

September 2024

Volume 02/ Issue 02/03

THE GRIPMER NEWSLETTER

#SGRHSpeaks

The Long
Distance
Legend

“Dr. Jayashree Sood:
Passion and Compassion
in Leadership”

Embracing
Change:
A Call to Action



EDUCATE . ENTERTAIN . ENLIGHTEN

The logo for the GRIPMER Newsletter ingeniously captures the essence of both Ikigai and the core ethos of the GRIPMER institution, forming a cohesive and powerful representation that embodies purpose, excellence, and unity. At the heart of the logo, the iconic GRIPMER emblem takes center stage. This symbol represents the institution's legacy, expertise, and commitment to healthcare and education.

This circle is divided into sections representing the key components of Ikigai: what you love, what you are good at, what the world needs, and what you can be rewarded for. The saffron and maroon combination is used as a dedication to GRIPMER and it evokes a sense of tradition, sophistication, and vibrancy. Saffron is a bright and warm color often associated with energy, enthusiasm, and spiritual significance, while maroon is a deep, rich color that exudes a sense of class, strength, and tradition. When used together they create a focal point and a feeling of authority and timelessness.

The seamless integration of the GRIPMER emblem with the Ikigai circle signifies the institution's alignment of purpose with the principles of Ikigai. This emblematic logo encapsulates the institution's commitment to holistic growth, excellence, and the harmonious balance of personal and professional fulfillment.

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Zebra Crab or Zebrida, sitting on a fire Urchin in a semi-parasitic relationship, the crab hooks on to the urchin with modified legs and feeds on detritus

This elegant crustacean, approx 20mm in size, was snapped in the depths of Komodo National Park, a world heritage site, situated in South eastern part of Indonesia.

Canon EOS R7 Canon RF 100mm f2.8

Ikelite Housing and strobes

ISO 1600

F7.1

1/60th sec Dive site: Pulau Gamping

Location: Komodo National Park, East Nusa Tenggara, Indonesia

Date: 06/06/2024 Dr. Vasu Vashishtha

Editorial

It is with a sense of joy that we place the new issue of the GRIPMER Newsletter in your hands. Your positive feedback has given us much joy and energy to continue producing this newsletter.

We always need a road map to success and role models provide that map. Analysing successful life is one such way to understand the template.

In this issue we feature one such inspiring personality whose hat adorns many feathers. An able administrator, an astute clinician, a researcher of eminence, yes you guessed it right, she is our very own Dr. Jayashree Sood. The interview traces her journey from the childhood to her current role as Vice Chairman BOM and Trustee of SGRH. The interview talks about early influences that shaped her choices and the support system she created for herself to continue pursuing her career while not losing sight of work life balance. In predominant men's world the glass ceiling that she has broken is truly exemplary. I am sure readers will enjoy reading/listening to her interview.

There are people and there are exemplars who defy stereotypes and here I am talking about Rajesh Acharya. Without any background of running, he decided to take the plunge. Imagine a busy professional in his 50s deciding to run half marathons and completing 225 marathon and counting in a short period of 10 years. He celebrates personal and social milestones by adding one more to his already impressive numbers. His story is a compelling reading for everyone who swears by fitness but finds hard to stick to the mental discipline required.

In the section on Issues in Medical practice we are featuring an article on Ethics in Medical practice. In this section Amitabh Dutta talks about aspects of equity and justice in the context gender specific issues related to resource distribution for day case surgery for women. The issue that's both sensitive and topical.

Anecdotes and observations always make for interesting recounting. In the section on Musing we have Shashi Jha, an engaging story teller, telling story of his first day encounter as an Intern. Read his story 'Blood Relation' which has left a deep impact on him, and to which most of us can relate to. I am sure once you have finished reading many such stories will want to tumble out of your memory bank. Don't hesitate, submit them for our next issue.

Ours is a stressful profession, we require stress-busters to cope up with daily pushes and jolts to keep our sanity. A sprinkling of humor, hobbies and philosophical bent come in handy to limit wear and tear while going through the daily routine of our lives. So to lighten our stresses we have Bhuvan Pandey's 'Aham', a philosophical take on ephemeral nature of life and fame; Tanvi Batra's poem again puts things in perspective in poetic manner, using lift as a metaphor for journey that Life is! While Prasoon's humorous take on life's daily ordinary occurrences is sure to elicit large guffaw! In this genre Mahima's piece on Marital Hilarity, written in lighter vein is sure to find her many followers, sure enough half our readership will be able to relate to it!

One of the main objectives of the Newsletter is to provide an outlet to express themselves. I am glad that our residents are sharing their experience and observations. Read Night Watchmen and Yeh Gangaram Hospital hai, to sample their creativity. Well done!

There are classics and then there are ageless classics. Freedom at Midnight written by Lepirre and Collins is one such ageless classic. It is a dramatized account of times before, during and after the partition. Every generation needs to read the history of their Nation. Visiting and revisiting history is the only way to remember the lessons. Our colleague Anubhav has made such an attempt to entice our young audiences to read and understand the history of the birth of our nation as we know it today.

I want to thank all members of the editorial group for their commitment to giving their best. They keep pushing us and the contributors to submit their manuscripts in timely manner besides giving their creative outputs to enhance and enrich contributions. I am indeed much in awe of the prowess of our talented contributors, little did I know of such talented faculty and residents exit.

I am sure over time our talent pool will increase further to bring in a wider tapestry of work to add value to our newsletter.

Dr. V. K. Malik
Dean GRIPMER,
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Letter to Editor is welcome on this email id: gripmernewsletter@gmail.com



“Leading with Compassion and Knowledge: Dr. Jayashree Sood’s Path to Success”

We are privileged to present an exclusive interview with Dr. Jayashree Sood, a luminary in the field of Anesthesiology. Serving as the Vice Chairperson of the Board of Management at Sir Ganga Ram Hospital in New Delhi, Dr. Sood’s career is marked by her exceptional expertise and unwavering dedication to the medical field. In our conversation, we aim to highlight how one can balance a demanding career with personal commitments. Dr. Jayashree Sood’s ability to excel professionally while managing her personal life is truly inspiring and serves as a beacon of hope for women striving to achieve similar balance.

Dr. Anita Ganger: Dr. Sood, could you share a few special moments from your childhood? How did your experiences differ from other girls your age at that time?

Dr. Jayashree Sood: Anita, my childhood was deeply rooted in the army, as my father and uncles were all in the military. From my early years until college, I was immersed in the army lifestyle. Army life is known for being outgoing and extroverted, and I have fond memories of Sundays spent at the club swimming and playing badminton. Comparatively, other children at that time didn’t have the same privileges, although some did to an extent. Those were the days we truly enjoyed life, balanced with our studies. I cherish those army days dearly.



Dr. A.G: What led you to pursue a career in medicine? What was your inspiration?

Dr. Sood: Anita, when we were young, there were mainly three prominent professions: medicine, engineering, and law. My uncle and aunt were doctors, and my father was very keen for me to pursue medicine. So, from a young age, I was inspired and encouraged to become a doctor.

Dr. A.G: Was Anesthesiology always your priority, or did you decide on it during your graduation years?

Dr. Sood: During our final year surgical postings in MBBS, we were exposed to anesthesia, and I was fortunate to have excellent teachers. This exposure piqued my interest in anesthesia. When I applied for postgraduate courses, I listed both gynecology and anesthesia as my options. I was placed on the waiting list for gynecology but was accepted into anesthesia. Once I started, I knew I didn’t want to change my specialty.

Dr. A.G: In your professional journey from PGI to FRCA and then to SGRH, could you share a few special moments and challenges? How was that journey?

Dr. Sood: That’s a very interesting question. I’ve always strived for excellence. After completing my MD from PGI, which is a premier institution of India, I have earned the FFARCS degree in the UK, which was highly prestigious at that time. Today, that qualification is known as FRCA. Very few anaesthetists have earned this degree. My husband had already moved to the UK, so after completing my MD, I was determined to go there and take the exams as soon as possible. It was indeed challenging, but coming from PGI, I had a good reputation, and I managed to pass the exams, achieving my primary goal. Eventually, we decided to return to India.

Dr. A.G: How did you become part of the SGRH family?

Dr. Sood: That’s quite an interesting story. When I returned to Delhi, I was contemplating my next steps, especially since my children were young. Late Dr. M Dewan, a very senior dental surgeon and founder BOM, Sir Ganga Ram Hospital (Dr. Bindu Dewan’s father), who was related to me, has showed my CV to Late Dr. BK Vohra, the then Chairman BOM, SGRH. Reading my qualifications, Dr. Vohra insisted that I should join Sir Ganga Ram Hospital. At that moment, I had no choice. I was apprehensive about balancing the demanding duties of the anesthesia department with being a mother to small children, but I took the plunge. I have never looked back since.

Dr. A.G: You are an inspiration for our generation and a true role model. Who served as a role model for you during your studies and professional career? Was there anyone you always looked up to?

Dr. Sood: My elder sister was my role model. She was an all-rounder and was also pursuing medicine. I admired her greatly and aspired to be a smart doctor like her. Her intelligence and dedication inspired me to pursue my career with the same vigor.



Dr. A.G: Among your numerous accomplishments, which one do you hold most dear to your heart? I know it's difficult to pinpoint just one.

Dr. Sood: Well, during my studies, obtaining my postgraduate degrees, especially the FFARCS, has always been very close to my heart. At SGRH, being inducted into the Board of Management and receiving honors such as Honorary Secretary and now the Vice Chairperson, I feel deeply honored and grateful. At the professional front, receiving the "Life Time Achievement Award" by the National body of the Indian Society of Anaesthesiologists was a dream comes true for me.



Dr. A.G: Can you tell us about your family and how they have supported you throughout your career?

Dr. Sood: That's a very important question. My family has been an immense support. In the initial years, we lived in a joint family. My mother-in-law and sister-in-law always helped out, especially when I was on night duty and had



to be physically present at work. My husband has been a steadfast supporter; he encouraged me to pursue my FFARCS. Even here, he took care of the children during my emergency night shifts. Additionally, my mother was a great support during my postgraduate days.

Dr. A.G: How about your children? What are they doing now?

Dr. Sood: I have two children. Ruchi is almost 46 years old, and my son is 44. I have four grandchildren two in Bangalore and two in Delhi who live with us. They are my stress busters.



Dr. A.G: Every career has its challenges. Can you share some of the significant hurdles you faced and how you managed them?

Dr. Sood: Anita, when I went abroad, despite the friendliness of the people, there was always an underlying sense that I was an outsider, someone who might settle there and take their positions. This meant I had to work exceptionally hard to prove myself and earn their respect. Similarly, when I joined Sir Ganga Ram Hospital, I was the first female consultant in a department with four male consultants. I had to work much harder to prove myself and gain their acceptance.

Dr. A.G: Ma'am, as for motherhood, were there any challenges, and how did you manage that part during the initial years?

