

Medicos Legal Aid Association

1416, Sadashiv Peth, Pune 411030 Maharashtra INDIA

Minutes of Meeting dt 13th February 2022

Meeting of prospective members of Medicos Legal Aid Association was conducted between 10 am to 11:30 am on 13th February 2022. Following members attended the meeting

1. Dr Rajeev Joshi
2. Dr Devesh Raichur
3. Dr Khatod
4. Dr Sayed Rahman
5. Dr Neelesh Wadbnap
6. Dr Mukesh Yadav
7. Dr Archana Sabnis
8. Dr Jyotsna Potdar
9. Dr Nitin Londhe
10. Dr Shriram Joshi
11. Dr Nitin Dhande
12. Dr Srikanth Sundaresh
13. Dr Swati DOle
14. Dr Vijay Anand
15. Dr Ajay Gangoli
16. Dr Rathore
17. Dr N J Karne
18. Dr Amita Ray
19. Dr Raghavendra
20. Dr Amol Awchar
21. Dr Sangeeta Pikale
22. Dr Sachin Shinde
23. Dr Sandesh Bharati
24. Dr Sudhir Fattepur..
25. Dr Ashish Mittal
26. Dr Dilip Shah
27. Dr Sanjay Gabhale
28. Dr Prashant Sakhvalkar
29. Dr Revati Kulkarni
30. Dr Mehta
31. Dr Raghavendra Sing Gaur

Apologies for not recording names of a few members whose names were missed during the meeting. (Next time someone else should record names) **Following points were discussed.** Not giving names of who said what and giving only gist.

1. Name of the organisation : Medicos Legal Aid Association
2. National Headquarter : 1416, Sadashiv Peth, Pune 411030, Mah INDIA
3. **Structure : Trust / Society / Section 8 company : to be discussed with experts :**
Trust ruled out as we do not want to depend on charitable donations from people. Also 85% of income has to be spent on charitable activities and whether petitions filed by organisation will be considered as charitable activities is doubtful. Organisation can raise its own funds by way of membership fees or on activities done by association such as training programs etc. Generally members felt that since we are used to working with associations, association would be suitable. Another view was that to work as a corporate, it is better to form a company. Model of Australian Medical association is to be studied, details of which to be sent by Dr Rathore. Third view was to form both society and company for different aims and objectives. Company secretary not to be engaged as he/she will be biased for the company structure. Professional advice to be sought by Dr Rajeev Joshi and others who can spare time.
4. **Aims and objectives :**
 - a. Main objectives of the association should be
 - (i) Medicolegal (civil or consumer)
 - (ii) Criminal matters
 - (iii) Insurance matters
 - (iv) Mediation cell
 - (v) To make every medical and law graduate to be a member of this organisation in addition to practitioners of all pathies.
 - b. **To increase awareness in society** regarding problems faced by healthcare professionals
 - (i) So many doctors are harassed mentally, physically every day but because of social burden , these acts are not notified.
 - (ii) Protect the medical fraternity from legal & public hostility.
 - (iii) Educate masses regarding shortcomings of medicine. Also general public must be aware that violence against doctors is more harmful to them, as doctors will be reluctant to take risks esp in emu & trauma cases who require early care. If doctors don't want to take risk such patients will be referred from one hospital to another without wasting precious time.
 - (iv) The efforts should be towards increasing awareness in society about how doctors are doing a good job, why the treatment costs increase.
 - c. **To train medical and legal professionals in**
 - (a) medicolegal issues. (Online training program once a week for 10 weeks to be conducted every three months. **We have already submitted proposal to law college in Pune**)

- (b) Ethical issues training : Make Medical Professionals aware of their duties in addition to legal rights and responsibility
- d. **To encourage and assist doctors and hospitals to file FIR** against perpetrators of mental violence, threats, physical violence and vandalism in hospitals.
 - (i) Help to medical professional if given immediately and timely then the association becomes stronger
 - (ii) If only legal help is given, it takes time and money and then the tempo is lost. Hence association should support the victim and or file FIR or private complaint if police is not willing to take FIR. Advise the victim to add sections in FIR which will make police take cognizance.
 - (iii) To establish contact with local political leaders / associations who will help in filing FIR and prevent escalation of the matter.
- e. **To file appropriate PIL or WRIT petitions** in high court/supreme court on issues faced by doctors
 - (i) Filing PIL and following it to the conclusion is a big headache.
 - (ii) No association can continue to fight for years together as office bearers are appointed for a period of one year. MLAA can do the job for them
- f. **To file a PIL for allowing doctors to argue in Court** on behalf of their clients
 - (i) This is an enlightened group who may be able to assist doctors who want assistance in clinical matters, quality matters and defence matters.
 - (ii) At present it should be a support agency till we are allowed to argue in court in defence of our clients
 - (iii) Train every member to become representative in consumer court
- g. The Association should have a pool of people who will represent members / other doctors in the consumer forum / appropriate body. To create a think tank having qualification and knowledge in legal affairs for dealing with various government bodies, and to prevent the medical profession from suffering due to incorrect rules and regulations, This group will work in advisory capacity and offer consultancy to government and non government organisations.
- h. **Insurance tie up** and out of court settlement through insurance.
 - (i) Possibility of group insurance for medical indemnity should be explored, which will be one of the important sources of funds for the association.
 - (ii) Medical Accident Insurance cover is being discussed by Dr Rajeev Joshi et al with some insurance companies. Details will be made available after there is some progress.
- i. The Association should not publish any view against IMA or any other professional association of doctors. These associations have their own limitations, and we should evolve methods of overcoming these limitations.
- j. To represent the medico legal community in state medical council / national council etc. One important task should be to get guidelines as prescribed in Jacob Mathews wrt. 304A passed from the appropriate legislative body

