JOURNAL

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AIIMSONIANS of UK & Europe (AUE) Souvenir Edition (2023-24)

Birmingham Welcomes AIIMSONIANS

on the 28-30th June 2024

Second International Conference of AIIMSONIANS of UK & Europe (AUE)

Venue: Botanical Garden, Birmingham

www.aiimsoniansukandeurope.com

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Organisers:

Tarun Sharma, Harsh Arya, Suresh Rao, Saroj Das

Message from Dr Vinod Paul Niti Aayog

16 June 2023

I am delighted that the AIIMSONIANS of India, UK and Europe have come together to host the 1st International AIIMSONIANS Conference 2023 in London. My greetings and best wishes to the participants of this Conference.

The All-India Institute of Medical Sciences has been a blessing in our lives. Our formative years spent in this temple of learning has placed us on a most productive and fulfilling trajectory in our lives. Our esteemed teachers taught us medical sciences as well our values so AIIMSONIANS always strive our best to carry the essence of AIIMS's culture of serving humanity wherever our career takes us.

The brand of AIIMS is our most cherished identity – my humble ' pranaam' to our teachers! The theme of this Conference is, most appropriately, 'Global issues in health care', a matter of serious concern to all medical professionals and the leaders of health sectors alike.

I am glad that all groups of AIIMSONIAN alumni are now working together in partnership with AIIMS administration to create a forum for ideation and a catalytic role for change. This forum can provide an exciting platform to current and future generations of AIIMS family to positively influence medical teaching, education, and research to reduce global inequities in health. I wish the 1st International Conference 2023 a grand success and I am looking forward to receiving the recommendations form the Conference.

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Message from Professor M Srinivas, Director AIIMS Delhi

16th June 2023

I am very happy to congratulate the AIIMSONIANS for holding the first Conference of AIIMSONIANS of UK and Europe. This newly constituted group has been actively supported by the associations with their headquarters in Delhi and North America.
The theme of this Conference 'Global issues in health care' is of universal interest to all doctors, especially Indian doctors who form the largest diaspora of medical and health care manpower globally. AIIMSONIANS are at the forefront of medical care and leading culture change at all levels in India and abroad despite our relatively small numbers.
All the three associations working together collaboratively with the parent AIIMS could provide a large platform for catapulting systemic changes in the way the health of future generations of Indians is planned in many ways including positively influencing as role models in teaching, training, and research.
I wish all AIIMSONIANS the best of luck for this Conference.

Prof M Srinivas
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Prof Iqbal Singh CBE,

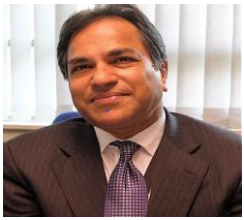
16th June 2024
Pro-Vice-Chancellor (Medicine) & Chair
Institute of Medicine, The University of Bolton

I am delighted to know that the AIIMSONIANS of UK and Europe are hosting their second International Conference in June 2024, being held at the Botanical Gardens in Birmingham.

AIIMS has been a national and global leader in education, research, and patient care. AIIMSONIANS are dedicated to caring, educating and innovating, with a vision where everyone leads a healthy life. Many of its alumni have made significant contributions to cultural change and reducing health inequalities globally. I am again most impressed but not at all surprised by their focus on global health inequities this year.

At the Institute of Medicine, University of Bolton, we are thrilled to have signed an MOU with AIIMS in support of collaborating in areas of medical education, research and innovating new ways for delivering compassionate care. We look forward to working with AIIMSONIANS to influence everyone for bringing about significant systems and culture changes across the board in medicine and healthcare for the benefit of populations both locally and globally. I congratulate the organising team and wish them all the success for this conference.

Message from the President, AUE



Following our first successful meeting in London last year, it is my great privilege to welcome you to the 2nd Annual conference at the beautiful, tranquil, and unique surroundings of the Botanical Gardens in Birmingham. The venue is critical if we want to pause and reflect on these precious moments in the preferred company of our friends and family while the world is now becoming more unstable and unpredictable. This year the theme of our academic programme for the Conference has moved a step ahead from "Issues in Global Health" to "Inequities in Global Health". To engage us in this discussion we have excellent clinicians, teachers, and researchers sharing their views with us.

Whether you love or loathe it, our future will be decided, nay dictated and navigated by Artificial Intelligence (AI), therefore, we have a session dedicated to understanding and preparing ourselves to adapt and adopt these new ways of life. AI is evolving; even the language for generating Artificial General Intelligence (AGI) is being upgraded daily. The day is not far off before it replaces human levels of intelligence as AI is today already involved in every walk of our lives both in peacetimes and in war. So, this subject is germane to our quest for finding solutions for universal healthcare as our franchise. The prospect of multimodal AI in transforming health services and creating health literacy for each individual raises hopes for solving this daunting problem.

It is incumbent upon each of us to ensure not only universal access is available so the miracle of AI can solve both individual and societal

problems in Global Health but also to be mindful of the potential risks associated with unregulated AI, all of which require a paradigm shift in our attitudes and cultural taboos that currently have engulfed all health care services. Hence, we have a dedicated session on “Learning from mistakes” and moving forward through safeguards to prevent repeating past errors while innovating for safe and effective treatments. Developing an effective vaccine from the bench to clinical practice bypassing the rigors of clinical trials was one such example. The use of the Organ On-a-Chip (OOC) technique for developing new drugs and Digital Twins for testing can hopefully make it safer and cheaper.

To make the most of the enormous progress in science we must now wisely seek to apply a sustainable strategy considering the future demographic changes in the population and the emergence of new diseases in our mission to address inequalities in Global Health. We have dedicated some time in our programme to re-living the history of AIIMS to inspire us of our past and align our future trajectory of AIIMSONIANS towards reducing inequities through universal healthcare. Having started on this journey we now have a solid foundation for our organisation through registering as a not-for-profit ‘Community Interest Company’ (CIC), led by an experienced Board of Directors (BOD) and a functioning Executive Body (EB).

All relevant information is available on our company’s new website www.aiimsoniansukandeurope.com. We look forward to engaging with each of you through our blog and looking forward to meeting up with as many fellow AIIMSONIANS as possible during our 2nd International Conference this June end.

Saroj Das

Message from the Organising Secretary

“On behalf of the members may I invite you to Birmingham to enjoy the hospitality and company of your friends during this Conference. Please do not hesitate to contact me for any clarifications before you arrive or when you are here so you can fully participate in all our planned activities without any worries.”

Tarun Sharma

Message from the Vice President & Academic Secretary

It gives me immense pleasure to welcome AIIMSONAINS from around the globe for the second time after the stellar success of last year in London. That did bring back very fond memories of our heydays in AIIMS because the academic atmosphere and the new buildings of the Brunel University campus with its gym, sports arenas, the swimming pool with the café and the unique 'quadrangle' in the centre of the halls of residences very much resembled our own AIIMS's campus of the seventies! It was of course, also the in-depth discussions on academic topics as well as the full-on social events that served to heighten the nostalgia and drama of those youthful days even more.

The theme of the topic for that Conference was 'issues in global health', in keeping with debates around the world among international experts. After much discussion during that Conference and deliberation later it was clear our purpose for this Conference was to follow up by looking more closely at the rising inequities of health locally. At first glance this appeared on the face of it quite paradoxical, considering most nations seemed to be striving for economic growth after the disastrous consequences of The Pandemic

It is clear, however, that none of the historic causes of disparities in health have gone away, if anything, this gulf has only widened, with new

issues being highlighted. At this conference their causes, mutual interactions and their final outcomes are to be intensively scrutinised, looking for possible solutions. Fortunately, there is no dearth of expertise, talent, nor enthusiasm amongst AIIMSONIANS, so we are ever so hopeful of gaining successful solutions.

Last year's Platinum Jubilee celebrations of the appointment of Padma Bhushan Prof Puliyur Krishnaswamy Duraiswami in 1953 has inspired a large following and we have received many highly acclaimed nominations from very worthy delegates for this year's International Merit Award. AIIMSONIANS are by nature innovative, and we look forward to meeting with many successful entrepreneurs to hear about their journeys and learn from them their secrets to their successes.