Dr. Sood: Yes, as I mentioned earlier, my mother was with me during my postgraduate studies, which helped me manage my responsibilities. Later on, during my night duties in the UK, my husband would get my daughter to the hospital to meet me. Even at the Sir Ganga Ram Hospital in 1984, when duties were lighter, my children would come in the evening and spend the night in the duty room of the gynaecology department. These challenges were there, but we managed to navigate through them successfully.

Dr. A.G: What activities or routines do you find most fulfilling in your daily life? Which activities do you enjoy the most?

Dr. Sood: In the evenings, when I come home and my grandchildren are there to hug and welcome me, that is the highlight of my day. No matter what time I get

Getting Candid

home, I look forward to their warm greetings and I cherish them the most.

Dr. A.G: You have an extensive background in research, ma'am. What advice would you give to our generation on overcoming the initial hurdles when starting research?

Dr. Sood: Research is indeed a challenging field. It is crucial for senior professionals to encourage young researchers. Once they are motivated, they should delve deeply into their chosen topic, reading extensively about it. Having a mentor to guide them through the research process is invaluable. Understanding the gaps in the current knowledge of the subject is important. Encouragement and support is the key to fostering a successful research environment.

Dr. A.G: Achieving work-life balance is crucial. What strategies have you employed to maintain harmony between your professional responsibilities and personal life?

Dr. Sood: It's essential to work hard when you are on the job, but once you leave work, you need to detach from professional matters. On non-emergency days, no one will be looking for you, so it's important to enjoy your time with your family and relax, especially on weekends. Maintaining this balance is crucial for your happiness and well-being.

Dr. A.G: In your opinion, what is the meaning of a content and successful life?

Dr. Sood: Contentment and success are subjective and depend on your mindset. If you believe you are successful, you will feel that way. Even when you reach a stage that others consider successful and if you are not satisfied, you won't feel content. It's all about your perception. We can't achieve everything, but recognizing that you are doing well, receiving appreciation, and having a healthy, happy family should bring you contentment.

To wrap up, I extend my sincere thanks to Dr. Jayashree Sood ma'am for her generosity in sharing her expertise, experience, and enthusiasm. Engaging with her was truly a pleasure, as she embodies the very best in medical care.



Dr. Anita Ganger
Associate Consultant,
Department of Ophthalmology,
Associate Professor (GRIPMER)
Sir Ganga Ram Hospital



On a Lighter Note with Dr. Sood

Hello everyone, our guest today is epitome of calm under pressure. She is a guardian angel of the operating theatres in Sir Gangaram Hospital, she makes all the surgeries look like a walk in the park, so welcome Jaya ma'am. We have a fun segment and this one as a rapid-fire.

Dr. Vaibhav: I'll be asking you one liner questions and you have to answer them back in a rapid fun way and need to be 100% honest.

Dr. Sood: First of all, thank you so much. Thanks a lot for all the respect that you've given me. I'm a little scared about this. I hope I can answer your questions.

Dr. Vaibhav: One thing you love and one thing you hate about Gangaram?

Dr. Sood: Well, what I love about Gangaram is the work attitude we have, you got the family attitude and we can go to anybody, anytime, including our Chairman and just walk in and say, good morning, sir, we have this problem. What I hate is that anything you discuss in a meeting, in this closed room, will go out immediately. I don't know how that happens, but that happens in all our meetings. (both laughing).

Dr. Vaibhav: Okay. So the next question is you have to describe each one of them with either a word or a movie title : 1) **Dr. D. S. Rana**

Dr. Sood: I always say he is an elder brother, is a jewel, and he is a towering figure, I hope we can all follow him.

Dr. Vaibhav: One movie title if you can think of for him?

Dr. Sood: Shahenshah

Dr. Vaibhav: 2) **Dr. Ajay Swaroop.**

Dr. Sood: I always see him as an old colleague of mine. I call him by his first name, which I have never done for any chairman in the past. I can always call him a "Mast person", I'm sure he won't mind it.

Dr. Vaibhav: 3) **Dr. A. K. Bhalla.**

Dr. Sood: Anil, I didn't know him much earlier in the sense personally, but now, once he is honorary secretary and I'm the Vice chairperson, so I've seen him closely. He is very hard working and he's very respectful. That thing I have seen a lot in him, which is very a big quality in him.

Dr. Vaibhav: Which surgical department do you find yourself disagreeing with the most and why?

Dr. Sood: The kidney transplant unit.

Dr. Vaibhav: That's not fair !!

Arrange the following surgeons on the speed of finishing cholecystectomy: **Dr. Tarun Mittal, Dr. Sudhir Kalhan, Manish Gupta, Neeraj Dhamija.**

Dr. Sood: Firstly, let me tell you speed does not mean that you are the best.

Dr. Vaibhav: Okay, that's very diplomatic!!

Dr. Sood: I think Tarun does very fast then Manish then Sudhir and Neeraj Dhamija.

Dr. Vaibhav: What are some common misconceptions people have about anaesthesiologists?

Dr. Sood: In PAC, we introduce ourselves as peri-operative physicians, but people still believe that we are just the "gasman", we just probably give the anaesthesia and then disappear, they do not realise that we are there all the time. These things still persist. We are working very hard towards removing this misconception.

Dr. Vaibhav: One skill you have that nobody at Gangaram knows about ?

Dr. Sood: I'm not going to tell you that (both laughing)

Dr. Vaibhav: What's your guilty pleasure?

Dr. Sood: Kabhi kabhi having wine. Will that be a guilty pleasure ?

Dr. Vaibhav: If you were not an anaesthesiologist, what career would you have chosen either in medicine or otherwise ?

Dr. Sood: Maybe an engineer I was very fond of maths. My second option was engineering in my college.

Dr. Vaibhav: If a biography were made on you, what would be the title ?

Dr. Sood: That you all should tell, not me. Lately, my colleagues at ISA that is Indian Society of Anaesthesia, called me "*Our Dear Jaya Ma'am*". So may be this should be the title!

Dr. Vaibhav: If you have to choose one super power, what would it be ?

Dr. Sood: What do you mean, superpower ?

Dr. Vaibhav: Something you want to like, if you don't have to put injection and do like this (*Spiderman Action) and the patient goes to sleep.

Dr. Sood: OK, OK

Dr. Vaibhav: Like Superman?

Getting Candid

Dr. Sood: Your looks, maybe you know.

Dr. Vaibhav: what one thing you always carry with you?

Dr. Sood: You mean materialistic?

Dr. Vaibhav: Materialistic and philosophical also.

Dr. Sood: I always say honesty, and hard work.

Dr. Vaibhav: And materialistic ?

Dr. Sood: Materialistic.. hmm... always have a comb with me.

Dr. Vaibhav: Your go-to comfort food ?

Dr. Sood: But I'm not a great foodie, actually.

Dr. Vaibhav: Like Maggi ?

Dr. Sood: (After thinking very hard) Pasta?? Yes, pasta.

Dr. Vaibhav: A movie or a TV show, you can watch over and over again?

Dr. Sood: Movie, there were some hindi movie which are very popular *"Amitabh Bachchan ki jo thi picture."*

Dr. Vaibhav: Like, in recent time, did you like to anything. Any movie series you watch, do you watch Netflix ? *"Ya fir bacche jo chala dete hain"* kind.

Dr. Sood: Ya I know, that kind

Dr. Vaibhav: Okay, song that always makes you feel happy

Dr. Sood: See you were asking that secret that nobody knows!



Dr. Vaibhav: Ohh, yes yes

Dr. Sood: There are many many songs.

Dr. Vaibhav: So, one song you have to tell us.

Dr. Sood: There is one *"Aaj jaane ki zid na karo"*

Dr. Vaibhav: Your favourite holiday destination ?

Dr. Sood: Anything in the hills.

Dr. Vaibhav: Okay, you are a hill person rather than a beach person. Yeah, so which one, like in India and outside?

Dr. Sood: See, abroad, Europe is always my destination, I love it. In India, yes, it used to be Shimla, but nowadays we've drifted towards Uttarakhand.

Dr. Vaibhav: Coming on to the last question, One word describes your career journey so far.

Dr. Sood: *"Very satisfying"*.

Dr. Vaibhav: That concludes our rapid fire ma'am, and you have scored 15 out of 15.

If I had a coffee voucher, I would have given it to you.

Dr. Sood: So you can give it later (both laughing).

Dr. Vaibhav: Thank you so much.



Dr. Vaibhav Tiwari
Associate Consultant
Nephrologist,
Sir Ganga Ram Hospital



Women Powering 'Justice' Praxis In Day Case Surgery Access: Eking Equatability From Equality!

Day-case surgery is arguably the most prolific surgical access arrangement of the last century. It proffers a dynamic workable proposition that is a win-win for both healthcare Institutions and patients. While, for the Institution, day-case surgery ensures an improved turnover of surgical patient per-bed-per-unit-time without a substantial investment in round-the-clock human resource cover; for the patients, it bestows as many advantages: a shorter wait, a shorter stay, reduced cost, prompt return to familiar environment, and earlier into personal business, among others. Though neither philosophised nor intended on those lines, its disposition seems deeply embedded in the Ethical Principle of Justice, i.e., to distribute the surgical access opportunity equally, effectively, and efficiently to the maximum number of individuals (distributive Justice). The day case surgery offering, which involves distribution of equal access opportunity to the individual(s) and public, do also contain community imperatives therein.

Interestingly, though the day case surgery system promises equality in extending opportunity to the receiver(s), there remains a significant gap in creating awareness around access metrics and communicating its advantages to the discerning patient. Per se, the system draw in certain obligate and/or situational burdens, including but not limited to, delayed first case, operation room (OR) turnover attenuation, patients stranded in step-down recovery, and often having to hush up the discharge procedure; all of which being a harbinger for random patient adversity!

Conceivably, the day case surgery access pertains to a dedicated set system. Like any other system, it has its own inertia quotient and that it only gets actuated when the individual patient opts to access it. In this unique 'system-individual' dynamic, whatever the access proposition offers, the burden is on the patient as how to tailor its use to her/his healthcare needs. If the above-stated paradigm is deconstructed in Ethical terms, the day care surgery access system appear to toe the line of Ethical Principle of Justice, in offering an objective platform open to everyone belonging to the catchment community. Further, the individual(s) accessing surgical healthcare have their own outlook, preferences, priorities, and rights; that can be clubbed under the Ethical Principle of Respect for Patient Autonomy. The congruence of patient's 'objective' interest (need for surgery) and 'subjective' actions to realise it (approach to access) may account for unpredictable/additional ramifications. Each of the two-way system-patient encounter, which is generally not given a formative fore-thought at the time of functional establishment of day care surgery access capacity, more often than not, accrete inherent issues that are non-amenable to the on-the-go response actions. Perhaps for the innate and passive nature of the healthcare system, the service stakeholders have consistently been short-sighted in terms of

identification and mitigation of emergent issues that beset day case surgery. Thus, foundations of day case surgery healthcare capacity, which is unknowingly been pre-empted on principled ethical norms; shelters unsettled ethical burdens that undermine Principle of Respect for Patient Autonomy and exposes the system on indisposition of Principle of Justice. Further, due to the general impassivity of the healthcare access facility, the patients often feel ill-treated and they tend to maintain a low threshold for labelling the system as unethical. Overall, the common negatives of the day case surgery access, may enfeeble the very intentions and goals of the system unless a mindful response culture is co-opted as a head-start.

