sciences, Jodhpur and Ayush university of Chhattisgarh, Raipur,
- Participation in National Quality Assurance Camp organized by The Tamil Nadu Dr M G R Medical University and Department of Education, UNESCO Chair in Bioethics, Haifaat Chennai

Retiring Faculty of GSMC MUHS UNESCO Bioethics Wing being felicitated: Felicitation of Nachankar ma'am

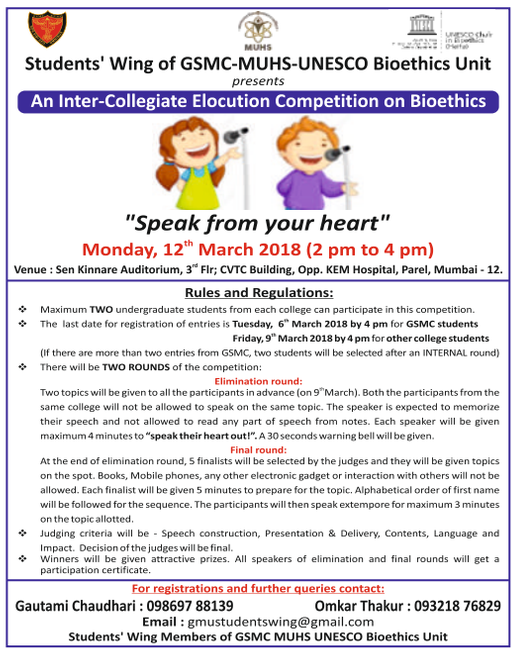
Dr. Kinjalka Ghosh transferred for career progression : Felicitation of Dr. Kinjalka Ghosh

Ms. Gautami Chaudhri, student wing member won Second prize in Scientific Poster Category at World Bioethics Day - 2018 International Competition

Student's Wing Activities and World Bioethics Day Celebration

Inter- Collegiate State Level Elocution Competition on Bioethics, 12th March 2018 -

"Speak from your heart" the competition was held in the Sen Kinnare Auditorium. It was an intercollegiate event with elimination and a final round. The judges were Dr. VinitaPuri (Head of department Plastic Surgery) Dr. Monty Khajanchi (Assistant Professor Department of Surgery) and Dr. Nandini Dave (Additional Professor, Department of Anaesthesia). Total 15 participants from 9 different colleges from Maharashtra participated in the competition . The topic for the final round was "Patient Rights"



Students' Wing of GSMC-MUHS-UNESCO Bioethics Unit

presents

An Inter-Collegiate Elocution Competition on Bioethics

"Speak from your heart"

Monday, 12th March 2018 (2 pm to 4 pm)

Venue : Sen Kinnare Auditorium, 3rd Flr; CVTC Building, Opp. KEM Hospital, Parel, Mumbai - 12.

Rules and Regulations:

- Maximum **TWO** undergraduate students from each college can participate in this competition.
- The last date for registration of entries is **Tuesday, 6th March 2018 by 4 pm** for **GSMC students** **Friday, 9th March 2018 by 4 pm** for **other college students** (If there are more than two entries from GSMC, two students will be selected after an INTERNAL round)
- There will be **TWO ROUNDS** of the competition:

Elimination round:

Two topics will be given to all the participants in advance (on 9thMarch). Both the participants from the same college will not be allowed to speak on the same topic. The speaker is expected to memorize their speech and not allowed to read any part of speech from notes. Each speaker will be given maximum 4 minutes to **"speak their heart out!".** A 30 seconds warning bell will be given.

Final round:

At the end of elimination round, 5 finalists will be selected by the judges and they will be given topics on the spot. Books, Mobile phones, any other electronic gadget or interaction with others will not be allowed. Each finalist will be given 5 minutes to prepare for the topic. Alphabetical order of first name will be followed for the sequence. The participants will then speak extempore for maximum 3 minutes on the topic allotted.

- Judging criteria will be - Speech construction, Presentation & Delivery, Contents, Language and Impact. Decision of the judges will be final.
- Winners will be given attractive prizes. All speakers of elimination and final rounds will get a participation certificate.

