



SYNAPSE

(Monthly health e-newsletter)

International Institute of Health Management Research,
Delhi

IMPROVING HEALTHCARE THROUGH RESEARCH

A very happy new year 2018 to all our readers!



Dated: 7th January, 2018; Issue: 88th

HOSPITAL AND HEALTH INSIGHT

Bill to set up National Medical Commission introduced in LS

A Bill for setting up a National Medical Commission that seeks to replace the Medical Council of India (MCI) was introduced in the Lok Sabha on Friday by Health Minister J.P. Nadda. The Bill would lead to the constitution of a National Medical Commission for development and regulation of all aspects relating to medical education, medical profession and medical institutions and a Medical Advisory Council to advise and make recommendations to the Commission. As the Health Minister moved the Bill for introduction, opposition members said that the Bill should be sent to a Standing Committee. [Read full text](#)

Meet on PWDs's empowerment ends

The two-day State-level conference on "Early intervention and educational empowerment of persons with disabilities" concluded on 30th December 2017. The conference was organised by the National Institute for Employment of Persons with Multiple Disabilities (NIEPMD) in association with the Pingalakhri Public Welfare Organisation (PPWO), Nimapara [Read full text](#)

Gwalior incentives to civic staff to prevent open defecation

The Gwalior Municipal Corporation is offering rewards and monetary benefits to corporation officials to catch people who defecate in the open. The Corporation has told its team that those who fine the maximum number of people defecating in the open will be rewarded with certificates and cash. This step has been taken in view of the arrival of the inspection team formed by the Central Government [Read full text](#)

IIHMR, Delhi works with a mission of improving standards of health through better management of healthcare and related programmes, prepare students for managerial positions with a focus on national and international healthcare management.

In this Issue:

- ▶ **Hospital and Health insight**
- ▶ **World At Glance**
- ▶ **Recent Researches**
- ▶ **Reflections**
- ▶ **Health IT Updates**
- ▶ **Know Your Sector**
- ▶ **Review Page**
- ▶ **News in Pipeline**
- ▶ **Own Opinion**
- ▶ **Health Tip**
- ▶ **Events at IIHMR, Delhi**
- ▶ **Quick Bites**
- ▶ **Upcoming Conferences**
- ▶ **IIHMR Researchfindings**
- ▶ **Articles by IIHMR'ians**

DGHS panel recommendations for city hospitals soon

The Delhi Government's expert committee will present its recommendations on the norms to be followed by city hospitals soon. Few of the forthcoming recommendations of the nine-member panel headed by the Director-General of Health Services (DGHS) are meant to be applied to both Government and private, while others would be applicable only for private hospitals. The members on the...[Read full text](#)

Heal the healers too

Rising incidents of malpractice in the healthcare system have underlined the need to address the issue of shortage of doctors, especially in rural areas. Of late, medical doctors across the country have been making headlines for all the wrong reasons. Currently, in-service doctors in Rajasthan are on mass leave and have crippled medical and health services in Government-run hospitals in the State. A few weeks ago, doctors from two prestigious private hospitals in the...[Read full text](#)

Indian healthcare market to hit \$372 bn by 2022

New Delhi, Dec 3 () India's healthcare market may see threefold jump in value terms to USD 372 billion by 2022, driven by growing incidence of lifestyle diseases and rising demand for affordable healthcare delivery systems, says a report.

The report prepared by Assocham and research firm RNCOS said the value of the sector in 2016 stood at USD 110 billion and will see a compounded annual growth rate (CAGR) of 22 per cent. [Read full text](#)

WORLD AT GLANCE

Indian eco growth slowed down in 2016-17: Govt

The Indian economy slowed down in 2016-17, with the gross domestic product declining drastically from 8 per cent in 2015-16 to 7.1 per cent the next year, government said today. Finance Minister Arun Jaitley said the slower economic...[Read full text](#)

EVENTS AT IIHMR' Delhi

MDP's @ IIHMR

Economic Evaluation for Public Health Interventions

1 - 31st Jan'18

Monitoring & Evaluation of Program

8 - 12th Jan'18

For MDP details contact:

Training Officer, IIHMR
E-mail: shikha@iihmr.org

QUICK BITES

1. **Healthcare's dilemma: Balancing public needs with business sense**
2. **Households beats govt in healthcare spending**
3. **Healthcare market in India may see three-fold increase by 2022'**
4. **Thanks to the Efforts of These Kids, a Village in MP Has Become Open Defecation Free!**

Destruction has come knocking at the door

Artificial Intelligence, be it in the form of Sophia or lethal autonomous weapons or killer robot armies to be deployed by national militaries, is fast emerging as a parallel world which is threatening to go out of control. Before discussing the case against Artificial Intelligence (AI), here is a question: What would...[Read full text](#)

A Bali declares 'garbage emergency' amid sea of waste

The Bali's palm-fringed Kuta beach has long been a favourite with tourists seeking sun and surf, but nowadays its golden shoreline is disappearing under a mountain of garbage. Plastic straws and food packaging are strewn between sunbathers, while surfers bobbing behind the waves dodge waste flushed out from rivers or brought in by swirling currents. "When I want to swim, it is not really nice. I see a lot of garbage here every day, every time," Austrian traveler [Read full text](#)

Top polluter China unveils nationwide carbon market

China, the world's biggest polluter, unveiled plans on Tuesday for a national carbon market likely to become the world's largest exchange for emissions credits. Environmentalists praised the move as an important step in the battle against climate change as China burns more coal than any other country, giving it the ignominious title of top greenhouse gas emitter. Although the long-delayed emissions exchange scheme will initially cover just the power generation sector, it is expected...[Read full text](#)

Healthcare costs land 5 crore Indians in poverty

At least half of the world's population cannot obtain essential health services and each year about 100 million people, including in India, are being pushed into poverty because they have to pay for healthcare out of their own pockets. 'Tracking Universal Health Coverage: 2017 Global Monitoring Report', a new report by the World Bank and the World Health Organization released on Wednesday has revealed that currently 800 million people spend at least 10% of their household budgets on health expenses for themselves, a sick child or other family member...[Read full text](#)

**UPCOMING
CONFERENCES/ EVENTS****HITCON 2018**

Date- 7 Jan'18

Venue- Ahmedabad,
GujarathWebsite-<http://managementmedicos.com/hitcon2018/>**HOSPICON 2018**

Date- 13 Jan'18

Venue- Dr. K.H Sancheti
Hall, IMA House, Tilak
Road , PuneWebsite-<http://www.sha.edu.in/>**SASH 2018**

Date- 20-21 Jan'18

Venue- Shilpakala Vedika,
HyderabadWebsite-<http://sash2018.com/>**Smart Tech Healthcare
2018**Date- 1-2nd Feb'18Venue- JW Marriott Hotel,
BangaloreWebsite-**Nickel-based catalyst able to recycle carbon dioxide, methane; control climate change**

A cost-effective catalyst has been developed to recycle two of the main causes behind climate change – carbon dioxide (CO₂) and methane (CH₄). In a study, published in the journal Applied Catalysis B: Environmental, scientists have described how they created an advanced nickel-based catalyst strengthened with tin and ceria. [Read full text](#)

Clinical research in India not in sync with healthcare needs: Study

The largest number of clinical trial (16.4%) conducted in India were in cancer, an ailment which ranked way down on the disease burden list. While infectious diseases which topped the country's disease burden, accounted for only 5% of the total trials and ranked 7th on the list, an analysis published in scientific journal, Perspectives in Clinical Research says. [Read full text](#)

By 2030 non-communicable diseases will be 75% of total disease burden: Health experts

Non-communicable diseases are on the rise because of behavioural and lifestyle changes and by 2030 they will 75% of the total disease burden. This needs to be kept in mind while devising strategies for the future, said Dr. S.D. Gupta, chairman, IIHMR University, Jaipur. [Read full text](#)

REFLECTIONS**INTERVIEW WITH DR. PANKAJ TALREJA ON 21ST
DECEMBER 2017**

Dr. Pankaj Talreja talks about how quality healthcare is a headstart for medical tourism in India. He throws light on ways to mitigate out of pocket (OOP) expenditure and how govt. plays an important role in regulating the way OOP is handled. He also shares a few joyous moments that happened along his personal journey!

