

Minutes of meeting dt 29-01-2022

Online Meeting of prospective members of Medicos Legal Aid Group was organised at 3:30 pm on Saturday 29th January 2022 using google meeting. Following members were present

1. Dr. Rajeev Joshi, Pune
2. Dr. Mukesh Yadav, Principal Govt Medical College, Banda UP
3. Dr. Jain Amravati, Maharashtra
4. Dr. Pawar Hadapsar, Pune
5. Dr. Rana Dhanbad, Jharkhand
6. Dr. Gangoli
7. Dr. Shivkumar
8. Dr. Manish Kulkarni
9. Dr.. Rajendra Abhyankar, Kolhapur Maharashtra
10. Dr. Vashishth
11. Dr.. Shubhangi Mundada, Amravati
12. Dr. Karne, Pune
13. Dr. Nitinkukar Londhe, Pune
14. Dr. Pratibha Kane, Pune
15. Dr. Neelesh Wadnap

Apologies for missing names of two members who joined after the beginning of the meeting and left in between.

Various issues were discussed during the meeting. Not giving names of people who said what and only giving gist.

1. Dr Rajeev Joshi informed about an objection raised by Dr Neeraj Nagpal who runs Medicos Legal Action Group (MLAG) at Chandigarh. He said that Medicos Legal Aig Group is an imitation of the name of his association and though there would not be much difference to him, we should consider changing the name. We do not desire to have conflict with an organisation working for 8 years with the same goals, we should change our name to **Medicos Legal Aid Association(MLAA)**. All present in the meeting agreed.
2. **Inclusion of advocates** : Many will join to get business, so better allow good advocates who have medico legal background. We can consider making certificate courses on Law and Medicine mandatory for membership.
3. **Inclusion of AYUSH professionals** : Some had opposition for inclusion while some had no objection. It was discussed that allopaths have been working in hospitals run by AYUSH and Ayush residents are employed in hospitals run by Allopaths so there is no point in such discrimination. We should look at all

doctors as victims of violence and bad laws made by the State / Central Government against which all of us should fight unitedly. We should take all doctors with us together. It was decided that we will NOT GET INVOLVED in fights of MIXOPATHY, Cross Pathy and other issues between organisations like IMA NIMA or any other branches of medicine and membership should be open to all QUALIFIED DOCTORS and say NO TO QUACKS.

4. **Nature of the organisation** : We have to go step by step in formation of the association and first decide what type of structure we desire to have. Whether it should be LLP or Trust or Association or any other form of organisation. We will study pros and cons of all types and consult experts in this field before finalising the nature of organisation.
5. **Name** : We should have federation, union etc in the name. The name should contain the word “Doctors” as rural people do not understand the word medicos. There should be the word INDIA in the name, however there is a ban on use of indicating National or Indian in the name and there is procedure to be followed before getting the name approved. To be decided in due course.
6. **Training in communication** : It was agreed that most of the time the root cause is communication failure and we should train our members in communication for which training programs should be conducted. There is competency based education in the new medical curriculum for pre final year, in which attitude and communication is taught with ethics and regulation in the medical profession. However there is a need to train young graduates regarding consent and medico-legal issues. Unfortunately there is not much time available during the UG program as some essential subjects have been shifted to electives by MOHFW. Our Certificate program will cover these aspects in addition to training provided in the UG curriculum. So it will be desirable for all to undergo a Certificate program in Law and Medicine.
7. **Violence** : Most of the violence is in Government Hospitals and it is seen that neither the college authorities want to file police complaints, nor do residents have adequate time in their hand to pursue the matter due to their busy schedule and short duration of training program. Because of this FIRs are not filed and perpetrators of violence go unpunished. Therefore we as organisation should try and file FIR for which we need taluka level representative who will be able to
 - A. File FIR on behalf of organisation as attack is on medical professional
 - B. If FIR is not filed then go for private complaint through advocate
 - C. Will be supported by members at district level for taking up the matter with higher authorities e.g. Commissioner of Police etc.
 - D. Organisation will support such an effort financially.

