



Pakistan Islamic
Medical Association

PIMA NEWS

APRIL 2016

We seek the pleasure of Almighty ALLAH through character building & service to mankind



Biennial Pediatric Symposium

PIMA Jacobabad arranged its first Biennial Pediatric Symposium on 15th and 16th January 2016 at Jacobabad Institute of Medical Sciences (JIMS). Chairman symposium was Prof Abdul Gaffar Billoo and Secretary Symposium was Dr. Abdul Majeed Memon. Speakers from different institutions delivered their presentations on different topics.

This 2-day long program was designed to highlight the modern scientific developments, social requirements of the nation, discussions, workshops and scientific sessions on the common topics in the pediatric and women health and others which a family physician faces day in and day out in his / her professional life. PMDC accredited scientific sessions on immunization, pediatric asthma, infectious diseases, pediatric haem-oncology, pediatric surgery, pediatricContinued on Page 3

Central Convention 2016

The organizing committee of 24th Biennial PIMA Central Convention welcomes all the delegates who came from within the country and abroad in Peshawar, the city of flowers and hospitality. No doubt, it is a land mark event of doctors' community where over 3000 delegates are expected to participate. Peshawar has hosted one convention in 2008 previously. The sweet memories of that event are still fresh in doctors' minds. This is a one must event for all the doctors where PIMA brings together the most influential intellectual leaders, top scholars, health experts, current topics, latest research, best practical applications, and more.



Training Workshop Rawalpindi

One day training workshop by PIMA Rawalpindi was held at IIMC on 21st February. Program started with Dars e Hadith. The speaker was Dr Hameedullah Rizwan. Dr Javed Mirza addressed on Taleemat e Hajja tul Wida while Dr Tahir Hakeem told theContinued on Page 3

PIMA wants food emergency declared in Thar

Demanding an immediate food emergency in Thar, PIMA has offered the Sindh government to help it saving lives of newly-born children in the arid region. PIMA specialists,Continued on Page 12





PIMA Membership and Election Process

Professor Muhammad Tariq

Professor of Neurology and past President PIMA)

PIMA Introduction:

PIMA is the largest and most widely represented organization of doctors in Pakistan. Our current membership of 4000 represents almost all sections of doctors. There are Clinicians of almost all specialties, Basic Sciences Teachers, Academicians, Doctors from Diagnostic sciences, General Practitioners and Dentists. In addition hundreds of medical students are our Associate members. There is a separate Female Doctors Branch with around 500 lady doctors as its members. PIMA mission statements is "we seek the pleasure of Almighty through character building and service to mankind"

Every Muslim doctor of Pakistan can become our member. We have kept the door of membership open with minimal requirement. This is to give opportunity to vast majority to doctors to avail our membership. PIMA membership provides an organized forum to fulfill ones duty to serve the humanity and we openly provide access to our forum to all the doctors. To become a member of PIMA, a doctor only has to fill a form and on approval of the local President of PIMA, he becomes a member. On becoming a member, the doctor becomes part of a fraternity where he meets friendship, brotherhood, openness and collective efforts to mitigate and eliminate the sufferings of humanity. In addition, a healthy positive environment with desire to please Allah awaits him.

Working of PIMA

Each of the 70 units of PIMA has a monthly meeting where in addition to Dars-e-Quran / Hadith a scientific topic is discussed. Issues of medical relief at local level and / or any task assigned to that unit for any central relief is looked upon and ways to improve membership are discussed. PIMA has developed excellent literature on many aspects of medical practice and Islamic view point in these areas. Members are asked and encouraged to read these small booklets and to practice Islam in their lives. A basic requirement of PIMA membership is to offer mandatory 5 prayers a day. Provincial President looks after the working of each unit of PIMA. Provincial Shura meets at least twice a year to discuss various issues and to plan for relief activities and CME of doctors. Central President has main role in PIMA. He is ultimately responsible for smooth running of the organization. He oversees all the projects of PIMA and has many constitutional powers. Soon after his election he chooses a doctor to assist him as General Secretary. He also forms Central Working Council (CWC) to assist him in many matters. CWC meetings are held periodically. PIMA central office is in Islamabad supported by full administrative and IT staff. Central Shura is the main body where all matters of PIMA are discussed. Central Shura meets at least twice a year. Central Shura is the true guardian of the

organization and all reports from centre and provinces are presented to this body.

There are many areas of PIMA work and each unit (Shoaba) has an in-charge.Continued on Page 3

ORGANIZATION SETUP

PIMA has a central President, a General Secretary and Central Executives (Shura). There are Provincial and local Presidents and Provincial Executives (Shura) of each of the 4 provinces and AJ&K. Election of all these positions are held through direct secret ballot. All members of PIMA can vote. These elections are held every 2 years. There are special characteristics of PIMA election. There are no candidates and every member has open chance to become elected to any post including that of the Central President.

There are no groups or parties and no campaigning, slogans, speeches or banners. This is because we consider these posts as responsibilities answerable to Allah. There are no remunerations, allowances or other perks of these posts and every body works free and voluntarily.

Central President once elected for 2 years has never been re-elected in the last thirty year history of PIMA. We have managed to elect a new person each time. Our presidents have been from all the provinces of Pakistan and AJ&K.