Sir Ganga Ram Hospital (SGRH, New Delhi-110060, India), has been a popular day care surgery hub accounting for about 50-60% surgeries of a single-day OR list. Women constitute for approximately 40-45% of this load, accounting majorly for gynaecologic, general surgery, urology, and surface plastic surgery, among others.

With over two decades as a Clinical Anaesthesiology stakeholder of the day case surgery access system, on multiple occasions, I have stumbled upon an interesting observations in how women access and channelize the system to their advantage. The cases-in-point (case#1 and case#2) embellish women's protean approach to realise day case surgery access option.

Case Setting#1

A 26-yr-old arrived with an indication of secondary infertility in the pre-anaesthesia clinic (PAC) for elective diagnostic laparoscopy. After Anaesthesia fitness evaluation, she came up with a host of requests like: to be scheduled as a first case, discharged by 4 PM, and an ambulance to drop her home, etc. On enquiring on why she has so many conditions, she told that her husband works in a private firm in a satellite town nearby, leaves by 6 AM in the morning and comes back only by 7 PM in the evening. She had a 2-yr-old child whom she had planned to place in a nearby crèche (7am-5 pm) and pick the child on way back home by ambulance, as she has no other support!!

Case Setting#2

A 43-yr-old married woman came for pre-anaesthesia check for an elective plastic surgery procedure (chin-plasty and cheek dimple creation). After she was declared fit for anaesthesia, she had many reservations about almost everything! She refused General Anaesthe-

-sia, she had many reservations about almost everything! She refused General Anaesthesia (GA) and also refused to involve any witness for the informed consent process. Upon asking the reasons, she told that she lives in a nuclear family, she and her husband are high-end professionals, and her only child is at a boarding school in Shimla. Only after the surgeon suggested her that chin-plasty is a painful procedure and GA is the advisable option, did she agreed for GA. Regarding the witness for informed consent, she reiterated she do not want anybody other than her, not even her husband to know, and that she was ready for any support staff signing as a witness. With due consultation, we yielded to her wishes as the risk involved for a superficial surgery was minimal. The procedure went uneventful and she was discharged just 4 hours after surgery. She went home with her driver.

It has been my personal observation during anaesthesia pre-evaluation for elective scheduled day case surgeries, that the present day women comprehend not only the purpose and function of the day case surgery settings but they also know how to better utilise it to their tasteful advantage. They generally are more inquisitive about the OR listing/scheduling and make their decision based on clarity related to as many query points, namely, the 'time' of the day they want to get operated at, duration of surgery, time-point of discharge, type of anaesthesia (local, GA), etc. On delving deeper, I could make out as to how a host of socio-psychological factors and background dynamics (domestic and/or professional roles-n-responsibilities, socio-societal milieu) (Table.1); influence the way women steer themselves towards and through the day care access sojourn. Probably the ever-changing domestic, social, and societal imperatives have insidiously been impacting the way women handle their day-to-day life affairs, and that, they do not refrain from taking a leaf out of their 'felt' life experiences to translate their approach to assessing-n-accessing day case surgery access. Intriguingly, the high-acuity access drill of the modern-day women have sort of instilled a breath of fresh air in the evolving thoughts on developing the day case surgery access system further forward.

Table1: Socio-psychologic Factors Influencing Woman's Approach to Day-case Surgery

| Factors | Nature |
|----------------------|---|
| Marital Status: | Married/Single/Separated |
| Motherhood: | Yes/No |
| Family System: | Joint/Nuclear/Single |
| Professional Status: | Working/Not working |
| Spouse's Profession: | Government / Private |
| Society Type: | Homogenous/Heterogeneous (Cosmopolitan) |
| Parenthood: | Joint/Single |

What is Equality?

Equality is dividing the available resources fairly equally, i.e, everybody is given the exact same quantity and quality (equal) of resources, not factoring the differences of their need.

What is Equitability?

Equitability is not only dividing resources fairly and equally, but also factoring in differences amongst people. Differences in race, age, sex and socioeconomic status would require different amount to ensure the same amount (equitable) of care.

What is Justice?

Justice is long-term equitability. It looks to create equitable balance within systems as well as individuals. Justice takes equitability one step further, that lead to long-term, sustainable, equitable access for generations to come.

What I see, there is need to explore ways to induct an ethical framework within the crux of day case surgery access, to work forward in tandem with patients' multi-faceted expectations, and to uphold a culture of sensible, sensitive, and ever-evolving patient-inclined system. While women are to be appreciated for their insightful understanding of the day case surgery system and the way they tailor it to their unique needs; it's for the fraternity and the healthcare Institution to take cognizance and ruminate as to how to ground its patients-effacing facets. These developments would, for sure, facilitate channelizing day care surgery access tenets along women's diverse background, but also empower them to overcome variable challenges posited by their preceding socio-societal dynamics and domestic pursuits. I am hopeful that a two-way (hospital ↔ patient) interactive culture will emerge that will crosslink day case surgery with the needs of women patients in ensuring 'equality' in service, just distribution of resources, and without any discrimination (Principle of Equality). Most importantly, re-envisioning day case surgery access on the lines of system's functional sensibility would go a long way in being sensitive to and serving women equitably along their needs and expectations. To conclude, an era is not far when a personalized and socially precise care will stomp home emphatically, especially when housed on veritable ethical ground that expounds the paradigm:

'EQUITABLE REALISATION OF EQUALLY DISTRIBUTED DAY CASE SURGERY HEALTHCARE ACCESS!'

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Through the Scope Tracheal Stenting: First Case in India

Tracheal stenting is a common airway procedure to secure airway patency. Self expanding metallic stents (SEMS) or Silicon stents can be placed in the tracheo-bronchial tree as per indication and feasibility. Metallic stents are usually placed using a deployer having a diameter of 6-8mm with a preloaded stent. Conventionally, these are positioned directly into the tracheal lumen over a guidewire under real-time visual guidance using a flexible scope in tandem or fluoroscopy. Silicon stents on the other hand always need Rigid bronchoscopy. Sometimes due to patient related factors, the procedure may be technically challenging and time consuming, especially so in a patient on ventilatory support.

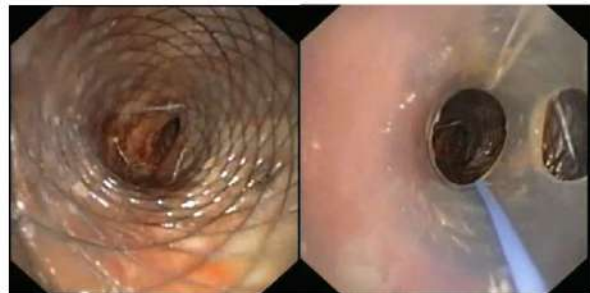
We highlight here a case of 68-year old female who underwent SEMS placement for the management of a gastro-tracheal fistula. She presented to our hospital a few months back with a thoracic aortic aneurysm ruptured into mediastinum and esophagus. She underwent endovascular repair and stenting. Thereafter at another hospital she underwent total esophagectomy with gastric pullup for a persistent leak despite oesophageal stenting. She developed severe sepsis and respiratory distress in the postop period and had to be mechanically ventilated and shifted to Sir Ganga Ram Hospital ICU in a critical condition. Spontaneous air leak was noticed from ET tube on day 8 of mechanical ventilation with oxygen requirement increasing from 80 to 100%. The leak persisted despite changing ET tube suspecting cuff failure. Bronchoscopy was promptly done and revealed a defect in the lower posterior tracheal wall, a possible gastro-tracheal fistula. The only option to bypass the defect was to secure the trachea with a covered metallic stent. As the patient was not shiftable for either fluoroscopy or CT and endotracheal tube could not be removed even for a few seconds for insertion of a conventional stent deployer, we planned her for this new stent placement technique which has never been done in our country before.

This stent deployer assembly has a diameter of only 2.6mm which could be passed easily through the working channel of our therapeutic bronchoscope without compromising ventilation through the ET tube. We placed a 16mm wide and 8cm long covered metallic stent using this special through the scope deployer.



The stent was deployed under continuous direct visual guidance and positioned accurately. The ventilation was not compromised at all as the ET tube was never removed.

This is the first application of this novel technique in India. Had we not had the stent with us, it would not have been possible for us to save this patient. We are very thankful to our ICU team for their continuous support and backup for the procedure to be performed safely in the ICU itself.



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The Long Distance Legend

Running is a peculiar hobby wherein a runner should be a fanatic for hard work and should also be enthusiastic enough to enjoy every run. Interestingly the name Marathon is derived from the village Marathon in Greece, from where Pheidippides ran up to Athens to deliver the message of victory (Nike), that Persians had been defeated in the war (490 BC); this messenger after running 40 kms collapsed and died. But since 1908, the Marathon distance became 42.2 kms as the British Queen Alexandra requested to witness the race starting at Windsor Palace and finish at the Royal Box in London Stadium.

Never took running during the school or college days, I started to brisk walk @ PUSA Institute after the Common Wealth Games (2010) in Delhi. I ran my 1st Half Marathon @ ADHM (Airtel Delhi Half Marathon) in December



2013. Initially I used to participate in ADHM and did only 1 or 2 HMs in a year. Since 2017, more such events were being organised, so I participated more frequently to keep up the motivation. It took me 8 years to complete the first 100 half marathons in January 2022. Since then, I became an avid runner and a fitness freak. I started running a half marathon on almost every weekend (in all weathers) and took only 2 years to complete the second century of half marathons. During COVID times, since events were not organised, I learned to run solo around Nehru Park - Shanti Path (Delhi) monitoring the distance on Garmin watch. Some runs were during the organised events or at Seattle (USA), Ajmer, Udaipur and Goa during the family vacations.

After successfully running 199 half marathons (21 kms), I ran my 200th in style by running my 1st Full Marathon (42 kms) at New Delhi Marathon on 25th February 2024. Three months prior to this, I practiced religiously to run few 25 kms, 30 kms and 35 kms distances; so I could cross the finish line of 42 kms (Full Marathon) strongly with a smile without any injury or pain.



As a true runner who always finds excuses to run, I have celebrated various joyful occasions by running a Half Marathon: like birthdays of my family members, Independence and Republic

Days, Holi, Diwali, Founder's Day of SGRH (13th April), Alumni meets of

Alma mater (RNT Medical College

Udaipur and SGPGI Lucknow) to

name a few. I had joined SGRH in

April 1996. Every year we celebrate 13th

April the birthday of Late Sir Ganga Ram

Ji as Founders day. This year, having

completed 28 years at SGRH, I ran 28 kms

at Nehru Park - Shanti Path. I dedicated

this run to the SGRH family: our Found-

er Late Sir Ganga Ram Ji, all the past and

present Trustees and Board Members, for

laying a strong foundation of this prestigious

institute; and all the consultants,

residents and staff members for

living up to the ethos and aspira-

tions of the Founder.

