

THE MEDICAL GAZETTE

Health For All is a basic human right that needs to be protected at all costs by those who matter. Pakistan Medical Association is doing its bit in this regard and hopes that others will join hands sooner rather than later.

PAKISTAN MEDICAL ASSOCIATION

MONTHLY Regd. No.SS-88 Vol.XXXVII No. 97-37 CONTROLLED CIRCULATION Rs. 20.00 January 5, 2023

PMDC is back, but a lot remains, reminds PMA

GAZETTE REPORT

THE Secretary-General of Pakistan Medical Association (PMA) Center, Dr Abdul Ghaffar Shoro, has said that while it was a move in the right direction that Pakistan President Dr Arif Alvi has finally assented to the Pakistan Medical and Dental Council (PMDC) Bill, 2022, making it an Act of Parliament, it is too early to rejoice because the mere reversal of nomenclature is not what the PMA has been demanding for long. Things will only improve when the PMDC is allowed to function autonomously as a truly representative regulatory body of with all the relevant stakeholders on board to make the process professional and transparent. That is yet to be seen, he said.

In December last year, parliament had passed the PMDC bill in a joint sitting and sent it to President Alvi to get his nod, which suggested that the prime minister will constitute the PMDC by notifying it in the

official gazette.

The council will include three members from civil society to be nominated by the Prime Minister on the recommendations of the minister concerned. Besides, a retired high court judge or a practicing lawyer with a minimum experience of 15 years, and the surgeon-general of the armed forces medical service will also be council members.

The council will have on its seats Secretary of National Health Services, provincial health secretaries, five licensed medical professionals, including one dentist, a chartered accountant, one philanthropist and an elected member from the College of Physicians and Surgeons of Pakistan.

In a detailed meeting a few days ahead of the presidential assent, the PMA had called upon the government to make the PMDC an autonomous, democratic, transparent and independent body to improve medical education and

produce competent doctors in the country.

Held at the PMA House in Karachi and presided over by PMA Center President Dr Hameedullah Khan, the meeting of senior PMA members and office-bearers was of the view that the government should stop controlling the regulatory body. The council should be formed with democratic spirit and representation should be given to all stakeholders through due electoral process, stressed the meeting which was attended among others by and attended, among others, by Dr Abdul Ghafoor Shoro, PMA Center Treasurer Dr Muhammad Shahid Shamim, Dr Syed Tipu Sultan, Dr Mirza Ali Azhar, Dr Sonia Naqvi, Dr Altaf Khatri, Dr Ismail Memon, Dr Abdul Rehman and Dr Hamid Manzoor.

The participants stressed upon the government to make PMDC a powerful body to regulate medical education in the country without any

political interference. Only an independent and powerful body can raise the standards of medical education to the international standards. The deteriorating standard of medical education is the result of political interference, it was noted.

A similar meeting at the PMA House in Lahore, presided over by PMA Lahore President Professor Dr Ashraf Nizami and attended by office-bearers and senior members, welcomed the move to do away with the Pakistan Medical Commission (PMC), which, the meeting said, had

destroyed the domain of medical education in the country with its arbitrary decisions.

The meeting recalled that in October 2019, President Alvi had promulgated an ordinance, dissolving the PMDC to replace it with the PMC. The ordinance was converted into an act of parliament amid controversy over the appointment of irrelevant individuals to head the entity. The subsequent inclusion of people from outside the medical profession as PMC members had also raised eyebrows, but the government of the time

was in mood to listen to voices of sanity, regretted the participants of the PMA Lahore meeting.

There is an urgent need to set things right in the critical field in order to ensure a merit-based system that may have the potential to produce competent doctors on a sustained basis without any discrimination.

This, the meeting stressed, was only possible through a regulatory body that has merit in its own ranks. An autonomous and representative PMDC is the only way ahead, the PMA Lahore meeting concluded.

PMA calls for saving kids in Sindh's flood-hit areas

GAZETTE REPORT

EXPRESSING concern over the continued humanitarian crisis in flood-affected areas in rural Sindh, more than four months after a national state of emergency was declared in the country, the Pakistan Medical Association (PMA) has called upon the provincial government to gear up efforts in the disaster-stricken areas where children's lives are now at a greater risk due to cold weather.

"We have been telling about how serious the situation is in the flood-hit areas over the months. Unfortunately, the government has not responded effectively to the emergency situation that now threatens countless lives, particularly that of children," said PMA Center Secretary-General Dr Abdul Ghaffar Shoro.

The recent reservations by UNICEF officials, he said, were a grim reminder of the worsening crisis in winter in the flood-hit areas, particularly in Sindh. "The organization has estimated that up to four million children are still living near contaminated and stagnant floodwaters

while the number of children suffering from severe malnutrition in the flood-affected areas has doubled between July and December compared to 2021," added Dr Shoro.

