

**ISA**  
Indian Society of  
Anaesthesiologists



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# Vapour

The official E-Newsletter of the  
Indian Society of Anaesthesiologists



## THEME- LIFE AFTER PG (POSTGRADUATION) HIGHLIGHTS

Message by Dr. J Balavenkatasubramanian, President ISA National

Dr. Donald E Arnold: ASA: Purpose, Priorities and Partnerships

### ISA ACADEMICS

Dr. Arshdeep Kaur: ISA Activities: A Path to Grow and Connect

Dr. Layana CP.: Medical education as a career

Dr. Ajay A: An Anaesthesiologist: A leader born to be!

Dr. Lilly Sam Cherian: Preparing interview for senior resident position

Dr. Priya Patel: Group Practice: Adaptability and Advantages

in a prestigious medical college

Dr. Sagar Joshi: Truth of Financial Planning and its application

Dr. Sri Sumanth Pelluru: High on Adrenaline - Life of a defence

Dr. Swetha K: Indemnity and medicolegal implications of anaesthesia  
practice

anaesthesiologist  
Dr. P Sravani: New avenues of government job in current

### ISA ACTIVITIES

### KALEIDOSCOPE

A tryst with Dr Shraddha Naik Bahulekar, Winner of WFSA  
'Save a Life' competition

anaesthesiology practice  
Dr. Chandrasekhar Krishnamurti: CHLOROFORM- "ANAESTHESIA A

LA REINE"

Dr. Moni Ann Thomas: The Angel

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(Regd.629 / 2007 under Societies Registration act. 35 of 2001)

## FORM OF MEMBERSHIP

(To be filled with Block letters)

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R.No.
Date :

Affix  
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ISA No.

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Life member of.....City Branch of ISA

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FIRST NAME :

NAME TO BE PRINTED ON CERTIFICATE AS :

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AGE :

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1.			
2.			
3.			

If the nominee is a minor, name of the person  
who represents the minor and his/her address :

Date of birth and age of Minor :

Specimen Signature of the

Nominee of Minor's representative :

1.

2.

3.

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SBI Collect  transfer  NeFt  IMPS

UPI  credited on . . . . . transaction

I do hereby declare that the above information is true withheld no information whatsoever regarding the application and I agree to pay the demanded amount as per the rules of this scheme.

I further agree to abide by all the conditions laid down in the Constitution of the Scheme and the amendments to be made from time to time.

I shall inform the change of address time to time.

Date : .....

Signature of the Applicant

**Dr. S.C. Parakh**  
President

**Dr. Sugu Varghese**  
Hony.Secretary

**Dr. Abraham Cherian**  
Treasurer

***Applications may send to :***

**Dr. Sugu Varghese**  
Secretary, ISA FBF

Anaesthesia House, 1st Floor, GCDA Shopping Complex, Panampilly Nagar, Cochin 682 036  
Ph : (Off.) 9895519551 Email : isafbfsecretariat@gmail.com; sugulissieux@rediffmail.com

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**ADMISSION FEES**

(1) A non-refundable deposit will be collected from members joining the Fund according to their age.

a) Less than 30 years - Rs.2000/-	b) 31 to 35 years - Rs.3000/-
c) 36 to 40 year - Rs.4500/-	d) 41 to 45 years - Rs.6000/-
e) 46 to 50 years - Rs.8000/-	f) 51to 55 Years - Rs.10000/-
g) 56 to 60 Years - Rs. 15000/-	

(2) Annual Membership fees Rs. 200/- (it is otherwise called as administrative charges)

**Total - 1 (Admission fee) + 2 (administrative charges)**

N.B.

1. Demand Draft / At par cheque be drawn in favour of ISA FBF, payable at Ernakulam  
**A/c details for online transfer : A/c Holder's Name : ISA FBF; Current A/c No. 35338132424;**  
**Bank : State Bank of India; Branch : KIZHAKKAMBALAM, Kerala;**  
Branch Code : 70425; IFS code : SBIN0070425
2. Receipt of ISA Life Membership subscription issued by ISA or xerox copy of I.D. card must accompany this application form, as proof of life membership.
3. Enclose two (2) passport size photographs.
4. Certified xerox copy of Date of birth certificate / PAN card / Passport may be produced as proof of age.

# CONTENTS

Cover Page	1
Governing Council ISA	2
The Editorial Team of VAPOUR	3
Contents	6-7
Editor's Note	8
ISA Notice Board	9-10
Message by Dr. J Balavenkatasubramanian, President ISA National	11-12
Dr Donald E Arnold, President, American Society of Anesthesiologists: ASA: Purpose, Priorities, and Partnerships	13-14

## **ACADEMICS: SPOTLIGHT: Theme- Life after PG (Postgraduation)**

Dr. Arshdeep Kaur: ISA Activities: A Path to Grow and Connect	17
Dr. Ajay A: An Anaesthesiologist: A leader born to be!	18
Dr. Kajal Nohaira: Transitioning from resident to consultant: Nobody to rock my cradle...Will i get blown out by the winds of clinical practice?	19
Dr. Priya Patel: Group Practice: Adaptability and Advantages	20-21
Dr. Sagar Sudesh Joshi: Truth of Financial Planning and its application	22
Dr. Sofia Jaswal: Hobbies and Anaesthesia Practice: Achieving Balance and Enhancing Performance	23
Dr. Tisha Maria George: Marriage and Partner Management	24
Dr. Upasana Asooja: Keeping the ignited flame of academics and research burning	25
Dr. Swetha K: Indemnity and medicolegal implications of anaesthesia practice	26
Dr. Navya ML: Establishing Relationships with Fellow Colleagues	27-28
Dr. Nimisha Mary Jose: How to know your inner calling for Superspecialisation?	28-29
Dr. Ashita Rukmini V: Child bearing and rearing: Will it affect my professional career?	30
Dr. Navjot Kaur Sandhu: Relationship establishment with staff in Operation Theatre	31
Dr. Mehak Kinra: Communication skill and its applicability	32
Dr. Sayali Patil: Keeping the postgraduate teacher-student bond alive	33
Dr. Layana CP.: Medical education as a career	34
Dr. Lilly Sam Cherian: Preparing interview for senior resident position in a prestigious medical college	35
Dr. Sri Sumanth Pelluru: High on Adrenaline - Life of a defence anaesthesiologist	36-37
Dr. P Sravani: New avenues of government job in current anaesthesiology practice	37-38

## **ISA ACTIVITIES**

- ISA Erode city branch (December) 39-42
- ISA Nagpur city branch (December) 43-46
- ISA Visakhapatnam city branch (December) 47
- ISA Kolhapur city branch (December) 48-49
- ISA Madurai city branch (December) 50
- ISA Karad city branch (December) 51

## **ART & LITERARY PAGES**

- Dr. Chandrasekhar Krishnamurti: CHLOROFORM- “ANAESTHESIA A LA REINE” 53-55
- Dr. Moni Ann Thomas: The Angel 56

## **KALEIDOSCOPE**

- A tryst with Dr. Shraddha Naik Bahulekar, Winner of WFSA ‘Save a Life’ competition 57-60

# EDITOR'S NOTE

Dear esteemed members,

## **Warm greetings from Indian Society of Anaesthesiologists (ISA) National Headquarters!**

Dear esteemed members,

Warm greetings from Indian Society of Anaesthesiologists (ISA) National Headquarters!

I am happy to present to you the December 2024–January 2025 issue of VAPOUR. The theme is 'Life after Postgraduation'. The issue has articles based on this theme by our young ISA members. The previous issue had articles written by senior members. The topics based on this theme are varied and range from academics, financial management, medicolegal protection, career advancement, communication and relationships to lighter topics such as hobbies and marriage. Indeed, the various concerns and battles of a postgraduate student in Anaesthesiology entering the real world of clinical practice are envisaged in these two issues. The way these battles are being fought or can be fought and won are also well depicted by the authors.

Most of the senior anaesthesiologists have had their ups and downs after postgraduation and the youngsters are yet to experience or are experiencing these 'peaks' and 'troughs'. Nevertheless, we need to understand and keep in mind that a peak usually follows a trough and vice versa. It cannot be a series of peaks or troughs always. There cannot be rain without the clouds and sooner or later, the sunshine will follow the rain. We need to wait patiently for the bright moments and tread relentlessly though carefully on our chosen paths both in our professional and personal lives. The senior members of our body are always there to guide the youngsters regarding choosing the right path. It is ultimately left to the youngsters to take the seniors' opinions and guidance. Nonetheless, the ISA National has been striving to take care of its members on several fronts such as the academic, cultural, medicolegal, financial, sports and mental fronts through its various programmes. Newer impactful programmes are coming up. The onus of making the optimum use of these programmes ultimately rests on the members.

Participation as a postgraduate student in various CMEs and conferences of the ISA can be the baby steps after obtaining associate life membership. The milestones will soon follow. Regular participation in ISA branch activities and keeping in touch with ISA state and national activities can go a long way in not only shaping the professional lives of our ISA members, but also making their personal lives blissful. The ISA activities of several ISA branches that are described in this newsletter are very encouraging and are a clear testimony to this. Happy reading of the ISA activities and articles!

Until we meet again, take care!

Long live ISA!

**Dr. Sukhminder Jit Singh Bajwa**  
**Honorary Secretary, ISA National**  
**Editor-in-Chief**  
**'VAPOUR'**  
**(The official newsletter of the ISA National)**



# ISA NOTICE BOARD

## CONFERENCE & CME CALENDAR OF ISA (2025-26)

Conference/CME (Coming up)	Location	Organised by	Dates
IVth ISA Delhi Yuvacon 2025	Delhi	ISA Delhi	19th-20th April 2025
IV th Annual National Conference of ISA YUVACON 2025 & Xth ISACON Telangana 2025	Hyderabad	ISA Telangana State & ISA Hyderabad City branch	25th- 27th April 2025
40th ISA Annual South Zone Conference and 34th Annual Andhra Pradesh State Conference	Visakhapatnam	ISA Visakhapatnam branch	3rd-6th July 2025
47th Annual Tamil Nadu State conference of ISA	Erode	Erode Society of Anaesthesiologists	18th-19th July 2025
World SIVA Congress India 2025	Chandigarh	Department of Anaesthesia, GMC & Hospital Chandigarh	25th- 27th July 2025
ISACON Karnataka	Mangaluru	ISA Mangaluru	7th-10th August 2025
RAJISACON 2025	Bikaner	Department of Anaesthesia, Sardar Patel Medical College, Bikaner & ISA Bikaner city branch	5th to 7th September 2025
64th ISACON Delhi 2025	Delhi	ISA Delhi	12th -14th September 2025

# ISA NOTICE BOARD

## CONFERENCE & CME CALENDAR OF ISA (2024-25)

Conference/CME (Coming up)	Location	Organised by	Dates
ISACON Puducherry	Puducherry	ISA Puducherry	19th-21st September 2025
ISACON North zone	Rohtak	ISA Rohtak	3rd-5th October 2025
49th ISACON Kerala	Kozhikode	ISA Kerala state chapter	11th & 12th October 2025
UPISACON 25 (47th annual conference of ISA UP state)	Lucknow	Department of Anaesthesia, SGPGIMS, Lucknow & ISA Lucknow City branch	24th-26th October 2025
72nd ISACON 2025	Raipur	ISA Raipur	26th-30th November 2025

Note: The dates mentioned in the above table are tentative & as per information received.

The list of upcoming conferences will be updated in subsequent issues.

### ISA National PG online classes

These are being conducted regularly every Monday between 6.30 to 8pm. Experienced PG teachers are taking PG oriented classes including exam-oriented topics.

### ISA academic webinar series

The ISA conducts Clinical Practice oriented webinar series (CLIP) and Clinical Reasoning and Problem Solving webinar series (CRISP) on Thursdays between 6.30pm to 8.30pm.

**ISA**Indian Society of  
Anaesthesiologists

Eternal Vigilance



# MESSAGE BY DR. BALAVENKATASUBRAMANIAN PRESIDENT, ISA NATIONAL

Respected Senior Members of the Profession and Colleagues,  
Pranams.



I deem it a great honour and privilege to connect with each member of our esteemed organisation ISA through our newsletter VAPOUR after taking over the responsibility as National President of Indian Society of Anaesthesiologists. I thank the Editor-in-Chief, Dr. Sukhminder Jit Singh Bajwa for focusing on Career Development in this issue of VAPOUR. I earnestly feel Anaesthesia is truly the Mother of Modern Medicine, as all Anaesthesiologists have to read extensively from Neonatal up to Geriatric medicine, about all the organs and organ disorders and about all the congenital and acquired disorders. They have to be masters in pharmacology and medications. We possess all the skill sets to preserve life including Airway, Breathing and Circulation management. So, preserving lives and preventing pain are under the purview of Anaesthesiologists and truly we are the Angels inside the hospital.