We also look forward to hearing about successful collaborative partnerships between AIIMS and other institutions both in India and elsewhere with the support of AIIMSONIANS for branding AIIMS. Creating a centre of excellence for leadership in research, innovation and entrepreneurship through a collaborative approach is the key to working and for reducing inequities in health globally.

Reducing inequities in health in India first and then globally was an issue close to the hearts of the original founding fathers of AIIMS. This is shown by the historical narrative of AIIMS and summed up by the commemoration of PKD through instituting the 'PKD AIIMSONIANS International Merit Award'.

I look forward to meeting old friends and making new ones at this meeting - I am sure everyone will have a grand time.

Suresh Rao

Message from the Vice President & Treasurer

It gives me profound pleasure and sense of great pride to be one of the founding members of AIIMSONIANS of UK and Europe and successfully organise the very First International Conference at The Brunel University in London in June 2023 and Second International Conference in Birmingham, UK in June 2024.

It was indeed a mammoth task for us to organise the first conference last year in 2023 which coincided with the Golden Jubilee celebration of 1972 batch of AIIMSONIANS where seven of our batch mates including Rashmi Kumar, Lakshmi Rajagopalan, Ravi Hotchandani, Satish Kohli, Satyakam Bhagwati, Suresh Rao and myself along with their respective spouses could attend. The delegates from across the world including India, UK and USA discussed some burning issues related to global health and inequality, a theme which continues in the Second conference in Birmingham UK where again we have delegates coming from around the world. The Academic conference last year was followed by some fantastic social program organised by Tarun Sharma (1986 batch) and the Golden Jubilee batchmates' enjoyable trip to the Lake District, Cumbria hosted by Suresh Rao.

We now look forward to another successful conference in Birmingham in 2024 and I take this opportunity to thank the whole Executive Committee specifically Saroj Das (President), Suresh Rao (VP, External) and Tarun Sharma (Joint Secretary, Social) for spending some endless hours going through the Academic and Social Program and co-ordinating with the speakers and delegates for the upcoming conference.

Welcome to the conference and looking forward to meeting as many of you as possible in Birmingham.

Harsh Arya

Our History

All India Institute of Medical Sciences, New Delhi

MYSTERIES IN THE FORMATION OF AIIMS

A. The Branding of Global Health Research Institutes: A 'post-Independence' analysis of events

In 1947 **Smt Rajkumari Amrit Kaur (RKAK)** was the new Republic's first Union Cabinet Minister and in charge of the health portfolio. She had been quite impressed by the 'Health Commission Reports' of **Sir William Joseph Bhore (**1943-46) recommending a national plan to improve the health care for all through a 'hub-&-spoke' arrangement that provided basic access to free and equitable services for delivery wherever the need was the most.

RKAK felt this could in the long term enable its citizens a minimum, decent standard of living after they had suffered centuries of hardship, toil, and death. She was also aware of the Bhore Committee's many recommendations but required massive funding for implementation by any nation, let alone a fledgeling nation in its state of cataclysmic upheaval for centuries. However, all funds from India had already been usurped by the new PM Attlee's government in London after UK's ruinous World War II. After the War Attlee had promised a **major social reform budget** to win the elections and raised great expectations in the public mind, but the fact was the UK economy needed intervention from US as their new 'saviours'.

The UK Treasury could not now suddenly find sufficient funds to provide every citizen 'free national insurance' and 'free universal health care' fully accessible and delivered at every doorstep, in addition to other sweeteners promised in their election campaign in 1945. So, distracting attentions of Indians by offering a final deadline for Independence, and then partitioning the country to precipitate the expected riots provided the ideal smoke screen for his new government to pass T**he NHS Act.** Immediately in early **Nov 1946, and without any debate,** the original intent of the Bhore plans was totally excluded from India and transplanted instead only for permanently resident UK citizens! What

concerned Smt Rajkumari Amrit Kaur and the others was their vision for India in 1947 could never be financed by the new government in India.

India's visionaries re-imagine a 'Nouveau Post-colonial Research Centre' to be sited in Delhi:

She had consulted widely with local and international health academicians, researchers, doctors, and intellectuals she had known during the freedom movement of the 1930s, many had been representing the interests of Southeast Asian regions over the years in world health forums. The new PM Sh JL Nehru suggested she re-create a model for India he had heard about from JBS Haldane (UCL) when they had met in London in 1934. It was a scientific institution to be called **'All India Institute of Medical Sciences',** planned to be built in Calcutta in 1931 for use of the Royal Society of Medicine in London**.** Haldane had himself dismissed that plan for AIIMS as merely yet another "**colonial-style grand dream for Eugenic experimentation on Indians conducted on an industrial scale, in India!"** and so had declined the offer, refusing to get involved in racist projects.

JLN on the other hand, had felt precisely such an institution could foster ideas for a **national health project** to formally train in future all Indian doctors to become competent in the latest Western methods of conducting formal scientific research into the rich tapestry of the historical tradition of ancient Indian healing arts. JLN personally promised to garnish support from the South East Asian bloc of nations to initiate such a programme of 'research & teaching' model in his newly resurrected idea of 'AIIMS' so generations of Indians could showcase the rich but forgotten pre-eminence of the South-east Asian scientific culture with a rejuvenated health care system to a brave new world of the future! This plan serendipitously had materialised by chance in 1952 with a grant from the Colombo Plan to provide professional education for improving the health conditions in the colonies using the Commonwealth funds.

In support, RKAK unhesitatingly donated her own piece of vacant land adjacent to Safdarjung Hospital for the ceremony of 'Laying the Foundation Stone' for the new campus for AIIMS to be built in Delhi, not

Calcutta! It was now up to RKAK's team of hand-picked leaders to immediately deliver JLN & RKAK's joint venture for a newborn 'concept of AIIMS of Southeast Asia' before the next Planning Commission's report was due in 5 years!

Key persons involved and the major landmarks in successfully establishing AIIMS:

It was to the credit of the following stalwarts' long-term vison and unwavering attention to detail that in the end created many other leading national institutions, to support the long-term functions of AIIMS:

Jawahar Lal Nehru (1889-1964) who was intrigued to hear of the original plan in 1931 by the Royal Society of Medicine in London for creating a health research institute called the 'All India Institute of Medical Sciences' in Calcutta from JBS Haldane when they had met in London in 1934. He realised its original purpose was to develop scientific methodologies for studying the physiologic effects of drugs and interplay of the genes by carrying out human experiments, had the funds not run dry in 1931 creating the Grand Lutyens' Delhi for King George V to showcase the colonial British Empire's global power to the world in 1931.

RKAK (1887-1964) dedicated her land in Delhi to build the HQ of ICMR and the AIIMS Delhi campus and her property 'Summerhill' in Shimla to AIIMS as a 'Guest House'. She and Prof P K Durasiwami ('PKD', the Medical Superintendent of Safdarjung Hospital) met advisers, invited dignitaries, government planners and guests of AIIMS to debate health care policies with academics; appoint new Director for AIIMS (Dr B B Dixit), support professional development of new senior Faculty, etc. Their idea was for AIIMS to adapt the teaching & training methods of Johns Hopkins, Harvard, Mount Vernon, London, Liverpool, and Oxbridge and other reputed universities so creating a strong and vibrant academic foundation for future of Indian medicine to thrive by the accultured early faculty members from these recognised centres of excellence.

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Dr Bidhan Chandra Roy (1882-1962); FRCP, FRCS Cardiologist, Alderman & Mayor of Calcutta in 1930-33; Premier of Bengal, later the

Chief Minister of West Bengal, 1948-62; suggested to RKAK to find a suitable site in Delhi for creating the traction needed for properly manning such an institution and act in the future as a central hub for a national health service.

Sir Arcot Lakshmanaswami Mudaliar (1887-1974) FRCOG FACS previously Chair of WHO Assembly); Prof of Obstetrics & Gynecology, Madras Medical College, Dean & Chancellor of Madras University, Chair of AIIMS Faculty Appointments Committee in 1956; Chair of the 1948 First World Health Assembly preceding the creation of WHO.

Prof P C Mahalanobis (29 June 1893-28 June 1982), OBE, FNA, FRS Director of Indian Statistical Institute, 'the Father of Indian Statistics', later Chairman of the '5-year Planning Commission') helped cost her plan for nationally implementing her full-scale 'modern health care system' for India and suggesting the form of legislation acceptable to the Lok Sabha Assembly of the new Indian Parliament.