[Click here to watch video](#)

TALK BY MR. ABDUL BARI ABDULLA, MP, MALDIVES

A thought provoking and interesting talk by Mr. Abdul Bari Abdulla, MP and Ex Health Minister, Maldives (alumnus of first batch of IIHMR, Jaipur) on “Program Management of Health Planning and Information Systems” took place on 22nd December 2017 at International Institute of Health Management Research (IIHMR), Delhi.



HEALTH IT UPDATES

Niti aayog slowest in disposing public grievances: report

Government think-tank NITI Aayog is slowest among 52 central ministries and departments, when it comes to addressing public grievances, reveals a government report. [Read full text](#)

China warns manufacturers against reliance on foreign tech

China today warned manufacturers of industrial control systems against heavy reliance on foreign technology and asked them to increase localisation. Vice chairman of the Standing Committee of the National People's Congress (NPC) Wang Shengjun, while briefing lawmakers on cyberspace in an official report, said some key industrial control companies not only have their production control systems built by foreign companies. They also allow related cyberspace security equipment to be foreign-produced and controlled. And worse, even Chinese staff...[Read full text](#)

NextGen Healthcare Launch their #NextGenCares Initiative Globally

NextGen Healthcare, a leading health information technology (HIT) company headquartered in Irvine, CA, USA, creates technology solutions to help medical practices nurture healthier communities. NextGen Healthcare solutions and services help practices transform to and succeed in value-based care and measurably improve patient outcomes and population health at lower costs...[Read full text](#)

KNOW YOUR SECTOR

Eminent personality in healthcare: Dr. Rani Bang



Dr. Rani Bang has been working with one of the most under-developed tribal communities in central India. A gynecologist by profession, she has been serving in the remotest areas for over 20 years. She set up the Society for Education, Action and Research in Community Health, along with her doctor husband Abhay, and started many such healthcare initiatives across India.

She has managed to introduce modern medicine in tribal villages and made the villagers aware of good healthcare facilities. While many doctors are seeking high-paying jobs in the biggest hospitals of the country, this amazing woman and her husband is an inspiration to us all. Kudos to their efforts and passion.

Healthcare Organization- Indian health action trust (IHAT)



India Health Action Trust (IHAT) is a secular trust under the provisions of the Indian Trust Act, 1882. University of Manitoba (UM), established IHAT in 2003, as part of a five-year (2001 to 2006) bilateral development project between

Canada and India. IHAT originally focused on providing comprehensive technical assistance and training in programme planning and management to the states of Karnataka and Rajasthan. Over the years, the trust has supported the State AIDS Control Societies (SACS) in Maharashtra, Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu and Goa. In 2009, IHAT was registered with the Ministry of Home Affairs (MHA) under the Foreign Contribution Regulation Act, 1976. IHAT transfers skills and knowledge to partners through embedded techno-managerial support, including hands-on orientation to gap analysis and prioritization; developing standards, systems and processes; monitoring and evaluation; and problem solving.

REVIEW PAGE

President Kovind launches Rs. 100 crore Mata Amritanandamayi Math project to provide clean drinking water to one crore people in 5,000 villages across India

At a function in Kollam, Kerala the, Mata Amritanandamayi Math and Honourable President Shri Ram Nath Kovind launched a new charitable initiative through which the Math aims to provide filtration for clean drinking water to one crore [10 million] villagers throughout the nation.

They aim to provide clean drinking water in 5,000 villages across the country, and they strive to make villages Open Defecation Free. Such initiatives promote the health and well-being of common people, and are reflective of both the spiritualism and the progressive ideals of Kerala – as embodied by Amma. Above all, such initiatives help build a better society and a happier nation.”



The initiative was inaugurated in the presence of Sri Mata Amritanandamayi Devi (Amma). Also present on the dais were the Honourable Governor of Kerala, Justice P. Sathasivam; Honourable Minister for Devaswom, Tourism & Cooperation, Sri. Kadakampally Surendran; Sri. K.C. Venugopal, MP and All India Congress Committee Secretary; and Sri. R. Ramachandran, MLA.