ISA understands this important role of each one of us, and hence ISA Governing Council has signed an MOU with 22 Simulation Centres across India and created the ISA Simulation Workshop incorporating the important case scenarios that ought to be focused in preserving lives. This is a part of our continuing education. The first successful workshop for this year was held at Wardha. The ISA INLAND Fellowship for the Postgraduates offers an opportunity for the selected to be mentored by super specialists across 25 centres of our country for a week. I encourage all the young postgraduates to participate in this programme. CISA, the College of ISA is blessed to have six Deans and Vice-Deans of Academic repute who will support the academic activities of ISA. We are very happy and thank the Governing Council and the General Body that approved our active membership numbers status making us the 4th largest society in the world under the WFSA.

IJA has made rapid strides and incorporated 14 different tools to learn and share. My sincere thanks to the entire editorial team. ISA has been nominated by WFSA to represent WFSA in the World Health Summit in New Delhi in April. This is truly a matter of pride to us. As Secretary of WFSA, I thank ISA for accepting this responsibility. It is also a matter of pride that ISA has signed an MOU with ASA (American Society of Anesthesiologists) and ASER ( American Society of Enhanced Recovery). These collaborations will enhance our global networking and understanding of global health.

ISA has collaborated with all the sister speciality societies including ISCCM, ICA, RSACP, AOA, AORA, IAPA, ISNACC, IACTA, ISSP, AIDAA, SOAPC, STACC and AOTTA. All these societies will have dedicated sessions in the ISACON 2025 at Raipur. It has also been envisaged that the College of ISA (CISA), which is the academic wing of the ISA, will collaborate with the sister societies in developing Indian Guidelines. Our collaboration with CAHO has resulted in bringing out an APSF Book endorsed

by ISA and an impactful webinar on Environment Sustainability.

ISACON 2025 at Raipur promises to be a great academic event with excellent International and National faculty contributing to the 17 Workshops, 14 Masterclasses, CME, Didactic Lectures, Leadership Summit, Faculty Development Programme. I would request all the ISA members to register for our Annual National conference at Raipur. Your presence and contributions will enrich the meeting. I had the pleasure of visiting ISA meetings held at Thane, Vadodara, Jabalpur, Coimbatore, Ahmednagar, Kanpur and Raipur, attended several Virtual ISA activities including PG classes, Art & Cultural Club activities, ISA Financial wing activities, Private Practitioners forum activities, the Blog contest on the International Women's day, the several well conducted ISA sponsored CMEs, PG Excels, Workshops, the sports activities including ISA-NPL, several ISA newsletters. All these make us one of the most active member societies in the world. I am truly delighted with all these excellent and impactful activities. I thank the ISA Legal Cell for guiding us when confronted with challenging situations. I sincerely thank our Secretariat at our National Headquarters, Patiala led by our Honorary Secretary Dr Sukhminder Jit Singh Bajwa and the team for their hard work and contributions. I thank the esteemed National Governing Council for the proactive role they are playing to make ISA very vibrant.

I take the opportunity to thank the entire editorial team of VAPOUR for their hard work and perseverance in bringing out this information packed newsletter.

With best regards,

In Gratitude,

Long Live ISA



**Rtn. Dr. J. Balavenkatasubramanian, MD, DA**  
**Senior Consultant & Academic Director,**  
**Department of Anaesthesia & Perioperative Care**  
**Ganga Medical Centre & Hospitals Pvt. Ltd.**

**Secretary - World Federation of Society of Anaesthesiologists 2024-2026**

**President - Indian Society of Anaesthesiologists 2024 - 2025**



# ASA: Purpose, Priorities, and Partnerships

By Donald E. Arnold, MD, FACHE, FASA

President

American Society of Anesthesiologists

The story of anesthesiology has been written by the commitment and collaboration of dedicated women and men around the world who, throughout history, have pushed the boundaries of medicine as they embraced the responsibilities of their time. These pioneers have collaborated, compromised, and crusaded to improve medical care and to develop a world in which that care provides less pain and suffering. Each chapter in this story is filled with progress and innovation, driven by the unwavering dedication of anesthesiologists to serve their patients and advance our profession.

Today, we stand at a pivotal moment in health care, and the American Society of Anesthesiologists (ASA), like other national anesthesia societies, remains a force for continuing positive change. Guided by our core values of patient safety, physician-led care, and scientific discovery, the work of ASA is also shaped by the great necessities of our time. In addition to our sustaining activities, we have committed to four core strategic priorities—activities for prioritized work that hold the greatest potential to favorably change the arc of the profession over the next three to five years.

*Championing anesthesiologist -led care:* We are building a foundation for excellence in perioperative and procedural care through initiatives such as:

- The Center for Perioperative Medicine as a foundation for collaboration and to foster leadership in this critical area
- A focused effort to reduce 30-day postoperative mortality, inspired by a call to action from Dr. Daniel Sessler
- Enhanced benchmarking programs to support quality improvement initiatives at the practice level
- Resources and programs that promote the well-being of anesthesiologists, recognizing the importance of a healthy and resilient workforce
- Supporting practices and departments in improving anesthesia care delivery

*Amplifying the voice of anesthesiology :* We are strengthening our voice and visibility through:

- Fostering collaboration across all anesthesiology organizations, uniting our voices to advocate for our profession
- Encouraging anesthesiologists to assume leadership roles at all levels, from local hospitals to national organizations
- Empowering our members to build strong relationships with health care influencers and demonstrating the invaluable contributions of anesthesiologists
- Forging strategic alliances with other medical specialties to achieve shared goals and improve patient care

*Embracing technological advancements:* We are committed to harnessing the power of technology to:

- Leverage technology for enhancing communication, engagement, and support for our members
- Promote the adoption of advanced technologies that improve patient care and drive innovation in anesthesiology
- Support ASA and anesthesiologists as thought leaders and innovators

*Ensuring economic sustainability:* We are working to secure the financial well-being of our profession by:

- Developing innovative strategies to improve Medicare and commercial payment models for anesthesiologists
- Combatting unfair practices within the health care insurance industry to secure fair reimbursement for our services
- Implementing market-based approaches to complement legislative and regulatory efforts that preserve anesthesiologist-led care
- Strengthening the ASA Center for Anesthesia and Perioperative Economics to elevate our economic advocacy and ensure the financial sustainability of anesthesiology practices

As outlined above, a core strategic priority is to amplify the voice of anesthesiology, and to do this we must develop intentional collaboration with other anesthesiology organizations, including other national anesthesia societies from around the globe. This collaboration and alignment within anesthesiology will also strengthen our voice in the broader health care ecosystem.

With this in mind, I am thrilled about the partnership between ASA and the Indian Society of Anaesthesiologists (ISA), two of the largest anesthesia societies in the world, and am honored to sign the first memorandum of understanding (MOU) between our two great societies. We share common challenges including patient safety, physician wellness, and leadership. Through this partnership we will enhance the cultural understanding between our societies, and working together, we will further our ability to share knowledge and innovative solutions across international borders, as well as amplify the voice of anesthesiology.

I would like to express my gratitude to everyone whose dedication and efforts have contributed to the finalization of the ASA/ISA MOU including Dr. Balavenkatasubramanian Jagannathan, ISA President, and Dr. Sukhminder Jit Singh Bajwa, ISA Honorary Secretary. I look forward to the strengthened future of our partnership and collaborative efforts to benefit our specialty and the patients we serve.

Thrilled to celebrate 5  
successful years with  
**ISA!**



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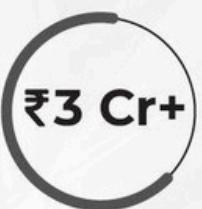
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*Thank you for entrusting us with your well-being—we're  
committed to continuing this exceptional journey!!*

# ACADEMICS: SPOTLIGHT:

## Theme- Life after PG (Postgraduation)



# ISA Activities: A Path to Grow and Connect

## Dr. Arshdeep Kaur

Senior Resident, Department of  
Anaesthesia & Intensive Care  
Gian Sagar Medical College & Hospital,  
Patiala, Punjab  
ISA No. A6360



The Indian Society of Anaesthesiologists (ISA) is a society with over 40,000 members.[1] It was founded on 30th December 1947. It initially conducted conferences along with the Surgical-Obstetric Society of India up until 1965, when the first independent national conference of anaesthesiologists was held at Hyderabad.

Since the beginning, ISA has strived to build a very inclusive community of senior as well as budding anaesthesiologists. It provides a space for doctors from all fields, be it government hospitals, corporate hospitals, medical colleges or freelancers, and even postgraduate students, to discuss different clinical cases, newer developments in science, important policies, academic research and upgradation of professional skills. For those who have not continued their professional journey in a medical college, ISA activities act as the primary source of academic interactions, knowledge sharing and research communication. ISA also provides a platform to rekindle the joy of engaging with one's hobbies often lost due to the lifestyle of a doctor, like debating, writing, poetry, art, sports, fitness, yoga and administrative capabilities including leadership and management.

ISA activities vary from conducting state and national level conferences, continuing medical education (CME) programmes, PG assemblies, scientific workshops, online webinars, postgraduate classes, advanced cardiac life support(ACLS) and basic life support (BLS) courses, publishing the monthly newsletter-VAPOUR, to non-academic activities like cultural, art, literary, sports and fitness programmes. ISA also provides a platform for any sort of legal, financial or psychological support to all its members.

For new anaesthesiologists, who have just completed their degree, ISA gives them access to a well-connected community of most reputed and skilled doctors. They get to interact with doctors from different parts of the country through state conferences, online webinars and other ISA activities. It provides them with an opportunity to seek professional guidance, discuss difficult cases or the latest research topics. These are especially beneficial if one plans to start out as a freelancer.

Recently, ISA has come up with YUVA ISA Programme to promote the participation of young anaesthesiologists. They are encouraged to participate as guest speakers in national and state conferences, trained as screen coordinators for the weekly PG classes, invited to be authors for the newsletter VAPOUR etc. This instills confidence and a sense of achievement amongst the YUVA anaesthesiologists.

Participation in ISA activities allows for a balance amongst both academic and extracurricular activities and most of all it keeps one motivated to strive for excellence.

### References

1. Divatia JV. Shaping the future of ISA: Act local, think global. Indian J Anaesth 2024;68:1-2.

# An Anaesthesiologist- A leader born to be !

## Dr. Ajay A

Registrar – Dept. of Anaesthesiology &

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ISA No. A6726



The one who shapes a home, sets the direction for the upbringing of her children, and toils yet never complains – is the mother. She is the true leader of an Indian family. A similar analogy of this pristine responsibility that falls on the shoulders of the men and women clad in scrubs, yet working behind the screens – the anaesthesiologists.

Just like a mother who ensures the bed is ready for her kids, an anaesthesiologist visits the patients and reviews charts to ensure the patient is prepared for surgery. In this era of diverse modernisation and scientific growth, an anaesthesiologist is forced to keep learning and applying every update for the better of the patient; be it a surgical pre-requisite or a medical advancement. This nature to constantly grow in every field to the best of one's abilities is a true sign of leadership.

An anaesthesiologist is a leader in another true sense, bridging two islands: Surgery and Medicine. An anaesthesiologist is a true synchroniser to correlate all medical conditions of the patient and optimise them for the surgical colleagues to work on. Similarly, an anaesthesiologist is also a procedural crown who does various procedures, many of which are extremely invasive. So yes, an anaesthesiologist is a true leader and a bridge who works for the better of the patient.

Anaesthesiologists are the true leaders and managerial heads who set the direction for an operating room. They are pilots manned to run a smooth flight journey, the surgery.

I recall my initial days at CMC Vellore, where one of my senior professors remarked to me, that the surgery is charted to be a smooth flight journey where the vitals of a patient and atmosphere of an operating theatre are to be as smooth and calm as that of a clear sky in which an anaesthesiologist propels the flight and lands safely at the end of the surgery. An anaesthesiologist is the real bandmaster of the operating room's orchestra – to ensure a safe and successful surgery.

Every doctor strives to save lives and at those desperate gray moments, in the ladder of medical care, an anaesthesiologist is the last and final rung to hold the ladder of life together; be it as the one who mans an emergency room, or an operating theatre or an intensive care unit. An anaesthesiologist is forced to work in high-pressure situations, to fight for life and prevent death from taking the better. Anaesthesiologists work by assigning roles to colleagues, battling from the front, and never giving up – Just like a true leader.