Prof M V Govindaswamy (1904-1962) FRCP (Neurologist & Director All India Institute of Mental Health Sciences (AIIMHS), 1954-59; Bangalore (later to become 'NIMHANS' in 1974). He created India's first national research institute (1936) for combining qualitative and statistical methods for studying and treating mental health, starting the first Indian post-graduate courses in psychological medicine and developing innovative neurological and surgical interventions.

Prof Puliyur Krishnaswamy Duraiswami (1912-1974), MS, MCh, FRCS; Harvard & Johns Hopkins Universities; in 1954 joined as the Medical Superintendent of Safdarjung Hospital; first faculty member of AIIMS; first Head of Department of Surgery & first Prof of Orthopaedic Surgery and was involved in designing all clinical super-speciality departments in AIIMS & developing the clinical services in the Safdarjung Hospital util his appointment as the Director General of Health Services. An account of his Inspiring leadership is recounted under the '*Platinum Jubilee Celebrations of Padma Bhushan Prof PKD AIIMSONIANS International Merit Award for outstanding achievements*.

Prof Carl Ernest Taylor (1916-2010), Harvard Medical School & Johns Hopkins University; WHO adviser and international expert in community health, headed several missionary hospitals in India, leading global health survey teams in remote areas and advised UNICEF.

In 1956 the following institutions were sited physically next to each other and could begin working collaboratively, each growing rhizomically to nourish and support the others along the way:

The **'Indian Council of Medical Research'** was created from ***'Indian Research Funding Association'*** formed in 1911 to advice the British Imperial government in London on the future directions for experimental medical and public health research in the colonies. *It was re-named and its functioning re-directed by RKAK in 1949.*

'Safdarjung Hospital' in 1942 was begun as a US Army Barracks Hospital for treating the war wounded, later developing tertiary care facilities as the 'American Hospital'. *It was **r**e-named by RKAK in 1948.*

The **'Indian Medical Council'** was created to regulate the functions and national standards of medical education *by a directive from RKAK in 1956*.

'**AIIMS**' was legislated by the 1956 Act of Parliament *led by RKAK* for developing the systems for educating, training, conducting research, and advising the Ministry of Health on future policy directions, and to lead the nation in culture change in health care and medicine. AIIMS was built in 1955-57 *on the very land owned by RKAK where she had the AIIMS Foundation Stone laid in 1952.*

B. ***Research culture, Eugenics and the origins of a social concept of 'universal health care'***

Since its inception, research has always been the cornerstone in medical education, teaching and for clinical care in AIIMS. Its importance was traditionally recognised by faculty, staff, and students in their

professional CVs for career progression by committing to the concept of 'traditional scientific methods' of conducting quantitative studies. However, the culture in health care research around the globe had already seen opposing trends towards better understanding of the social determinants of health being of greater significance to the economic growth and welfare of the citizens than a century earlier when scientific methodologies especially statistics was first introduced in health studies by Sir Francis Galton, Ronald A Fischer, Otmar Baron von Verschuer and Karl Pearson promoting Eugenic ideas in subtle but powerful ways.
The change began by military scientists like JBS Haldane who had raised serious concerns about the infamous 'Rawalpindi Mustard Gas experiments' carried out on Indian soldiers in 1914 during his significant time in WWI spent in various parts of India until 1918.

During WWII, an Indian surgeon in the Royal Army Medical Corps serving in the US Military Base Hospital in Delhi in 1942 did openly question the moral basis for continuing with research work in the West like the 'Tuskegee Syphilis' trials by the US Public Health Services. Black subjects with Syphilis were closely monitored to study the natural course of disease progression by withholding Penicillin treatment until their death. The person raising serious concerns was none other than Captain Puliyur Krishnaswamy Duraiswami of the Royal Army Medical Corp who later returned in 1954 to this same Hospital as the Medical Superintendent when it was re-named 'Safdarjung Hospital'! So, it was no wonder the Royal Society of Medicine plans to create a research institution dedicated to conducting experiments on humans in Calcutta in the 1930s called the 'AIIMS' had been quietly destroyed!

Regardless, such inhuman clinical trials did continue in mainland Britian until much later, despite wide protests for decades with unfortunate outcomes for the hapless subjects of these research trials, many were rapidly pushed through the system without scrutiny by the Medical Research Council London for completion. For instance, Peter Ellwood's infamous 'Radioactive Chapatti Trials' of the 60s was urgently completed without any information given to the non-English speaking Gujarati women subjects who had just landed from India. It was not felt necessary to inform them about the radio-active Fe59 in their Chapattis. Obtaining

their consent, sharing such knowledge or of potential risks and dangers of radioactivity was not considered warranted - the only information given was the free offer of Chapattis as a favour to them!

Such **colonial attitudes** affecting health research were established before the turn of the 20th century in Imperial Britain, Europe and the USA, a by-product of the entrenched racial discrimination embedded in all rungs of society starting with the legal system at the top. Until the conclusion of WWII, every British Prime Minister and President of the US had been seen publicly promoting their national 'Eugenic' policies for electoral gains. It was not until the 'Leaue of Nations' had fallen apart and the West had to contend with fronting a new organisation in Nov 1945 that a difficult cultural change in all international arenas was required.

The **UN's Nuremberg Trials** was a turning point for both parties: the accused and their defence as the court heard evidence for experimental research on humans, horrific treatment of prisoners in the Death Camps but the Nazi scientists' defence could argue their behaviour was based upon equivalent US & and British Eugenic policies, legal and routine practices that had been openly and fully supported by their political leaders for over a century!

The reference to the eugenic parallels was grist to the mill for all those 'neutral' peoples from the South East Asian territories. They began justified demands for liberation from the Western global hegemony, shifting the moral high ground inexorably towards freedom and liberation of all peoples and nations from colonial-style authoritarian rule. Soon, a new set of norms of public behaviour and all matters in health was immediately required to be agreed and the World Health Assembly was created in 1948.

The great colonial powers had to now forsake each of their national eugenic policies publicly. However, unfortunately, information lying in the public domain about research misdemeanours in the past were also immediately destroyed or otherwise expunged from the documents. Also, any funding earmarked for research projects in the colonies along with any records of their pecuniary beneficiaries was also similarly erased.

Nevertheless, it became gradually accepted that it was in the public interest for open systems of governance to prevail and compliance of rules for all clinical trials and experimental research to become mandatory. However, the system is still far from acceptable.

Respected medical journals continue to demand significant change (BMJ Article dt 21st Oct p 96-102) and a transparent process for permanently 'de-colonising' all health research. Western influences in research continue to disproportionately affect the ethnic minority communities adversely. Clinical trials are simply moved out to poorer countries in Africa with scant regard to their needs or culture. Benefits accruing to the native subjects are offered under the thin veneer of a 'charitable organisation' like the 'international vaccine trials' for HIV, Ebola and CoVID 19 in recent years (Munn-Keat Looi et al, 2023).

C. ***UK National Health Service Act of Parliament 1946***

UK led the world in spawning the rudimentary basis for improving people's social circumstances and as a result, vicariously their state of health. Such revolutionary thoughts had already been brewing for nearly a century, reaching boiling point just after World War II. Promoted by individual doctors like Dr Benjamin Moore FRS, FRCS (1867-1922, a Biochemical Physiologist') writing **"The Dawn of the Health Age",**1911 and Dr A J Cronin's 1937 rendition of **"The Citadel",** the books highlighted the catastrophic effects of the 'social determinants of health' in the West.

Soon the concept of equity in health through state intervention was introduced in the public minds. The movement for creating a **national health service** that could provide all citizens universally free health care was considered a birthright. However, implementing such a solution required the full cooperation from the private sector. This group had vast resources and previously been serving only the extremely wealth who were also well-connected politically, hence reluctant to make any changes.

In 1942 the '**Beveridge Report'** to the British Parliament highlighted the need for such a national policy to reduce the burden of ill-health amongst the underprivileged classes. It was accepted that poverty adversely affected the growth of the economy and inclusion of all classes in society was an essential imperative for nation building.