PIMA Biennial Conventions

Prof Sohail Akhtar

Professor of Medicine and President PIMA

Regular gatherings are part of organizational culture; for ideological organizations they carry even more importance. PIMA was founded in 1979 at Lahore and its first convention was attended by 49 doctors; its name suggested was 'Pakistan Doctors Forum'. Its vision and objectives were laid down. Dr Maqbool Shahid, consultant oncologist of Lahore was elected as its first President, who nominated Dr Shaikh Maqbool, consultant psychiatrist, also of Lahore, as General Secretary. Prof Khursheed, chairman planning commission was invited as key note speaker.



Its constitution was formed in 1981. Initially yearly conventions were held, till 1988 when in Multan it was suggested to hold it every two years. The alternate year was suggested for holding provincial conventions, again biennially.

The conventions of PIMA are organizational as well as educational. In each, members elect President and a working body (shoora) for the next term of two years. All its elections are by secret ballot, without any canvassing or self proposal i.e. no one presents himself for any post rather members themselves chose their representatives. The composition of shoora is proportionate to the number of members in the province and district.

The theme of the conventions is traditionally a Quranic verse or a hadith; 'Ihdinassiratal mustaqeem', 'khairun nas mayyanfaun nas' are some examples. The educational component comprises largely of religious, socio-cultural, ethical and current issues facing doctors and Muslim Ummah. Renowned scholars from Pakistan and the world have deliberated thought provoking lectures that are difficult to compare. In the last ten years or so, inclusion of scientific topics has given it a different dimension with updates in medical sciences and training workshops and symposia which attract mostly doctors in training and medical students.

PIMA conventions are very keenly attended by PIMA members, other doctors and medical students; the attendance in the last few years has clearly been more than any other medical event in the country, usually in

thousands. For PIMA members they also serve a 'reunion' which is difficult otherwise in today's busy world. They stay together, attend sessions and then have plenty of time to mix. Female Branch of PIMA also makes special arrangements for travelling and staying in line with our noble religious norms.

Prior to 2016, twenty three conventions of PIMA center have been held in various cities.

....from page 1

Biennial Pediatric Symposium
radiology and neonatology were arranged with additional thematic talk, keynote address on purpose of life and scientific exhibition.

PIMA Central president, Prof. Sohail Akhtar and Secretary Dr Abdul Aziz Memon attended the symposium and highlighted the work of PIMA in Pakistan & all over the world. Symposium was attended by about 450 people

including 350 doctors. It was first ever thickly attended symposium in the history of Jacobabad. Pre-symposium workshop on Helping Babies Breathe (HBB) was attended by more than 40 Obstetricians of the region.

....from page 1

Training Workshop Rawalpindi

audience about the rights of patients. This well attended program was moderated by Dr Muhammad Tahir Chaudhry.

....from page 2 Working of PIMA

These are nominated by the President in consultation with the Shura. Some of these units are Relief, CME, Finance, Tibbi Fiqhi Board, Associate members unit, Membership and Elections, PIMA Publications, IT Information and Press relations. PIMA also has many associated projects like Prevention of Blindness, PRIME medical institutions, Islamic Hospital Consortium, FIMA. PIMA web is for everyone to visit; www.pima.org.pk. Becoming member of PIMA is a blessing. A healthy Islamic environment with emphasis on relief for all the Humanity and shaping one's life according to our Deen awaits us. We must not forgo this opportunity.



Biennial Report, Session 2014-16

DAWAH-O-TARBIAT

This department of PIMA stresses on continued religious education, character building and personality development of its members through lectures, group discussions, seminars and printed material. In 2015, central workshops were held at Sukkur and Islamabad, attended by more than 300 doctors. Talks by eminent scholars and group discussions were held. Divisional training workshops were held at Faisalabad, Rawalpindi, Kasur, Lahore, Sargodha, Multan, DG Khan, Malakand, Peshawar, Mardan, Rawlakot, Muzaffarabad and Mirpur. Quran Fehmi Courses are held in most units for doctors to read the Quran with tajweed, basic Arabic grammar and Hadith. PIMA Karachi held these courses at 11 different places in the city. There were similar programs held at 158 places at monthly, weekly or daily basis, across the country. Special Ramadan programs including Istaqbal-e-Ramadan, Iftar and Shab-e-Bedari are PIMA's regular feature. A total of 254 such programs were held across the country during the session, attended by more than 7,500 doctors and medical students. Last Ramadan, about a dozen PIMA units held programs on 'management of medical problems in fasting'. PIMA Karachi arranged 6 special lecture sessions under 'Islamic Study Circle' during the session.



CONTINUOUS MEDICAL EDUCATION (CME)

PIMA considers CME as doctors' duty: one of the targets of this session decided in May 2014, was for its members to spend at least ten hours per year in CME programs in their areas to update their knowledge. Later when PMDC announced mandatory CME hours for renewal of certification, in September 2014, PIMA applied for certificate awarding

Cardio metabolic seminar in 2014 by PIMA Karachi and Biennial Pediatric Symposium by PIMA Jacobabad in Jan 2016 were PIMA Sind's biggest CME programs. BLS workshop by PIMA Baluchistan held on 15th June 2015 at Bolan Medical College was attended by 100 doctors.



organization, which was accepted in May 2015.