For registrations and further queries contact:

Gautami Chaudhari : 098697 88139 Omkar Thakur : 093218 76829

Email : gmustudentswing@gmail.com

Students' Wing Members of GSMC MUHS UNESCO Bioethics Unit

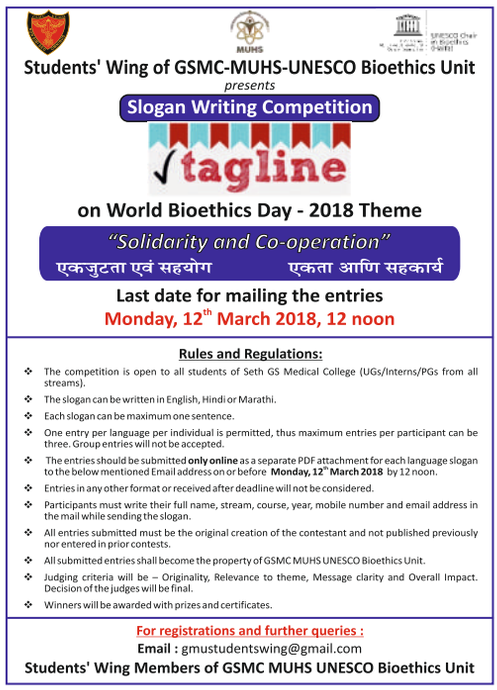
(The first prize winner Tushar Sharan I MBBS, Terna Medical College EC)

(Bhaumik Kamdar 2nd prize winner,Intern K J Somaiya Medical College EC)

Tagline competition for best slogans on the theme 'Solidarity and Cooperation' was held on 5th April 2018. Participants were invited to send a pdf version of tagline based on the themes. It was Judged by Dr. Mangesh lone, Dr. Sophia D'souza and Dr. Venkatesh Rathod.

Winners of the Tagline Competition

First Prize	**Aishwarya Pawar,** III B P Th Physiotherapy School & Centre
Second Prize	**Eera Fatima**, MBBS (II/III)
Third Prize	**Prerna Ghodke,** Intern Physiotherapy School & Centre



Poster Competition 2018 Theme: "Solidarity and Co-operation in Health".

All students and employees of Seth G S Medical College were invited for the competition.We got an overwhelming response in the form of 50 beautiful and thoughtful posters. Only handmade posters were accepted. Printing and copy pasting of images on the posters was a strict exclusion criterion. The judging of the poster competition was carried out in the Department of Pharmacology, on 3rd October 2018 between 11.30 – 1.00 p.m. All 50 posters went through a very stringent, three level screening process. The posters were judged on the basis of 'Originality', 'Relevance to the theme' and 'Aesthetics'. The Judges for the Poster Competition were themselves fine artist and health care professionals- .Dr. Pritam Pathare (General Surgeon), Dr. Priyanka Prasad (Assoc Professor Microbiology) and Dr. Munira Hirkani (Associate Professor Physiology).The event co ordinaters were Dr.Yuvraj Chavan, Dr Anjali Telang and Student wing member Himani G. The winning posters are printed in inarch.

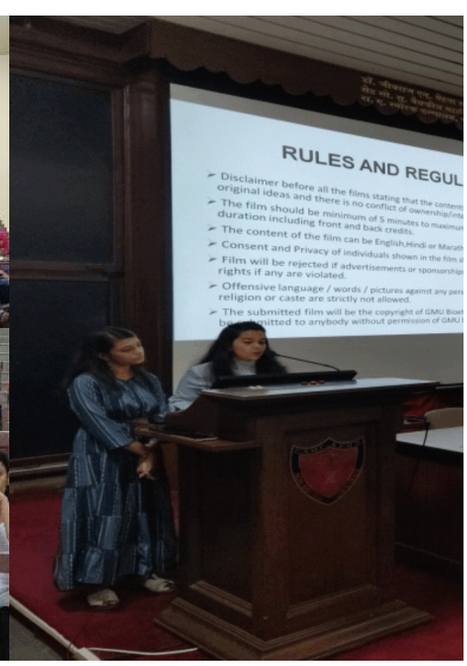
Winners of the Poster Competition

First Prize	**Nidhi Ranka**	IV year BPTh
Second Prize	**Mansi Palan**	II year BPTh
Third Prize	**Mrunmai Gaikwad**	II year BPTh

Ethoscope: A Short Film Competition - On October 5, 2018, Seth GSMC and KEMH witnessed the event "ETHOSCOPE" - A Short Film making Competition. The event was held between 1pm-3pm at JMLT. The Students from various colleges of MCGM , Physiotherapy, Medical and Nursing participated in the competition . The scripts were screened and 6 teams participated in the competition. The occasion was graced by Dr. Kiran Bhave (Prof and Head Pharmacology Dr R N Cooper Hospital), Dr. Venkatesh Rathod (Assoc Prof Physiology) and Dr. Somnath Sonwalkar (Occupational Therapist) as judges. About 150 students witnessed the competition .The teams emerged with various themes on "Solidarity and Cooperation" from a health team approach to ayush and saving lives. The titles of the films were :