Suresh Rao

HISTORY OF AUE

Creation of 'AIIMSONIANS of UK & Europe' Community Interest Company (AUE CIC)

I have been attending a few informal and formal events in AIIMS over the decades since I left in 1980 after my MBBS and MS in Orthopaedics. The place during my periodic visits seemed buzzing with activities but I noticed the familiar family atmosphere to be missing. Of course, this was inevitable, considering the changed people, circumstances, and situation over time, but attending the social and academic activities outside the campus suggested I was not alone in living these nostalgic feelings,

others inevitably admitted similar feelings too. Soon I wished to be part of my Alma Mater's future and find some way of reconnecting with the people, the place and the activities was now needed.

I began reading up about AIIMS's unique history, the changes over time and discovered various mysteries surrounding its creation, stirring my interest in meeting with and speaking to the pioneers among the faculty, the original students, and other staff. Jiten Maheshwari, the past President of AIIMSONIANS, and Vinod Paul in the central ministry, each inspired me to be more curious and learn about AIIMS unique working, the origins of its culture, and the social dynamics within and outside its normal spheres of influence.

A group of interested AIIMSONIANS in UK and abroad got together on social media and very quickly we considered meeting up socially. In Nov 2022, I was grateful to be formally inducted into the AIIMSONIANS Alumnus Association in Delhi and formally asked to take up the vacant post of representing all AIIMSONIANS overseas. I was also given the pleasure of setting up formal group meetings, etc in UK and Europe for the future.

In June 2023 we held our first international conference in London, combining social activities with a modicum of academic activities. About 50 AIIMSONIANS attended, many accompanied by their family and friends. Despite not officially seeking out sponsors, we were fortunate to break even financially with the support of Brunel University staff. We are eternally grateful for their cooperation. With the funds generated so far, we are now a registered 'Community Interest Company'. This gives our organisation formal authority under UK law to conduct financial transactions directed by a Board; a formal Executive Body to organise academic, social and community activities and hold contracts.

Currently the focus of our attention is to support our professional colleagues in carrying out their dreams for their local communities,

fostering better health through various projects and promoting academic activities. Our long-term mission is to support colleagues in collaborations in research, innovation, enterprise, and implementing change in their organisations.

I am grateful for the support of our members, my colleagues in the Executive Body and my Fellow Board members in running the organisation. I do hope to increase our current membership numbers, scale up our academic and social activities and improve our current financial position over time.

I am eagerly looking forward to meeting up with many AIIMSONIANS and their family members this month in Birmingham.

Suresh Rao

Left to Right: Dr. Bir Singh, Dr. N. P. S Chawla, Dr. A. P. J. Abdul Kalam, Dr. P. K. Dave

PKD Award

Inspiring leadership of Padma Vibhushan Prof Puliyur Krishnaswamy Doraiswamy (1912-1974)

Preamble to 'Padma Vibhushan Prof P K Duraiswami International AIMSONIANS Merit Award'

Platinum Jubilee Celebrations
It is over 70 years since PKD was appointed in 1953 as the first Faculty member for AIIMS. He became the Head of Surgical Services & the Medical Superintendent of Safdarjung Hospital Delhi on joining in 1954. By then he was already an internationally respected clinical scientist & orthopaedic surgeon and began his design for AIIMS by laying down its firm foundations for all aspects of its future functioning.

Early training
Following his graduation from Madras Medical College & MS in Gen Surgery he created one of India's first 24/7 emergency surgical units in the early 40s with an operating theatre adjacent to the Emergency Admissions Ward in the Royapettah District Hospital, Madras. He trained a multi-disciplinary team to help manage without undue delay all types of

surgical cases including victims of burns and road traffic accidents. He joined the Royal Army Medical Corps in 1942, working alongside accomplished surgeons from the Allied forces at the newly set-up Military Barracks Hospital near the Willingdon Royal Air Force Base in Delhi, for treating the war wounded, creating a triage system for urgent assessment for surgery and later physical rehabilitation before their efficient repatriation back to the US or Britain.

American Hospital
After the War this Military Barracks Hospital became popular with senior British civil servants as India's only 'tertiary care specialist centre' with specialists from all over Europe and the US working in the hospital so came to be known as the 'American Hospital'. During his 5 years in Delhi, PKD had become aware from his military colleagues about the experiments conducted by US, Europe, and UK doctors like the 'Rawalpindi Mustard Trials' (1914); the 'Tuskegee Syphilis Trials' (1932-1967); various drugs tried out on women with 'feeble-mindedness', treat pregnant mothers with 'epilepsy'; about mass sterilisations and abortions being carried out upon the indigenous and coloured populations in the makeshift military camps that had become standard practice from the Boer Wars.

Inhuman experimentation
PKD began collecting case records of newborns to analyse the potential role of prolonged labour, malnutrition, drugs for sundry diseases, maternal injury, and infection seeking to correlate the relationships of the specific types of birth defects with the kinds of interventions being carried out thus raising his concerns about causality and serious 'medical errors'.

Orthopaedic surgery and Spinal deformities research
After Independence, India's first Cabinet ranked Health Minister Smt Rajkumari Amrit Kaur re-named the so-called American Hospital as 'Safdarjung Hospital' in 1949. PKD left for the UK to carry out his animal studies and along with the evidence he had already collected in Delhi he submitted this as a MCh Thesis to Liverpool University ("...on the nature and causation of Musculo-skeletal birth defects in the spine, pelvis and

lower limbs.”). After also gaining the FRCS, the PhD and the prestigious ‘Robert Jones Medal’ (from the British Orthopaedic Association) he joined the Harvard University as a Teaching Fellow. In 1953 he was awarded the ‘Hunterian Professorship’ of the Royal College of Surgeons of England, later joining Johns Hopkins University School of Medicine a Senior Teaching Faculty and was the first Indian to be fully trained and qualified in Orthopaedics & Spine Surgery.

Foreboding

Whereas PKD’s prescient animal studies should have forewarned the Drugs industry a decade earlier of the impending ‘Thalidomide disaster’, his dire warnings were ignored by medical research community and scientists from the pharmaceutical industry. Consequently, the global ‘Thalidomide’ scandal exposed the nexus between some Western governments in licensing the drugs, the insurance companies in failing the families of the patients, and the doctors who had hidden the knowledge of the experiments from the regulators. It was left to the World Medical Association (in its Declaration of Helsinki in 1964) to finally adopt PKD’s many recommendations for enforcing the basic safety standards for all drugs testing protocols to be upgraded before allowing any research on humans to be conducted and indeed releasing such knowledge to the public.

AIIMS & Systems change

PKD was appointed to Safdarjung Hospital in 1953 (where he had worked previously) as the Medical Superintendent. His remit on joining in 1954 was to assist the Health Ministry in preparing legislation of the 1956 AIIMS Act, appointing the Director and senior teaching faculty and design its new campus. As construction of the campus began, PKD teamed up with his mentors (Sir Arcot Laxmanaswamy Mudaliar, Prof Mota Vittala Goivndaswamy & Prof Carl Ernest Taylor) to support the first Director Dr B B Dixit and the other Heads of departments in creating super-speciality services in all the major clinical fields; for preparation and planning the teaching of MBBS students; and training postgraduate doctors in research for MCh & PhD. His new faculty introduced the unique curriculum for medical and nursing students incorporating basic humanitarian values, compulsory rural postings and training doctors to

work together with teams of nurses and allied health staff in conducting qualitative and quantitative studies thus imbuing a deeper cultural understanding of the role of doctors in implementing research for the benefit of health of the population.

Innovative Courses
PKD mentored the development of 'History of Medicine' coursed (by Anatomy Prof Keswani); integrated system of 'modular neuro- & cardio-biological systems teaching' (by Prof B K Anand); highly innovative Postgraduate training programmes of 2-3 years with a Research Thesis equivalent to PhD; set a new standard for the new MBBS curriculum having 3 'Trimesters' lasting 18 months each: the 1st Preclinical; 2nd Paraclinical; and the Final Clinical; creating a dedicated lab facility for testing Drugs through animal studies (by Dr KL Wig and Dr R B Arora) in the bespoke 'Animal House'; training in ethical principles of medical research emphasising the importance of qualitative and quantitative methodologies of inquiry for understanding 'cause & effect' in disease.