Organizing CME programs is a regular function of PIMA units, while provincial and central conventions provide such opportunities at a larger scale. During the session 2014-16, 107 lectures, symposia and seminars on different topics were held in PIMA units.

Some of the topics covered in these programs were trauma, backache, osteoporosis, pediatric diarrhea, diabetes, smoking hazards, dermatology, chest diseases, breast cancer, facts and controversies in abortion, polycystic ovary, obstetric care, health of elderly, care of under fives, malpractice and litigation, 'patient-first' and DARE. Also held were workshops on ECG, basic life support, minimally invasive surgery, general surgery, dental surgery, pain management, cardiology, hypertension, gastroenterology, hepatology, neurology, infectious diseases, nephrology and ophthalmology.

PIMA Multan, Sargodha and Karachi regularly held PMDC accredited monthly or bimonthly CME sessions.

PIMA RELIEF

Mission statement:

Service to mankind without discrimination

Emergency disaster medical relief:

PIMA has rendered valuable services during disasters in the country and abroad, where volume of casualties outnumbers available resources. Disaster preparedness workshops were also held to train its members on this. During the previous session, PIMA volunteer doctors provided medical assistance to flood affectees of Chitral and southern Punjab, IDPs of North Waziristan at Bannu and nearby districts, drought hit people of Thar and earthquake affected people of Khyber PK province.

PIMA-Muslim Aid Hospital, Mansehra

This welfare project established after the 2005 earthquake is providing health services to the local population since March 2011. Services include 25 bedded in-patients, OPD, theatre, obstetric care and laboratory. Annual OPD: approx. 30,000.

FEMALE BRANCH ACTIVITIES

PIMA female wing actively participates in all the projects besides holding dedicated programs for females in its 30 units. Among its major projects during this session were:

Women Self Care program (breast cancer awareness for lay persons); personality development workshops; hygiene promotion programs; CME and training programs for doctors, medical students and nurses; faculty development project at Lahore and Islamabad; SOPs for family planning at health outlets; women empowerment; recommendations for reproductive health bill in National Assembly and domestic violence bill in Punjab assembly; national health policy related documents. In addition PIMA female wing held regular dawah and character building programs for female doctors, medical students and nurses in various hospitals and medical colleges.



The Quranic verse:

”وَمَنْ يُؤْتَ الْحِكْمَةَ فَقَدْ أُوتِيَ خَيْرًا كَثِيرًا“ (and he to whom wisdom is granted received indeed a benefit overflowing) was the theme of the session 2014-16. Accordingly, 74 Programs were held on Hikmat and Medical Ethics during this session, besides Seerat un Nabi (S.A.W) conferences, 'understanding Quran', online lectures on haya day, hijab day, our values, doctors and dawat-e-deen, children training, medical ethics and purpose of life.

conferences to explain the correct viewpoint were arranged at Lahore and Islamabad; PIMA has been partner with govt. of Pakistan in collaborative meetings with doctors and religious scholars held in the last two years.

Confusions regarding polio vaccine for travelers were also cleared in a press conference with medical experts in May 2014.

Anti-tobacco efforts:

After printing awareness on medical and spiritual harms of tobacco in 2013, No-tobacco day activities were continued on 31st may and first Ramadan each year in shape of media campaign and local meetings with doctors and masses. Online poster designing competition was held in 2015 keenly participated by young doctors.

Hygiene improvement project (HIP): First initiated by PIMA Sindh after the floods of 2010 in the villages of Shikarpur and Khairpur districts, its objective was to motivate and educate the community towards safe hygiene practices to prevent diarrheal diseases among children under five years of age. The project was replicated in Rahim Yar Khan covering over 30,000 population. Its benefits were highlighted in a supplement oncontinued on page 9

ASSOCIATE MEMBERS

During this session, about 300 male and 600 female medical students were registered associate members of PIMA. Career guidance seminars were held in at Karachi, Lahore, Peshawar, Quetta and other cities and keenly attended by thousands of medical students and young doctors.

PIMA also encouraged the medical students to participate in medical relief activities in the country. PIMA KPK organized 3 day trip to Naran valley which was attended by 94 associate members.

HEALTH AWARENESS AND ADVOCACY

Tools include seminars/ educational sessions on health days, literature for mass education and use of media/social media.

Polio eradication:

To clear confusion in masses about safety and efficacy of Polio vaccination, PIMA worked with the ministry of health and FIMA; press

PIMA-Alhajri Hospital, Muzaffarabad

This 60 bedded hospital is the only charitable hospital for the population of around one million in Muzaffarabad. Available facilities include OPD, 24 hours emergency service, surgery, O.T, Obs & Gynae, Pediatrics and diagnostic services including lab, ultrasound and X-rays. Annual OPD: approx. 57,000.

Diabetes Clinics

PIMA has established 10 diabetes clinics in Shikarpur, Sukkur, Khairpur, Matli, Sadiqabad, Faisalabad, Lahore and Mirpur. Approximately 600 registered patients are provided free medication and education.