Recently, 19th May 2024, I also successfully completed "Hell Race" (22 kms Half Marathon) at Bir (Himachal Pradesh); which included 9 kms of huge elevation, 9 kms of steep descent on slippery road with 1 km of trail running in deep forest in between the trees. Being the eldest, I was lucky to finish my most difficult HM in one piece with no pain or injury.

With 30 years of Neurosurgical experience and 10 years of Marathon running, I have noticed that some unique qualities coexist in both communities: Meticulous precision, unwavering



focus even in adversity, physical endurance, mental toughness, both push their bodies to the limit, and both rely on precision tools: Neurosurgeons on their surgical instruments and marathoners on their body and training regimes.

Age is just a number. If one decides to come out of his/ her comfort zone, with strength training and consistency, one



can run successfully even above 50 or 60 years of age. To stay pain / injury free, one has to go slow and steady with proper warm up, taking care of hydration, nutrition and stretching after each run. One should not compare with anyone else but compete with the self and see where you were last week/ month/ year and see the progress. One should listen to the body and run according to the feel/ conditions of the body and weather.



Some people stop running after few weeks or months due to slow progress; not realising that slow progress is also a PROGRESS. I have run in all weathers and believe that "There is no such thing as bad weather, just soft people". Now I have to run regularly and get my DOSE of good hormones (D- Dopamine, O- Oxytocin, S - Serotonin, E- Endorphins). Lately, if I am unable to run on Sundays, I have done some HMs even on weekdays: and I have joined the hospital at 8 am with no pain or fatigue.



My success mantra is: To climb सफलता की सीढ़ी (C D)

C is CONSISTENCY & D is DISCIPLINE

"If you have a will, it is very easy, if you have excuses, you never start".

"Pain is temporary, pride is forever"

My aim is to run slow and steady: so that I continue to run next week and next year too. Age is just a number. Forget your age; if you have dreams to achieve, you are still young.

"THE IDEA IS TO STAY AND DIE YOUNG, AS LATE AS POSSIBLE".



Dr. Rajesh Acharya
Co-Chairman & Sr. Consultant,
Department of Neurosurgery,
Sir Ganga Ram Hospital
Completed 225 Half Marathons
(till 31st August 2024)



Blood Ties: A Bond Beyond Relations

Anything happening for the first time in life has its own flavour and memory lingers on for a while. In a doctor's life the first day of internship is something very special. The real feeling of doctor descends with the first touch, first prescription, first sample of medicine from Medical representatives. The sight of blood with the first prick of vein creates a feeling of achievement akin to when you had first paddled the bicycle without support. You literally get a feeling of being on cloud 9. First rush of cerebrospinal fluid from the lumbar puncture needle is no less than striking a water table in a parched land.

I was no different. By dot 9 am I was in emergency ward, my first roster in the unit. Dr. Vinod Thakur a classical Maithil with betel nut stained teeth was House Surgeon with me. he appeared to me no less than dhanwantari directing and controlling the whole emergency ward with gentle cajoling and harsh shouting as the need arose. he welcomed me with gentle smile and put me immediately in to action with some pending paperwork. I was busy in putting details in discharge slip suddenly pandemonium broke out in the whole emergency ward roughly 15 persons barged with howling ladies following them. A young lady was brought on stretcher who was hardly breathing.

I was really impressed by my Boss Dr. Thakur, he immediately took charge of situation talked to the most senior most member of the group, Whole crowd was asked to leave except one male and one female member.
Sister get me 5% dextrose saline and fast.
Jha, prepare one Ampicillin and one chloramphenicol.
Boss, what is the diagnosis, I asked sheepishly.
Get to job fast, Possibly septicaemia following septic abortion.

Abortion induced by local quacks are quite common in rural Bihar with hardly any concept of asepsis these people put young ladies' lives at risk.
Due to shock (Low blood pressure) veins were difficult to get but somehow Dr. Thakur managed to get one.
Fluid was made to rush at full speed like opening all sluice valves of barrage. Body had lost fluid without being replenished. She needed that fluid fast.
Antibiotics injection ready, was pushed through the same line momentarily stopping the fluid.

Record the blood pressure and send sample for haemogram.
Boss, I can't feel the radial pulse.
Get Antecubital (Elbow joint).
Boss I am only getting systolic that also very low.
What do you expect ?
I went about thorough examination of patient.
Pulse. 120/Minute.
BP. Systolic 60mm Hg.
Diastolic not recordable.
Pallor +++

After collecting blood samples we called for an attendant and handed him the sample to get it tested from any pathological lab in Patna. Hospital labs will take a long time. This was routine practice. This was my first day and naturally was upset seeing young girl fighting for life.

Will she make it I enquired.

Possibly NO

Seeing my face Dr. Thakur said "This is your first day You will get used to it. We are not god and don't try to play one" I was amazed by his professionalism. He was only one year senior to me.

Three pints of fluid was pushed blood pressure started responding to fluid load but no sign of consciousness. The girl must be in early twenties. She was appearing that she was sleeping blissfully unless you were aware of seriousness of situation.

By now blood report had come.

There were clear signs of septicaemia.

White blood count was close to 30,000.

Neutrophils gobbling the large share, a sure sign of bacterial infection.

Haemoglobin was 4.5 gm !!!

I rushed with the report to Dr. Vinod, Panic written all over my face.

What happened?

Hb is so low.

She will not die of anaemia.

All this time attending crowd was trying to peep through the window to take stock of situation but as normally happens exhaustion gives rise to indifference. Gradually crowd started thinning. But I could not miss one face he was not ready to leave the window and was constantly watching us with fear, love and anxiety replacing each other by turn. He must be in early 40s. The two attendants with patient turned out to be brother and mother in law.

Brother was in thirties muscular built and with growling moustache. He will keep on pestering me with questions Doctor saheb she will be alright?

All this while he will make twirling movement on his moustache and will cast intimidating look.

We are trying our best but her condition is not good.

He will take deep breath and will look at his sister's face. I thought must be darling of the family.

Send the blood for cross match. we will need at least one unit of blood.

Call the relatives. we will need donors.

With so many accompanying attendants that was no issue My attention was immediately drawn to the brother. I called him and told to donate blood as his sister Savita needed blood to restore Hb and fight the serious infection I was taken aback by his reaction. Suddenly colour drained of his face his shoulders sagged even his moustaches appeared to take downward dive I thought he would collapse. I tried to

explain him the situation and assured him that giving one unit of blood will not make any difference to his health. My mother has told me not to give blood. I have very little blood in my body.

He was almost begging.

I tried to reason out but of no avail.

Meanwhile I started looking for her mother-in-law. She was trying to sneak out of ward when I called for her. She started crying "I am not keeping well. I will die if I donate blood I have young children to look after".

Both of them quietly walked out of room. I went out to look for other relatives but the word had spread like wildfire and all of them found some excuse to desert the place. I was getting irritated. Relationship could be so fragile that it gave way with the load of one unit of blood.

I was now getting angry particularly with the muscular brother. He was maintaining a safe distance from me. To him I appeared no less than Dracula out to suck his blood. I asked the attendant of ward to look for other relatives but no one was there. Only person was left the one keeping constant watch on girl. I called him and told him the situation expecting the same answer.

You can take my life if that saves Guria's life.

But Saheb my blood may not do any harm to her. I am from a lower caste.

Gentle smile crossed my face

Blood has no cast.

We got hold of one unit in lieu of donated blood.

The person who agreed to donate blood was Rabra the family servant. He was only 15 when his father dropped him in Thakur Haveli. He belonged to family of bonded labour denied in existence by Indian constitution practised widely by Indian state. To cut the story short bonded labourers are people who are not able to return loan taken by their ancestors and instead put the lives of all their family members as security.

The day ova meets sperm in the family of these unfortunate people stamp of bondage is inscribed. Rabra was youngest of family of seven I mean surviving siblings. Four of his brothers and sisters were not so lucky to pass the hurdle of childhood diseases.

Thakur saheb was in need of a household help to help ladies in their daily chores. Dhuria was sent for and was asked to send his youngest son to haveli.

Next morning both father and son came and crouched in the court yard. Leave aside proper seat they were not supposed to stand in front of Thakur.

"What's the name" Rabra "Replied Dhuria his father Rabra had got his name from Mr. Robertson a benevolent British officer of that area who had made himself so popular amongst masses that people started keeping their children's name after him Robertson after few local mutations became Rabra So the hero of our story got his name from there Rabra was mostly home bound and used to help in kitchen and used to run local errands for ladies.

One morning when he reported for duty there was quite a commotion in Haveli. Apparently Thakurain (Wife of Thakur Saheb) was taken ill and admitted in hospital. Savita was

only 2 years old. From morning she was looking for her mother and was crying continuously. Her grandmother was not able to handle her. In fact she was getting irritated Rabra could not stand this. He took Savita from her grandmother and started playing antiques which he had learned from his mother to make a crying child smile. For little Savita these were totally new spectre and she got lost so much that in between he made her drink milk also. Her mother also used to take long time in trying to make her drink milk.

In few days bonding became so much that even after recovery of Thakurain Rabra became her nursing mother. How happy he was at her marriage and he started crying so much at her vidai that thakur saheb had to console him. Everything was fine till that ominous morning when news of Savita's serious condition was broken in Haveli. Rabra was the first to volunteer to go to Patna. When he first saw her he almost fainted. There was no sign of life except feeble movement of chest. He started praying to god.

2nd day Savita's general condition stabilised and was shifted to ward. On seeing Rabra laboured smile came on her face. Rabra asked her to relax and not take any undue strain. All these time her brother will maintain a safe distance from me.

After few days in post round meeting Prof. Sinha asked us to discharge Savita. But before that he wanted to give some earful to her relatives "Jha" call her relative.

I went out and brought Rabra inside.

Prof. looked at me with a mixture of insubordination and awe Sir, she has got only one blood relation.

Gentle smile crossed My senior Dr. Thakur's face.

Sir he is the person, only who agreed to donate blood.

Prof. Sinha looked at me "Ok, Smarty! I got your point. Now call her father in law".