Culture of inquiry
PKD's team used the Harvard & Johns Hopkins Undergraduate and postgraduate teaching and training methodologies with interactive self-directed learning based upon discussing 'Case-studies; 'Focus group Meetings' and 'Clinical Grand Rounds'; Tutor group discussions; mentoring by senior students.
Unique was also his introduction of a system for medical and nursing students to work together on the 'social sciences' and 'humanities-based' projects.

Community projects
During their rural postings students learnt by direct 'lived-in' experiences with the patients' families to better understand the role of the family in supporting children's mental well-being and the outcomes of poor early life experiences impacting health later. Community medicine thus enabled the doctors and nurses to become proficient and adaptable in carrying out practical procedures in resource-poor settings; conducting research projects in the basic sciences; lab testing of drugs and surgical procedures in animals; and publishing research in renowned journals.

Medical schools began gradually adopting these developments into their teaching curricula.

Missionary zeal
PKD continued his mission nationally to reduce health burdens and inequities throughout India as the Director General of Health Services. His protege Prof V Ramalingaswamy as Director of AIIMS created a comprehensive training programme to overhaul the anaesthetic and rehabilitation services in AIIMS for dealing with every type of emergency. AIIMS thus began developing super-specialities, the original team of faculty members inspiring countless generations of students, doctors and allied practitioners, many of whom contributed extensively in the fields of research, patient care in deprived communities, created centres of excellence, bringing international reputation to AIIMS and AIIMSONIANS.

Visionary leadership
His orthopaedic proteges Prof Balu Sankaran and Prof Vishwakarma created the 'Central Institute of Orthopaedics & Rehabilitation' in Safdarjung Hospital; Prof S M Tuli promoted the safe management of complications of spinal TB world-wide. His successors Prof Balu Sankaran and Prof R Marthanda Varma became DGHS and were able to ensure the site between Safdarjung Hospital and AIIMS was earmarked for a national multidisciplinary Centre for Emergency and Trauma management was later available to develop this service. Finally, after three decades following PKD's death the new 'JP Apex Trauma Centre' was inaugurated in Nov 2006, becoming the world's largest centre of excellence for managing and training in all forms of medical and surgical emergencies.

Global connections
In 1967, work carried out by AIIMS doctors in reducing blindness globally attracted international funding to create a bespoke centre 'the Rajendra Prasad Eye Centre'. In the early 80s similar specialist centres were created for Cardiac, Neuro and Emergency services showcasing AIIMS to be the epicentre of excellence for Southeast Asia in health care. An extensive programme of 'Health Systems Research' was initiated by Prof

V Ramalingaswamy (ICMR) and Prof Carl E Taylor (WHO) in 1980 to systemically study and reduce the community impact of morbidity and mortality from road traffic accidents in India.

Other proteges

PKD inspired Prof Balu Sankaran (who was his Assistant Prof in AIIMS) to create the Central Institute of Orthopaedics and rehabilitation at Safdarjung Hospital. Another Assistant Professor S M Tuli developed the protocols for prevention of progression and the safe management of TB Paraplegia nationwide. PKD's Lecturer Prof Vishwakarma spear-headed the development of Arthroplasty in Delhi. PKD's original design to create a national model for treating victims of trauma in AIIMS became the worlds' largest multi-disciplinary centre of excellence for any system of 'Rescuing- Resuscitating- Recovering- Transporting- & Treating', This centre was finally inaugurated in 2006 ('JP National Apex Centre for Trauma') by 2 of PKD's original undergraduate students Prof Dave (1956 batch) and Prof Venugopal (1959 batch).

Platinum Jubilee Celebrations of creating AIIMS

These momentous events in AIIMS and the great achievements of personages amongst our faculty who led the change in the culture of medical education, training, research, and clinical practice in India was commemorated by our instituting the 'Padma Bhushan Prof P K Duraiswami International AIMSONIANS Merit Award' in London by the AIIMSONIANS of UK & Europe on 24th June 2023.

Padma Shri Dr Ashok Rajgopal, Orthopaedic Surgeon from Delhi was the 1st recipient of the Award in London in 2023. He was already an internationally acclaimed orthopaedic surgeon with a wide repertoire of clinical experience in many fields including pioneering work in trauma surgery, achieving global distinction for outcomes in arthroplasty. Dr Rajgopal's humility and leadership is apparent on receiving the PKD Award "as I continue in my Orthopaedic and Arthroplasty journey, I am still learning and sharing my own experiences with my colleagues …what drives me in my work is the continuing inspiration and the curiosity from younger colleagues in questioning every aspect of our current practice…".

Padma Shri Dr Ashok Rajgopal Orthopaedic Surgeon

International partnerships
Currently, discussions are on-going between AIIMSONIANS of UK & Europe and AIIMS for global collaborations with international organisations and academic institutions in creating a Centre of Excellence for Research, Innovation & Entrepreneurial Leadership in PKD's name.
Suresh Rao
18th June 2024

ABSTRACTS FROM AUE CONFERENCE 2024

Acute Stroke Treatment: past, present, and future

MAYANK GOYAL, Calgary, Canada

Mayank has devoted his professional life in understanding and dealing the individual and varied causes of acute strokes that is now rapidly becoming the bane of humanity in all societies across the globe. He gives a nuanced critique on the many ways of tackling this.

Stroke is a devastating disease that is the biggest cause of human disability. In the West about 85% of strokes are ischemic, and mostly caused by large vessel occlusions (LVO). Mayank describes his experience with using Endo-Vascular Thrombectomy (EVT) that led to new guidelines and significant changes in global outcomes due to changes in clinical practice. Since then, he has developed techniques for further applications with considerable success worldwide. He has much hopes for the future in combating these complications.

Renal Disease: Past, Present, Future

SUMIT KUMAR; Renal Physician, Dallas glomdoc@gmail.com

Sleep Disorders: Past, Present, Future

ASHUTOSH KACKER, Cornell University

Ash is a renowned international expert on sleep disorders. He has been very concerned about the rising pandemic of this condition as it severely handicaps all our bodily functions. This disorder is only set to rise, given the general lack of public awareness about this issue.

Ash will take us through his journey and propose ideas to benefit all of us in avoiding the common pitfalls affecting our own lives.

Opportunities in Crises – some ideas!

VINAY GARODIA, Synergy Vision, Delhi

Vinay has remarkably withstood tremendous challenges in creating innovative ways to provide diverse health care options across the board. His success is a true testimony to his resilience and ability to energize colleagues in collaborating and taking responsibility for raising the reputation of the professions for the good of the community under trying times.

Exploring health inequities in General practice in UK

SUDHA DHALL, Acton

Sudha Dhall is a General Practitioner in West Acton with special interests in Women's issues running integrated clinical services in Ealing hospital. She is also a Programme Director for GPs in training. She gives an overall review of her professional experiences in UK based on her close observation of the perceived inequities in health. In her view very little has changed over time. So she outlines some of the areas where specific remedial measures for improvement are essential and can positively impact upon the long term outcomes for the majority of such patients.

Modelling uniformity in services for Emergency Care in India

AKSHAY KUMAR, AIIMS Delhi

Akshay is Associate Professor in the Emergency Services at AIIMS Delhi, devoting his professional life in improving services to reduce the effects of catastrophic health events lurking round every corner in India. He works with a renowned team with a long track-record in creating robust systems that could be rolled out across India with great potential for saving millions of lives. He provides us with invaluable lessons for reducing the

sudden and permanent impacts to the life-changing events facing any of our own lives.

Creating web-based platforms for public and clinical education

VIVEK GUPTA, Mayo Clinic

Vivek Gupta is Associate Professor in Neuroradiology at Mayo Clinic, having trained from Yale University School of Medicine. During the COVID pandemic he found many opportunities for using web-based platforms for medical education using the Mayo Clinic outreach programme and shares his ideas for creating a global platform for clinician and public education at industrial scale.

Reducing the future clinical burden of Cervical Cancers in India

VARAD PUTAMBEKAR, Oxford

Varad became interested in public health early during his MBBS days. He then worked in Gadchiroli with Dr Abhay Bang and the organization SEARCH that later invented the ASHA worker model for COVID relief.

Currently he is completing his PhD in Oxford as a Rhodes Scholar while developing a model for complex health care systems using computational simulation. It has great potential for creating a cascade of care in India for cervical cancer where this problem is real.