1. Ekopa
2. Paulkhuna: Story of one different Pathway.
3. Inspire
4. Not just a handshake
5. Save the saviour
6. Hatbal

The event was organised by Dr.Mariya Jiandani, Dr.Jyotsna Thosar and Student wing members Ameya , Sayoni and Mahima



Winners of the ETHOSCOPE Competition

First Prize	*Not just a handshake* Physiotherapy School & Centre, Seth GSMC & KEMH
Second Prize	*Paulkhuna*: Story of one different pathway School of Nursing, Seth GSMC & KEMH
Second Prize	*Hatbal* MBBS, Seth GSMC & KEMH

Ebate : The Faculty PG Students Debate

An exciting, jaw opening, mesmerizing PG DEBATE was held at Seth GSMC and KEMH on October 3, 2018. The event was first of its kind in the history of GSMC MUHS UNESCO Bioethics unit. The debate was between the teacher's group and the resident's group. Representing the teacher's we had Dr. Yuvraj Bhosle (Prof- Anatomy), Dr. Ashwini Kolhe (Assoc Prof Pathology) Dr. Jignesh Gandhi (Prof - General Surgery) and Dr. CharanLanjewar (Prof - Cardiology)
Representing the residents we had Dr. Bhanupriya (PSM), Dr. Priyanka Deshpande (Obs&Gyn),
Dr. Saurabh Patil (Pharmacology) and Dr. Arnav Tongaonkar (Medicine).
The debate was centred around the topic **'Compulsory service bond improves healthcare delivery'**. The teacher's group spoke FOR the topic and the residents spoke AGAINST. The event, a very popular one was attended by about 200 students and faculty. It was very smoothly moderated by the members of the teachers wing Dr. Padmaja Marathe, Dr. Karuna Nadakarni, Dr.Kanchan Kothari , Dr. Monty Khajanchi and the members of the student wing HimaniNahta, SanjeevaneeCharde, Devi Bhavishi, and Piyush Vinchurkar.

Street Play Competition 2018 - A grand street play competition was organized by the GSMC MUHS UNESCO Bioethics unit on 5th October 2018. The event was conducted in front of the College canteen at 11.00 am. Three teams participated, Physiotherapy GSMC , Nursing GSMC and Nursing LTMMC. Each team performed for 10 mins, on the topic 'Solidarity and cooperation – in health care', live in front of the judges and the audience that gathered to witness the event, inclusive of lay persons visiting KEMH. The event was judged by

1) Mrs. Khedkar (Retd Head Nursing school). 2) Dr. Rachna Arora - Assoc Professor Physiotherapy TNMC. 3) Dr K Bhate - (Prof Community Medicine). 4) Dr. Santosh Salagre (Associate Prof. Medicine).
The event was organized by Dr. K Nadkarni, Mrs. Chavan and Mrs. Deshmukh along with student wing members, Sanjeevani, Piyush, Ankita and Shruti.

Audio - Visual competition

This year, as a part of the WBD celebration, a innovative approach to understand knowledge on ethics was organized - "The Audio -Visual Event" by the GSMC-MUHS-UNESCO Bioethics Unit.

The event was conducted in two parts:

1) **Elimination round** :3rd October 2018 in which the teams wrote down their remarks, and

2)**Final round :** 4th October 2018 in which the finalist teams participants were shown selected movie clips and were asked to identify ethical dilemma followed by question answer round by the judges.

The judges for the event were: -

1. **Dr. Leena Gangolli**; (Masters in Public health from TISS, Harvard school of public health)
2. **Dr.Padmaja Samant** (Prof - Obst &Gyn)
3. **Dr. Yuvaraj Bhosale** (Prof - Anatomy).

The event was organized by Dr. Nayana Ingole, Dr. Shashank and Dr. Usha along with student wing members Gautami and Omkar.