So yes, anaesthesiologists are destined leaders with roles clearly charted to ensure the best possible care for the patient – As a Mother, Pilot, and a true Warrior.

# Transitioning from resident to consultant: Nobody to rock my cradle...Will i get blown out by the winds of clinical practice?

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## INTRODUCTION

A wise man once said- “Great things never come from a comfort zone”, and as the above saying goes transition from the comfort of residency to the uncertainty of consultancy is no less than leaving the familiar, sailing away from the harbour and an act to be comfortable with being uncomfortable.

As a resident, one is a part of a team, the team that backs one up in a difficult intubation, failed spinals or even unsuccessful cannulation, a journey that is guided by steady hands of mentors, supervisors and colleagues who help to execute one’s duties without any apprehension, doubts or fear.

Hence, when the tables are turned, uncertainty and self-doubt seeps in and it can be tempting to wonder- NO ONE TO ROCK MY CRADLE? But it is in this solitude one realises his true potential; acknowledges the responsibility one has in shaping young minds and accepts the accountability that comes with this mentorship.

## THE CHALLENGES OF TRANSITION

1. INCREASED ACCOUNTABILITY- As a consultant, one is responsible for not only one’s actions but also of those under one’s guidance.
2. FEAR OF FAILURE- Since gone are the days of rescue, of being advised what to do and how to do it, it is not rare to feel disoriented and unsure of oneself.
3. UNPREDICTABILITY AND SELF DOUBT- The unanticipated absence of guidance and reassurance leaves one in dilemma to comprehend even trivial matters, leaving one in self doubt and uncertain condition.

## OVERCOMING THE CHALLENGES

1. STAYING UPDATED- Be being open to acknowledging new insights via attending CMEs, group discussions and developing a positive mindset and approach to challenges.
2. SEEKING OUT ASSISTANCE AND GUIDANCE- Even if one has moved up the ranks, seeking out for aid or helping hand from peers should not make one feel unimportant or inferior. Egos have to be shed in order to learn and improve.
3. EMBRACING SELF CARE- Consultancy can be demanding and hence the need to prioritise self care is paramount; looking after oneself and connecting with dear ones can be very helpful to vent to all the pressure that builds up.

## CONCLUSION

This transition should be considered as an opportunity to cultivate new skills, embrace new experiences and ensuring to not only withstand the challenges that come through the way but also to bloom with confidence and belief in oneself. The expertise, hands-on experiences and procedural knowledge that one has acquired will steer him through, ensuring to not only survive but thrive and to stand firm in the face of winds that can drive him forward rather than blow him off course.

# Group practice - Adaptability and Advantages

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The primary difference between private practice and being a salaried employee is skilfully generating order in chaos versus following orders dutifully. Private practice is a beautiful jumble of surgical schedules, complicated cases, negotiations of charges and adjustment to the changing environment, which can be overwhelming sometimes and get tiresome very quickly if you don't have a supportive group and adaptability to the situation!

What can be better than when a group of anaesthesiologists of same skill sets, mental abilities, ethics and expectations from the field come together to find solace and support in each other's company? They thereby do justice not only to the patients and their profession but also have greater job satisfaction and a happiness quotient.

Adaptability is needed for a smooth private practice. The coming together of a group of anaesthesiologists helps in the betterment of patient care in all aspects.

Dealing with demography, different clinical cases, dealing with the individual challenges of availability and resources makes a group clinically adaptable and practically indestructible.

A team of anaesthesiologists working like a well-oiled machine can be successful by looking into the financial aspects and simultaneously marketing and outreach to attract new hospitals and surgeons.

Here are some key aspects of adaptability in group practice in anaesthesia:

### Organisational Adaptability

1. Flexible scheduling: Group practices can adapt to changing hospital or surgical schedules, ensuring adequate anaesthesia coverage.
2. Adjusting to new technologies: Group practices can quickly adapt to new anaesthesia equipment, software, or techniques, staying up-to-date with new advancements.
3. Responding to emergencies: Group practices can rapidly respond to emergency situations, such as unexpected increases in patient volume or equipment failures.

### Clinical Adaptability

1. Diverse case mix: Group practices can adapt to a wide range of surgical cases, from routine procedures to complex, high-risk operations.
2. Variations in patient population: Group practices can adjust to changes in patient demographics, such as increases in paediatric or geriatric cases.
3. New anaesthesia techniques: Group practices can quickly adopt new anaesthesia techniques, such as enhanced recovery after surgery (ERAS) protocols or ultrasound-guided regional anaesthesia.

### Interpersonal Adaptability

1. Effective communication: Group practices can foster open communication among team members, ensuring seamless collaboration and adaptability.

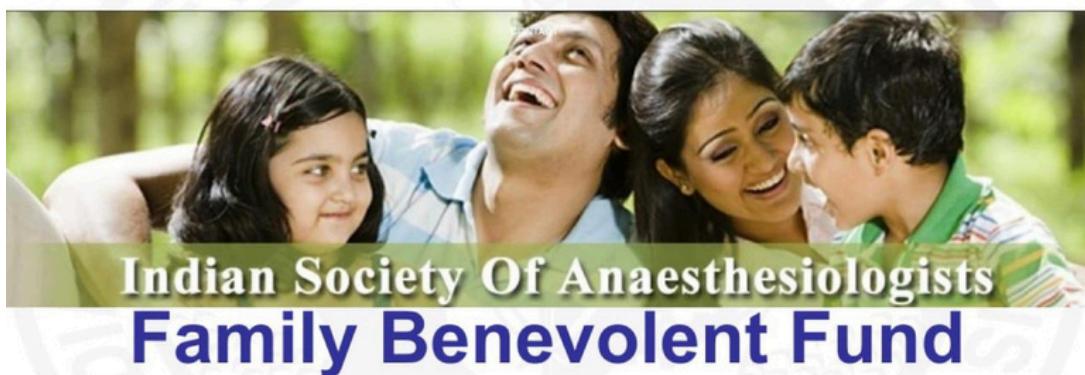
2. Conflict resolution: Group practices can establish processes for resolving conflicts or disagreements, promoting a positive and adaptable work environment.
3. Mentorship and knowledge sharing: Group practices can facilitate mentorship and knowledge sharing among team members, enhancing adaptability and promoting professional growth.
4. Conflict resolution: Group practices can establish processes for resolving conflicts or disagreements, promoting a positive and adaptable work environment.
5. Mentorship and knowledge sharing: Group practices can facilitate mentorship and knowledge sharing among team members, enhancing adaptability and promoting professional growth.

### **Advantages of Group Practice**

1. Shared workload: Group practice allows anaesthesiologists to share the workload, reducing the burden on individual practitioners.
2. Improved patient care: With multiple anaesthesiologists working together, patients can receive more comprehensive and specialised care.
3. Enhanced professional development: Group practice provides opportunities for anaesthesiologists to learn from each other, share knowledge, and stay updated on the latest information techniques and best practices.
4. Increased efficiency: Group practice can help streamline administrative tasks, reduce costs, and improve the overall efficiency of anaesthesia services.
5. Better work-life balance: By sharing the workload, anaesthesiologists in group practice can achieve a better balance between their professional and personal lives.

### **Conclusion**

Group private practice opens a new vista of financial and professional growth for practitioners seeking adventure and detesting the structured life. One's growth solely depends on the hard work put in, and the group becomes the family that helps and supports through all the thick and thin.



# Truth of Financial Planning and its application

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Financial planning is the structured management of one's income, expenses, savings and investments to achieve short and long-term financial goals. We anaesthesiologists often earn variable income and have limited knowledge of finance, hence financial planning becomes crucial for ensuring a stable, secure financial future and achieving goals in life.

## The Truths of Financial Planning

Financial planning is not just about saving money, it is about creating a road-map for financial security and freedom. It involves understanding one's current financial position, setting realistic goals and implementing strategies to achieve them. A sound financial plan mitigates risks, ensures tax efficiency and aligns financial decisions with personal values and aspirations. The absence of planning can lead to financial stress, despite high earnings.

## Key Elements and Applications of Financial Planning:

1. Assessment of Financial Health: Understanding one's current financial situation by evaluating income, expenses, savings, debts and assets.
2. Goal Setting: Defining short, medium and long-term financial objectives, such as buying a house, funding education, or planning for retirement.
3. Budgeting: One can earn high and variably; hence one has to ensure consistent savings, even during lean periods.
4. Debt Management: Many of us take loans; prioritising high-interest debt repayment is essential to reduce financial strain.
5. Saving and Investing: Building an emergency fund and investing in assets to grow wealth overtime.

Diversified investments aligned with risk tolerance and time horizons are essential. Consulting a financial advisor can help optimise this.

\$ 81.5 billion of Warren Buffett's \$ 84.5 billion net worth came after his 65th birthday – That's the power of compounding.[1]

6. Risk Management and Insurance: Given the risks associated with our profession, protecting ourselves from unforeseen events through comprehensive health, life, disability and indemnity insurance coverage are indispensable.

7. Retirement Planning: Given the demanding nature of anaesthesiology, ensuring a steady income after retirement by contributing to pension plans, retirement accounts, or other long-term investments can secure comfortable retirement.

8. Tax Planning: One should know tax laws in our country and optimise tax efficiency by using strategies to reduce liabilities and maximise deductions.

9. Estate Planning: Planning the distribution of one's assets to beneficiaries through wills, trusts, or other legal instruments.

10. Work-Life Balance: Effective financial planning enables us to reduce financial anxiety, allowing to focus on personal and professional well-being.

Financial planning is a necessity. It ensures that our earnings translate into long-term stability and freedom, thus helping to achieve personal and professional goals with peace of mind.

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# Hobbies and Anaesthesia Practice: Achieving Balance and Enhancing Performance

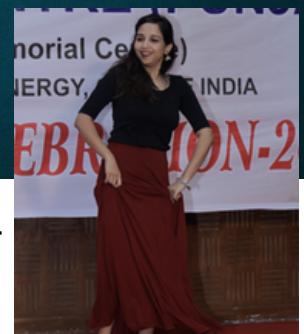
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In the routine practice, anaesthetists often find themselves navigating a high-stress environment that requires precision, focus, and decision-making skills. While the nature of this profession can be all-consuming, integrating hobbies into one's life can provide essential balance and enhance performance. Anaesthesia practitioners frequently work long hours, often in high-pressure situations where patient safety is paramount. This intensity can lead to burnout, fatigue and decreased job satisfaction.<sup>[1,2]</sup> To counteract these challenges, maintaining a healthy work-life balance is crucial. Hobbies serve as an effective outlet for stress relief, providing a necessary break from the rigors of clinical practice. Engaging in leisure activities allows anaesthetists to recharge mentally and physically and return to work with renewed energy and focus.

Hobbies can enhance the performance of the anaesthetist. Activities like chess, coding, or even gardening can stimulate the brain and enhance cognitive functions. This mental exercise can translate into improved decision-making skills in the operating room. Running, cycling, or team sports, contribute to overall health and fitness, reduce stress levels, and increase stamina, which is beneficial for anaesthesia practitioners who need to remain alert and energetic throughout long shifts. Activities that involve teamwork or social interaction, such as joining a book club or participating in community service, can enhance interpersonal skills and empathy. These qualities are invaluable in a clinical setting, where effective communication with patients and colleagues is essential. Hobbies that encourage creativity, such as writing, painting, playing music, or dancing can inspire innovative thinking. In anaesthesia practice, where new techniques and technologies are constantly emerging, a creative mindset can lead to novel approaches to patient care and problem-solving.

To effectively integrate hobbies into a busy anaesthesia practice, it is important to find the right balance. The balance can be achieved by starting with small, manageable activities and carving a fixed time in the daily schedule. Sharing hobbies with colleagues can foster camaraderie and strengthen professional relationships. In the high-stakes world of anaesthesia, finding balance through hobbies is not just a luxury; it is a necessity. As the field continues to evolve, embracing the benefits of hobbies can help anaesthesia practitioners thrive personally and professionally, ensuring they provide the best possible care for their patients.

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# Marriage and Partner management

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### Marriages are said to be a match made in heaven!

We Indian women have two options when we reach the “marriageable age” – we either find the right person ourselves or go the traditional way of presenting ourselves in the marriage market!!

As expected, I went for the latter. Unfortunately, finding one’s soulmate through an arranged marriage is a Herculean task! Finally I found my better half in a radiologist, because I believed that only a doctor can understand another doctor (a notion which does not always hold true)!!! After two and a half years of marriage, I would say my decision has not been proven wrong.