Disaster Preparedness and Management

Prof. Mohammad Iqbal Khan

MD, FRCS (Glasg), FRCS (Eng); MHPE

Professor of Surgery & Consultant Surgeon

Shifa International hospital

Vice Chancellor

Shifa Tameer e Millat University

Islamabad

Background: A disaster is a grave interruption of a society or community functioning leading to widespread human, material, economic or environmental losses resulting in impacts, which exceeds the ability of the affected, institution, community or society to manage based on existing resources. In current academia, disasters are encountered as the consequence of inappropriately managed risks. These risks are the product of a combination of both vulnerability and hazards. Hazards that strike in areas with low vulnerability will never become disasters, as is the case in uninhabited regions. During the recent years the developing countries like Pakistan suffer the greatest costs when a disaster hits – more than 95 percent of all deaths caused by hazards occur in developing countries, and losses due to natural hazards are 20 times more (as a percentage of GDP) in developing countries compared to the developed world.

Disasters depending upon their nature, causative factors and mechanism of development can be classified to different types but grossly they can be defined in to two major categories: Man-made, their reasoning being that human actions before the strike of the hazard can prevent it developing into a disaster. All disasters are hence the result of human failure to introduce appropriate disaster management measures. Hazards are routinely divided into natural or man-made, although complex disasters, where there is no single root cause, are more common in developing countries. A specific disaster may spawn a secondary disaster that increases the impact.

Natural disaster: is a natural process or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. Various phenomena like earthquakes, landslides, volcanic eruptions, floods, hurricanes, tornadoes, blizzards, tsunamis, and cyclones are all natural hazards that kill thousands of people and destroy billions of dollars of habitat and property each year. However, the rapid growth of the world's population and its increased concentration often in hazardous environments has escalated both the frequency and severity of disasters. With the tropical climate and unstable land forms, coupled with deforestation, unplanned growth



proliferation, non-engineered constructions which make the disaster-prone areas more vulnerable, slow communication, and poor or no budgetary allocation for disaster prevention, developing countries suffer more or less chronically from natural disasters. Asia tops the list of casualties caused by natural hazards.

Airplane crashes and terrorist attacks are examples of man-made disasters: they cause pollution, kill people, and damage property. This example is the September 11 attacks in 2001, massacre in Iraq, Libya, Syria, Afghanistan, Kashmir and other places. Another variety of disaster could of 'Human-instigated disasters' includes stampedes, fires, transport accidents, industrial accidents, oil spills and nuclear explosions/radiation. War and deliberate attacks may also be put in this category. As with natural hazards, man-made hazards are events that have not happened—for instance, terrorism. Man-made disasters are examples of specific cases where man-made hazards have become reality in an event in these days and age.

A complex type of disaster combines manmade and natural causative factors; a good example is of earthquake and tsunami in Japan Fukushima Daiichi Nuclear Power Plant, on March 11, 2011, leading to damage of nuclear power station leading to human, material and environmental losses.

It paramount that all type of disasters requires health care response plans and our physicians as well as health care facilities must be prepared to manage the major emergencies and disasters effectively and efficiently. We must define the multifaceted roles of front-line physicians and hospitals following a disaster. The infrastructure preparedness as well as physical drills of health care professionals are equally important to mitigate the impact of disaster on the effected society. When an orange code is initiated in a health care facility when faced with major emergency or disaster, the physicians and other health care workers must actually aware of what a code orange involves or what their role entails? The physicians as leaders must ensure that they are actually equipped and prepared to be called upon before, during, and after a disaster occurs. This can be achieved through regular education from undergraduate to residency level augmented and refreshed through CME programs.

Disaster preparedness: The only measure which mitigates the effects and impacts of a disaster is preparedness towards management. Disaster preparedness is a Process of ensuring that

an organization has complied with the preventive measures, is in a state of readiness to contain the effects of a forecasted disastrous event to minimize loss of life, injury, and damage to property, can provide rescue, relief, rehabilitation, and other services in the aftermath of the disaster, and has the capability and resources to continue to sustain its essential functions without being overwhelmed by the demand placed on them. Preparedness can be divided into various phases: Preparedness for the first and immediate response is called emergency preparedness to meet the requirements of disaster management. Therefore after addressing the basic concepts in emergency preparedness and Management, including risk assessment, mitigation, preparedness, response and recovery, specific attention will be paid to the Incident Management System (IMS) which is an essential tool for further management of the Disaster and its impact.

Prior to IMS, multi-agency responses were plagued by inter-agency communication breakdowns, disparate terminology, uncoordinated efforts, lack of response scalability, and ill-defined command structures. IMS has been widely adopted by many North American emergency and disaster response agencies and some other countries as well. However, while most communities have successfully implemented IMS in their emergency services sector, many have difficulty integrating it into their health care systems specifically in Pakistan and other developing countries. IMS is the simple, most reliable and effective system of the management of a disastrous or emergency situation. IMS comprises of the followings and allows the different stake holders from multiple organizations to work together and understand each other.

We need to scale the size of the crisis and how to respond to deal with any size of catastrophe while maintaining the same basic organizational structure:

1. Unity of command: A clear chain of command is established whereby each individual within an organization reports to only 1 designated person. Although this chain of command is the key to IMS, this "top down" structure is foreign to health care culture and can present a roadblock to implementing this system. Instead we propose the unified command system;

Unified command structure: Each incident must be coordinated by a sole incident commander regardless of the number of agencies involved in the response. A number of agencies or departments including health care can still be represented at the command post and work together to coordinate the response.

2. Consolidated Incident Action Plans; written plans, developed

by the incident commander or chief of planning, defining the response goals, operational objectives and support activities for a specified time period of 8-24 hours. This allows documentation of the decision-making process and facilitates sign-over when there is a change of command.