E. Though it is not possible from the beginning, it should be our aim to reach sub taluka level (each city / moficiary town) so that violence is reported, documented and pursued to punish the accused.

8. **Association should work ONLY on legal issues** faced by doctors e.g. challenging laws made by State / Center and proactively fighting for our legal rights. Example of such actions would be

- A. Insurance companies are taking doctors and hospitals for ride by making rules and regulation affecting our practice
- B. NABH imposing certain conditions for hospitals
- C. IRDA controlling hospital rates etc

9. **Role of the Media** : MUST be recognized in spoiling the relationship between doctors and patients by giving undue publicity. There should be a PR Team. Members agreed that this is an important issue. Organisation should respond to any adverse publicity in any media, print or electronic and take immediate opportunity to rebut by issuing press releases. We can form a team, members of which will take responsibility for one newspaper each. Members will report publications regarding the medical profession in the newspaper allotted to them every morning by email to team members, team members will discuss by afternoon and send a reply to the mediapersons email group by 4 pm. If we can succeed in this, much of the adverse publicity can be handled effectively. In addition we will appoint a PR Team when possible for positive publicity.

10. **There were two diagonally opposite views** which are given in the table below.

<p>INDIA is a vast country and it may not be possible to cater for each state. Therefore anybody who wants to work should be given the opportunity to work. They should be given work depending on their desire, resources and abilities. Organization should take feedback and evaluate performance of individuals before they progress in the ranks of the association of Association.</p>	<p>There is a need for lobbying with politicians and influencers which needs funds. We need to have an association with the entire fraternity and also professional associations of doctors. However let there be a small group / task force which will work for the entire fraternity and will be supported by all members. For this corporate structure may be desirable</p>
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Both the views appear to be right on their own merits and it looks like the organisation may have two separate functioning limbs with task cut out for each.

11. Many associations have failed to rise to the expectations because we have multiplicity of divisions. Govt and Private, In Govt teaching or non teaching, in teaching lecturer level or professors, In private general practitioner or

consultant, In consultant small hospital or institutional hospital etc etc etc. So we have many conflicts and we need to merge all tributaries and branches together to handle our set of problems.

12. We are over regulated and we can be tried in various fora such as consumer court, criminal court, civil court, national commission of women, national human rights commission, municipality health department etc etc etc for which we have to respond unitedly. There needs to be a task force which will actually work and we need quality of work rather than quantity of members.
13. There was discussion regarding to whom we should cater. For example whether we should cater to any individual who is involved in criminal offence. Members felt that we should first decide whether he is a qualified doctor or not. If yes, then we **MUST** help him with respect to violence. Regarding medico legal charges against him finally he has to defend, but we can provide legal assistance.
14. This brought the discussion to what activities the association perform. In nutshell there will be three types of activities
 - a. **Litigation against issues faced by doctors** : Against State Government, Central government, Insurance companies, IRDA or NABH etc bodies whose decisions hamper us in our day to day functioning. For this corpus from membership fees may be utilised and contributions from members who want to contribute from time to time based on cause can be spent for the litigation.
 - B. **Services**: such as legal consultancy, assistance drafting of reply to notices, drafting of notices or petitions of doctors for individual beneficial purposes etc will be charged services, with some concession to the members. There may be categories of members such as life members, annual members, emergency members and non members for different charges for services provided through organization.
 - C. **Collective activities** can be taken up e.g. insurance cover for group etc. this may include procedure specific consent, training program in Law and medicine etc. so as to help members in all aspects
15. Members who want to offer medico legal consultancy pro bono or as charged services will be allowed to do it outside the purview of the organization as their private enterprise.

Meeting ended at 5:00 with the hope to meet again in 15 days.

Next meeting will be on 13th February 2022.

Errors and Omissions may please be excused and communicated on

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