However, marrying a doctor comes with its own sets of challenges. Firstly, there is scarcity of time for ourselves. Juggling our professions, duty timings and hectic schedules invariably cuts into our “us time”.

Planning vacations or simple dinner dates sometimes turns out to be impossible tasks. Having to work even on anniversaries or birthdays due to our commitments to our patients can also dent a hole in our marriage. Interruptions in career advancement is also a problem lady doctors face even though certain researches have shown that dual doctor families tend to have greater affluence and interpersonal growth.

Many a times, we miss certain aspects of our single life. We had fewer obligations then and it was also easier to balance work and personal life and prioritise ourselves.

Nevertheless, there are ways to make married life easier. We can make things simpler by being open and truthful about our expectations. When we support and understand one another in our work, marriages succeed. Making our partner realise the seriousness of the work at the hospital may often be difficult, particularly if the partner is not a medical professional; however, I believe that with time and patience from both sides, this can be overcome.

Few things that have helped me and can help others along the way include:

- Prioritising the partners' needs and attending to the same even when it is a busy schedule. Even a simple phone call during busy schedules can work the magic.
- Maintaining intimacy.
- Supporting each other's growth and always being the personal cheerleader.
- The virtue of forgiveness. As the saying goes, “To err is human, To forgive is divine”.

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# LIFE AFTER PG

## Keeping The Ignited Flame of Academics and Research Burning

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Today, we are at a point in this world where changes are occurring with the blink of an eye. With just a touch on your screen one can find answers to all questions. Yet, we are still learning and finding ways to sort the “wheat from the chaff.” (1)

### **THE IGNITED FLAME**

Decades have been spent by our scientists in inventions and research work which has made the world a much better place. The most fascinating, mystical, and complex word in the world of science is Consciousness. Anaesthesia undoubtedly induces state of unresponsiveness and amnesia. Among all the milestones and achievements in the medical field, in 1846, one of mankind’s greatest fear ‘the pain of surgical procedure’ was eliminated. Discoveries done in the past provide us a framework to excel in academics and picturise the need for research work as an important tool for progress and advancement in life. This has made us explore more avenues at our workplace which will help us both academically and in research work. (2,3)

### **DO WE REALLY NEED TO EXCEL IN ACADEMICS AND RESEARCH?**

Life after postgraduation comes with a bundle of responsibilities, more commitments, more liabilities, and accountabilities. Working for hours and taking up different emergency calls have made our lives a little hectic but we still love our work each day more than the last day. We learn new techniques and discover new approaches for administering and mastering our work each day. We as anaesthesiologists make a significant contribution to healthcare including prevention of pain during or after surgery, critical care medicine, pain medicine for relief of chronic pain and cardiopulmonary resuscitation during critical life events. To remain in the healthcare profession which is the most influential branch, our intellectual foundation must be maintained and should be boosted with research work. Research has been and will always be crucial to our speciality. (4) Solutions to every clinical problem come from new ideas and we get new ideas by research. Clinical care, education, administration, and research work are considered components of academics. Research work can be easily continued as we can get numerous research opportunities at remote locations in hospitals, during the perioperative period, pain management, intensive care setups and emergency settings. (5,6) Nevertheless, a vision needs to be followed to look beyond the boundaries of the operating room.

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# Indemnity and medicolegal implications of anaesthesia practice

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Anaesthesiology being one of the most critical fraternities of medical science is bound to operate in an intensive and challenging environment. The complex nature of anaesthetic practice necessitates a robust understanding of legal implications to safeguard practitioners and patients alike. In India, medico-legal cases fall under the Consumer Protection Act (CPA), empowering patients against unethical practices while potentially exposing practitioners to litigation, even for actions taken in good faith during emergencies.<sup>[1]</sup> A landmark judgment by the Supreme Court of India awarded a compensation of Rs. 11 crores to a victim in a medical negligence case, to be paid by the doctors and hospital deemed responsible for a patient's wrongful death.<sup>[2]</sup> Considering this financial and legal impact, it is crucial for anaesthesiologists to comprehend indemnity and best practices to mitigate litigation risks.

## Indemnity in Anaesthesia practice

Indemnity refers to the legal and financial protection provided to healthcare professionals against claims of negligence, malpractice or errors during patient care. Given the high-risk nature of anaesthesiology, having a robust indemnity coverage is essential. The scope of this insurance generally includes errors in clinical judgement, postoperative claims, and failure to obtain consent. Unlike the United States, India does not have a jury system determining culpability or compensation amounts. Judges have discretion in deciding compensation, leading to potential inconsistencies. So, anaesthesiologists should regularly update their insurance policies to align with the evolving medicolegal landscape.

## Medicolegal aspects of Anaesthesia practice

The medicolegal landscape for anaesthesiologists encompasses the following critical areas:

**Informed Consent:** Obtaining a comprehensive, written informed consent is mandatory under the CPA. It should include demographic data, the patient's disease profile, the proposed procedure or examination, and potential complications, mode of anaesthesia, alternatives, risks and benefits.

**Documentation:** Maintaining accurate and detailed medical records is crucial. Anaesthesia records should include the type and dosage of drugs administered, timing of administration, and vital sign monitoring. Entries should be authenticated with the anaesthesiologist's stamp, signature and registration number.

**Ethical Practices:** Adherence to established medical guidelines and protocols is expected. Deviation without justified reason can be construed as negligence.<sup>[3]</sup>

In conclusion, medicolegal aspects of anaesthesia practice are critical and should not be neglected. While indemnity insurance is a vital safety net, a strong emphasis on patient safety, adherence to best practices, and proactive legal awareness can help anaesthesiologists minimise risks and maintain their professional integrity.

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# Establishing Relationships with Fellow Colleagues

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## INTRODUCTION

Establishing a healthy relationship with fellow colleagues is essential for a fulfilling and successful work experience. A very good relationship with colleagues impacts the wellbeing and performance of health care professionals. Over the years of our medical and post graduate training, we are extensively taught on how to interact, diagnose and treat the patients. But, the role of relationship with colleagues is a hardly touched topic in the medical curriculum.

## ESTABLISHING RELATIONS BETWEEN WHOM IS IMPORTANT?

1. Between doctors in the same discipline (branch).
2. Between doctors in different specialities as ANAESTHESIOLOGISTS work as a team in operation rooms (ORs), intensive care units (ICUs) and newer set-ups like non-operating room anaesthesia (NORA).

## HOW TO BUILD/ESTABLISH A POSITIVE RELATIONSHIP WITH FELLOW COLLEAGUES:

### 1. Be approachable and friendly

Smile, make eye contact and greet your colleagues warmly.

### 2. Communicate effectively

Be clear and concise in your communication both verbally and in writing. Listen actively to other fellow colleagues and show that you value their points.

### 3. Be supportive and helpful to each other

Offer assistance to your colleagues whenever possible and if necessary. Be willing to share your experience and knowledge. Celebrate their successes and offer encouragement during the challenging times that they face during working hours.

### 4. Be respectful and considerate

Treat everyone with respect, regardless of their position or background. Respect different techniques and approaches of every colleague you come across.

### 5. Build trust

Be honest and reliable in your words and interactions with your fellow colleagues. Keep your promises and follow through your commitments. Avoid gossips and maintain a healthy environment around you.

### 6. Show appreciation

Let your colleague know that you value their contributions and appreciate their presence. Acknowledge their achievements and express your gratitude for their support.

### 7. Resolve conflicts constructively

Address any disagreement with your colleagues directly and respectfully.

### 8. Maintain network outside the hospital workplace

Attend the functions, events and social gathering. This can help to build relationship with fellow colleagues on a personal basis.

## **9. Maintain positive attitude**

A positive attitude is contagious and can help to create a more productive and enjoyable work environment.

## **10. Staying professional**

Practise medicine on ethical background and avoid grudges on fellow colleagues which can affect the patient care.

Research suggests that poor workplace relationships can lead to a number of negative consequences like decreased job satisfaction, increased stress and lower productivity. So, the establishment of a healthy relationship with fellow colleagues increases work satisfaction, mental and psychosocial well-being and increases productivity of work in the way of patient care and outcome.

To conclude, the fellow colleagues contribute to each other's ability to flourish in their workplace.

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# **How to know your inner calling for Superspecialisation?**

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In a growing modern medical world, where anything and everything is categorised and marginalised under specific domes of super speciality, the young doctors are often left confused and clueless in what to pursue. A good proportion of young doctors gets blinded by the glitter and success of few extremely successful physicians and ends up taking specialities without realising their potentialities, aptitude and commitment.

Young anaesthesiologists in their late 20s and early 30s often get caught in quarter life crisis, where they feel entangled in the vicious circle of professional choices, interpersonal relationships, financial goals, ageing parents, emotional swings and anxiety. All these cloud their vision and mental clarity to what they really want in life.

When we talk about the inner calling in life, it need not always be on the professional front. On the professional front, the calling must give us a direction in life and give us the passion to acquire knowledge. This burning passion must fuel consistent hard work and endurance to accomplish the calling, which ultimately empowers the clinician to provide better, and to cater to the needs of his/her patients.

Anaesthesiology as a broad speciality, with its wide range of patient profile, specific skill set, expertise and knowledge offers immensely to various super speciality domains. Specialities like critical care medicine, cardiac anaesthesia, neuroanaesthesia, paediatric anaesthesia are well established with defined academic programmes and super speciality post graduate programmes, while emerging specialities like transplant anaesthesia, interventional pain management are expanding their training with new and more fellowship programmes, workshops and post graduate programmes.

To make a wise choice, firstly one has to know oneself and have a realistic understanding of what one is good at, what makes one content and what one wants in life. Adequate exposure to various super specialities during clinical rotations in residency helps young residents to assess the pros and cons of various super specialities. Good exposure during the post graduate training period in various super specialities helps in developing and understanding one's interests. After completion of post graduation, one should try to fill the lacunae in training and clinical exposure of various super specialities, by choosing a good high volume centre for senior residency or for the early years of anaesthesia practice. It is vital to strengthen one's knowledge and understanding of various super specialities by attending workshops, CMEs and webinars for deeper insight about the speciality.

Mentorship plays a crucial role in every clinician's journey in choosing their paths wisely. No amount of textbook reading is equivalent to the years of experience and wisdom from doyens and pioneers in their respective fields. Having good mentors, and their guidance is extremely helpful in developing a broader perspective and insight of the speciality. It helps to set realistic goals in pursuing a career in the respective fields. Networking within the fraternity with fellow anaesthesiologists will help in understanding various super specialities and their possibilities. It is important to keep one's eyes open, and mind unbiased to new opportunities.

Once one develops interest in a specific speciality, one has to explore and try to improve one's understanding, enrich the knowledge and deepen the insight about that speciality. One has to question oneself as to whether the interest can be turned into a calling, whether one is dedicated and committed enough to endure the journey towards the calling, whether one is willing to embrace the hard work and to adapt consistently to the demands of the concerned speciality. Most importantly ask oneself, whether one can find happiness and contentment in practising the concerned speciality. Commitment, Hardwork, Resilience and Adaptability are the key qualities required for successfully pursuing any speciality, by evolving according to the needs and demands of the speciality.

To conclude, as young anaesthesiologists, a broad perspective, sound clinical knowledge, open unbiased mind, clarity of goals, self-discipline, burning passion for consistent hard work, adaptability to endure and sincere commitment towards the speciality play a vital role in understanding one's inner calling for a super speciality and its successful pursuit.

# Child bearing and rearing: Will it affect my professional career?

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As a senior resident in anaesthesiology, navigating the decision to start a family often feels like an overwhelming challenge. The profession demands long hours, intense focus, and firm commitment, leaving little time or energy to consider personal milestones like motherhood. The idea of balancing the responsibilities of having and raising a child alongside unpredictable work hours brings up questions about adequacy and priorities.

In a field where emergencies dictate the day, it is natural to worry about missing critical moments in a child's life. However, the guilt of not being there can sometimes weigh heavily on a mother. A common concern is whether one can truly be a nurturing and present mother while managing the challenges of anaesthesia practice. An anaesthesiologist working as a freelancer in a metropolitan city faces the challenge of balancing her career and motherhood. While part of her wishes to stay at home with her child, the purpose of saving lives helps ease the pain of missing milestones. A senior resident and mother of a two-year-old at an apex institute expresses that she has many desires in life, but the two small steps of her little one remind her that no wish of hers is greater than her child's hug. The key, she says, is finding balance and prioritising what truly matters.