3. Manageable span of control:

This defines the number of people who can be effectively managed by 1 person during a crisis and typically ranges between 3-7 people, with the ideal being 5.

4. Comprehensive resource management: In a prescribes the manner in which resources are used in an attempt to ensure their use is maximized, the communication load is minimized, accountability is ensured, freelancing is reduced and the safety of the personnel involved is ensured. Based on operational goals response teams are developed, often involving people from different fields working together outside of their traditional organizational structure on a common task.

5. Action sheets: These are brief job descriptions created in advance for the common roles in most responses allowing anyone to fill a position. This offers significant flexibility and redundancy should the primary responders, who would typically fill a role, be unavailable for any reason.

6. Phases of an emergency: Traditionally, disasters have been conceptualized as having pre-impact, impact, post-impact and recovery phases. The previously used synonyms to these terminologies were: pre-event, event and post-event. Pre impact (Pre-event) activities include risk assessments, mitigation and preparedness. The Impact (event) may be either static, as a single point in time, or dynamic, evolving over time. Response and recovery occur during the post-impact (post-event).

7. Risk assessment: Two approaches can be used when considering risk. The first is to use an "all-hazards" approach in which a generic plan is devised that is most often designed to deal with a "worst case" scenario. When an organization is in the early stages of developing its emergency response capacity, an "all-hazards" approach will ensure that at least a basic and consistent capability to respond exists. Advantages of the "all-hazards" approach include less time required for planning and being prepared for the unexpected. A significant disadvantage is that it does not allow resources to be targeted to needs nor does it prompt

Continued on Page 10





Tarbiati Workshop by PIMA Gujranwala

A Tarbiati Workshop was arranged by PIMA Gujranwala city at PMA house on 8th January 2016. Major © Dr Abdul Qayyum, Prof. Ghulam Rasul and Prof Zahid delivered very useful lectures. Provincial incharge PIMA Tarbia, Prof Khubaib Shahid and President PMA Gujranwala also participated in the program. More than 20 doctors attended the program.

Seerat-un-Nabi Conference at Dir Lower

PIMA Dir (Lower) hosted a very well organized and well attended Seerat-un-Nabi (PBUH) Conference in connection with the month of Rabi-ul-Awal on 2nd January at Tamerghara. Dr Inayatulhaq formally inaugurated the conference with welcome address. Dr Fazle Azeem delivered a nice and impressive talk on Seerat-e-Nabvi (PBUH). President PIMA KPK Prof Muhammad Subhan and Dr Sami Ullah also participated. More than 50 doctors attended. Dr Subhan also presented an organizational talk. At the end, Dr Anwar Zada presented vote of thanks.

18th Quran Fehmi Course at Karachi

The 18th Quran Fehmi Course by PIMA Karachi started at different places of the city from January 2016. This one year long course has basically been introduced for the doctors and other professionals including women to read the Quran with Tajweed, primary learning of arabic grammar and Hadis. This course is being held in PECHS, Nazimabad, North Nazimabad, Gulshan Iqbal, Orangi Town, Gulshan e Meymar, Clifton, Defense and Site Area.

'Modesty is part of our faith'

PIMA Peshawar monthly seminar held at Kuwait Teaching Hospital on February 14. Prof Dr Shamsul Huq Hanif delivered a thought provoking lecture on the 'Modesty is part of our faith'. Doctors and students in large number attended the program.



Tarbia Workshop at Karachi

A workshop was organized by PIMA Tarbia Karachi on 24th December at House of Wisdom. The topics were وراثت کی تقسیم and عباد الرحمن کی خصوصیات. More than 50 participants including females attended the program. The speakers were Mr. Sajid Jamil & Dr. Imran Ghayoor.



PIMA KPK Tarbia Programs

PIMA Tarbia KPK arranged a one day training workshop for its members at Abbotabad on 24 December. About 30 members from Hazara Division attended the program. Provincial Incharge PIMA Tarbia Dr Tahir Mehmood and Dr Samiullah also participated and addressed to the audience. Another Tarbiati program was held on 10 December at Bannu. Provincial President Prof Dr Muhammad Subhan and Secretary Dr Muhammad Tayab also attended the program.

Islamic Study Circle & Certificate Distribution

PIMA Tarbia Karachi arranged Islamic Study Circle program at Rangoonwala Hall on 20 December. Certificates were also distributed among the 200 participants of Quran Fehmi classes, which were held on 10 different places of the city. The guest speakers of the ISC program were Engineer Muhammad Usman and Mufti Ahmad Afnan, who delivered keynote talks on "Balance in stinginess and extravagance" (بخل اور اسراف میں توازن) and importance of "independent reasoning" in current scenario (درجہ انحصار کی اہمیت) respectively. Male and female doctors and medical students attended the session in large number. Audience listened to talks with keen interest and got the guidance in the perspective of Quran and Hadith.



CME Sessions by PIMA Multan

PIMA Multan regularly arranges PMDC accredited CME sessions on monthly basis with gaining a lot of doctors' interest in collaboration with Riphah Academy of Research and Education Islamabad. First session was held on 18 November, attended by 130 GPs, HOs and specialists.