Startup 101: How I created a start-up enterprise

VIRENDRA K SHARMA, MD, FASGE, AGAF, Mayo

"Prepare to embark on an exciting journey through the dynamic world of medical device startups and entrepreneurial ventures. We will delve into the intricacies of launching your own enterprise in medical devices and healthcare innovation. From the initial brainstorming of groundbreaking ideas, navigating intellectual property and regulatory challenges (trust us,

it’s an adventure), to achieving reimbursement for your technology and eventually securing acquisition. So, take a seat, fasten your seatbelt, and join us on this journey filled with invaluable tips, insightful tricks, hard-earned lessons, myth busting, and a few noteworthy missteps. Disclaimer: This presentation is not evidence- or eminence-based."

Dr Sharma is a practicing gastroenterologist and a serial entrepreneur with 3 decades of experience. He has held the posts of Professor of Medicine at the Mayo Clinic School of Medicine and Vice-Chair of Gastroenterology Research, all the while making significant contributions to this field. Dr. Sharma has also founded multiple successful MedTech device startups in gastrointestinal endoscopy, surgery, cardiology, women's health, and consumer health. These ventures have secured over $120 million in venture funding, showcasing confidence in his innovative ideas.

Dr. Sharma possesses a portfolio of 100+ US and international patents in innovative products. He has also contributed extensively in academia, being recognized by Stanford University amongst the world's top 2% of scientists gaining accolades from the American Gastroenterological Association, the American College of Gastroenterology, and the American Society for Gastrointestinal Endoscopy. He continues to contribute enormously to reshape the future of gastroenterology and healthcare.

Sustainable Healthcare: Culture Change for Strategic Actions

PAWAN JAIN, Yorkshire, England

Pawan Jain is a Cardiac Anaesthetist very concerned about the negative impact of modernity upon the health of patients and our ecosystem. It is our sedentary lifestyle, utter dependence upon ultra-processed foods, use of expensive transportation, degradation of natural resources, etc that are utterly irresponsible and deserve to be decried. Even ignoring the

financial costs, humanitarian emergencies alone from heatwaves, wildfires, floods, tropical storms and hurricanes alone rising in astronomical scale, frequency and intensity with a projected additional 250 000 deaths per year worldwide by mid-century leading to over 9 million additional deaths per year by 2200. Pollution causes diseases and premature deaths in more than 16% compared to all global deaths in 2015. Globally, health systems are vulnerable to the impacts of climate change, but in turn also contribute to this effect (up to 5% of the global total of the greenhouse emissions).

He questions the very basis of human efforts for sustainability during this current triple crisis facing nature but doesn't lose heart, finding unique opportunities for AIIMSONAINS to contribute positively in making these changes happen. This includes guiding health sector professionals in addressing climate-related health risks through collaboration; strengthening health system functions for climate resilience and policies for low carbon health approaches; supporting development of specific interventions for emissions reduction and helping define roles and responsibilities for health decision-makers in climate resilience, etc.

In his view, AIIMSONIANS do have an important role not only as role models but also in directing the benefits for change for extending far beyond the realms of practising health care.

"Health research: From Eugenics & Biomimetics to Bioethics"

SURESH RAO, Western Lake District, England

This is a roller coaster of a journey from start to finish, spanning billions of years and mils across radically divergent cultures and terrains terrestrial, cosmic and unrecognisable – so hold on tight – and keep breathing!!!

Technical Perspectives on Risks & Rewards of AI in Health versus Healthcare

AJAY BAKSHI, Delhi & Bangalore

Ajay created his own company for AI solutions starting from his original field of Neurosurgery and now extensively diversified across other fields of medicine and health care.
The integration of AI in health and healthcare presents substantial opportunities and challenges. From a technical viewpoint, AI promises enhanced diagnostic accuracy, personalized treatment plans, and improved patient outcomes through predictive analytics and machine learning. However, significant risks persist, including data privacy concerns, algorithmic biases, and the need for robust validation frameworks. This presentation will delve into the critical balance between leveraging AI for innovative solutions and ensuring ethical, secure, and reliable implementation in clinical settings.

Clinician's Perspectives on Risks & Rewards of AI in Health versus Healthcare

SANJAYA KHANAL, Lancaster CA, USA

Sanjay Khanal is an innovative Cardiac surgeon and considers AI's advent in health and healthcare as offering significant transformative change for clinical practice.
Sanjay gives the clinician's perspective of AI in enhancing diagnostic precision, streamlining administrative tasks, and fostering personalized patient care. He also underlines potential challenges such as the potential erosion of the doctor-patient relationship due to vicarious over-reliance on technology, and the various ethical dilemmas regarding usage patients' personal data. His presentation will also explore the practical implications of AI in day-to-day medical practice, emphasizing the need for careful integration for maximizing benefits across the stream while mitigating risks.

1st International AUE CONFERENCE London JUNE 2023

The first International Conference of AIIMSONIANS of UK & Europe was held on 23rd – 25th June 2023 at Brunel University, London. There were seventy-five delegates from all over the world participated in the academic and social programme of the event in the most congenial and friendly environment of Brunel University campus hosted by Saroj Das, Suresh Rao, and Harsh Arya. The campus provided the platform for our academic and social activities and accommodation for all our guests. The Theme of the academic meeting was “Global Health”.

Professor Naomi Low-Beer, the Dean of Brunel Medical School inaugurated the Conference. The meeting was convened with a symposium on Issues in Global Health; the first session was dedicated to “the impact of scientific innovations and medical interventions on global

health" followed by "the impact on future health by prevention, early detection, and reorganizing services".

Jitendra Maheswari reexplored the history of the All-India Institute of Medical Sciences reminding us of the sacrifices made by some of our fellow AIIMSONIANS that have made our institution great. Professor Michael Ferenczi of Brunel Medical School introduced the concept of Team-Based Learning (TBL) used increasingly in medical pedagogy all over the world while Suresh Rao talked about UNESCO Andragogy – a strategic Theme-based Action Planning. The following is a snapshot of the presentation made by our delegates:

Role of Community Pediatric Services

HARSH V ARYA, Midlands, England

Community Paediatrics services in UK is a sub-specialty of Paediatrics involved in caring for children and young people (YP) with complex needs including disabilities (physical and learning), Neuro-developmental conditions (Autism, ADHD) and other life-long effects.

The astronomic rise in numbers and the complexities of referrals like cultural issues (e.g. transgender issues); the chronicity of the problems and the diversity of settings where such services need to be delivered like homes and schools requires sub-specialization and working in multi-disciplinary teams especially in the fields of palliative care, safeguarding, looked-after children ('fostered' or 'adopted') to ensure the services are tailored to meet the requirements of individual patients and their families in an atmosphere of rising expectations. Without advanced strategic planning and carefully targeted implementation, the disjointed service will expose unresolved needs and unanticipated errors.

Working with the Governors of our Trust and the families of our patients we have proposed a novel pilot project for a resource-effective, evidence-based, and cost-efficient model for integrating all the care using the

feedback from past experiences aiming for outcomes not only for children and young people, but for all the stakeholders involved starting with the children and their families but also the constraints of the providers and the commissioners. Maximizing these outcomes requires multiple professionals with a range of capabilities working together including the pediatricians of all shades, child psychiatrists and psychologists, nurses, physio-, occupational -, speech- and language therapists, named social care workers, and education professionals to deliver individual and interdependent services through continuously joined-up care pathways designed to fit seamlessly into each child's life.

This paper describes the initial planning stages of extensive community engagement followed by the creation of a trained team unified by design and committed to deliver collaboratively on the key targets and milestones with continuous feedback from patient experience along each of planned pathways. The program is currently on-going with some early successes but will take time for incontrovertible evidence to be obtained from specific indicators before significant success is shown to be sustainable.

Rehabilitation Medicine: Scope and Challenges in India

MAHESHWARAPPA BHIRAPPA, Bangalore

Dr. Maheswarappa BM is a Senior consultant of Physical medicine and rehabilitation, Sakra Institute of Rehabilitation sciences, Sakra World Hospital, Bangalore.