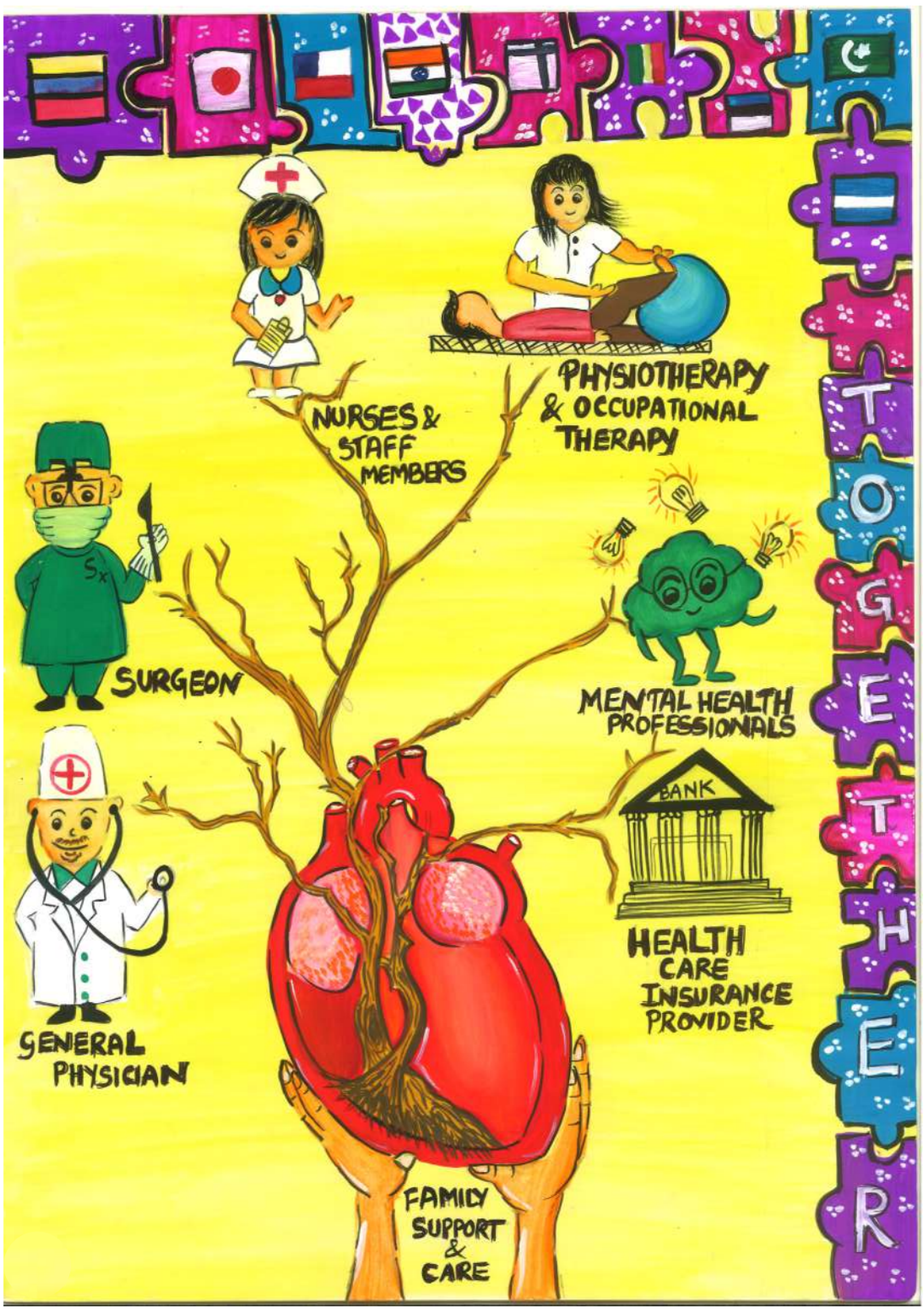
Winners of the AV Competition

First Prize	**Dejul Dedhiya, Harshika Faria, Priya Vadhan** Occupational Therapy School & Centre, Seth GSMC & KEMH
Second Prize	**Neha Parikh, Nirati Lakhani, Riya Patadia** Physical Therapy School & Centre,Seth GSMC & KEMH

World Bioethics Day
19th October 2018

GSMC MUHS UNESCO Bioethics Unit

Poster Competition on
'Solidarity and Co-operation'



Neha Parikh, III BPTH

World Bioethics Day
19th October 2018

GSMC MUHS UNESCO Bioethics Unit

Poster Competition on
'Solidarity and Co-operation'

Nidhi Savla, Intern, BPTH

GSMC MUHS UNESCO Bioethics Unit

World Bioethics Day
19th October 2018

Poster Competition on
'Solidarity and Co-operation'

Third Prize

Mrunmai Gaikwad, Second Year, Physical Therapy

GSMC MUHS UNESCO Bioethics Unit

World Bioethics Day
19th October 2018

Poster Competition on
‘Solidarity and Co-operation'

Second Prize

Mansi Palan, Second Year, Physical Therapy