



Australian Indian Medical Graduates Association.Inc

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Welcome to AIMGA's 1st Newsletter for 2012. AIMGA President Corner

Dear Colleagues,

Welcome to the New Year with best wishes for your health, wealth and happiness.

Each year brings new challenges, new opportunities and hope to fulfil your dreams with the wisdom to reflect on the year gone by. It has been just that for me.

AIMGA has moved on with wider activities and renewed attempts to match the needs of our members. Most of my professional activities are collaborated by AIMGA which is slowly taking its over due status in the world of medicine.

Our Rishikesh Project in its 11th year will expand to include 2 annual eye camps as well as epidemiological studies to determine the health status of Uttaranchal people. This will help us in our future planning to help "India shine" reach every corner of the nation. This obviously will require significant contribution from you. Please submit your interest in working with us specially if you are an ophthalmologist or anaesthetist. You will read an account of the project in this newsletter written by the newest and youngest AIMGA member.

Our other project this year will be an attempt to consolidate the strength of Indian doctors in Australia and continue to address the issues which undermine their professional progress.

We will actively involve in all the health related community events in NSW and Australia and liaise with the relevant professional bodies to provide better service for our members.

I attended a GAPIO {Global Association of Physicians of Indian Origin} conference as an EC member in Hyderabad early in January. It proved to be an exciting and rewarding project. Indian doctors all over the world have been held in great esteem for their skills and commitment and have become one of the flagship groups of India with world wide recognition. GAPIO since its inception last year has been progressive in its endeavour to consolidate the strength of Indian doctors around the world to synergise their efforts to optimise the health status of not only Indian citizens but improving health worldwide. Please explore its website for detailed information.

Our annual conference will be held in Fiji this year during the Easter break for 5 days which will include a resort holiday and a fact finding mission for those who may be ready for giving a helping hand. The details of the trip is in this newsletter. you may be able to extend it beyond 5 days. Please contact AIMGA office.

Dr Narendra Kumar President Elect AAPI {American Association of Physicians of Indian Origin} the most influential Indian doctors' group outside India has personally invited AIMGA members for their annual meeting "Global Health Care Summit" which will be followed by GAPIO meeting. Please contact AIMGA to register for both or either in Kochi from 1-3 January 2013.

Last but not the least I must share with you the excitement of my batch reunion of 50 years and the Centenary celebration of my alma mater in Lucknow, reliving the joys of youth which turns a timid, shy, insecure and romantic dreamy teenager into a robust professional who can make the world a better place to live. With your goodwill, support and membership specially to bring young doctors to AIMGA we undoubtedly will forge ahead in fulfilling our dreams. AIMGA is as strong as you want to make it.

With best wishes and Regards.

**Yours sincerely,
Shailja Chaturvedi**



AIMGA's Annual Dinner and AGM

The AGM was held at Parravilla Conference Centre, Parramatta, followed by the annual dinner. The following people attended the function, Dr Michael Steiner, President of AMA (NSW), Mr Neville Roach Parramatta MP Mr Geoff Lee, Dr Perminder Sachdev was function Key note speaker. Many community leaders, AIMGA members, sponsors and guests were present at the function. The new committee was introduced at the annual dinner and consists of

President- Shailja Chaturvedi.

Vice President- Dr.P.Sawrikar

Secretary- Prabha Chandra.

Treasurer- Dr Sunil Vyas

Assistant Secretary- Dr Ananth Prakash

Past President- Dr.N.C Patel

Assistant Treasurer- Dr.Amin

Dr.H.Rao

Dr S Sundar

Dr.S.Orekondy

Dr.V. Nagamma

Dr.U Borkar

Dr M. Srinivasa

Dr S Borkar

Dr KY Wu

Dr Sarita Sachdev



AIMGA's Overseas Conferences:

AIMGA Fiji Medical Conference



AIMGA is in the process of organising a conference in Fiji during Easter break which will be complemented by Fiji Medical School , Department of Health, Fiji Medical Association & High

Commission of India and will include a 3 day resort holiday and 2 days of academic component as well as exploring opportunities to share in their health care. Please register your interest by paying non refundable registration fee \$ 400 by 29th February 2012.