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Senior Consultant Vitreoretina Services,
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॥ अहं ॥

नमन्ति फलिता वृक्षा नमन्ति च बुधा जनाः । शुष्ककाष्ठानि मूर्खाश्च भिद्यन्ते न नमन्ति च ॥
(फले हुए वृक्ष झुक जाते हैं और बुद्धिमान लोग विनम्र हो जाते हैं पर सूखी लकड़ी और मूर्ख काटने पर भी नहीं झुकते हैं ।)

अनन्त ब्रह्माण्ड, असंख्य मन्दाकिनियां, अनगिनत निहारिकाएं, अनेकानेक रवि और रजनीश, हमारी कल्पना की पराकाष्ठा से भी विशाल है सृष्टि और सृजनकर्ता, उस परमपिता की ऐसी विराट सत्ता है कि कोई भी नतमस्तक हुए बिना नहीं रह सकता है। हमारा अपना ब्रह्माण्ड शायद अंतरिक्ष की इस वृहद संरचना के मध्य, एक रेत के कण से अधिक कुछ नहीं, तो फिर हमारी प्यारी पृथ्वी के बारे में क्या ही कहें, शायद एक सूक्ष्म बिंदु से भी ज्यादा सूक्ष्म और उससे भी बहुत नन्हा सा हमारा शरीर, साफ और सीधा अर्थ यह है कि हमारा अस्तित्व लगभग नगण्य है। अगर समय के परिपेक्ष्य से भी देखा जाये तो आदि से प्रारम्भ होकर अनादिकाल तक चलने वाला यह असीमित काल इतना विशाल है कि ना जाने कितनी बार ब्रह्माण्ड कि उत्पत्ति और विलय हो चुका है। जो कि हमारी काल गणना की कल्पना के परे है, इस अंतहीन समय रेखा के समक्ष हमारा जीवनकाल एक निमिष मात्र भी नहीं। हम जो जीवन भर अर्जित करते हैं वो तृण मात्र भी नहीं, जो पास में है वो भी कब तक है इसका पता नहीं। अगर चिंतन करें तो समय, दिशा और क्षणभंगुर हो जाने वाली भौतिकता की वस्तुएं, इन तीनों की तुलना में हम कुछ भी नहीं, अगर हम कुछ भी नहीं तो अहं किस बात का और किसको दिखाने के लिए ?

इस अंतरिक्ष की विशालता को लेकर कुछ दशक पहले जब एक बार अपने स्वर्गीय पूज्य पिताजी से चर्चा हुई तो हमने सोचा कि अगर इस पृथ्वी से अनंत अन्तरिक्ष की ओर एक अंतहीन ईंधन से भरे रॉकेट में बैठकर नाक की सीध में यात्रा पर निकला जाये तो भी कभी हम दुसरे छोर तक नहीं पहुँच सकते, इसका कारण यह है कि काल एक अंतहीन रेखा की तरह अनंत की ओर चलता जा रहा है और हम इस लम्बी रेखा पर आये एक बिंदु मात्र से ज्यादा क्या हैं।

एक दो उपाधियां अर्जित कर व चार पैसे कमा कर हमे लगता है कि हम से बढ़कर कोई नहीं, यहां तक की मां-बाप व बड़े-बुजुर्गों की सीख को भी अनसुना कर देते हैं जो आजकल एक आम बात है। युवावस्था के समय जब हमारा शरीर ऊर्जा व उत्साह से परिपूर्ण होता है, तब बड़ों की बात को काट देना या कोई कुतर्क देना हमे अच्छा लगता है। पर इसका भान् भी हमे होना चाहिए कि कोई भी अवस्था स्थिर नहीं रहती है और यह युवावस्था भी एक दिन ढल जाएगी और हम भी भविष्य में उसी अवस्था में होंगे जिसमे आज हमारे बुजुर्ग लोग है। आज आयु के पांचवे दशक में आकर मुझे कई बार ऐसा लगता है कि अगर मेरे माता-पिता जीवित होते तो उनसे कुछ और चीजें सीख लेता, जो किसी भी कारण से उस समय ना सीख पाया (कारण चाहे अहं रहा हो या समयाभाव मुझे याद नहीं)। समाज में अधिकांशतः लोगों को पद, पैसा, पदवी या ज्ञान का अभिमान रहता है। आश्चर्य है कि ज्ञान होने का अहंकार भी मनुष्य को पतन की पराकाष्ठा में पहुंचा देता है, इसका एक

सुन्दर उदाहरण है भगवान राम व रावण का, उनमें एक बड़ा अंतर यह था कि राम जी को 'अहंकार का ज्ञान था' और रावण को अपने 'ज्ञान का अहंकार था' यही कारण था कि उसकी यह गति हुई। आज भी कई बार जब तथाकथित पढ़े लिखे व कुछ बुद्धिमान व्यक्ति जब यह कहते हैं कि फलां कार्य मैंने प्रारम्भ किया या यह कार्य मेरे बिना नहीं हो सकता है तो उनकी इस सोच पर मन हतप्रभ रह जाता है। अलग अलग क्षेत्र के लोग जब कुछ ऊंचाई पर पहुंच जाते हैं तो अहं का प्रभाव दिखाई पड़ता है। ऐसा देखा गया है कि अहं के मुख्यतः सात (कुल, धन, ज्ञान, रूप, पराक्रम, दान और तप) मूल कारण हैं और उन्ही पर हम सब मद (अभिमान) करते रहते हैं।

**कुलं वित्तं श्रुतं रूपं शौर्यं दानं तपस्तथा ।
प्राधान्येन मनुष्याणां सप्तैते मदहेतवः ॥**

हमे इन बातों को संज्ञान में रखकर ही व्यवहार करना चाहिए, जिससे लेशमात्र भी मद ना हो और हम अहंकार रुपी दलदल में ना गिरते चले जाएं। हमें सदैव ही यह स्मरण रहना चाहिए कि परिस्थितियां निरन्तर बदलती हैं और यही शाश्वत नियम है। वर्तमान के बाद भविष्य का आना और समय बीतने पर बदलाव होना तय है, जिस प्रकार वृद्धावस्था के आने से रूप का क्षय होता है। अगर हम विषयों में आसक्त रहेंगे तो जिस भी कामना को तृप्त करने की कोशिश करेंगे, वो हमें गहरे गर्त में डुबाती जाएगी और हमारे सद्गुणों का नाश कर देगी, जैसे तृष्णा के पीछे भाग कर धैर्य का नाश होता है, ईर्ष्या से धर्माचरण का, क्रोध से धन-संपत्ति का, दुष्टों की सेवा करने से शील का, काम-वासना से लज्जा का और अभिमान करने से तो सभी गुणों का अन्त हो जाता है। इस संसार में सुख तो सभी चाहते हैं, पर उसे पाने के लिए भी मेहनत करनी पड़ती है व अवगुणों को त्यागना पड़ता है। अगर व्यक्ति को कल्याण चाहिए तो कम से कम उसे इन छः अवगुणों को त्यागना होगा : ज्यादा नांद, थकान, डर, क्रोध, आलस्य व किसी भी कार्य को बाद के लिए टालमटोल करने की आदत।

**षड् दोषाः पुरुषेणेह हन्तव्या भूतिमिच्छता ।
निद्रा तन्द्रा भयं क्रोधः आलस्यं दीर्घसूत्रता ॥**

सीधा सादा सा अर्थ यह है कि जो व्यक्ति दुर्गुणों से दूर रहता है वो ही कल्याण का भागी होता है, जो इसे नहीं त्यागेगा, उसकी अधोगति होना निश्चित है और उसके लिए वो स्वयं ही उत्तरदायी होगा।

यह सृष्टि किसी के होने या ना होने से नहीं चलती, आज हम हैं कल नहीं होंगे पर यह सृष्टि यथावत चलती रहेगी। विडम्बना यह है कि यह सभी विचार सहस्रों वर्ष पूर्व किसी ना किसी रूप में हमारे विचारकों व दार्शनिकों ने सरल भाषा में जनमानस को सुलभ करा दिये थे, पर

माया का ऐसा चक्र है कि यह ज्ञान हमारी बुद्धि में समझ आने के बाद भी हम वास्तविकता से दूर रहना चाहते हैं और इस संसार की आपा धापी, व कशमकश में सारा जीवन बिता देते हैं। यह माया रूपी मकड़ जाल का चक्रयूह अपने ओर आकर्षित करता रहता और, जब बड़े-बड़े राजे-महाराजे व ऋषि- मुनि ही नहीं बच पाते हैं तो हमारी क्या बिसात। मजेदार बात यह है कि सवेरे उठने के बाद हमारी नींद तो नित्य ही खुल जाती है पर हमारी ज्ञान की आँख कब खुलेगी यह जानने का प्रयास हम नहीं करते हैं, जो कि एक चिंता का विषय है। चर्मचक्षुओं की अपनी एक सीमा है और यह नेत्र इस संसार की स्थूल वस्तुओं व इस नीले रंग के आकाश तक ही देख सकती है, पर उसके आगे अवकाश में देख पाना असंभव है। वहीं दूसरी ओर ज्ञान से उत्पन्न होने वाली अंतर्मन की दृष्टि के लिए कुछ भी देखना असंभव नहीं है।

यह महा पवित्र भारत भूमि ही है जहाँ विराट सोच का जन्म होता है, यहाँ सारी मानवता, प्रकृति व ब्रह्माण्ड की शांति के बारे में सोचते हैं। हमारे मनीषियों के प्रेममय चिंतन से ही 'वसुधैव कुटुंबकम्' की विराट सोच का प्रस्फुटन हुआ, यह विचारधारा हमें विरासत में मिली है एवं प्रत्येक भारतीय के संस्कार व गुणसूत्रों में समाहित है। हम कहीं भी रहें यह मानवता वादी दृष्टिकोण निरंतर हमें लोक कल्याण की ओर प्रेरित करता रहता है। हम भारतीय लोगों में एक विशिष्ट भाव है कि हम सभी लोगों को एक भ्राता हैं सदृश भाव से देखते हैं, जिसका उदाहरण है कि जब भी हमें रिक्शे वाले, टैम्पो, या किसी भी अज्ञान व्यक्ति से बात करनी होती है तो भैया, भाई या बहनजी करके ही उद्भाषित करते हैं। बस या ट्रेन में भी कह देते हैं भैया जरा जगह देना, क्योंकि हम सभी को भारतीय परिवार का सदस्य मानते हैं। बात तो छोटी है पर सोच बड़ी विराट, ऐसा शायद ही कहीं और संभव है।

उस परम सत्ता यानी ब्रह्म ज्ञान को जानने का पथ अध्यात्म है, लेकिन यह मार्ग सरल नहीं है। विषयों पर नियंत्रण व अभिमान का दमन करना पड़ता है। इस विराट आकाश में मुरलीमनोहर भगवान श्रीकृष्ण ही अकेले ऐसे व्यक्तित्व हैं जो धर्म की परम गहराइयों और ऊँचाइयों पर स्थित रह कर भी ना तो प्रसन्न दिखाई देते हैं और ना ही दुखी, अर्थात् एक पूर्ण सम भाव। श्रीकृष्ण पूर्ण रूप से अद्भुत समन्वय के प्रतीक हैं, उनके चरित्र में प्रत्येक परिस्थिति में धर्म का रक्षण व उसकी स्थापना परिलक्षित होती है, यहाँ तक कि आवश्यकता पड़ने पर उन्हें युद्ध को स्वीकार करने में भी कोई झिझक नहीं होती। एक हाथ में बाँसुरी की मधुर तान और दूसरे हाथ में अचूक सुदर्शन लेकर एक ओर ज्ञान देकर अंतर्मन को शुद्ध चित में परिवर्तित करते हैं और कर्तव्य मार्ग पर मोड़ देते हैं तो वहीं दूसरी ओर महायुद्ध में महा-इतिहास रचते हैं, इस सकल संसार में ऐसा कोई अन्य व्यक्तित्व नहीं हुआ। श्रीकृष्ण के चरित्र में कहीं किसी प्रकार का निषेध नहीं है, जीवन के प्रत्येक पल, पदार्थ, अप्रत्याशित घटना या किसी भी विषम परिस्थिति को समग्रता से सहर्ष स्वीकार करने का भाव, उनके चरित्र की विशालता का दर्पण है, वे प्रेम करते हैं तो पूर्ण रूप से, मित्रता करते हैं तो पूर्ण, और जब कोई और मार्ग ना हो तो युद्ध स्वीकार करते हैं तो भी पूर्ण रूप से। अथक परिश्रम व संतुलित रहकर अपनी श्रेष्ठता सिद्ध करते हुए साधारण मानव जीवन से ऊपर उठकर देवत्व की पराकाष्ठा पर जा विराजते हैं। जब भगवान हो कर भी अहंकार का तनिक भी अंश नहीं है तो फिर हम लोगों में तो बिल्कुल भी नहीं होना चाहिए।