The initial phase of the project — which aims to install “Jivamritam” filtration systems for clean drinking water in 5,000 villages throughout the nation — is being completely funded by the Mata Amritanandamayi Math, at an expectant cost of Rs. 100 crore [\$15.27 Million U.S.]. Each Jivamritam System can filter the daily drinking-water needs of up to 400 five-member families, potentially providing safe and clean drinking water to one crore villagers. Speaking on the occasion, Honorable President Shri Ram Nath Kovind said: “Kerala has been one of the leading spiritual homes of our country. The fame of spiritualism has shone bright in the state for thousands of years, with such revered people as Adi Shankaracharya, Sri Narayan Guru, and Ayyankali. The projects of the Math that are being initiated today do just that. The Jivamritam System was conceptualized and designed by faculty and students of the Math’s five-campus university, Amrita Vishwa Vidyapeetham (Amrita University). The Math intends to deploy all 5,000 Jivamritam Systems within one year, provided there is timely permissions from local administrations. According to WaterAid India, approximately 7.6 crore people [76 million] in India lack access to clean drinking water and more than 60,000 children, five and under, die each year in India from diarrheal diseases caused by drinking impure water and poor sanitation. And according UNICEF India, 67% of Indian households do not treat their drinking water, even though it could be contaminated with harmful bacteria and chemicals.

“The Jivamritam System avails of a dual sand-and-activated-carbon filter to remove suspended particles and turbidity, followed by micron filters of five-micron and one-micron filtration,” said Dr. Maneesha Sudheer, the Jivamritam project head from Amrita University. “Each system also includes an ultraviolet water-purifier to remove pathogenic contamination, and two storage tanks — 2,000-litre-inlet and a 1,000-litre outlet — to keep treated and untreated water separate. The filtered-water tanks are integrated with taps to provide drinking water at the location of the system itself.”

Dr. Maneesha added that the Jivamritam System would be modular. “The water available in every village is different, and some may have different needs,” she said. “This is the first module, with variations to come as needed.”

The ocean is losing its breath -- here's the global scope

In the past 50 years, the amount of water in the open ocean with zero oxygen has gone up more than fourfold. In coastal water bodies, including estuaries and seas, low-oxygen sites have increased more than 10-fold since 1950. Scientists expect oxygen to continue dropping even outside these zones as Earth warms.

To halt the decline, the world needs to rein in both climate change and nutrient pollution, an international team of scientists including Lisa Levin, a biological oceanographer at Scripps Institution of Oceanography at the University of California San Diego. **Read full text**

OWN OPINION

Physician Burnout: Our doctors are tired!

Physician burnout is characterised by the inability of the physician to recover in his/her time out. Physician Burnout begins when a physician is not able to recharge his/her batteries between call nights or days and work.

The accepted standard for burnout diagnosis is the Maslach Burnout Inventory, developed by Christina Maslach and her colleagues at the University of San Francisco in the 1970s. She later described burnout as “an erosion of the soul caused by a deterioration of one's values, dignity, spirit, and will.”

This begins a downward spiral with three distinct symptoms:-

1. Exhaustion : The physician's physical and emotional energy levels are extremely low and in a downward spiral. A common thought process at this point is, “I'm not sure how much longer I can keep going like this.”
2. Depersonalization : This is signaled by cynicism, sarcasm, and the need to vent about their patients or their job. This is also known as “compassion fatigue.” At this stage, the physician is emotionally unavailable for his/her patients, or anyone else for that matter, the physician's emotional energy is tapped dry.
3. Lack of efficacy : The physician begins to doubt the meaning and quality of his/her work and think, “What's the use? My work doesn't really serve a purpose anyway.” He/she may worry that he/she will make a mistake if things don't get better soon.

Recent research shows that men and women suffer from exhaustion and compassion fatigue equally. However, symptom three, “lack of efficacy,” is much less common in men. Male physicians are far less likely than female physicians to doubt the meaning and quality of their work, no matter how burned out they are.

Burnout can happen slowly over time in a chronic grinding fashion. It can also crash down on the physician in a matter of minutes when it is triggered by a traumatic outcome, lawsuit, devastating medical error, or equally tragic circumstance in his/her personal life.