- k. To get the provisions in NMC, Nursing Home Act and MTP / PCPNDT Act which are creating problems for medical professionals, or which are unacceptable to medical professionals amended from the government by sending representation
- l. To publish newsletter in digital format and circulate it among members
- m. To create specialty wise medico legal experts groups who can provide quick advise in the matters pertaining to that specialty.
- n. There must be common standard operating procedure (SOP) / protocol for handling every type of medico legal issue like
 - A. Violence against doctor,
 - B. FIR under section 304 A against doctor,
 - C. complaint in consumer forum against doctor,
 - D. FIR under section 354/ under Atrocities Act

5. Membership :

- a. Membership should be of various types. There could be life membership, Association membership and Associate membership. Dr Sageeta Pikale will give a list of types of memberships to be provided.
- b. **KYC** : For any membership there will be a KYC of member e.g. registration certificate of Doctor, Licence of hospital or certificate of registration of association with its list of members etc so that this organisation does not get involved with any illegal and unscrupulous member / association.
- c. **Association membership** : It Will be better if already existing organisations like IMA,ASI,API etc are involved so that WE can gain number & strength.
 - i. Federation type structure? (ONE MEMBER IN GOV COUNCIL)
 - ii. Annual / Life membership to be discussed.
 - iii. Project based contribution to be used for specific purposes.
 - iv. Bye Laws of the association may not permit the association to be member of MLAA, in that case that association may find ways to become member, or advise individual members to become members of MLAA so that they get supported by MLAA at concessional rates.
 - v. If association can become member, then it will be easy for the association to pay annual subscription / life membership of MLAA and also become communication channel between its members and MLAA
 - vi. Organisations such as MARD are not properly organised, but then if there is student membership, PG membership, voting and non voting membership etc, then we can cover many associations and members
 - vii. There was discussion regarding emergency membership, but most of the members felt that we should not put prospective members who are in difficulty in more difficulty by asking him to pay double. However, he will have to pay at non member rate and become a member before the organisation utilises its resources if the matter is of common interest.

- viii. Services to be provided by the organisation will be at two or three different rates : free/ concessional for members/ paid for non members
 - ix. While we understand that the organisation will need funds for its activities, especially court cases, membership fees should not be exorbitant
 - x. Membership fees can be based on the number of beds in the hospital for individual members / number of members for any association so that we get more members. Aim should be to increase the strength of association by a large number of members.
- d. Membership for Allopathic, Ayurvedic, Homoeopathic graduates, industrial health professionals, physiotherapists, nursing professionals, paramedical technicians and law graduates
- (i) Branches other than allopathy can be included later to avoid confusion.
 - (ii) Membership should be clearly defined, if allowed for other pathies, to avoid decision making.
 - (iii) At present
 - a. District,
 - b. State Level,
 - c. Zonal Level,
 - d. National Team
will be easier to manage.
 - e. Subdistrict
 - f. Taluka,
can be included at a later date.
 - (iv) In organisation There should be no discrimination on the basis of pathy , graduate from modern medicine should not be considered superior and other should not be considered as inferior
 - (v) Disciplinary control over members need to be defined at the time of accepting membership

Duties of the members would be :

- (i) to make the organisation strong by promoting this MLAA in social media and other associations such as IMA, IDA, NIMA , IAP like association and insisting their friends to join association.
- (ii) to avoid conflict of interest of another associations and help in promotion of MLAA in other association

6. Google Group :

- a. To discuss progress continuously, daily in eMail groups formed for the association (taking into consideration the number of participants in whatsapp group eMail group would be a better option. Also there can be discussions on various threads on google group. It is difficult to follow discussion on one point in whatsapp group) **Accordingly google group has been created and all members are requested to join the google group.** Please send email to medicos-legal-aid-association-subscribe@googlegroups.com to join the group and after joining email should be sent to following email address.

medicos-legal-aid-association@googlegroups.com

- b. We should send emails through organisations such as docplexus or other email service providers to reach out to prospective members.

7. India / Zones / State / circle or division / District / Taluka structure :

https://en.wikipedia.org/wiki/Administrative_divisions_of_India

8. List of immediate medico legal concerns

- a. CPA
- b. Violence Act gives inadequate protection
- c. Doctor lawyers are not given sanad to practice law
- d. Insurance related issues (i) cashless insurance (ii) mediclaim
- e. Following issues need a comprehensive legal regulatory framework to govern them. (malpractice, organ trafficking, Telemedicine)
- f. Assistance in insurance claims

9. Advisors : Prof M. C. Gupta, Dr G. S, Jaiya, Dr Jayant Navarange have agreed to be advisors to the association, and some more invitations have been sent.

10. Public relation and lobbying with persons having influence :

- (a) Word lobbying should not be used as it carries different connotations. We should use words like awareness, sensitization, taking people into confidence.
- (b) Reporting of events happening in relation to initiatives of association, Litigations, training programs etc.
- (c) Email / communications wrt issues arising from media reports to be sent to the core team by members : Narration will be prepared by the central committee which will be sent to ALL mediapersons in the database of MLAA. List of media persons in medical beat as well as law beat to be sent by prospective members: MLAA to create an email group of media persons from the entire country.
- (d) Appointment of PR Team as and when possible.

11. Next meeting will be on 26th February between 3:30 pm to 5:00 pm, link for which will be circulated ONLY on google group as it is difficult to send emails every time to all prospective members and those who do not wish to get the emails get irritated because of constant bombardment of emails.