Women in anaesthesiology also face significant challenges due to long, irregular working hours and high-pressure work environments. I will narrate here some of my real-life experiences from colleagues. An assistant professor in a medical college would mention that night duties would be overwhelming for her, especially when managing complex cases while her baby exclusively breastfed, making it difficult to be away for long periods. She resorted to formula feeding or pumping and storing breast milk. A junior resident faced morning sickness during pregnancy, making work difficult at times. Job demands, team dynamics, and pregnancy hormones added to the stress. However, family support and cooperation from residents and faculty helped these females manage these challenges. This can feel unjust, as female anaesthesiologists may see their male counterparts advance uninterrupted, leading to feelings of isolation. Balancing a career as an anaesthesiologist with motherhood raises concerns about how starting a family might affect both work and parenting.

However, despite these challenges, women balance their roles with determination. Supportive families, understanding colleagues, and flexible workplace policies help ease the path. Ultimately, success in both medicine and motherhood is challenging but achievable through perseverance and prioritisation.

# RELATIONSHIP ESTABLISHMENT WITH STAFF IN OPERATION THEATRE

**Dr. Navjot Kaur Sandhu**

Senior Resident,

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ISA No. N2677



In the operation theatre (OT) setting, teamwork and mutual understanding directly influence outcomes. Nurturing effective relationships among staff members is critical for smooth functioning of the OT. Establishing positive relationships is essential for ensuring seamless surgical and anaesthetic procedures, patient safety, and a harmonious work environment.

Mutual respect and acknowledgement of the contributions of all team members is a key element in relationship-building. OT staff including surgeons, anaesthetists, nurses and technicians play distinct yet interdependent roles. Every contribution big or small must be appreciated. When everyone feels respected and appreciated, it enhances the morale and promotes a sense of shared responsibility. Empathy and understanding also play a significant role since the OT is a stressful environment with staff and doctors working long hours in both physically and emotionally demanding situations. Showing empathy towards colleagues, helping each other in hours of need, offering support and maintaining a positive attitude can significantly strengthen relationships. Small gestures go a long way in building trust.

Clear and open communication is vital in the OT, because of the nature of work where time-sensitive and critical decisions are a routine. Miscommunication can lead to errors which can result in decreased efficiency and compromised patient care. To avoid any miscommunication errors, certain steps can be taken which include pre-operative briefings, clear delegation of tasks, and regular feedback sessions to review procedures and improve performance. Encouraging staff to voice concerns or suggestions without fear of judgment enhances teamwork and good working relationship among all staff members.

Providing opportunities for professional growth is very important. Encouraging OT staff to participate in skill development workshops, certifications or advanced training not only enhances their competence but also helps them in their career growth. Skill development further helps them in gaining confidence in their field. This also motivates them to perform their best.

Celebrating the big and small achievements of staff and the team together further strengthens professional relationships and motivates them. It also builds trust and a sense of loyalty in theatre staff.

Lastly, building a culture of collaboration and inclusivity ensures that all team members feel valued. Building trust through accountability, mutual understanding and shared decision-making reinforces a good working relationship.

In conclusion, strong relationships with OT staff can only be built on respect, communication, empathy, and collaboration. By prioritising these, a supportive and efficient working OT environment to ensure high-quality patient care can be created.

# Communication Skill and Its Applicability

Dr. Mehak Kinra  
Mumbai  
ISA No. M4345



It is very likely that you must have heard individuals discussing communication skills repeatedly. Everyone wants to learn communication skills, but what does it entail?

Communication is the process of two or more people or groups exchanging information, ideas, feedback or response, thoughts, and feelings. It is a basic human activity that enables individuals to communicate with one another.

Communication skills are required to: **Inform:** To provide information and facts to someone. **Influence:** To influence someone in an indirect but usually important way. **Express:** Talking about your sentiments and feelings. Communication is a complex and dynamic process. Different ways of communication are verbal, non-verbal and visual. When you convey a thought or feeling to someone, how it is received depends on the set of events and stimuli to which the person is exposed. In communication, the way you phrase things matters a lot.

Factors affecting perspectives in communication are: language, visual perception, past experiences, prejudice, feelings, environment, personal factors, culture, medium of communication, location, trust, etc. Good communication skills are the key to successful clinical practice of anaesthesia and are associated with improved health outcomes. They foster a sense of connection, empathy, patient satisfaction and reduce error, misunderstandings, distress, and negligence claims. Effective communication is possible if you adhere to the basic fundamental principles of professional communication skills. These can be abbreviated as the 7 Cs, i.e., Clear, Concise, Concrete, Correct, Coherent, Complete and Courteous.

Self-awareness is the key to effective communication, recognising how you respond in different circumstances, examining yourself, and practicing proper ways of communication with friends, family, and colleagues. Communication skills are one of the very important non-technical or interpersonal skills that every anaesthesiologist should learn and master. Effective communication skills are required while communicating with patients, patients' families, colleagues, peers, and operating room team members during pre-anaesthesia consultation, while breaking the bad news, in crisis resource management, in the intensive care units, labour room, operation theatre, and pain clinic. Communication skills are cognitive and emotional abilities used by physicians that help the patients and kin to understand the nature and severity of disease and also help in understanding the treatment options and to decide on treatment.

Communication errors are one of the major contributing causes of anaesthesia-related sentinel events, operative and postoperative complication events, medical equipment related adverse events, medication error-related events, and delay in treatment-related events, all resulting in death or permanent loss of function. There is a need for a course/training on communication skills, which needs to be applied universally. These skills should be taught early and repeatedly throughout medical education and subsequent clinical practice.

To summarise, a majority of conflicts can be avoided and even resolved with good communication. All anaesthesiologists should give thought to their effectiveness in this area.

# Keeping the Postgraduate Teacher - Student Bond Alive

## Dr. Sayali Ravikant Patil

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### Introduction

The teacher-student bond is a cornerstone of medical education, especially in postgraduate (PG) studies, where mentorship transcends traditional teaching. In a medical institute, this bond plays an important role in the making of efficient, loyal and compassionate doctors. Sustaining this relationship requires mutual respect, trust, and continuous engagement.

### Role of teachers

For postgraduate students, their teachers are not just educators but also guides who help navigate the complex landscape of clinical practice, research, and ethical dilemmas. Teachers provide invaluable mentorship, offering not only academic insights but also life lessons, instilling a sense of professionalism, responsibility, and empathy. To keep this bond alive, teachers must actively create an environment that fosters open communication, encourages curiosity, and supports students' personal and professional growth.

**Student's responsibility to keep the bond alive** Students must also approach their teachers with respect and a willingness to learn. Active participation in discussions, timely feedback, and expressing gratitude for guidance can strengthen the bond. Recognizing the teacher's efforts and seeking mentorship beyond academics enriches this relationship.

### Contribution from the Institute in strengthening the bond

Medical colleges can also play an active role in nurturing the teacher-student bond by organising workshops, team-building activities, and informal gatherings. These initiatives encourage interaction beyond the classroom, promoting a sense of community and camaraderie. Regular feedback mechanisms help identify and address gaps in the teacher-student dynamics and ensure that it remains robust and effective. Apart from those mentioned above, departments can conduct timely activities; for example, group quiz, skits with themes which can depict some emergency situations and their management which we actually did in our institute and the whole process was enjoyed by everyone with topics like massive blood transfusion, cannot intubate cannot oxygenate, anaphylaxis etc. It not only helps in increasing the knowledge of the subject but also enhances the bond between the team members.

### Use of technology

Leveraging technology to maintain communication, especially in a fast-paced academic environment, ensures the relationship remains consistent. Teachers and students can stay connected through academic forums, collaborative research, and virtual discussions and many more technological platforms.

### Conclusion

To conclude, the teacher-student bond is a dynamic and evolving relationship that thrives on mutual effort from both the sides. By prioritising this connection, medical colleges can ensure a supportive ecosystem that benefits not just the students and teachers but also the healthcare system at large. This enduring bond lays the foundation for lifelong learning and professional excellence and should always be looked forward to.

## Medical education as a career

**Dr. Layana C P**

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Teaching is one of the oldest and most respected professions. Teachers share the same respect and dignity as our parents in our personal lives. The impact of a good and supportive teacher can shape our professional journey in many ways. Medical education is a dynamic and impactful field that blends teaching, research, and clinical expertise. Choosing a career in medical education offers the opportunity to shape the next generation of healthcare professionals while advancing the practice of medicine itself.

This career path can be gratifying for those passionate about teaching and a deep understanding of medical science. The field requires strong communication skills, the ability to engage students, and a commitment to lifelong learning, as the medical landscape is continually evolving. Shaping oneself from a fixed-schedule anaesthetist to medical education needs dedication and hard work. It helps one to keep updated as teaching graduates and post-graduates is challenging. Medical education is different from conventional teaching as it involves the real-time management of patients most of the time. There should be continuous simulation programmes and drills to maintain the competency of the residents. Apart from that, there are national teaching programmes organised by the National Board for the faculty.

Beyond direct teaching, medical education also includes research opportunities. Residents are introduced to the world of research after graduation. Conducting regular academics with journal clubs and panel discussions imparts a high-quality learning experience to residents. Residents are also taught how to write in a medical journal during the residency period. This research helps ensure that medical education remains aligned with current medical practice and prepares students for the challenges of modern healthcare environments.

The career prospects in medical education are diverse. Nowadays, with telemedicine, educators can reach a large population of students: regional, national or even international. It can be rewarding to the educators both academically and financially.

In summary, a career in medical education is a fulfilling path for those dedicated to teaching, learning, and improving healthcare. It provides an opportunity to make a lasting impact on both individuals and the healthcare system as a whole.

# Preparing for interview for senior resident position in a prestigious medical college

## Dr. Lilly Sam Cherian

Senior Resident

Department of Anaesthesiology

M.S. Ramaiah Medical College, Bangalore

ISA No. L0669



Securing a Senior Resident position in Anaesthesiology at a prestigious medical college is a significant milestone. The role demands clinical expertise, academic acumen, and leadership skills. To make a strong impression, it is important to be well-prepared and confident.

**Understand the Role:** Familiarise yourself with responsibilities like providing anaesthesia for complex surgeries, managing intensive care unit (ICU) patients, guide junior doctors and students, and contribute to research and academic activities.

**Brush Up on Your Knowledge:** Review key topics like general and regional anaesthesia, pre- and post-operative care and emergency management [e.g: difficult airways, basic life support (BLS), advanced cardiac life support (ACLS) guidelines]. Stay updated with new advancements like ultrasound-guided blocks, modern monitoring tools and anaesthesia guidelines.

**Practice Common Questions:** Prepare for clinical scenarios such as managing a difficult airway, high-risk surgical patients. Be ready to discuss your approach to teaching and mentoring as well as your strategies for handling stress in high-pressure environments. Additionally, be prepared to answer behavioural questions about teamwork, leadership, and teaching methods.

**Showcase Research and Skills:** Highlight any research work, publications, or innovative contributions. Demonstrate proficiency in practical skills like regional blocks, central line placement, point of care ultrasound and interpreting arterial blood gases.

**Ensure Professional Presentation:** Dress formally and professionally for the interview. Carry a polished curriculum vitae, certifications (e.g.: ACLS, BLS) and recommendation letter.

**Practice Confidence and Communication:** Effective communication is the key in both clinical academic settings. During the interview, make sure you speak clearly and concisely. Use clinical reasoning to justify your answers.

In conclusion, preparing for a Senior Resident interview in Anaesthesiology requires a blend of strong clinical knowledge, teaching ability, and leadership skills. With thorough preparation and confidence, you can make a positive impression and secure this prestigious role.

# High on Adrenaline - Life of a Defence Anaesthesiologist

## Dr. Sri Sumanth Pelluru

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Military Hospital, Bhopal

ISA No. S6827/A



'Hard Core' - that's how smart clinicians call us, 'The Anaesthesiologists'. And the high 'Josh'(enthusiasm) in the Armed Forces further amplifies the adrenaline rush. We, the Team of Defence Anaesthesiologists, stand tall with our ranks, earned out of blood and sweat, as an additional responsibility on our shoulders.

I feel blessed to have got trained at Armed Forces Medical College(AFMC), Pune which is one of the premier institutes in the country. The training imparted is a blend of accountability, resilience and patience with an exposure to multiple sub-specialities, recent advances and surgeries including organ transplantation. Well equipped with knowledge and practice, my confidence was high by the end of residency with an outstanding zeal to augment my professional skills.