AIMGA is inviting expression of interest from the members who would like to present an interesting /relevant topic at the conference.

Hon Dr Neil Sharma Minister of Health Fiji has accepted our invitation to be the chief guest at the reception on 9th April, The High commissioner of India will grace the function with other officials relevant to our organisation and its mission.

Costing –Update:

Group discount cost approximately is \$ 1925 per person. Which includes Economy class Air Fare from Sydney to Nadi and then Nadi to Suva and Suva to Sydney(via Nadi) 03 nights at Westin Denarau Island Resort (5 star) with full Breakfast (tentative dates 5,6,7 April) 02 nights at Holiday Inn (with full Breakfast). (8 & 9 April)

Arrival & Departure transfers in Nadi and Suva

More details and final program would be published in the next news letter.

AIMGA-India Bangalore Conference:



AIMGA is coordinating Medical conference at Bangalore India on 10 of Feb 2012, the venue is Bangalore Medical college if you are interested please contact Administration admin@aimga.org.au

CME Activities:

Dr Nagamma is coordinating the CME Activities this year as well. She is in the process of organising some very interesting and relevant topics for this year. We hope that members will support these CME meetings by attending as they have done in past. We all look forward to these meetings commencing in March 2012.

New Members:

AIMGA would like to welcome the new members and look forward to their support and participation in all activities through the year.

Voluntary work in Rishikesh: by Sarika Gupta.

This is a very inspiring summary of an article from a young upcoming doctor, describing her personal experience as a volunteer in an Eye Camp at Parmath Niketan and Rishikesh.

Doctors have a tendency to begin with definitions. The word volunteer is both a noun and a verb and refers to the person who *and* act of offering without being compelled or paid. Medicine, with its multiple specialties and services, lends itself seamlessly to voluntary work and many senior practitioners report the act of volunteering to be the most wholesome and rewarding in their careers. As a budding new doctor I was therefore intrigued and excited to participate in a voluntary program so early in my career. The Eye Camp at Parmath Niketan, Rishikesh hosts an annual Ophthalmology clinic to service patients with a multitude of eye diseases, though its primary focus is to restore the vision of those affected by cataracts. The camp served as the perfect training ground for extending my medical knowledge, teaching me the intricacies and flexibility of intercultural relationships and most importantly, instilling in me the foundations for sustainable volunteer work.

And so the Journey Begins.....



I was part of a team of ten: three ophthalmologists, two anaesthetists, an orthoptist, a company rep from Bosch, a senior house doctor, an experienced GP and a psychiatrist. Our aim for the week was to engage with the local Ashram which supported free medical services to local communities, near and far. Primarily serving as an eye clinic, we would be responsible for assessing vision, performing general eye checks, offering surgery to as many patients as possible and for those who lie beyond the scope of our services, ensure the opportunity for referral.

Day one started at excellent pace. Up, dined and ready to go by 8am, we wandered into the clinic which was simple but full of the essential facilities: reception desk, two consulting rooms with slit

lamps and a keratometer, an anaesthetics bay, OT with two serviced operating tables and microscopes, post op waiting bay, pathology service, ample amounts of waiting area both inside the clinic and beyond, and most importantly a working toilet and scrub sink. Everyone dissipated into their individual rooms based on specialty. Surgeons quickly began unpacking their scrubs, the orthoptist began adjusting the keratometer and the anaesthetists collected their cannulas. Amidst all the action I distinctly remember feeling awkward and unsure where or how to offer any help. Before I could ponder that thought any longer, the first patients of the day flooded through the doors and at once there was chaos.