Dr Saeed Rabbani, Senior Consultant Surgeon and Dr. Manzar Ali, Assistant Prof. MM&DC Multan gave their talks on Management of Trauma and Laparoscopic Cholecystectomy respectively.

Dars e Quran was delivered by Dr. Safdar Iqbal. Prof Dr. Wajid Hussain Barki briefed the audience about the PMDC Guidelines for CME. Past PIMA President Dr Wali Muhammad Mujahid and President PIMA Multan Dr. Ahmad Khalil also addressed at this occasion.

The second program of this series was held on 23rd December 2015. This 4 hours CME session was

attended by more than 94 male & female doctors. Topics were Oro-dental hygiene, Asthma in Childhood, Urolithiasis and an ethical talk on Khair-Un-Nas man Yanfa-Unnas. Speakers of the session included Prof. Dr. Imran Iqbal, Prof. Dr. Sher Muhammad, Dr. Muhammad Akhtar Malik & Prof. Ali Asghar Saleemi.

Third session was held on 12 March 2016 attended by more than 100 male and female doctors. The topics covered were including Common Skin Diseases, Iodine Deficiency in children, Nipple Discharge and Arthritis addressed by Prof. Dr. Ghulam Mujtaba (Head Department of Dermatology NMC Multan), Dr. Ibad Ali (FCPS, Assist. Prof. Children Hospital), Prof Dr. Syed Khalid Usman (Head Department of Pathology, NMC) and Dr. Awad Ahmad (Assoc. Prof Department of Orthopedics, NMC) respectively.

CME on General Diseases



PIMA has organized the first ever continuing medical education (CME) workshop at Shikarpur Gymkhana on 25th December 2015. The Renowned & prominent senior professors & consultants delivered lectures about various common diseases. More than 120 doctors participated in this CME.

Dr Shabnam Parveen delivered a talk on Recurrent Pregnancy Loss. Dr Pir Bux Mangsi highlighted the Effects of Paan & Chaalia on Human Body. Dr Mohammad Salim Shaikh briefed the audience about Peri-anal diseases. Dr Raja Silro told the participants about Benign Breast diseases while Dr Zaheer Umar Sheikh addressed on Ocular emergencies. The program started with the recitation from the Holy Quran by Hafiz Aadil Abdullah and Dr zaheer Umar Shaikh gave a thought provoking talk on "Service to mankind in the light of Prophet's life (S.A.W.)".

....from page 5

HEALTH AWARENESS AND ADVOCACY

world hand washing day in 2015.

Awareness:

In June 2015, PIMA issued guidelines to prevent heat stroke, published for doctors and patients and issued on social media.

CME on Common Pediatric Problems

A PMDC accredited CME on Common Pediatric Problems by PIMA Karachi was held at PIMA House on 17th October. More than 80 doctors, lady doctors and medical students attended. The topics covered in the program were "Acute abdomen in children: a clinical approach", "Radiological approach to common childhood illnesses", "How to stabilize a sick and critical child", "Infection control practices: a necessity for all health care providers", "An approach to anemia in children" and "Is childhood malnutrition still a problem in Pakistan". Dr Abdul Rashid Ab Wahab, Department of Pediatric AKUH moderated the program while Dr Lubna Sarmad (head peds surgery department Indus hospital), Dr Kiran Hilal (Assistant Professor Radiology AKUH), Dr Anwar ul Haq (head pediatric intensive care unit AKUH), Dr Altaf Ahmed (consultant Microbiologist & Director Laboratory The Indus Hospital), Dr Saqib Hussain Ansari (consultant hematologist NIBD), Prof Dr Fehmina Arif (Pediatric Health Department DUHS) were among the guest speakers.





....from page 7 Disaster Preparedness

organizations to prepare for unique emergencies such as chemical, biological, radiologic or nuclear events. Once an organization,

such as a hospital, has established a generic all-hazards plan, it can then enhance its capacity by developing hazard-specific plans. Such plans require that a risk assessment be conducted to identify possible hazards, followed by a prioritizing exercise based on their probability and potential impact. High-priority hazards include those that are highly likely to occur, as well as those that are less likely to occur, but would have a devastating impact if they did. Risk assessments should be comprehensive and include both internal and external threats to individual wards or departments and to the facility as a whole. Participants in this process should include representatives from front-line staff, administration, and experts in emergency preparedness.

8. Community emergency preparedness plans often stop at "patients are transported to hospital," whereas hospital plans begin with "patients arrive from disaster," without consideration of shared risks or integrated planning. External threats to healthcare facilities can have profound implications that prevent the hospital from fulfilling its mandate, thus jeopardizing the overall community response.

9. Mitigation: After specific hazards have been identified it may be possible to help mitigate the risk they pose to the health care facility. Mitigation can be through either structural, i.e. building improvements, or non-structural, i.e., policy measures.

10. Emergency Operations Centre: The Incident Management System fully deployed. As an incident requires a more complex response, the Incident Management System structure can expand unlimitedly to maintain an appropriate span of control for each supervisor. The information, liaison and safety officers report directly to the incident commander but do not supervise the section chiefs. For complex incidents, an Emergency Operations Centre should be organized to support the incident commander, coordinate multiple incidents and interface with other agencies, organizations or levels of government whenever required. The Emergency Operations Centre is also responsible for maintaining the ongoing function of all other areas of the organization not directly involved in the incident.