Severe and acute malnutrition, respiratory and waterborne diseases, coupled with the cold, were putting millions of young lives at risk. Sharing the feedback received from health professionals working in different districts of Sindh, Dr Shoro said that while waterborne diseases affected adults and children alike, the latter faced greater risk of morbidity and mortality now.

"The majority of people are still deprived of adequate shelter, and children are mostly dying of pneumonia. This bleak picture of children's health reflected the poor performance of the government. The PMA led demanded that the government immediately take necessary measures to save the lives and health of our children.

PMA trains doctors across flood-affected rural Sindh Detailed Coverage Inside

Safeguard
Family Germ Protection

Removes **10/10** common disease causing germs*
For Your Champion

P&G
WORLDWIDE SERVICE

New Look

Pure White
Removes 99% of germs
Sensitised

Safeguard 10/10 Protection.
Most childhood diseases are caused by just 10 common germs. Frequent handwashing with Safeguard Total 10 protects your family from 10 common germs. That's because clinical studies prove that Safeguard removes 10 common disease causing germs by up to **99%** at all places and all times.
So keep your loved ones in safe hands, with **Safeguard Total 10 Protection!**

PAKISTAN MEDICAL ASSOCIATION

TRAINING WORKSHOP: DADU



TRAINING WORKSHOP: JAMSHORO



• Acute Otitis Media¹
• Community Acquired Pneumonia¹

she trusts you
you can trust Augmentin

Your patients trust you to get it right the first time

Augmentin™ BD
(Co-amoxiclav)
Suspension 457 mg - Twice daily dosing
Depend on it

Full prescribing information is available on request.

GlaxoSmithKline Pakistan Limited
36 - Lockwood Road, West Wing, Karachi - 74003.
Augmentin is a trademark of GlaxoSmithKline group of companies.
GlaxoSmithKline Pakistan Limited is a member of GlaxoSmithKline group of companies.
© GlaxoSmithKline Pakistan Limited

PKAUG1312 (1/22)

1. Augmentin™ BD Suspension 457 mg/ml oral suspension. RDBS01 PBR. Date of issue: December 2011.



PMA trains doctors across flood-affected rural Sindh

GAZETTE REPORT

THE Pakistan Medical Association (PMA) recently trained 1,539 doctors in 16 districts across Sindh in the treatment of children aged under five years, which is the age group carrying the highest burden of deaths from common childhood diseases, like diarrhea, pneumonia and malaria.

The extended training program was led by PMA Center Secretary-General Dr Abdul Ghafoor Shoro, Dr Ismail Memon and Dr Sajjad Ahmed Siddiqui, and was conducted in line with the Integrated Management of Neonatal and Childhood Illness (IMNCI) clinical guidelines.

The United Nations Children's Fund (UNICEF) supported the plan after the completion of the Master Training Workshop on revised/updated IMNCI-guided management and referral guidelines for malaria, acute respiratory infection (ARI), pneumonia and diarrhea with possible

serious bacterial infection (PSBI).

The trickle-down training of doctors was conducted in 16 severely affected districts of the province. During the extensive training workshops, proper usage of UNICEF recommendations for amoxicillin DT, Zinc DT, low-osmolarity ORS and anti-malarial drugs was stressed as an integral component of the training.

The need for such a plan was felt in the wake of the monsoon rains and heavy floods that had affected major parts of the country during the summers. Over 1.9 million houses were damaged, with more than 600,000 people displaced to the extent of having to take shelter in refugee camps.

According to the National Disaster Management Authority (NDMA), over 6.4 million people needed assistance, with 421,000 of them being refugees.

According to assessment done by the NDMA and the United Nations Office for the

Coordination of Humanitarian Affairs (OCHA), about 3,000kms of road and 145 small and large bridges were destroyed, which had a negative impact on the delivery of health services and supplies.

The worst-hit province was that of Sindh where the provincial government declared 22 districts calamity hit and an emergency had to be imposed.

The affected population was at a high risk of mortality and morbidity due to a range of factors. These included the following:

- * Living conditions created by the floods, like displacement, temporary shelter, overcrowding, lack of water and sanitation, stagnant water, increased risk of waterborne, respiratory and vector-borne infectious diseases.

- * The disruption of health services, leading to poor access to health facilities.

- * Discontinuation of treatment for chronic conditions, increasing the risk of severe outcomes.

- * Exacerbation of malnutrition due to lack of access to food, and disruption of various food programs.