General chaos was the hallmark of the entire voluntary experience for me. There were patients everywhere all coming from considerable distances demanding to be seen, some in worse health than others. As we slowly established a kind of 'system' to help work the crowds, there became increasing opportunity for me to learn and participate. A mixed bag of pathology would walk through the door each morning. Cataracts were the most modular of complaints, with patients describing a gradual clouding of their vision for many years, only presenting when their situation threatened their livelihood. A number of cases were advanced with dense cataracts permitting only light perception or hand movement vision. In Australia, cataract surgery is offered to those with 6/12 vision. I couldn't believe the circumstances some of these patients were enduring. Others would present with retinal pathology, mostly secondary to diabetic retinopathy, trauma or congenital defects. Sadly, these patients were beyond the scope of our camps services. Some would have to return home untreated; others with better financial support may be able to seek referral care.

As the camp progressed, my role as volunteer evolved from spectating, to engaging patients and assisting in transfers and administration and finally to learning. I was given multiple opportunities to refine my skills at using a slit lamp, eventually being able to detect corneal edema, posterior capsular cataracts and colobomas. On clinical examination, all the conditions I had read about in Talley & O'Connor regarding oculomotor pathology such as cranial nerve palsies and nystagmus were demonstrated first hand. Theatres were another world altogether. Unlike the chaotic waiting hall that lay on the other side of the white double doors, the theatres were crowded but organized and methodical according to the rule of two's. Two surgeons were scrubbed in simultaneously with two scrub nurses to assist, two microscopes were set up and two theatre scouts were on standby at all times. Indian Bollywood tunes quietly hummed in the background, complimenting the gentle buzz of the vibrator probe used to ultrasound and obliterate the diseased lense. Dr Chandra stressed the importance of a surgeons 'head to be in sync with their feet' as he adjusted the probe intensity to match the density of the presenting cataract. Procedures lasted about 20 minutes and the turnover of patients saw upto 20 procedures performed per day.

The immense gratitude and relief displayed by patients after their eye shields were removed post operatively quickly explained the motivation for doctors to return year after year and provide ongoing service. Some patients were only restored to 6/24 vision, but for them, with a previous

lifetime of vision only perceptive to light, it was miraculous to have any definition at all. The most notable case was of an elderly 75 year old man who had dense bilateral cataracts and a coloboma in his L eye. In theatre he was engineered a new pupil aperture and underwent a lens replacement. Post operatively, he couldn't conceal his delight, making for a difficult evaluation: its harder than you think to accurately position a grinning mandible for assessment on a slit lamp.

Where to now.....

My time at Parmath Niketan left me excited yet pensive. I was dazzled by the exposure and opportunity to learn so much about a speciality I had such little contact with as a student and its potential to augment important health indicators on a large scale. I was however, also perplexed by the enormous fissure between active and ongoing healthcare which limits the sustainability of these projects, particularly in regions such as Rishikesh. So where to now? Whilst its clear the camp made a difference to those in access of Rishikesh, how does it fair in the grand scheme of Indian epidemiology for eye disease and more importantly, what is its consequence globally?

In conclusion.....

As a young doctor, I recognise the crucial role we play in enabling sustainability and longevity of these programs. One of the doctors told me, 'you need to learn the alphabet before you can read' and this is such fitting advice. Whilst it seemed at times I was providing far from medical assistance, I was learning the alphabet or code of being a volunteer and the various elements that are required for effective service. I would encourage other young doctors to participate in any such endeavours as early as possible, either in their specialist area of interest or simply in general service. The work to be done is plentiful. The more people that can be trained in the art of volunteering, the stronger our service network will become in the future and the more we will be able to better crucial health indicators on a local and global scale

A Great Opportunity for Ophthalmologists and Anaesthetists

"Possibility to create the context in which people's lives really matter is undoubtedly the most profound opportunity available to anyone, ever." Werner Erhard"

Expressions of interest are invited from Ophthalmologists and Anaesthetists who can work as volunteers for a week or more in a small though well equipped modern hospital in Rishikesh nestled in the lap of towering Himalaya. Rishikesh offers rejuvenation, inspiration and perfect blend of modern amenities and traditional spiritual simplicity

"There is no virtue ,higher than charity "Swamy Vivekanand"

Please apply to AIMGA
or
Vision Beyond Aus, Attention Inder Singh
Fiducian Portfolio,GPO Box 4175
Sydney 2001

This newsletter has been prepared by Dr Sarita Sachdev, in conjunction with the committee.