This is the emergency preparedness equivalent to "preventative medicine". Building redundancy into the key systems of the health care facility is one way in which mitigation can be achieved.

Since not all risks can be mitigated, preparedness activities are required to manage an emergency should one occur.

When IMS is used the emergency plan itself should include the following:

How the plan is activated and by whom;

Who will be notified upon activation and what information should be provided to them;

Roles and responsibilities for each position;

Members of the Emergency Control Group and who will be responsible for operating the Emergency Operations Centre;

- Criteria for establishment and role of the Emergency Operational Centre;
- How the incident commander will be assigned;
- Emergency public information plan;
- Contingency plans and mutual aid agreements;
- Resource lists; and who can stand-down the emergency plan.

It was observed that during emergencies, health care facilities are often reluctant to activate their emergency plan. This can compromise emergency responses; therefore, clear criteria should be included in the plan to describe when and under what circumstances it should be activated.

Response: Effective emergency responses are well controlled and coordinated. This necessitates the use of a response strategy such as IMS, which has proven its utility through use in a wide variety of incidents. A key factor that has led to the success of incident management system is that it can be used for responses of any size at any given time. For instance, most fire departments use incident management system on every call regardless of whether it is a single motor vehicle collision or a major structural fire. For smaller incidents a written incident action plan is not required and the incident commander can assume all of the primary management roles, still allowing for the scale of the response to be expanded if required.

Incident command is assigned to the person best suited to manage the specific type of incident. Major incidents should prompt the development of an Emergency Operational Centre where the Emergency Control Group, led by the chief executive officer, will support the incident commander, coordinate responses if multiple incidents are involved, and maintain all other operations of the organization that are not directly related to the incident. Each incident should be defined by a single geographic location or other characteristic, and should have its own commander.

A benefit of incident management system is that it incorporates often overlooked actions such as the documentation of financial costs and decision-making processes. Moreover, the collection of the information required to plan and document the incident also readily facilitates incorporating a parallel research arm in the incident management system the current response. An example would be an outbreak of a novel infectious agent where clinical trials are conducted as the outbreak evolves. These trials could help to define what treatments are effective.

Recovery: The transition from response to recovery is graded and in many cases both actions occur simultaneously. The speed with which an organization can return to normal functioning is an indicator of the organization's overall ability to manage an emergency. Given the importance of the healthcare system to the overall community, it is essential that the health care organization not only have a response plan but also an operational, or business, continuity plan. Just as the response plan identifies a team to deal with an event, it should also identify a team to coordinate the recovery Emergency Control Group, led by the CEO, oversees both the response and recovery activities. In many instances the recovery activities will be shaped by the lessons learned from the disaster and thus lead full circle to mitigate actions, to prevent a similar situation in the future.

Health Hazards: Before conclusion it is important to discuss briefly health hazards related to any disaster. Immediately after impact, severe trauma and wounds are the most urgent priority for medical management. Maternal and new born emergency care and mental health effects are other facets of these

histrionic situations. Accordingly, trauma is often related to collapsing infrastructure and transport-related injury, though violence and civil unrests, wars can also be a major cause of trauma. Floods tsunami, earthquakes and wars can cause massive casualties and deaths. In October 2005 earthquake in Pakistan had spinal and pelvic injuries in 14%, upper and lower extremity injuries in 26%, Abdominal and chest trauma in 7%, head injury in 2% and crush syndrome in 2% injured population. Those who had early intervention and primary care mechanism was in operation instituted by the trained personnel had much better results than those who were recovered late or had been handled by unskilled staff. We found it essential to begin the treatment at the scene, involve first and essential surgical services at local level rather than making arrangements for travel to distant places. Transportation of the injured population can be done only after proper stabilization of the injuries as well as general condition of the patient, moreover with prior contact to the receiving health care facilities. One must be clear in mind that his actions should not be generating another disastrous situation for other health care facilities.

Conclusion: Our health care system should be moving quickly to ensure that it is prepared to deal with emergencies. Many concepts in the proposed emergency management framework, particularly the IMS, will be unfamiliar to healthcare workers. Disaster may strike any time and health care workers, especially emergency staff, will be called upon to collaborate with community response agencies and coordinate the critical in-hospital response; therefore, it is essential that they are familiar with the concepts of emergency preparedness, management, rehabilitation and reconstruction following any disaster. Therefore disaster preparedness is key to mitigate the impact of disaster, which must be a continuous process in an organized manner on regular basis.

Excellence in Health Care Products



Leocin
Levocetirizine

The Leading Antihistamine against All Seasonal Allergies

Leocin Offers:

- Superior relief against seasonal allergies
- Long-acting antihistamine
- No drowsiness or other side effects
- Convenient 12 Hour & 24 Hour Dosing



C-span
Cefixime

First Generation Oral Cephalosporin Antibiotic

C-span Offers:

- Clinically proven efficacy in Upper & Lower RTIs
- RTI infections including ROR Erythema
- Most active in combating from hospital to oral
- Convenient once daily dosage



Mykast
Mometasone Furoate

Mykast Offers:

- Provides effective asthma control
- Equally beneficial in both allergic rhinitis and bronchitis
- Improves both day and night symptoms
- Cost Effective



Osteosoft
Paracetamol

Paracetamol

Osteosoft Offers:

- Provides quick relief from PAIN, INFLAMMATION & FEVER

mega Mega Pharmaceuticals Limited
27 km Raiwind Road Lahore - Pakistan



الخدمت فاؤنڈیشن لاہور
ALKHIDMAT FOUNDATION LAHORE

ALKHIDMAT LAB, BLOOD BANK & THALASSEMIA CARE CENTER SURAYYA AZEEM (Waqf) TEACHING HOSPITAL

خدمت سے سرشار..... الخدمت فاؤنڈیشن
لاہور کے قلب میں..... منفرد ادارہ

Blood Components

- Packed Cell
- FFP (Plasma)
- Platelets
- Mega Unit

FACULTY

Departments of

- Hematology
- Biochemistry
- Microbiology
- Histopathology

We Follow Standards of
aa AMERICAN
BB ASSOCIATION
OF BLOOD BANKS

الخدمت لہد بینک
Punjab Blood Transfusion
Authority (PBTA) سے منظور شدہ ہے۔

Member Safe Blood Transfer Authority Islamabad

کیا آپ میری مدد کر سکتے ہیں؟
میرا ایک مہم جو کامریض ہوں، مجھے ہر ماہ خون اور نگہداشت کی ضرورت ہے۔
میری مدد صرف ماہانہ 10 ہزار روپے سے
اگر آپ کی طبیعت کا سر میں کی مدد کرنا ہے تو ہم سے رابطہ کریں۔

الخدمت لہد بینک
The Bank of Punjab
لاہور کے قلب میں
PK22 BPUN 0480 0200 1227 0006

Alkhidmat Diagnostic Network Pakistan



5-Bahawalpur Road, Chauburji Lahore, Tel: 042-37301356-7, 37120003-5



Distribution of ARI & Pneumonia Prevention Packages:

PIMA has distributed ARI and Pneumonia Prevention Packages to 100 families at Maskini Darra, Lower Dir on 24 December.

The unit package consisted of Honey (1/2 Kgm), Vaseline (1 pack), Baby winter-wear with hood (1), Full sleeves coats for children under five (2), Full sleeves sweater for girl child (1), Shawl for mother / young girl (1), Sheet for father / young boy (1), Socks of small, medium and large sizes (1 pair each) and Quilt (1).



Chitral Mobile Clinic

PIMA Mobile Clinics has been concluded with provision of the medical assistance to more than 11,000 patients in Chitral. These camps were started soon after floods for the affectees in July 2015. These services were extended for earthquake affected people after 28th October 2015.

One PIMA doctor along with other medical staff arranges mobile camps in the outreach areas of the district with full dedication under the supervision of PIMA relief KPK.



PIMA Free Medical Camp in Shangla:

The one month mobile clinic by PIMA culminated with provision of the quality medical care to more than 3,032 patients. This camp provided medical services from 2nd January at different localities of Puran Tehsil District Shangla till the end of the month. One doctor along with 1 paramedical staff and 1 volunteer attended the patients regularly and distributed medicine to them. This camp was held in collaboration with Alkhidmat.



PIMA/AIMS collaborative Camps



PIMA KPK and AIMS Diabetes and Research Hospital Peshawar jointly arranged 6 sugar camps for earthquake affected people of KPK. More than 782 male, female patients have been examined by qualified doctors in Peshawar, Lower Dir, Upper Dir, Swat, Shangla and Bajor during December 2015 to March 2016. PIMA team comprising of male and female care providers supported by lab personal and dietitian, screened male and females patients for diabetes and provided care with free anti-diabetic drugs including insulin. They also provided dietary counseling and education in a culturally appropriate manner. The patients were also entitled to free follow up consultation at AIMS Hospital, Hayatabad for at least three months.

Fsd. Relief activities

PIMA Faisalabad arranged a free Eye and Sugar Screening camp on 6th December at Jhumra where more than 85 patients were examined. Selected patients were operated in a 2-day surgical camp at Mujahid Hospital on 12-13 December. Another free specialist camp was organized on 28th December. A total of 57 patients were examined by multiple consultants. Hypertension and diabetes screening was also performed at this occasion.

....from page 1 PIMA Thar Relief

pediatricians and neonatologists could help train Thari youth to work at the government hospitals and the Rural Health Centres (RHCs) and save lives of malnourished children.

"We have provided equipment and trained manpower to upgrade a nursery at Civil Hospital Mithi and our doctors and paramedics have trained local youth to save hundreds of precious lives. We can do the same for other hospitals in Thar and rest of Sindh, but the government would have to hire the trained youth so that they could work at those health facilities on a permanent basis", PIMA Central President Dr Sohail Akhtar told a news conference at the Karachi Press Club. Accompanied by neonatologist and paediatrician Dr Azhar Chughtai, Dr Fayyaz Alam, Dr Ahmar Rehman and Dr Rao Naeem, he demanded the provincial government to launch a nutrition programme for the people of Thar.

Patron: Prof. Khawaja Sadiq Hussain
President: Prof. Sohail Akhtar
General Secretary: Dr. Abdul Aziz Memon
Editor: Dr. Muhammad Saleem Ghauri
Published From: PIMA Secretariat
12, Shalimar Center F-6 Markazi, Islamabad
Tel: 92 51 2261943, Fax: 92 51 2657132
Email: pima@pima.net.pk, www.pima.org.pk