- * Disruption of immunization services, increasing the risk of outbreaks of vaccine-preventable diseases, especially in the context of an already suboptimal vaccination coverage pre-floods.

- * Impact of floods on a range of other public health services, such as WASH, IPC, MPPSS, vector control, and so on, further heightening the risk of disease.

- * Impact of the floods and its consequences on mental health of the affected population.

While the health system was severely affected and access to health facilities was just about impossible owing to mass inundation and serious logistical impediments in the affected districts, UNICEF continued to support the official machinery with different

interventions, including the provision of essential medicines and supplies and outreach medical teams.

The provincial health authorities reported alarmingly high prevalence of diarrhea, ARI, pneumonia and malaria across rural Sindh. Considering the gravity of the situation, there was clearly a need of orientation and refresher courses for pediatricians and family physicians related to IMNCI-guided management of the prevailing diseases.

The PMA training module encouraged the participating physicians to opt for case management that was evidence-based and syndromic. Also highlighted during the workshops was rational, effective and affordable use of drugs and diagnostic tools.

While promoting evidence-based medicine, it was stressed that the evidence had to be on the basis of informed clinical research, and that caution should be exercised against the use of intuition,

unsystematic clinical experience, and untested pathophysiological reasoning for medical decision-making.

The trainers pointed out that in situations where laboratory support and clinical resources are limited, the syndromic approach is a more realistic and cost-effective way to manage patients.

The workshops across the province of Sindh were widely attended and local doctors appreciated the initiative which they found professionally enriching for themselves and life-saving for the people of their respective areas.

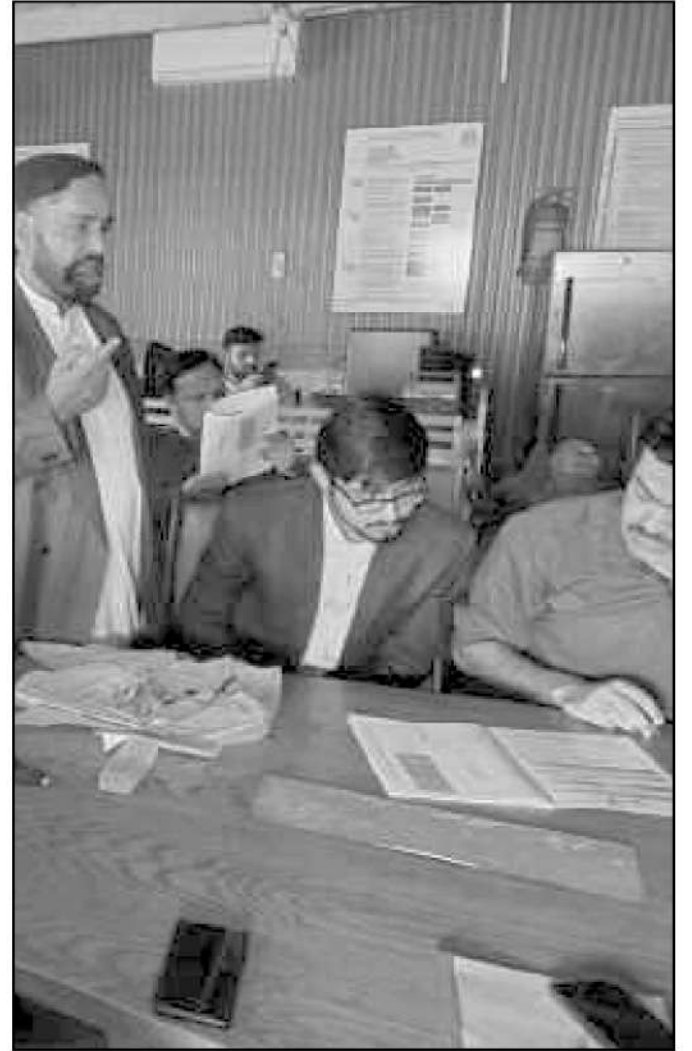
The current issue of the *Medical Gazette* is dedicated to all the doctors who participated in the workshop and, indeed, to all the facilitating institutions and individuals who made it possible for the PMA to undertake such an extensive professional exercise.

See also Page Nos. 2, 4, 5, 6, 7 & 8.