भगवती काली का अकल ब्रह्माण्ड हो या मां तारा द्वारा प्रदत्त सकल ब्रह्माण्ड, सृजन- पालन - विलय का क्रम यूँ ही निरंतर चलायमान रहता है। इसी प्रकार जीवन-मृत्यु का कॉलचक्र भी अविरल-अथक चला आ रहा है और चलता रहेगा। हम आज है कल नहीं, आज जो कुछ भी हमारा है कल नहीं होगा, अगर यह विचार शास्वत है तो दिखावा किस बात का और अहं किसके लिए? आज जो कुछ भी कार्य हम कर रहे हैं उसी का प्रतिफल भविष्य में मिलेगा और हमारी नियति तय हो जाएगी। हम जो भी हैं उसके उत्तरदायी हम स्वयं ही हैं और कोई नहीं। अच्छे बुरे विचार तो हमारे मन में समुद्र की लहरों की भाँति निरंतर आते रहते हैं। अब यह हमारी बुद्धि के विवेक पर निर्भर करता है की क्या ग्रहण करना है और क्या छोड़ना है। यह सोचने वाली बात है कि हमारी सूक्ष्म बुद्धि के गर्भ से अनेक अच्छे विचारों तथा सद्गुणों का जन्म होता है पर जन्म लेते ही अभिमान का कंस उन्हें मिटा देता है। ऐसे में विषधर रूपी विषयों पर पैर रखकर कान्हा की तरह उनका दमन करना चाहिए। अलग अलग क्षेत्र के लोग जब कुछ ऊँचाई पर पहुँच जाते हैं तो अहं का प्रभाव दिखाई पड़ता है। अभिमान की शक्ति नकारात्मक होती है जो देवताओं को भी दुष्ट बना देती है जबकि नम्रता की शक्ति सकारात्मक होती है जो कि साधारण व्यक्ति को भी देवता समान बना देती है।

ऐसी अवस्था में बुरे व मद भरे विचारों का आना स्वाभाविक है पर यह हमारी बुद्धि पर निर्भर है हमें कैसा बनना है। इसलिए ऐसा प्रयास करना चाहिए कि सभी विषयों पर नियंत्रण हो और अहं बिल्कुल ना पैदा हो। एक बार यह साध लिया तो उर्ध्वगति निश्चित है, फिर सारी सृष्टि ही उसके उत्थान में सहयोगी हो जाती है, इसलिए अहं ना करना ही श्रेष्ठतम है।

इस लेख को लिखने की मंशा इसलिए हुई क्योंकि भाग दौड़ में हम अपने आपको व निजी स्वभाव को भूलते जा रहे हैं। मंतव्य यह है कि इसे पढ़ने के बाद भागदौड़ की जीवनशैली में अगर किसी एक व्यक्ति का भी मन परिवर्तित हो गया तो इन शब्दों की माला को मूर्त रूप मिल जायेगा।

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लिफ्ट से उतरने के लिए

वक्त की कगार पर थोड़े सपने हार कर
थोड़ी बातें याद कर एक नई मिसाल पर
तुम खड़े, हम खड़े लिफ्ट से उतरने के लिए ॥

सच को खेल पसंद नहीं ये जो है, ये सच नहीं ।
ख्वाब की इस दुनिया से एक बार सवाल कर ।
सोच लिए अपनी ये तुम खड़े, हम खड़े
लिफ्ट से उतरने के लिए ॥

सामने जगह नहीं आने वाला रुका नहीं ।
इंतज़ार हुआ नहीं दरवाज़ा जब खुला यहीं ।
दौड़ कर चढ़ने को बड़े आगे जितने लोग खड़े
तुम खड़े, हम खड़े लिफ्ट से उतरने के लिए ॥

लिफ्ट की ये बात नहीं जीवन की हर राह यही ।
सड़कों पे बत्ती लाल हुई मचा जैसे बवाल कोई ॥
निकल रहा समय कहीं खड़े हुए हैं हम यहीं
किसी को ये पता नहीं जाना कहाँ, कहाँ नहीं ॥

आने की जल्दी में जाने वालों की कदर नहीं ।
अपना वक्त आया जब सोचा सबने बस तभी ।
तुम खड़े, हम खड़े लिफ्ट से उतरने के लिए ॥

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क्षणिकाए

कैच

क्रिकेट खिलाड़ी की प्रेमिका,
तो शादी के लिए राजी थी.
परंतु उसका बाप रूठ गया.
यानी हाथ में आया हुआ कैच
छूट गया!!

शाम का खाना

जब तक शाम को मैं घर नहीं पहुंचता,
मेरी पत्नी ना कुछ खाती ना पीती है,
यूं ही भूखी प्यासी बैठी रहती है,
इसका कारण मैं आपको बताता हूं,
क्योंकि शाम का खाना मैं ही पकाता हूं!!

कब है होली

गब्बर सिंह,
अब खुद को ही मार ले गोली,
पल-पल रंग बदलती रही दुनिया,
और तू पूछ रहा कब है होली? !!

दया

एक कविवर मित्र से,
मैं मिलने गया
पास बैठी थी उनकी पत्नी,
श्रीमती दया।
देखते ही बोले,
क्या हाल-चाल है
कुछ तो बताइए !
हम तपाक से बोले
सब ठीक,
बस आपकी दया चाहिए!!

कौमा - पूर्ण विराम

हिंदी के अध्यापक,
अस्पताल में कर रहे आराम,
कोमा में है,
लग सकता है,
पूर्ण विराम !!

Dr. Prasoon Gupta
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Marital Hilarty

In the morning light, they rise and shine,
He's looking for socks, she's lost in her mind.
She laughs at his tie, always askew,
He grins at her hair, a wild morning dew.

In the kitchen, a dance, their daily show,
He's burning the toast, she's coffee's flow.
"Did you feed the dog?" she shouts from afar,
He's forgotten again, just like the car.

They argue on GPS, left or right,
Both swear they know the best route tonight.
She rolls her eyes at his manly pride,
He shrugs, "It's quicker if you let me decide."

Dinner's a spectacle, quite the affair,
He's over-seasoning, she's pulling her hair.
Yet somehow they laugh, amidst the culinary war,
Their love's in the chaos, they never feel bored.

On movie night, a classic scene,
She wants romance, he's keen on action between.
They compromise on a sitcom re-run,
Both falling asleep before it's done.

Disagreements galore, they bicker all day,
He says blue, she says gray.
The thermostat war, a daily bout,
She's freezing, he's sweating, there's no doubt.

"Who left the seat up?" she yells with a frown,
He's busy denying, while flushing it down.
He swears he's right, she knows he's wrong,
Yet somehow their love just plods along.

Parenting's chaos, a comedic race,
Sticky fingers and a chocolate-smeared face.
"Your turn for diapers," she quickly declares,
He's vanished again, lost somewhere upstairs.

Homework battles and bedtime pleas,
"Just one more story, Dad, pretty please?"
She's the rulebook, he's the fun,
Together they're raising their little ones.

The kids' questions, endless, a constant spree,
"Why's the sky blue? Why's the fish in the sea?"
They glance at each other, eyes filled with mirth,
Parenthood's madness, the craziest on Earth.

In the end, it's all in jest,
Two halves of one crazy, loving nest.
At the day's end, they lay side by side,
All bickering forgotten, hearts open wide.

She steals the covers, he hogs the bed,
Yet dreams intertwine, in the space that they've shared.
In love's crazy dance, they find their way,
A husband and wife, come what may.

Dr. Mahima
Associate Consultant & Poet
Department of Anesthesia
Sir Ganga Ram Hospital



Founder's Day Celebration : A Tribute to Sir Ganga Ram!

Sir Ganga Ram Hospital held its Founder's Day Celebration on 13th April 2024 in the back grounds of the hospital. It was a majestic day, the stage was magnificently set and the celebration was a day to remember.



The history of Sir Ganga Ram Hospital is often intertwined with the stories of its founder – Rai Bahadur Sir Ganga Ram (13 April 1851 – 10 July 1927), a visionary philanthropist who recognized the need for medical care and took the bold step to establish a healthcare facility which has today evolved into a cornerstone of advanced medical care, health and wellness in the country and community.



The Founder's Day Celebration at SGRH, which is held every year is a significant occasion and serves as a reminder of the pioneering spirit of the founder and forefathers of the hospital. It also is tribute to the efforts laid to overcome the challenges to bring their vision to fruition. This celebration is not just a tribute to the founders but also an opportunity to reflect on the progress, achievements, and impact of the hospital on the community it serves.

As has been the tradition, the day began with floral tributes and garlanding of the grand statue of Sir Ganga Ram in the forecourt of hospital premises.

Employees across ranks including members of the board of management, consultants, nurses and administrative and support staff paid their homage to the founder of this great Institution.



All the invitees then proceeded to the venue function inside a splendid canopy with a beautifully decorated stage and a large seating area to accommodate a large enthusiastic gathering. The invited chief guest of the function was Dr. Jitendra

Prasad, Additional Director General Health Services, Government of India. He was warmly welcomed by members of the Board and the audience alike.



After the lamp lighting, in his inaugural address, while welcoming the chief guest, Prof (Dr.) D.S. Rana, Chairman of Sir Ganga Ram

Trust Society highlighted how Sir Ganga Ram Hospital has evolved over the years starting with a humble beginning to achieving its current stature of a doyen in Indian healthcare.



This was followed by the Hospital Report by Prof. (Dr.) A j a y Swaroop. The marvellous achievements and the great s t r i d e s

achieved by Sir Ganga Ram Hospital over the year were like a music to the ears.



Campus Bytes!

Mrs. Sujata Sharma, Vice Chairperson, Sir Ganga Ram Trust Society then spoke of the magnanimity and genius of Sir Ganga Ram Ji. Her lucid talk took the audience back into the golden yesteryears when the hospital was just established and how it grew steadily in the decades to come.