Contrary to the expectations, the organisation requires us to work in service hospitals with basic facilities, serving the family of Armed Forces at various levels. The transition from a tertiary care setup, with operation theatre (OT) team backup, to a field location with bare minimum equipment as a single specialist with the surgeon as buddy and two assistants as a part of one's team is definitely annoying but the responsibility at Field Surgical Centres(FSC) to stabilise critically injured patients with definitive and damage control surgeries(DCS) is certainly immense. Maintenance of workstations, OT equipment and sterilisation offer a formidable challenge to the team under such circumstances.

Irrespective of seniority and status, a typical defence anaesthesiologist is well aware of

meticulously handling the equipment, diving deep into technical zones of physics and biotechnology, the process of procurement and supplies, protocols for repairs, maintenance, condemnation and replacement, methods of sterilisation and disinfection, checklist for central oxygen supply and central sterile supply department(CSSD) thereby accomplishing the pivotal roles of both administrator and clinician simultaneously with their wingspan enveloping the core departments of OT and intensive care unit in service hospitals with most of the lot working as lone specialists, wielding a magic wand in hand.

Life in the Armed Forces as an anaesthesiologist is a definitive commitment towards the services contemplating the job profile. Medical officers turned anaesthesiologists in the Armed Forces are already in the stream of this amazing journey but for the postgraduates who join as specialists, the initial transition can be tedious unless they have a positive family history of big boots. The dual responsibilities as an officer and a doctor, added by military training and discipline, pose a serious challenge to the morale and mental stamina of a military naive doctor. Combat stress continues to hold the highest status and doctors in the noble organisation are not immune but the same helps to shape the 'Doctor' into a 'Leader' with smart decision-making skills.

The job in uniform is primarily to serve the country with the attitude of 'Nation First'. On the contrary, to practise at a private institute which is clearly tagged with an amount of working hours, the corporate style, unless one opts for freelance which translates to 'practice at own will and own risk', one stays on call 24x7 but smart clinicians ensure adequate work-life

balance. Separation from family is a routine adverse event which puts the defence anaesthesiologist's resilience to test. Fellowships, sub speciality, conferences, workshops etc. cannot be a part of routine work schedule for a regular practitioner but available with a little time lag and additional permissions. A busy person gets time for everything but a lazy one gets none' - words from a senior faculty which tingled the thought of self motivation to keep myself updated; webinars by Society of Defence Anaesthesiologists(SDA) cater for the same. With friendly initiatives for peripheral practitioners, the SDA, under the esteemed guidance of Indian Society of Anaesthesiologists(ISA), is rapidly evolving to bring all the defence anaesthesiologists into mainstream academics, with 'YUVACONS' in hotspot.

'Anaesthesiologist is the doctor that death respects'. The speciality is definitely not for all but it is undebatable to deem, it's tougher to be an anaesthesiologist in defence. We fly, not just for fun, but to shift and save the lives of our dear buddies. We master the art of handling the 'Combat stress'. We do not hesitate to break the blood-brain barrier with the surgeons to assist them in trauma care. With the never ending camaraderie, surviving the hardest clinical scenarios with our crazy creativity, the adrenaline rush is always maintained high in the spirited team - The Defence Anaesthesiologists.

## New avenues of government job in current anaesthesiology practice

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ISA No. T1116



Anaesthesiology is a key branch of the healthcare system playing a pivotal role in making surgeries and diagnostic procedures safe and comfortable for the patient. In addition to great professionalism and relevant job experience, work in the governmental institutions gives personal satisfaction and provides an opportunity to make a positive change in the world.

New opportunities are emerging in Perioperative Medicine in Government hospitals and large medical centres are setting up specialised units for this, having recognised the vital role that anaesthesiologists play in offering thorough patient care.

In India, healthcare policies are prioritising compassionate, patient-centered care, and this has brought palliative care and managing pain management to the fore. Anaesthesiologists play an important role in pandemics, mass injury events, trauma care and disaster management in government establishments. Anaesthesiologists in government institutions also mentor the residents, students and therapists.

From the professional perspective, anaesthesiologists receive such advantages as a chance to approach the maximum diverse range of cases, using all the necessary technologies, and cooperating with interrelated specialities. Stable work environments within certain parameters result in institutionalised promotion of learning, skills and career advancement opportunities.

Personally, government jobs come with the highest level of job security and the flexible opportunity to strike a balance between work and family life. A government employee gets pride in employment because he/she gets an opportunity to help a variety of clients, particularly in areas that are not well served.

Anaesthesiologists can explore diverse roles within state and central government sectors, including Public Service Commissions (PSCs), Central Government Health Scheme (CGHS), Armed Forces Medical Services, Railway Recruitment Boards (RRBs), Institutes of National Importance, other central and state government institutions, National Health Mission (NHM), Pradhan Mantri Ayushman Bharat Health Infrastructure Mission, Disaster Response Teams and use of Telemedicine in monitoring of critically ill patients in government healthcare systems.

## **Conclusion**

Choosing to become a government anaesthesiologist is a unique chance to build a meaningful career while making a real difference in people's lives. It is not only a job but also a commitment to serve and leave a lasting impact.

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# ISA ACTIVITIES

## ISA ERODE BRANCH (TAMIL NADU)

8-12-2024, Venue – Lawn Hall, Dwayfarer Resorts, Erode

Erode Society of Anaesthesiologists (ESA) held an engaging meeting with insightful academic session, interactive activities and well deserved recognitions.



## ESA AWARDS 2024



- **Dr Karthi V M received appreciation for innovative calendar for public awareness & outreach.**



**The calendar focuses on public awareness through myth busting facts about anaesthesiology.**

**MYTH:** During surgery, the surgeon gives anaesthesia.

**TRUTH:** Only a qualified anesthesiologist can administer anaesthesia during surgery.

**MYTH:** An anaesthesiologist leaves the operating theatre after giving anaesthesia.

**TRUTH:** An anaesthesiologist stays throughout the surgery and ensures the patient wakes up safely.

**MYTH:** Spinal anaesthesia causes back pain.

**TRUTH:** Spinal anaesthesia is safe and does not cause back pain.

**MYTH:** You should eat a lot before surgery.

**TRUTH:** You must fast for 6–8 hours before surgery.

**MYTH:** Anaesthesia is unsafe for elderly patients.

**TRUTH:** Anaesthesia can be safely administered to elderly patients with appropriate care.

- Dr Saravanakumar A received appreciation for COLS training programmes.
- Dr Amutha V, Dr Saravin N, Dr Nithiyanandhan P received appreciation for public awareness through regional videos on BCLS and AED.

## 14-12-2024, Venue – Arasan Eye Hospital, Erode

ESA conducted BCLS and CCLS training programme at 10am which was attended by 20 participants, mainly staff nurses and ophthalmologists. The training included hands-on practice and mock drills to help manage medical emergencies effectively.



## 30-12-2024, Venue – Playzo Badminton Court, Kumalankuttai

ESA badminton at 1st programme of Pongal Thiruvizha 2025 between 6-8pm. Dr Amutha and Dr Anusha were winners.

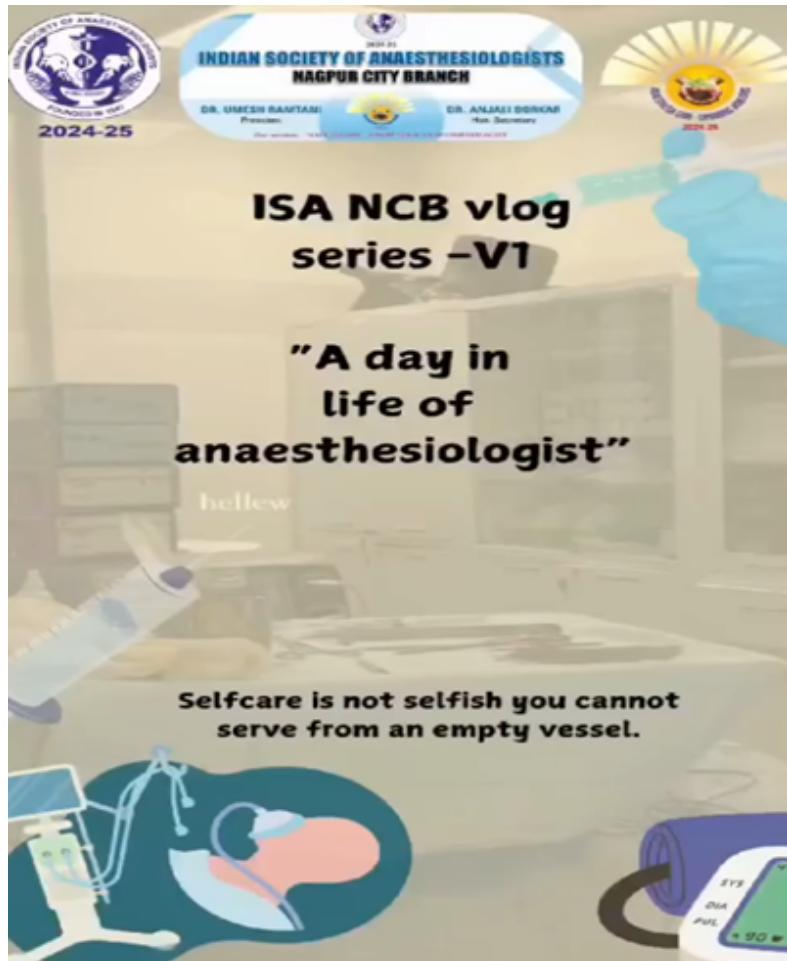


## 31-12-2024, Walkathon Thindal Villarasampatti Road



## ISA-Nagpur city branch (December 2024)

### VLOG SERIES V1 –A Day in the life of an Anaesthesiologist



#### COLS at Press Club

ISA Nagpur City Branch (NCB) conducted COLS demonstration for the journalists and cameramen at the Journalist (Press) Club on 4th December 2024 at 4.30 pm.

The steps and importance of COLS were explained to the participants by Dr. Sonali Bhagat, Hon treasurer and demonstration was given by Dr Umesh Ramtani President and Dr. Anjali Borkar, Hon. Treasurer ISA- NCB. About 50 journalists and cameramen enthusiastically participated in the activity and had many queries, which were answered.

## Installation Ceremony

The installation ceremony of Dr. Umesh Ramtani as President Of ISA-Nagpur City Branch and his team for the year 2024-25 was held on 7th December 2024 at J R Shaw Auditorium, IMA House, Nagpur, from 7.30 pm to 11 pm.

The chief guest for the function was Honourable President, ISA National and Secretary, World Federation Society of Anaesthesiologists (WFSA) Dr. J Balavenkata Subramanian. The guests of honour were National ISA GC Dr. Chandrashekharan Cham and President SAMS - Dr. Anita Nehete and special guests were Dr. Saurabh Barde - Vice President SAMS and Dr. Rajesh Tagadpalle - Hon. Secretary SAMS. The installation of the new body was followed by release of eSense- the newsletter of ISA NCB compiled by editors Dr. Heena Pahuja and Dr. Ketaki Ramteke, release of informative videos and hand book for public awareness about Anaesthesia at the hands of chief guest.



## ISA Nagpur City Branch Conducted 3 COLS Activities in the last week of December:

22nd December 2024 at Satnawari village, Waddhamna- Conducted by President ISA-NCB, Dr. Umesh Ramtani for almost 100 villagers.

29th December 2024 at Surgical Camp at Dhanora, SEARCH project, Gadchiroli; Conducted by Dr. Priyanka Shinde ISA-NCB member Dr. Harshali and Dr. Neeta for almost 60-70 villagers, social workers, auxiliary staff and relatives of patients.

30th December 2024 on occasion of World Consumer Day , COLS was organised at Consumer court premises. Dr. S.K Deshpande - Past President ISA-NCB, Dr. Umesh Ramtani -President ISA-NCB and Dr. Pallavi Meshram Executive member conducted the activity. 50-60 staff members, advocates and attorneys attended the activity.



## **COLS at Japanese Garden**

ISA-NCB in association with ROTARCT CLUB of VSPM PHSIO conducted COLS activity at Japanese garden on 8th December for NAGPUR PLOGGERS ASSOCIATION, GLOBAL SHAPERS (NGO) and morning walkers.

Around 75 members and general public were given COLS demonstration and hands on training by Dr. RAVI MUNDADA ISA-NCB member and Dr. VRISHALI ANKALWAR joint Secretary.

It was also attended by NMC ADDITIONAL COMMISSIONER Mrs. ANCHAL GOYAL.