In health care, predominantly the focus is on the disease's diagnosis, investigations and medical or surgical treatment. The future challenges in global health system are diseases of life style and non-communicable diseases leading morbidity, mortality, and disability. Majority of diseases like stroke, traumatic brain injury, spinal cord injury, poly trauma, fractures, arthritis, joint replacements and musculo-skeletal and sports

injuries, cardio-pulmonary diseases, developmental delays, and cerebral palsy etc, need multidisciplinary approach to provide comprehensive rehabilitation to achieve maximum functional recovery and quality of life.

Multidisciplinary rehabilitation is a team professionals which constitute, Physiatrists, Rehab Nursing, Physiotherapists, Occupational therapists, Social workers, Speech pathologist, Neuropsychologist (where brain impairment is an issue), Clinical psychologist (for treatment of complex behavioural disturbances, Prosthetists / Orthotists, Aides, Podiatrist, Sport & Recreational Officers, Dieticians, Vocational Trainers, Rehabilitation Engineers etc who provides comprehensive rehabilitation services by integrating multidisciplinary rehabilitation approach at primary, secondary, tertiary care and continuation even at community level to prevent and reduce the severity of the disease, morbidity, mortality, disability and to improve patients abilities and quality of life.

Rehabilitation along with holistic care like spirituality, recreation, music, yoga, Ayurveda and therapeutic massages, acupressure, acupuncture, meditation, sports, arts, crafts are the adjuvants therapy in patients' recovery.
Medical Rehabilitation is the most ignored and neglected clinical speciality in medical field in India and most other developing countries. In India neither the government nor private care set up is equipped with adequate numbers of rehabilitation professionals or services for adequate rehabilitation of these patients.

Workshop on medico-legal aspects of consenting

PRAVEEN KALIA, Hartlepool, Teeside

Here he dissects the 2015 Supreme Court judgment in *Montgomery v Lanarkshire Health Board* [2015] UKSC 11 when it established that consent to medical treatment required shared decision-making based on a nuanced dialogue between the clinician and patient. Praveen examines what *Montgomery* means for standards of good psychiatric practice and argues that it represents an opportunity for delivering better care.

His approach helps to respect patient values and autonomy while providing personalised information based on the patient's circumstances and concerns. It also reduces anxiety by involving patients in their care decisions and ensuring they understand their options. He feels the key is to create an environment where patients feel informed and supported, rather than be overwhelmed by information.

His personal experience confirmed that Montgomery ruling was justified for making a positive impact and in changing anaesthetic practices in the UK. It is prescient that discussions on Martha's law in UK were ongoing.

Potential for Changing the Impact of Transport on Health

VARAD PUTAMBEKAR, Oxford

Currently, India faces three major death and disability issues that are a direct result of inefficient transport systems, i.e. Road Traffic Accidents, Pulmonary Diseases due to Air Pollution as well as delayed treatments due to poor access to essential healthcare services in remote regions. There are 1.8 deaths per km travelled annually on Highways in India(1). Vulnerable drivers (motorcycle users and pedestrians) contribute to 84-93% of all the traffic accidents and must be protected(1). Air pollution is second highest risk factor in India responsible for over estimated 1.67 million deaths annually and an economic loss of 36.8 Billion USD (2021

exchange rates)(2). Deaths due to suspended particulate matter due has increased by 120% and that by indoor air pollution has decreased by 60% over the last decade highlighting the shift in causes for air pollution from indoor cooking fuel use to increased traffic and inefficient transport systems especially in cities(2). Additionally more than 50% of India lives more than 10km away from a hospital with almost all health indicators being worse for rural regions compared to their urban counterparts(3).

Suggested System Changes

City planning renaissance

Indian roads are characterized by heterogenous traffic with the same roads being used by pedestrians, motorcyclists, cars, buses and lorries. And this has been the case for millennia. Interesting insights on road design can be found in traditional Indian texts such as the Samrangan Sutradhar which highlight how the ancient Indian roads were constructed to accommodate a multitude of modes of transport (pedestrian, horses, chariots and elephants) around 1000 years ago(4).

High visibility law enforcement

There is evidence of high visibility law enforcement being used to reduce road traffic accidents. The concept essentially states that people's driving habits are a function of the "perceived risk of them being incarcerated for those infractions". This concept could be implemented in a more methodical and intentional manner in Indian cities in order to prevent drivers from engaging in risky driving behavior as well as promote life-saving habits such as wearing a helmet(5).

Promoting Walkability and Transit Oriented Development

Concepts from town and city planning literature highlight the designing of cities in a way that invites residents, workers and shoppers to drive their cars less and use mass transport and walking as effective alternative transport systems. Many cities in India including New Delhi, Indore,

Varanasi are implementing no car or automobile zones and their needs to be an increased utilization of these concepts in developing smarter cities in the future(4).

Congestion Pricing
Congestion pricing is essentially a toll for using overused roads in cities which acts as a deterrent to drive personal vehicles on some of the highly used roads in cities. This leads to fewer cars on roads directly leading to reduced levels of air pollution and reduced traffic accidents(6). The existing technical infrastructure to implement such a policy is already present in India due to the massive scale up of FasTag lanes on Indian highways.

Strengthening prehospital ambulance care
Through effective implementation of the Pradhan Mantri Gram Sadak Yojana, more than 82% of all villages are connected to cities through all-weather roads, the challenge now is to efficiently build on existing infrastructure to improve health outcomes. A recent study done by the JPN Apex Trauma Center at AIIMS, New Delhi, identified that less than 3% of all ambulances had trained paramedics with ambulances essentially serving as glorified taxis. There is an urgent need to develop a strong paramedical health care to improve emergency care in India(7).

AIIMSONIANS & Sustainable Healthcare

PAWAN JAIN, Consultant Anaesthetist, Midlands, England

Climate Change IS AN EMERGENCY! The inferno is burning right in front of us! In the European Region, temperatures have increased at more than *twice the global average* over the past years, *the highest increase of any continent in the world*. Global heating of even 1.5°C is not considered safe, however; *every additional tenth of a degree of warming* will take a

serious toll on people's lives and health. Pollution is the world's largest environmental cause of diseases and premature death (16% of all global deaths in 2015). Climate change is directly contributing to humanitarian emergencies from heatwaves, wildfires, floods, tropical storms and hurricanes and they are increasing in scale, frequency and intensity. A significant increase in ill-health and premature deaths is projected due to climate change, with an *additional 250 000 deaths per year worldwide* by mid-century due to climate-sensitive diseases and conditions – and under high-emissions scenarios, *over 9 million additional deaths per year by 2100*.

Around the world, health systems are vulnerable to the impacts of climate change, *but they also contribute to it*! Healthcare itself has a significant environmental impact (*5% of the global total of the greenhouse emissions*) that urgently needs to be reduced. **The NHS is the UK's biggest public greenhouse gas emitter**, responsible for *~5% of all UK environmental emissions* with over 20 million tons of carbon (22.8 million in 2015) from NHS England alone! Case in point - Each operating theatre produces around 2300Kg anaesthetics waste and 230Kg sharps waste per annum, approximately 40% of which could be reclassified as domestic waste or recycling with significant environmental and financial benefits.

As global temperatures rise and extreme weather events become increasingly common, the need for climate resilient health systems that can withstand climate-related shocks, while at the same time reduce their carbon footprint has never been more critical. It is pivotal - the optimization of resource use and the implementation of strategies to curtail greenhouse gas emissions while continuing to prioritize climate recovery.

A carbon footprint analysis offers a way to measure the environmental impact of a service, product, or organisation by calculating the total sum of direct and indirect greenhouse gas emissions that are produced

throughout the supply chain. Calculating the carbon footprint helps to identify carbon hotspots. By having a greater understanding of where carbon emissions are coming from, organisations can identify how to reduce them. A triple bottom line analysis extends this further to consider not only the environmental impact of an organisation or service, but also its social and fiscal impact.

Sustainable Healthcare – is a health system that improves, maintains or restores health, while minimizing negative impacts on the

environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations. The primary objective is to integrate the values of environmental sustainability into the health industry, aiming to make healthcare practices more sustainable. Simply putting - Cutting carbon through healthier lifestyles and reducing resource exploitation. It is need of the hour to mainstream sustainability within clinical areas, integral to the planning of health systems and the practice of healthcare professionals.