TRAINING WORKSHOP: BADIN



TRAINING WORKSHOP: JACOBABAD



TRAINING WORKSHOP: KASHMIRE



TRAINING WORKSHOP: THATTA



TRAINING WORKSHOP: MIRPURKHAS



TRAINING WORKSHOP: NAUSHAHRO FEROZE



TRAINING WORKSHOP: LARKANA



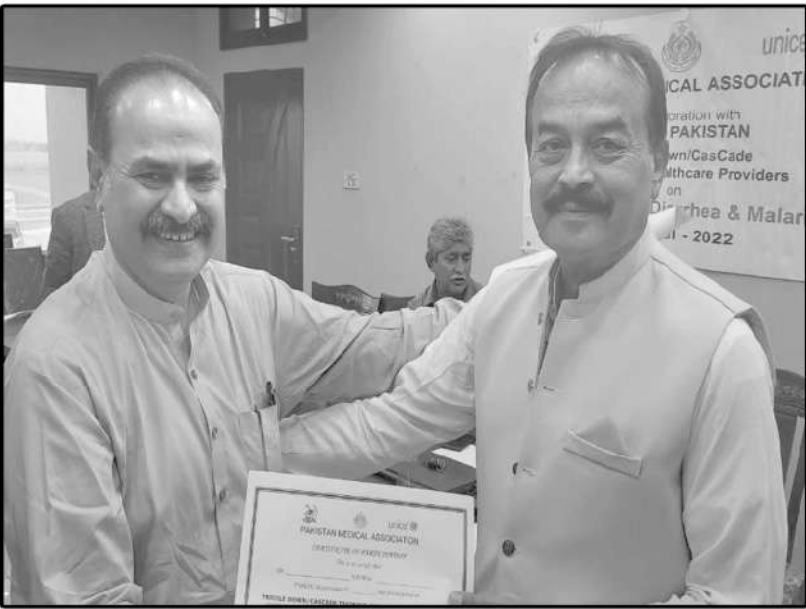
TRAINING WORKSHOP: QAMBAR-SHAHDADKOT



TRAINING WORKSHOP: SHAHEED BENAZIRABAD



TRAINING WORKSHOP: SUJAWAL



TRAINING WORKSHOP: SUKKUR



TRAINING WORKSHOP: KHAIRPUR



Lamictal™
LAMOTRIGINE

monotherapy effectively controlled seizures and was better tolerated than carbamazepine or valproate¹

- is a weight neutral antiepileptic drug²
- improves mood states to clinically important degree³
- causes a significant increase in REM sleep & a significant reduction in the number of entries into REM and stage shifts⁴

For patients with epilepsy...

...Simply Lamictal™
LAMOTRIGINE

References:
1. Efficacy and tolerability of conversion to monotherapy with lamotrigine compared with valproate and carbamazepine in patients with epilepsy. Fakhoury et al. Epilepsy & Behavior 5 (2004) 512-518.
2. Effect of Antiepileptic Drugs on Bodyweight: Overview and Clinical Implications for the Treatment of Epilepsy. CVC Drugs 23(3), 17 (2011).
3. Improved mood states with lamotrigine in patients with epilepsy. Joyce-Cramer et al. Epilepsy & Behavior 20(4), 5702-707.
4. Effects of lamotrigine on nocturnal sleep, daytime somnolence and cognitive functions in focal epilepsy. Acta Neurologica Scandinavica 2000; 102: 81-86.

gsk GlaxoSmithKline

TRAINING WORKSHOP: UMERKOT



TRAINING WORKSHOP: SANGHAR

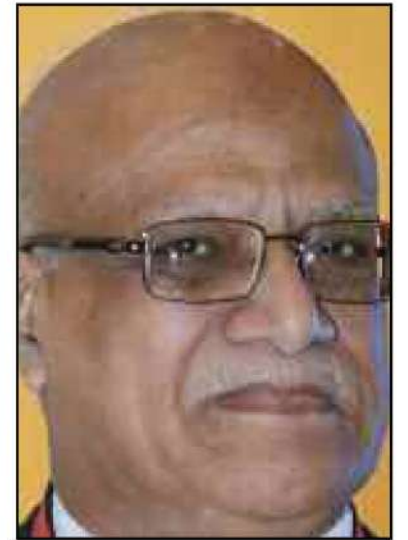


PMA Lahore office-bearers elected unopposed

GAZETTE MATTER

AFTER the scrutiny of nomination papers and withdrawal of the nomination papers by the contesting candidates for various posts, Election Commissioner Dr Tahir Khalil announced the following individuals elected unopposed to lead PMA Lahore for the 2023-24 term:

Prof Dr Muhammad Ashraf Nizami, President; Dr Iram Shahzadi, Lady Vice-President; Prof. Dr. Khalid Mehmood Khan, Vice-President; Prof Dr Malik Shahid Shaukat, General Secretary; Dr Bushra Haq, Lady Joint Secretary; Dr Riaz Zulqamain Aslam, Joint Secretary; and Dr Wajid Ali, Finance Secretary.



Safeguard School Education Program

Inspiring kids towards a healthier Pakistan through basic health and hygiene education