The chief guest Dr Jitendra Prasad in his speech lavishly praised the Hospital and its Management for the outstanding work it has done over the years. He aptly



highlighted the genuine social service done by Sir Ganga Ram Hospital in providing world class care nearly free of cost to the underprivileged sections of the society. The narratives were powerful reminders of the hospital's purpose and the difference it makes in the community. The chief



guests' address was followed by book releases including the release of 3rd issue of the GRIMER Newsletter by dignitaries present on the dais. Awards of merit were presented to various faculties, students and employees with outstanding contributions or long years of service.



The program ended with a vote of thanks by Prof. (Dr.) Jayashree Sood, Vice Chairperson, Board of Management and a colourful and delightful cultural programme performed by several members and children of the hospital staff.



Between the festivities, the jubilant awardees gleamed for a group photograph, while colleagues mingled over a delicious lunch which was served at the venue. It was indeed a joyful-day for the proud faculties and staff of Sir Ganga Ram Hospital.



As we celebrated the Founders Day, we were aptly reminded of the profound impact that a single visionary can have on the well-being of a community. It was a testament to the power of dedication, innovation, and collaboration in the pursuit of better health for all.

Dr. Shrihari Anikhindi
Associate Consultant
Gastroenterologist,
Sir Ganga Ram Hospital



The Night Watchmen and Women: How Residents Cope Up With Night Duties

Many of us have spent our childhoods hearing the nocturnal catchphrase 'JAAGTE RAHO' by our neighbourhood watchman. Who would have thought 'JAAGTE RAHO' would become our motto during night duties. Every medical college has a different breed of residents who deal with night duties differently.

To name a few there are-

- 1) The 'Sada Satark' resident
- 2) The 'Zoned Out' resident
- 3) The 'Nightly Party Animal' resident
- 4) The 'Mere Sath Hi Kyu Hota Hai' resident

Read on to find out which one are you

1) The 'Sada Satark' resident

The one who takes literally 2 minutes to reach from one hospital corner to another whenever he/she is required. These species have coffee running in their vessels instead of RBCs. Easily identified by hyper-adrenergic state, electronically charged hair follicles and popped out eyes.

2) The 'Zoned Out' resident

This breed has a standard dialogue/answer when ever the pager rings, 'drip lagao, aa raha hu'. But when will be the arrival of the resident remains a mystery hard to solve. Famous for being extremely slow and are capable to give a tough competition to a sloth.

3) The 'Nightly Party Animal' resident

Such species are famous for being infamous and are usually found on top of parking floors fully equipped with every 'prop' to make sure the night duties are anything but boring. Fondly loved by everyone but often gets in trouble for breaking rules. But then rules are meant to be broken right?

4) The 'Mere Sath Hi Kyu Hota Hai' resident

This breed is often seen cribbing about even the slightest of the inconveniences. Usually found with teary eyes along with over activation of Depressor Anguli Oris muscle with a perennial question, 'why me?'. They suffer from deficiency of hugs and treats but function just fine when showered with TLC (travel love care).

Even though residency is considered to be the toughest phase to become a specialist doctor but it will be fondly remembered by all of us. Every resident is special in their own way and have different coping mechanisms to deal with stress. Everyone has their own unique way to deal with difficult residency night duties. While there is no right or wrong way, I'd like to say 'you do you' and enjoy life with a pinch of salt (and vodka or lemonade)

Dr. Chahat Verma
Resident,

Plastic and reconstructive Surgery
Sir Ganga Ram Hospital



ये गंगाराम हॉस्पिटल है। यहां कभी कोई भूखा नहीं रहता!

एक दिन मेरे कंसल्टेंट ने बुला कर मुझसे कहा था,
“ये गंगाराम हॉस्पिटल है मैडम, यहां कभी कोई भूखा नहीं रहता!”

ओपीडी में जाओ तो मिले गरमा - गरम चाय की चुस्की, ☕
और करारे करारे समोसे मारे लाल चटनी में डुबकी; 😊

पहली बार कोई सर्जरी करे तो बांटे वो मटर कचौरी,
नई बिल्डिंग के हवन पर मिले थे सबको चना और पूरी; 🙏

एमआर की बचत यहां फिक्स मेन्यू हमेशा, 🍕
खिला खिला कर मन और धन जीतने का उनका पेशा; 💰

ऑडिटोरियम में लंच की खबर अगर सुनने में आये, 📢
जूनियर को बैठा कर ओटी से भी भागते-भागते सब जाएं; 🏃

बचपन से सिर्फ चॉकलेट केक खाया, 🍪
यहां ब्लूबेरी केक, रसमलाई केक, ना जाने कहां से मंगाया! 🍌🍌

कैयों की जुबान पर कॉफी का राज था,
नागोरी की चाय के आगे तो कॉफी भी नाकाम थी! 👑

पसंद के पकौड़े खा-खा कर लगता बड़े हुए सब यहाँ, 🍽️
फिर सोचते हम, क्यों है दिल्ली गैल्स्टोन्स का जहाँ? 🤔

सभी की डाइट और जिम रह जाती है साइड-ट्रैक, 🏋️
हल्दीराम से अगर आये श्याम के टाइम कोई स्नैक! 🍷

यहां सब साथ-साथ जैसा एक परिवार, सबकी जिह्वा बड़ी चटोरी,
फिर कैसे गंगाराम जैसी जगह में भूखा रहे कोई? 😞

Dr. Tanushree Nahata
DNB Resident,
Dept of Laparoscopic,
Laser and General Surgery
Sir Ganga Ram Hospital



“Embracing Change: A Call to Action” (Ensuring the Safety and Well-Being of Our Medical Professionals)

In light of the tragic loss of a fellow doctor at a government medical college in Kolkata, the health care community finds itself grappling with profound sorrow and an urgent need for change. As a resident medical doctor, I am deeply affected by this incident, which underscores the perilous circumstances under which our medical professionals operate. It is essential that we respond not only with condolences for the family but also with a vigorous commitment to enhancing the safety and working conditions of doctors everywhere.

The recent events have sparked an important dialogue about the multifaceted challenges that healthcare workers face daily. Physicians are not only tasked with saving lives but also with ensuring their own safety while serving the community. It is unacceptable that healthcare professionals, who dedicate their lives to healing others, must constantly navigate a hostile environment that endangers their well-being.

We must advocate for better protection for doctors in the workplace. This includes establishing policies that ensure adequate security measures within hospitals, particularly in emergency departments, which are often the front lines of patient care. Enhanced security personnel, surveillance systems, and emergency response protocols are essential steps to safeguard our doctors as they fulfill their duties.

Moreover, access to basic amenities such as duty rooms, refreshments, and a supportive work environment cannot be overlooked. Currently, many healthcare facilities fail to provide comfortable spaces for doctors on call. A dedicated duty room equipped with essential amenities would allow for necessary rest and recuperation, ultimately leading to decreased burnout and increased focus during critical care. Access to healthy refreshments can also contribute to maintaining both physical and mental well-being, facilitating better patient care.

A congenial work environment is crucial in promoting job satisfaction and reducing stress among medical professionals. This can be achieved through fostering a culture of respect and support among all hospital staff. Encouraging open communication between administration and healthcare workers can lead to a more collaborative atmosphere, where concerns are addressed promptly and adequately.

Let us unite to create a healthcare system that prioritizes the safety and well-being of its practitioners. In memory of our fallen colleague, we must strive to implement robust measures that ensure the protection and support of our medical professionals. It is not just a matter of policy but a moral imperative—physicians deserve to work with a sound mind and body, free from the fear of violence and neglect, in order to provide the care that our society urgently needs.

In conclusion, we must advocate for change collectively, pushing for legislative and institutional reforms that create a safe and supportive environment for all healthcare workers. Our ability to heal is contingent upon our own safety and well-being; together, let's honor our commitment to this sacred profession by ensuring that no doctor ever has to sacrifice their safety for the sake of their calling.



Dr. Kannan Sivaraj
Senior Resident and Philosopher,
Department of Medical Genetics
Sir Ganga Ram Hospital



Freedom At Midnight

Srinagar, Kashmir, October 24, 1947

The ceremony in the brilliantly illuminated Durbar Hall of the palace of the Maharaja of Kashmir in Srinagar marked the legendary nine-day struggle of the goddess Durga. As his ancestors had done for a century, Hari Singh, Maharaja of Kashmir, closed the 1947 festival on the evening of October 24 by receiving a ritual pledge of allegiance from the nobles of his state.

While the nobles of Kashmir were performing their ritual act of obeisance to their ruler in Hari Singh's brilliantly illuminated Durbar Hall, another group of men were forcing their way into a machinery-packed room fifty miles east of Srinagar, on the banks of the Jhelum river. One of them strapped a clump of dynamite sticks to a panel cluttered with levers and dials. Shouting a warning, he fired it with a match and ran out of the building. Ten seconds later, an ear-splitting roar shook the power station of Mahura. As it did, from the borders of Pakistan to Ladakh and the mountain walls of China, the lights went out.

In one terrifying stroke, the hundreds of bulbs glittering in Hari Singh's crystal chandeliers blinked out, plunging his palace into darkness.

For the past forty-eight hours hundreds of Pathan tribesmen had been spilling into Hari Singh's state to put an end to his dream of independence. The private army he had counted on to defend him had, for the most part, either deserted to the invaders or disappeared into the hills.

Pakistan August - Sept, 1947

The origins of that brutal and unannounced assault almost certainly lay in an innocent request made two months earlier, on August 24, by Mohammed Ali Jinnah to his British Military Secretary. Exhausted by his weeks of difficult negotiation, weakened by the unrelenting disease in his lungs, Jinnah had decided that he needed a vacation. He instructed his secretary, Colonel William Birnie, to go to Kashmir and arrange for him to spend two weeks resting and relaxing there in mid-September.

The British officer, nonetheless, returned five days later with an answer that stunned Jinnah. Hari Singh didn't want him to set foot on his soil, even as a tourist. To Jinnah it seemed inconceivable that Kashmir with 3/4th muslim population could become anything but a part of Pakistan.

In September, Liaquat Ali Khan convened a secret meeting of a select group of collaborators in Lahore to decide how to force the Maharaja's hand. It was decided to send the dangerous hordes of Pathan tribesmen of Northern Frontier to Srinagar. It would force the swift fall of the maharaja and the annexation of his state to Pakistan. And by offering the tribesmen the opportunity to loot the bazaars of Kashmir, their covetous eyes could be kept off the bazaars of Peshawar. The operation must be a complete secret.

Pakistan - Kashmir Frontier, October 22-24, 1947

Its lights out, its motor cut, the Prewar Ford station wagon slid through the glacial night to draw to a stop a hundred yards from the bridge. Behind it stretched a chain of dark shadows, a column of trucks each filled with silent men. In the station wagon, Sairab Khayat Kahn, a twenty-three-year-old leader of the Moslem League's Green Shirts, nervously picked at the tip of his flaring mustache. The territory of the state of Kashmir lay at the other end of the bridge before him.

Eyes fixed to that bridge, he watched for the flare that would tell him the Moslem troops of Hari Singh's army on the other side had mutinied, killed their officers, cut the telephone line to Srinagar and seized the guard at their end of the bridge. Suddenly he saw it cut an arc against the black sky. Sairab Khan started his station wagon and lurched across the bridge. The war for Kashmir had begun.