Activity was highly appreciated and all questions were answered. At the end of the programme, Dr. MUNDADA and Dr. ANKALWAR were felicitated.



# ISA ACTIVITIES

## Organised by ISA Visakhapatnam city branch

**Panel discussion on "Enhancing patient safety in Anaesthesia" at AMCOSA Hall (21/12/2024)**



**ISA Visakhapatnam city branch in collaboration with Medicover hospitals, Visakhapatnam organised a two-day workshop on review of Nephrocritical Care. (14th -15th December 2024)**



# **Society of Anaesthesiologists, Kolhapur**

## **COLS Activities - December 2024**

The Society of Anaesthesiologists, Kolhapur, actively organised multiple Compression Only Life Support (COLS) and Basic Cardiac Life Support (BCLS) activities in December 2024 to promote CPR awareness and training across various sectors of the community. Below is a detailed summary of the events conducted:

### **1. COLS & BCLS Demonstration at PHC for Nursing Staff**

Date: 1st December 2024

Venue: CPR Hospital, Kolhapur

Participants: 11 nursing staff

Demonstration By: Dr. Kiran Bhingarde

### **2. COLS Activity at Voltas Kolhapur**

Date: 6th December 2024

Participants: 3 employees

Conducted By: Dr. Kiran Bhingarde

### **3. COLS/BCLS Activity at Kolhapur Institute of Orthopaedic and Trauma (KIOT)**

Date: 16th December 2024

Participants: Nearly 50 staff members and relatives

Demonstration By: Dr. Kiran Bhingarde

### **4. COLS Activity at KMA Hall for Anganwadi Workers**

Date: 19th December 2024

Participants: 150 Anganwadi workers

Conducted By: Dr. Shakil Momin and Dr. Aditi Lakhota

### **5. COLS Activity at Sunrise Multi-Specialty Hospital**

Date: 20th December 2024

Participants: Around 30 staff members

Conducted By: Dr. Pallavi Kulkarni (SAK Executive Member)

### **6. Street COLS Activity at Joy Street, Kolhapur**

- Date: 22nd December 2024
- Participants: 40-50 individuals
- Conducted By: Dr. Kiran Bhingarde, Dr. Sachin Kumbhar (SAK Secretary), Dr. Shriganesh Kamat, and Dr. Vinayak Mali (CPR Coordinator, SAK)

## 7. COLS & BCLS Training for Nursing College Students

Date: 23rd December 2024

Venue: Nimshirgaon, Shirol

Participants: 20 students (during a medical camp)

## 8. COLS Activity at Gadchinglaj for Social Workers

Date: 29th December 2024

Participants: 27 members of Hindu Janajagruti Samiti

Conducted By: Dr. Shashikant Shende

### Media Coverage:

The street COLS activity conducted at Joy Street, Kolhapur, garnered media attention and was covered by local newspapers, emphasising the Society's commitment to community engagement and public health education.

The Society of Anaesthesiologists, Kolhapur, has significantly contributed to public health awareness through the successful execution of COLS and BCLS activities across diverse community groups. These initiatives reflect the Society's dedication to spreading lifesaving skills and CPR knowledge throughout Kolhapur.



# Indian Society of Anaesthesiologists (ISA) – Madurai City Branch

## Monthly Academic Meeting (23rd December 2024)

The ISA Madurai City Branch successfully conducted its monthly academic meeting on 23rd December 2024. The session aimed to enhance the academic knowledge and clinical expertise of its members through expert-led discussions on contemporary anaesthesia practices.

### Session Highlights

#### **Presentation 1: "Unlocking the Secret of Vaporisers"**

**Speaker:** Dr. M.S. Prabu

Dr. Prabu delivered a comprehensive presentation that detailed the evolution of vaporizers. The session effectively bridged the gap between the fundamental physics underlying vaporiser function and their practical applications in modern anaesthesia.

#### **Presentation 2: "Tubeless Anaesthesia: Current Concepts"**

**Speakers:** Dr. K.M. Senthilkumar and Dr. K. Meenakshi (MMHRC)

This presentation provided an in-depth exploration of advanced tubeless anaesthesia techniques, with a special focus on their application in airway surgeries. The speakers highlighted current practices, challenges, and future directions in this evolving field.

### Discussion and Moderation

The presentations were followed by dynamic discussions, enriched by thought-provoking questions and expert insights. The session was skillfully moderated by Prof. Dr.K. Raman and Prof. Dr. S. Senthilkumar, who facilitated active engagement among attendees.



## ISA Karad Branch (December 2024)

In December 2024, ISA Karad conducted several impactful activities aimed at benefiting healthcare professionals, students, and the community. On the 17th and 18th of December, a COLS, BLS, and ACLS training session was held at Shree Balaji Multispeciality Hospital for 126 doctors, nurses, and auxiliary staff, conducted by Dr. Jayawant B. Patil, Hon. Secretary, along with ALMs Dr. Druvik, Dr. Meghana and Dr. Jyoti. On the 18th of December, Dr. Girish Jogalekar, ALM, participated in a health check-up camp in the rural and tribal area of Dahanu, where he also conducted a COLS activity for 70 students.

In addition, on 29th December 2024, the ISA Karad branch organised a social welfare drive for ISA members with a trek to Kille Sadashivgad, promoting physical fitness. Dr. Jayawant B. Patil, Hon. Secretary, was invited as the Chief Guest at Late Venutai Chavan College on 31st December 2024. He delivered an engaging talk for students and their parents, discussing the role of the ISA and the importance of health awareness.

These initiatives reflect the branch's commitment to education, community welfare, and enhancing its public profile.

*My Favorite Time*



# HISTORY, ART & LITERARY PAGES

# CHLOROFORM- “ANAESTHESIA A LA REINE”

Dr. Chandrasekhar Krishnamurti

Emeritus Professor, NTRUHS/NRIIIMS, A.P

ISA No. S0468



Sweet-smelling chloroform (trichloromethane,  $C_2H_2Cl_16$ ) administration as a general anaesthetic, enjoyed immense popularity for almost a century.

Many kinds of seaweed, fungi and abiotic processes in soil produce chloroform and 90% of the global flux and emissions are natural in origin!

In 1847, Robert Mortimer Glover first described the anaesthetic properties of chloroform in his gold medal winning doctoral thesis at the University of Edinburgh. (1) The very next year, Francis Brodie Imlach administered chloroform for a fellow dentist named James Darsie Morrison requiring dental extraction. (2)



Fig 1,2: James Young Simpson: Pioneer obstetric anaesthesia

On 04th Nov 1847, James Young Simpson (1811-1870) (Fig 1,2) administered chloroform on himself and two of his assistants with success. Next, Miss Petrie, Simpson's niece was coaxed to inhale chloroform and she fell asleep while singing, "I am an angel!". A week later, Simpson administered the anaesthetic sprinkled on a handkerchief to relieve Jane Carstairs, the daughter of a doctor with bad obstetric history, of her labour pains. This triggered immense popularity among parturients for painless labour. At the same time, fierce opposition erupted from the Calvinistic Church of Scotland who opposed the intervention. They quoted the scriptures wherein it is mentioned of "... in sorrow thou shalt bring forth children" was interpreted as God's will for women to endure pain during their deliveries, and a manifestation of life-force. Chloroform was branded 'a decoy of Satan'. Unfazed by their criticism, Simpson countered, quoting the very same scripture wherein "The Lord God caused a deep sleep to fall upon Adam and, as he slept, He took of his ribs and closed up the flesh entered thereof" in order to create Eve as his companion in the Garden of Eden. (3,4,5)

In May 1848, Robert Halliday Gunning spoke at the Medico-Chirurgical Society of Edinburgh, confirming the anaesthetic properties of chloroform and refuted Simpson's claims as a pioneer. That very year had the first fatality from chloroform administration. A 15-year-old girl named Hannah Greener succumbed during toenail removal. Her autopsy conducted by John Fife assisted by Robert Mortimer Glover confirmed the cause of death as anoxia. A series of deaths in physically fit individuals ensued, as recreational and suicidal misuse prevailed - termed the 'sudden sniffer's death'. John Snow realized that high concentrations of chloroform were responsible for the deaths. He developed an inhaler that regulated the dosage and successfully reduced the number of deaths. (6)

In April 1853, Simpson received a communication from Sir James Clark, physician to Her Majesty, the Queen of England, that she had delivered her eighth and ninth children Prince Leopold and Princess Beatrice, under chloroform sedation administered by John Snow. The Royal Highness was pleased with its effect and termed it "delightful beyond measure". Her patronage drowned the dissent and the social elite emulated their Queen's lead. (7) Soon it was even incorporated into various patent medicines such as "Hamlin's Wizard Oil" and "Chlorodyne" as a "cure all."

In 1864, the Royal Medical and Chirurgical Society formed a committee to examine chloroform associated mortality. Famed physiologist Claude Bernard, eminent surgeon Professor Syme and John Snow declared chloroform a respiratory and cardiac depressant respectively. (8,9)

Undeterred by their inferences, between 1865 and 1920, chloroform was used in 80 to 95% of all anaesthetic administrations in the UK and German-speaking countries.

The First Chloroform Commission of 1888 was headed by Major Edward Lawrie, Principal and Chief Surgeon at the Hyderabad Medical School at Osmania. It was generously funded by the Nizam, Nawab Mehboob Mir Ali Khan. In a series of animal experiments, chloroform was branded as respiratory depressant.(10,11)

The editor of Lancet was not prepared to extrapolate their findings to humans, prompting the Second Chloroform Commission in 1891 headed by Dr T Lauder Brunton and others who ruled that chloroform paralyzed the heart before the respiration.

In 1901, the British Medical Association formed a special Chloroform Committee under the chairmanship of Dr Augustus Desire Walle. After nine years of clinical observations, they concluded that chloroform concentration should not exceed 2% at induction.

In 1902, EH Embley and CJ Mortimor stated that vagal inhibition was responsible for sudden death under chloroform and recommended routine atropine premedication.

In 1911, Levy proved in animal experiments that chloroform causes cardiac fibrillation.

In 1934, Killian gathered all the statistics compiled until then and found that the chances of suffering fatal complications under ether were between 1:14,000 and 1:28,000, whereas with chloroform the chances were between 1:3,000 and 1:6,000.

Chloroform use continued until 1912 when the American Medical Association ruled that "the use of chloroform for major operations is unjustifiable". (12)

In India, the first chloroform administration was performed on 12th January 1848 at Calcutta. David Waldie, the chemist who supplied Simpson emigrated to India in 1853 and lived there until his death in 1889 and marketed chloroform throughout the country. Mahatma Gandhi underwent

appendicectomy under chloroform anaesthesia at Sasoon Hospital, Pune on 12th January 1924. Chloroform continued to be very popular until the early 1970s, despite a caution issued by Dr MC Ganguli from Calcutta in 1928, that coroners were being lenient on chloroform deaths. (13)

In 1974, Ralph Waters made an attempt to revive chloroform, but he was not successful as nitrous oxide, diethyl ether and barbiturates had become established.

Chloroform use for humans ceased in 1976 but its use to anaesthetise frogs before pithing them for dissection continued until animal experiments were banned by Mrs. Maneka Gandhi in 1998. (14)

Chloroform is a popular industrial solvent in pesticide formulations, as a solvent for lipids, rubber, alkaloids, waxes, gutta-percha and resins, as a cleansing agent, a grain fumigant, in fire extinguishers, rubber industry and NMR spectroscopy.

## AN ODE TO CHLOROFORM

Robert Mortimer Glover, could never get over  
Getting little praise, For his dog days.  
James Young Simpson, would have turned crimson  
If one were to suggest, Ether was the best.  
Francis Brodie Imlach, Was the first to extract  
Without pain a dentist's tooth, After neighbour Simpson's proof.  
Jane Carstairs, First of the OB dares,  
Christened daughter Wilhelmina, Whom Simpson named Anaesthesia.  
Hannah Greener, A healthy fifteener,  
Earned unwanted fame, when chloroform was the blame.  
John Snow, was able to show  
Precision is required, when chloroform is inspired. (15)

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# THE ANGEL

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*[ This article is based on a true life story  
and is dedicated to the author's teacher, Dr. M R Rajagopal ]*

She closed her eyes tight..and hugged herself..if only the pain would go away..she prayed. But no..it wouldn't. The pain..so excruciating..like daggers digging into her; so burning..as if her whole body was on fire. Oh God, she prayed..please take away the pain...please...please...

The doctor came in and said, "How are you feeling now?" She replied, "Terrible; Can you not end this pain?"