The five main causes of physician burnout most commonly observed are:-

1. The practice of clinical medicine itself- Being a physician has always been a stressful job. Physicians deal with hurt, sick, scared, dying people, and their families on a daily basis. Their work takes a lot of energy even on their best days. Medical practice is the classic high-stress combination of great responsibility and little control. This stress is inescapable as long as a physician is seeing patients.
2. Specific job stresses- On top of the generic stress of caring for patients, medicine specifically has a set of unique stresses. These include the hassles of their personal call rotation, their compensation formula, the local health care politics associated with the hospital(s) and provider group(s), the personality clashes in their department or clinic, their leadership, their personal work team, and many more.
3. Having an improper work –life balance- In an ideal world, their personal life is the place where you recharge from the energy drain at work.

Two major factors can prevent this vital activity:

Physicians are not taught life balance skills in their medical education. Rather, the opposite is stressed in their residency training. They are taught to learn and practice ignoring their physical, emotional, and spiritual needs to unhealthy levels and then carry these negative habits into their career. A physician has to work until he/she can't go any longer, and then some more. To do otherwise could be seen as a sign of weakness.

Multiple situations could arise at home that eliminate the opportunity to recharge their energy account. Their life outside their practice then switches from a place of recharge and recuperation to an additional source of stress. The causes range widely from simple conflicts with their spouse to illness in a child, spouse, or parent to financial pressures and many more.

SYNAPSE TEAM

Mrs. Divya Aggarwal

Col. Satyaroop

Ms. Seavy Maggo

Dr. Surbhi Bhatia

Ms. Daimee Sethi

Dr. Swati Srivastva

Ms. Mahak Rana

Ms. Neha Yadav

Ms. Deepanshi Kacharia

Ms. Apoorva Mehta

Dr. Vijeta

4. The conditioning of their medical education. Several important character traits essential to graduating from medical school and residency emerge during the premed years. Over the seven-plus years of their medical education, they become hard wired into their day-to-day physician persona, creating a double-edged sword. The same traits responsible for their success as physicians simultaneously set them up for burnout down the road.

5. The leadership skills of their immediate supervisors. Outside of health care, there is a management saying, "People don't quit companies; they quit their boss." There is wide acceptance that their work satisfaction and stress levels are powerfully affected by the leadership skills of their immediate supervisor. We know this is true for physicians too.

A recent study shows a direct relationship between the quality of their boss and their burnout and job satisfaction levels.¹³ In this era in which physician groups are forming much more quickly than they can find trained doctors for their leadership positions, having either an unskilled or, worse, an absent boss to report to is common.

The first step in prevention is to recognize burnout as it arises. Following are phenomena that stop physicians from preventing burnout and possible ways to work around them :-

- I. The comprehension trap: Physicians have a tendency to study a concept until they understand it, and then they fail to put it into action. Because of their long history in the educational system, most physicians will study until they feel confident. Then physicians often fail to translate this new knowledge into new actions.
- II. Einstein's definition of insanity: "Doing the same things over and over and expecting a different result." Many physicians can't free themselves from the workaholic conditioning.

If as a physician, you notice your own burnout and simply double down on the things, you are already doing to get more done in the office or hospital, your workaholic conditioning has trapped you here in Einstein's insanity definition. Once again, the only way to get different results is to take action – different actions than were being taken earlier.

Compiled by

The Synapse Team

PGDHM, IIHMR

Plot No. 3, Sector 18A,

Phase- II, Dwarka,

Delhi-110075

Email:

synapseiihmrdelhi@gmail.com

Web: <http://delhi.iihmr.org/>

Tips for driving in foggy conditions:

1. Drive with lights on low beam. High beams will reflect off the fog, creating a “white wall” effect.
2. ▪ Reduce your speed, and watch your speedometer. Fog creates a visual illusion of slow motion when you might actually be speeding.
3. ▪ Avoid crossing traffic lanes



NOTE:

The newsletter is open for inclusion of any information or advertisement; however selection of information will be governed by the SYNAPSE Team, IIHMR, New Delhi

IF YOU DO NOT WISH TO RECEIVE FURTHER ISSUES, KINDLY MAIL US.