A few minutes later, his column rolled unopposed into the customs shed of the little city of Muzaffarabad.

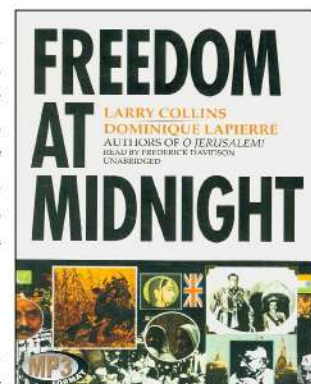
The route to Srinagar lay open before the Pathans, 135 miles of paved, undefended road. With the first light of dawn, thousands of Pathan tribesmen would sweep into the sleeping capital of Hari Singh. Sairab Khayat Khan and his advance guard would overwhelm the palace. He would, he thought, bring the Maharaja his breakfast tray, and with it the news that was going to fly around the world on this twenty-second of October, 1947. Kashmir belonged to Pakistan.

New Delhi, October, 1947

The first news of the tribal invasion of Kashmir reached New Delhi via a most unorthodox channel of information exchange between the British officers across the border, more than forty-eight hours, after Sairab Khan's advance guard had seized the key bridge over the Jhelum river.

Mountbatten received the news as he was dressing for a banquet. When the last guest had left, he asked Nehru to stay behind. The Prime Minister was stunned by the news.

The following afternoon, October 25, a Royal Indian Air Force DC-3 put down on the abandoned dirt strip of Srinagar airport. It carried V. P. Menon, the civil servant who had presided over so many princely accessions to India, Colonel Sam Manekshaw of the Indian Army, and an air force officer.



The decision to send the three men to Srinagar had been taken by an extraordinary meeting of the cabinet's defense committee that morning. The committee had been confronted with a plea for help from the beleaguered Maharaja. Mountbatten had realized that military intervention was likely. Determined that it should have a legal framework, he had convinced his government that India should not send her troops into Kashmir until the Maharaja had officially acceded, thus making his state legally a part of India.

V. P. Menon was ordered to Srinagar to present the Cabinet's terms to the Maharaja, while the officers accompanying him studied the military situation. As they departed Lord Mountbatten set in motion the preparations for an historic airlift to Kashmir. He ordered all India's civil air transport to leave their passengers wherever they were and head for Delhi.

As soon as they had returned to Delhi, V. P. Menon and the two officers who had accompanied him to Srinagar made their report to another meeting of the Cabinet's defense committee. Their words made for somber listening. The Maharaja was ready at last to present Kashmir to India, but the Pathan raiders were only thirty-five miles from Srinagar and could at any moment seize the only airport in Kashmir in which India could land her troops.

Mountbatten, prompted by the Indian Cabinet, ordered an airlift to start flying troops to Srinagar at dawn the following morning, as there was no night flying capability with the Indian airforce at that time. Every available transport in the country, civil and military, was to be used in the effort.

V. P. Menon was back in his Delhi residence late on the evening of that same Sunday, October 26, where Alexander Symon, Britain's Deputy High Commissioner, joined him for a drink a few minutes after his return. The jubilant Menon poured them each a stiff drink.

"Here it is," he said. "We have Kashmir. The king signed the Act of Accession. And now that we've got it, we'll never let it go."

India would be true to V. P. Menon's promise. The 329 Sikhs of the First Sikh Regiment and eight tons of materiel landed by nine DC-3's on a miraculously empty Srinagar airfield at dawn, Monday, October 27, were the first installment in an uninterrupted flow of men and materiel that India would pour into Kashmir. The gallantry shown by the First Sikh Regiment in holding on to the vital airstrip for the next week, till further re-enforcements arrived is legendary. Eventually 100,000 Indian soldiers would fight in the snowy highlands that had been paradise for so many trout fishermen and hunters of the elusive ibex.

Srinagar, Kashmir, October, 1947

Curiously, it was not so much to military genius that the Indians would owe their initial success in Kashmir, as it was to fourteen French, Scottish, Spanish, Italian and Portuguese nuns of the Franciscan Missionaries of Mary.

By pausing to sack their convent in the little city of Baramullah only thirty miles from Srinagar, when they should have been driving on the capital of Kashmir and its vital airfield, the Pathan raiders would end Jinnah's dream

of joining Jehangir's beloved vale to his nation. All day, Monday, October 27, while the First Sikhs secured their fragile hold on Kashmir's only airport, the Pathans in Baramullah were giving vent to their ancient appetites for rape, loot and pillage.

By the time the Pathans resumed their attack it was too late. The Indians halted their advance. Then, when the first Indian armored cars arrived over Radcliffe's road they routed the raiders in a pitched battle at Shalateng, near Srinagar, driving them all the way back to Pakistan.

The above description is a modified and abridged version of the chapter 'Kashmir Only Kashmir' taken from the book "Freedom at Midnight" by Larry Collins and Dominique Lapierre. This book is a gripping and detailed account of the final year of British rule in India, culminating in the country's independence and partition in 1947. The book is a masterpiece of narrative history, combining meticulous research with a storytelling style that brings the events and personalities to life.

The authors delve into the political manoeuvres, personal dramas, and tragic violence that accompanied the end of the British Raj. Through vivid portrayals of key figures such as Lord Mountbatten, Mahatma Gandhi, Jawaharlal Nehru, and Muhammad Ali Jinnah, the book offers a multi-faceted view of the complex and often contentious process of decolonization.

One of the book's strengths is its ability to convey the human dimension of historical events. The personal anecdotes and lesser-known stories interspersed throughout the narrative add depth and nuance to the historical record.

While "Freedom at Midnight" has been praised for its engaging prose and comprehensive coverage, it has also faced criticism for its occasionally romanticized portrayal of British figures specifically Mountbatten.

Overall, "Freedom at Midnight" is a compelling and informative read, offering a well-rounded perspective on one of the most significant events of the 20th century. The authors' ability to blend historical rigor with narrative flair makes it a standout work in the genre of popular history.

Post Scriptum

A more holistic view of the Kashmir events highlighting the Indian perspective can be achieved by the following two wonderful books

1. 'Slender was the Thread' by Lt. Gen L.P. Sen
2. 'The Story of the Integration of Indian states' by V.P. Menon

Dr. Anubhav Gupta
Senior Consultant and Avid Reader
Department of Plastic
and Reconstructive Surgery,
Sir Ganga Ram Hospital



Awards & Publications

CONFERENCES AWARDS

Senior Residents

Dr. Asha (DNB Senior Resident, Department of Chest Medicine)

- 1st Prize for “Post Graduate Quiz” at “8th National Conference of Thoracic Endoscopic Society (TESCON)” 2024, held at Jaipur.

Dr. Ankita Sharma (DrNB Senior Resident, Department of Neurology)

- 2nd Prize for “Poster Presentation” at “3rd National Symposium on Genetic Disease Conference” 2024, held at R and R Army Hospital, New Delhi.

Consultants

Dr. Abinav Guliani (Consultant, Department of Chest Medicine)

- Awarded as “Assembly Education Award”, for “Radical Endobronchial Ultrasound for Peripheral Pulmonary Lesions” at 27th Annual Conference of Asia Pacific Society of Respiriology, 2024, held at Singapore.

Dr. Shivam Khare (Associate Consultant, Department of Institute of liver Gastroenterology & Pancreatic Biliary Sciences)

- Awarded as 1st Prize for “Plenary Session” at “ENDOCON”, 2024, held at New Delhi.
- Awarded for the “Presentation Among Top Five Endoscopic Video Presentation” in the “International Image Enhanced Endoscopy, Endoluminal Surgery and Third Sace Endoscopy”, 2024, held at Pune.

Dr. Arjun Maria (Associate Consultant, Department of Paediatric Gastroenterology)

- Awarded as “SRS Rising Star Award” at Paediatric Hepatology, awarded by “Indian Society of Paediatric Gastroenterology Hepatology and Nutrition,” 2023.
- Awarded as “Preceptorship Award” at “Singapore Hepatology Conference”, 2023, held at Singapore.
- Awarded as “Young Investigator Award” by “European Society of Paediatric and Gastroenterology Hepatology and Liver Transplant”, 2024, held at Milan, Italy.

Dr. Raghav Seth (Associate Consultant, Department of Interventional Radiology)

- Awarded as 1st Prize in “National Indian Society of Vascular and Intervention Radiology Complication Meet” for Peripheral Vascular Category, 2024, held at Aurangabad, Maharashtra.
- Awarded as 3rd Prize in “National Indian Society of Vascular and Intervention Radiology Complication Meet” for Neuro Category, 2024, held at Aurangabad, Maharashtra.

Publications

1. **Dhamija A, Guliani A, Basu AK.** Endobronchial ultrasound-guided intranodal forceps biopsy (EBUS-IFB) using 19G needle tract: First case series from India. Lung India. 2023;40(3):285-288.
2. **Sam KS, Khosla P, Taneja V, Dessai R.** Casirivimab-imdevimab monoclonal antibody treatment for an immunocompromised patient with persistent SARS-CoV-2 infection: a case report. Commun Med (Lond). 2024;4(1):103.
3. **Sam KS, Khosla P, Taneja V, Dessai R.** Unilateral skin eruptions. BMJ. 2024 Mar 14;384:e076281.
4. **Kuchibhotla S, Sachdev A, Rudrappa S, Joshi R.** Veno-venous ECMO with Bicaval Cannula for Refractory Hypoxemia in a Child. Indian Journal of ECMO 2024;2(1):9–12.
5. **Kumar A, Arora A, Choudhury A, Arora V, Rela M, Sharma P et al;** APASL ACLF Research Consortium (AARC) for APASL ACLF Working Party. Impact of Diabetes, Drug-Induced Liver Injury, and Sepsis on Outcomes in MAFLD-Related Acute-on-Chronic Liver Failure. Am J Gastroenterol. 2024 Jul 17.
6. **Khare S, Arora A, Varghese J, Kumar A, Jain S, Anikhindi S, et al.** Endoscopic Ultrasound-Guided Liver Biopsy (EUS-LB): An Endoscopic Solution to the Unmet Needs of Liver Tissue Acquisition and Beyond. J Digest Endosc. 2024;15:110–115.
7. **Khare S, Imamuddin I, Arora A, Kumar M, Kumar A, Ranjan P, et al.** Endoscopic Submucosal Dissection for Epithelial Lesions of Digestive Tract: A Real-Life Experience from a Tertiary Center in Delhi. Journal of Digestive Endoscopy 2024;15(01): 059-104.
8. **Ahmad MF, Aggarwal N, Ganger A, Aggarwal R, Gupta D, Jha SN.** Evaluation of change in macular thickness and ganglion cell layer thickness after inferior oblique weakening procedures. Indian J Ophthalmol 2024;72:754-755.



BACK PAGE STORY

Digital Art

By Dr. Ashik Suresh Kumar

DNB Resident

Dept. of Laparoscopic, Laser and General Surgery

Drawn on iPad with Apple Pencil is contemporary digital art work