"We're giving you pain killers..you should feel some relief."

"But I don't! "she exclaimed "Give me something stronger !"

He replied "No, I can't; you may go into respiratory depression..you may not wake up."

She stared at him in disbelief..she had not had a proper sleep in the last few days...and he was talking of waking up!! She watched in dismay as the doctor walked away.

The nurse came up to her saying, "Your little girl wants to see you."

"No please..I'm in so much pain..I don't want her to see me like this!"

She closed her eyes..oh God, please help..

She heard the door open, and someone walking up to her..but she didn't bother to open her eyes.

She felt a cool hand on her shoulder..so comforting and caring..and the word that came to her mind was "love". Her eyes opened in surprise...and before her stood an ANGEL in blue..the blue of the sky..and a smile that touched the depths of her heart. She couldn't believe it.. no one had smiled at her for a long, long time. Everyone who came to see her had sorrow and pity written all over their faces... and she hated that. Slowly a smile touched the corners of her lips. And then he spoke, "Why are you so sad?"

"I want this pain to go away."

"Of course! That's what I'm here for..I'm going to give you something which will help you sleep..and when you wake up, the pain will be gone."

She looked up in doubt and said, "Will I have respiratory depression? Will I wake up?"

That heavenly smile flashed again and he said, "You have a strong body and mind..and I'm here to see that you wake up."

She closed her eyes, satisfied. She could feel some drug being given through her intravenous line...then a soothing warmth...slowly, slowly she fell into a deep dreamless sleep.

Her eyes opened a few hours later..she didn't know how long she had slept..but it felt so comfortable, that she went right back to sleep again.

An hour later, she woke up, completely refreshed. The pain had gone away. The duty nurse came up to her with a smile and said, "You seem to be happy now."

"Yes , I am..that horrible pain has gone away. And, who was that Angel?"

"Angel?"...the nurse was surprised.

"Yes, the one who took my pain away..."

"Oh , he's the ANAESTHESIOLOGIST...in charge of Palliative care." She smiled and asked, "Why do you call him angel?"

"If he's not an angel...who is he??"she replied and looked up.

"I want to see my little girl now...and I want to see the angel again."

# Kaleidoscope

## A tryst with..... Dr. Shraddha Naik Bahulekar

**Professor and Head(Neuroanaesthesiology)  
Krishna Vishwa Vidyapeeth,  
Karad  
President, ISA Karad City branch  
ISA No. S4307**



Hello Madam! Warm Greetings to you from the ISA National Newsletter "Vapour" Heartiest congratulations on securing the second place in the World Federation of Societies of Anaesthesiologists'(WFSA) "Save a Life" competition! We are very happy to have you on the sets of 'Kaleidoscope.'

**1. What was your immediate reaction and emotions that overwhelmed you after you got to know that you had won the WFSA award?**

**Answer:** It was an absolute moment of delight for me when I got this news. Never in my mind while I kept conducting COLS campaigns at so many places in my city did I ever imagine that I would actually win an international award because of it. And this one being my first International award, it is indeed very very special and only inspires me to do better. I Am Extremely Happy!!

**2. The same photograph which won the WFSA award in 'Save a Life' competition adorned the cover page of the January 2024 issue of our esteemed ISA Newsletter 'VAPOUR'. The photograph is very heart-warming; especially the little girl practising chest compression on the mannequin. It depicts your passion to teach CPR to the common man and the little girl's innocent desire to learn. You must have developed a good rapport with her. Can you tell us about her and where you had organised this campaign?**



The WFSA competition prize-winning photograph. The caption was ' Education begins the moment we see children as innately wise and capable.'

**Answer:** Yes, absolutely. It so happened that the editorial team of VAPOUR once approached me asking whether I have any good picture of any COLS training activity as they wanted a good one to put on the cover page of an upcoming issue of Vapour. Somehow this particular picture was close to my heart ever since it was clicked and I sent it across coincidentally. This picture finally got approval from the Editor-in-Chief of 'VAPOUR' and Hon. Secretary ISA National Dr. Sukhminder Bajwa Sir as he found it worth the space. And this is how ISA National actually found the worth of this same picture even before WFSA took note of it.

**Editorial team:** Very true. ISA National observes and recognizes the members who are active in conducting COLS campaign and other ISA

activities. You were one of the active members and hence, the editorial team of Vapour had approached you for the COLS picture that was later put on the cover page of Vapour. Regarding where this picture was actually clicked, this was taken during the Platinum Jubilee Celebrations of ISA National when the Flame of Unity was passed on to our city branch. Again I would like to mention here that it was a wonderful concept devised by our then Hon.Secretary of ISA National Dr. Naveen Malhotra Sir wherein this flame of unity was passed through each and every city branch of ISA fostering unity, team spirit and pride for ISA in the minds of all ISAians.

So, as a part of the ISA Flame of Unity celebrations, we had hosted a 'Mega COLS training and Awareness Campaign' at Preetisangam Ghat at Karad which is the sacred confluence of the rivers Koyana and Krishna. This place was selected because it is highly crowded with children, adults and elders alike especially in the evenings. During the COLS demonstrations as the entire crowd was watching us demonstrate chest compressions on the mannequin, this young girl voluntarily came forward and asked, 'Can I try this?'

I was taken aback by her curiosity and courage to learn a life-saving technique at such a young age. While most people sitting in the audience were hesitant to come forward and perform hand-on chest compressions on the mannequin or were not so comfortable with the very sight of it...this girl readily walked in. I welcomed her and taught her how to deliver high quality chest compressions and I made the whole crowd clap for her after she demonstrated.

**3. The caption for the photograph that you submitted for WFSA award was "Education begins the moment we see children as innately wise and capable beings!" Do you think cardiopulmonary resuscitation (CPR) should be taught as part of the regular syllabus to school children? What would be most apt age to begin training the little ones about CPR?**

**Answer:** Yes, of course. CPR should be made a part of school curriculum. Like I earlier mentioned, in the various places that I conducted COLS, I have observed good response from young learners and school children.

I think once the child is in higher secondary, i.e. Grade 8 onwards, it is an ideal time to teach them CPR techniques scientifically.

**4. You have done a lot of work on behalf of Indian Society of Anaesthesiologists for spreading awareness about CPR in Karad city. Can you tell us what inspired and drove you to run this campaign?**

**Answer:** The very motto of 'Every Citizen is a Lifesaver' inspires me. Also, I work in a tertiary healthcare centre where almost everyday in our casualty I see patients who are declared dead on arrival. Also, few incidences like our respected President of India, Dr.APJ Abdul Kalam collapsed during his speech and we lost him, many incidences in our area happened where young people died of sudden cardiac arrest during running or in the gym. They all were rushed to the hospital at the earliest by friends and relatives but no one knew the importance of starting chest compressions at the earliest which could have probably saved their lives. This made me take the COLS Campaign in my city and around to another level so that each and every one is trained in correct chest compressions.

**5. Can you please share with us two memorable experiences while conducting CPR awareness programmes?**

**Answer:** One was when this young girl showed the intention to learn CPR from me and another one was when I was training all the gym trainers and swimming coaches of a health club where after my demonstration one swimming coach came forward and narrated how he had once saved the life of a swimmer by giving timely chest compressions and how his parents came thanking him for saving their son.

It is very rewarding when people share their real

time experiences with us.

**6. Do you feel that the CPR programmes that are being conducted all over India are bringing a meaningful change in the lives of people?**

**Answer:** Yes, definitely. They are certainly creating a change in the society. There are atleast some sporadic incidences where someone has started timely chest compressions in cases of witnessed cardiac arrest. But I feel we still have a long, long way to go before the actual change happens. There is still hesitation, fear or even reluctance to start chest compressions among common people. We have to work even harder to change this mindset and encourage people to understand the importance of timely chest compressions and the fact that if they could save even one life in their entire lifetime, it is worth it.

**7. You have been conducting CPR awareness campaigns on a regular basis. Can you tell us how the support and enthusiasm for this has been by the public as well as ISA colleagues?**

**Answer:** Luckily, for me most of my city branch members are very, very enthusiastic about conducting COLS campaigns wherever possible. Also, the general public now seems to be interested to learn this and many organisations come forward and approached us to host such training sessions for them. We have been routinely conducting COLS at Ganesh Pandals during Ganeshotsav, Durga Mata Pandals during Navratri festival, in schools, at women gatherings etc. The feedback of the participants is always positive.

**8. Do you feel India is a forerunner in conducting the CPR awareness programmes? Is there any scope of improvement in how we train laypeople on “Compression only Life support”?**

**Answer:** Yes, I feel India is the torch bearer of CPR Awareness programmes globally. We can find more and more opportunities to address public

gatherings and train them in COLS. Festivals, get-togethers, felicitation programmes etc are good opportunities where we can train lay people in good numbers.

**9. How do you feel ISA is leading the way in conducting these programmes? Yourself being the former secretary of ISA Karad City branch having conducted several such programmes, what would be your cues or pointers to other ISA city branch Presidents and Secretaries?**

**Answer:** ISA is leading the way as COLS training is already a revolution all over India. ISA is giving yearly awards to city branches and state chapters and also to individuals who have done phenomenal job in public awareness. This is a great motivation for members to conduct more and more of such activities. As far as my advice is concerned, most of the city branches are older than ours and are already doing a great job in COLS training programmes. My advice for all Presidents and Secretaries is, “ Conducting COLS should always remain at the back of your mind. Involve enthusiastic members of your city branch in COLS campaigns. Try and conduct atleast one activity per month, however small your crowd may be. Every trained responder counts...”



**10. You are the winner of several ISA national and state awards at such a young age. To mention a few, you have won the ISA National Young Talent Award (2022), ISA National Diligent Award (2023), ISA National Proficiency Award (2024). What are your secrets of how you have been able to achieve this?**

**Answer:** No secrets as such...! When we started our city branch and even today we are only a handful of members. Just some 27 odd life

members and some PGs. Most people never knew that a city branch called Karad exists. Most of our members are free lancers and they were never interested in ISA and related activities because they were never exposed to it. When I became the branch secretary, I decided to work hard so that my branch becomes visible on the National ISA map, my city branch members come together under the aegis of ISA and its various activities and bond with each other. Lay public around me should get trained in COLS. Keeping this in mind, I just kept working, tried to conduct various activities, kept my branch active, made sure all my branch members voted in ISA elections ..thats it! Also one important thing is that we should apply for these awards. One must not think this is just nothing that I have done... Why should I apply??Your little genuine work could be actually impactful on the bigger canvas of ISA and may draw you an award.

#### **11.What would be your advice to our young ISA colleagues viz the Yuva Anaesthesiologists ?**

**Answer:** All the Yuva Anaesthesiologists are the strength and future of ISA.

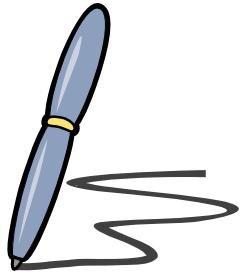
My advice to them would be:

1. Come forward and don't hesitate to take up office posts in your city branches. Trust me; we have so much energy and enthusiasm at this age that we can manage our profession, family duties as well as ISA duties very well.
2. Just keep working genuinely for your fraternity, your city branch, your state chapter and ISA National from wherever in India you belong. Trust me; ISA identifies talent and hard work from even the tiniest towns of India. Good luck to everyone.

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***Thank you, madam!! You are a source of inspiration to the YUVA anaesthesiologists of our nation. The editorial team of Vapour wishes you all the best for future ISA activities and endeavours.***

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# INVITATION TO CONTRIBUTE

**'Vapour'**, the official newsletter of the Indian Society of Anaesthesiologists invites contribution of articles originally written by ISA members(Life and associate). The articles can be in the form of interesting case reports for discussion, articles on topics of current clinical relevance, photo-essays, articles on medicolegal /health/ financial/extracurricular issues of interest to the anaesthesiologists. Original literary works such as poems, funny cartoons or paintings on topics of anaesthesia are also welcome. Information about extraordinary achievements /experiences of ISA members, book publication can be sent.

The articles should be brief and written in font Times New Roman 12-14 size and presented in Microsoft office word document (rtf/doc files). Plagiarism and violation of copyrights should be strictly avoided. The articles should be e-mailed to [isanhqvapour@yahoo.com](mailto:isanhqvapour@yahoo.com) with a covering letter addressed to the Honorary Secretary, ISA National.

**Dr Sukhminder Jit Singh Bajwa**  
**Honorary Secretary, ISA National**  
**&**  
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**VAPOUR**  
**(The official newsletter of the ISA National)**

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