As a responsible body and influential and empowered individuals, we can contribute in saving the planet by guiding health sector professionals in addressing climate-related health risks through collaboration; strengthening health system functions for climate resilience and low carbon health approaches; supporting development of specific interventions for climate risk reduction and emissions reduction; and help define roles and responsibilities for health decision-makers in climate resilience.

Unquestionably benefits extend far beyond the realm of health care.

Workshop on Learning to walk for 'health of the planet'

ANANTH JOHRI & SURESH RAO

The invited volunteers had their gaits analysed and commented upon.

The importance of maintaining a balanced posture during gait, a co-ordinated pattern of cadence with a regular rhythm needed some practice. This was shown to be invaluable with great long-term benefits for health and longevity. Learning to safely negotiate stairs, dark corners and slippery surfaces is critical for maintaining health and preventing injuries.

All participants appreciated the simple portrayal of a potentially serious factor affecting health at any age but most frequently as we get older. This was a very profoundly impactful session. It ramifications for the future invited considerable discussion for the causing many modern diseases to be due to sedentary habits, a problem that is only likely to get worse.

The dichotomy between cost-efficiency of locomotion with economic growth and the influence of epigenetic effects upon illnesses and our genes with implications for the future generations was debated. It was unanimously agreed that actions needed to be taken for serious cultural changing towards holistic approach and not rely on either technology or unbridled economic growth to solve our future problems.

Overall, everyone agreed this has turned out to a profoundly impactful session for all needing considerable reflection and appropriate actions.

Programme for Sat 29th June 2024

2nd International AUE Conference 28th – 30th June 2024

Venue: Terrace Suite, Botanical Gardens, Westbourne Road, Birmingham, B15 3TR, UK

0830-0900 Registration: Coffees & Teas

0900-0930 Inauguration

Lamp Lighting (Invited Guests & Representatives of Organising Committee AUE)

Welcome address (Saroj Das, President)

Inaugural address (Prof Iqbal Singh OBE, Pro-Vice Chancellor, University of Bolton)

Introduction to the Day (Tarun Sharma, Organising host)

0930-1630: ACADEMIC PROGRAMME Theme: 'GLOBAL INEQUITIES in HEALTH'

Session I: 0930-1100: Learning from mistakes and moving forward.

Chair: Sarita Rao; Moderator: Manal Kumar

0930-0935: Introduction to Session by the Chair (Sarita Rao)

0935-0945: Mayank Goyal (Calgary, Canada) "Acute Strokes – Past, Present & Future"

0945-0945: Sumit Kumar (Dallas US): “Changing the global scenario for Glomerular diseases”.

0955-1005: Ashutosh Kacker (US): “Racial disparities in managing Obstructive Sleep Apnoea in the USA”.

1005-1015: Vinay Garodia (Delhi): “Harnessing synergies in clinical practice can re-model health care”

1015-1025: Sudha Dhall: “Health inequities in Primary Care”

1025-1035: Akshay Kumar AIIMS: “Modelling uniformity in Emergency Care Services in India”

1035-1050: Q & A from the Floor

1050-1105 Tea & Coffee Break

Session II: 1105-1230: “Innovations reshaping global health & care”

Chair: Indu Kumar; Moderator: Sharat Jain

1105-1110 Introduction to Session by the Chair (Indu Kumar)

1110-1120: Vivek Gupta (Mayo US): “Can web-based platforms improve medical education globally?”

1120-1130: Rajeev Aggarwal (Phoenix US): “How can ‘Breast-feeding Apps’ result in healthier babies?”

1130-1140: Varad Putambekar (Oxford): “Can we re-design screening models for cancer detection?”

1140-1150: V K Sharma (Phoenix US): “How can we create a ‘Start-up’ enterprise in 10 mins?”

1150-1200: Pawan Jain (Midlands): “Can we create a sustainable healthcare workforce for the future?”

1200-1210: Suresh Rao (Cumbria): “Health research: From Eugenics & Biomimetics to Bioethics”

1210-1225: Q & A from the Floor

1225-1245: Comments by Moderators & Chairs of sessions I & II

1245-1330: Lunch Break

Session III: 1330-1430

“Risks & Rewards of A I in Health versus Healthcare”

Chair: Saroj Das (Imperial College, London),

Moderators: Shitij Kapoor (Kings College London) & Sanjay Sinha (Oxford)

Speakers: Ajay Bakshi (Delhi & Bangalore), Sanjaya Khanal (Lancaster, CA, USA)

1330-1335: Introduction to Session by the Chair (Saroj Das)

1335-1350: Presentation by Ajay Bakshi (Technical Perspective)

1350-1405: Presentation by Sanjaya Khanal (Clinician's Perspective)

1405-1415: Questions from the Floor

1415-1425: Comments by the Moderators

1425-1430: Closing remarks by the Chair

Session IV: 1430-1530: Quiz & Chat show: "Mysteries in the history of AIIMS"

Chair: Harsh Arya (Community Paediatrics, Worcester),

Host: Suresh Rao (Cumbria)

1430-1440: Introduction to the Session & the Guests by the Chair

Panelists:

1 Representative from Silver Jubilee (1997) Batch)

Vinay Garodia (Represents 'The AIIMSONIANS Alumnus')

Sumit Kumar (Represents 'AIIMSONIANS of America')

Tarun Sharma (Organising Secretary, 2nd International AIIMSONIANS of U&E Conference)

Shitij Kapoor (President, Kings College London)

Saroj Das (President, AIIMSONIANS of UK & Europe)

Kislay Kumar Thakur (Represents *all* AIIMSONAINS who can't attend)

1440-1520: Quiz & Panel Discussion on the AIMSONIANS' future role

1520-1530: Summary of the Session by the Chair (Harsh Arya)

1530-1545: Tea & Coffee Break

Session V: 1545-1625: 3 Interactive Workshops & Exhibition

Co-Chairs: Sharat Jain & Rohit Sharma

3 Separate Workshops

(held in parallel, each led by different Facilitators)

Workshop A: 'Speed Mentoring':

Facilitator: Sanjay Sinha, Oxford (*Leads a team of Mentors*)

Workshop B: 'Creating Entrepreneurs':

Facilitator: V K Sharma Phoenix USA *(Leads a team of Innovators*)

'Workshop C': 'Re-modelling Health Services for India'

Facilitator: Sudha Dhall Training Director West London

(*Varad Putambekar leads a team of 4 to envisage how this may be realistically planned)*

1625-1630: Close of Academic sessions (Saroj Das)

1630-1645: Annual General Body Meeting: Agenda TBA

1645 - 2330 Evening Social Programme, Banquet Dinner

1645-1800: Visit to Botanical gardens included in the registration fee

(At Your Leisure)

1800-1830: Group Photograph outside in the Botanical Garden (weather permitting) otherwise inside

1830: Reception drinks, Networking & Canape refreshments

1900-1930: Cultural Programme (Hosted by Rajeev Agarwal & Tarun Sharma with DJ Imran)

1915-1930: Classical musical performance on Sitar by Sanjeev Gopal (1986 batch) accompanied

on Tabla by Harjinder followed by a performance on Guitar by Thichen Lama

1930-2000: Starter served

2000-2100: Cultural Programme & Variety Entertainment

2100-2200: Mains (food) served

2200-2330: Dance & Masti

2330: Vote of Thanks

Snippets from the London Event

Editorial

This journal was conceived and published by Saroj, Harsh and Suresh in the closing days of the 2nd Conference from materials gleaned from several years of informal research and heated discussions!

Our purpose was to record for posterity the efforts of the founders of AIIMS in pioneering a unique institution that has created its own culture and dynamics with influence globally. Our interest is in attracting energies so positively harnessing ideas for cultivating and strengthening these delicate relationships in future.

These ideas are understandably still in their formative days in our minds so we take sole responsibility for any mistakes. We would seek the understanding and cooperation of all AUE members and the wider AIIMSONIANS community to bear with us for any unwitting breaches on our part.

We must acknowledge our gratitude for the continuing support shown to us by many AIIMSONIANS and others providing us with invaluable information that made this journal possible. We request others to support us by joining our ranks to make this endeavour worthwhile for readers. In the meanwhile, please do not hesitate to bring to our attention any issues for consideration.

We wish our readers a very pleasant read!

Saroj Das
Harsh Arya
Suresh Rao

All India Institute of Medical Sciences, New Delhi

Venue: Botanical Garden, Birmingham

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