

MSAI VANI

18 THE WHO LIFE
WHAT IT IS LIKE TO BE
AN INTERN AT THE WHO

WHAT'S INSIDE
Joining Hands with
the UNESCO **28**

26 MONTENEGRO MUSINGS
ON MSAI AT THE IFMSA
MARCH MEETING 2017

22 ACROSS THE SEVEN SEAS
EXCHANGE STUDENTS SHARE
THEIR EXPERIENCES

The Face of Rural Health

WHAT IS IT THAT IS SO **DIFFERENT** ABOUT IT?

Imprint



Medical Students Association of India is a non-government organisation (NGO) founded in the interest of medical students in October 2011. MSAI is a registered society with the Government of India under the Societies Act. It is dedicated towards working for the welfare of medical students across the country and enhancing healthcare in India. In August 2016, MSAI was accepted as a permanent member of the International Federation of Medical Students Association (IFMSA). MSAI is India's first and largest nationally and internationally represented association of medical students.



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We apologise in advance for any errors that might have been overlooked despite the best of our efforts.

MSAI Vani - The Voice of MSAI

MSAI Vani was launched as the official magazine of MSAI in 2016, aimed at informing and inspiring its members to work towards the cause, and to broadcast their views to readers across the country. The magazine also strives to keep the writing spirit alive in the medical student fraternity, and encourages its contributor to display optimum creativity in their works.



MSAI Vani Covershot

A cover defines the magazine's grandeur, and what is a better picture to grace a people's magazine than the one clicked by the people itself? Through the MSAI Vani Covershot, the members of the organisation are urged to submit their photographs that capture either the health scenario in the country, the life in MSAI or those which depict the annual magazine theme. *(More on Page 31)*



Hear My Voice

MSAI allows its members to voice their views and share their thoughts on the magazine's theme of the year through 'Hear My Voice'. A few select articles are published in the magazine.

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Tailoring Inspiration

Dear Reader,

Every mind has one simple wish — to have its voice heard. For medical students there are several issues of interest; some which are studied, some heard of and some experienced. On these issues we often wish to speak, yet doubt that we would be heard. This concern in mind, the Medical Students Association of India launched MSAI Vani — a platform for its members to share their thoughts, opinions and experiences on issues that matter. With an aim to inform, inspire, and to empower, MSAI Vani became the voice of the Medical Students Association of India.

This year we decided to take a step further in making MSAI Vani more of a people's magazine. By launching platforms such as MV-Covershot and MV-Hear My Voice, we encouraged member submissions to the magazine. It does not end there though, we also urge people to revert to us with their feedback on the article and to participate in interactive activities such as 'Caption the Photo'.

In this issue, we have subtly introduced the theme "Health for All: Rural Scenes", which has been the foundation for article submissions, the cover-page photograph, and our cover story, "The Face of Rural Health". The choice of theme was made on the bleak picture painted in the country by the concept of rural health. There are several misconceptions associated with it, and many drawbacks of what seems a simple solution do not come to the fore. As we set our eyes on new technologies, innovation, the future of medicine; basic rural healthcare lies largely neglected. With this magazine, we hope to inspire readers to think and act for the amelioration of the healthcare scenario in rural areas.

MSAI Vani strives to be more than just a magazine, the Publication Support Division has persevered over the past few months to make it an inspiration. We have had immense support from the staff of MSAI as well as many enthusiastic members, without whom this publication would not be a reality. So let these few pages be a tribute; to dedication, creativity, achievement and the spirit of MSAI. We do hope you have a great time reading it!

Happy Reading!

Arshiet Dhamnaskar

Publication Support Division Director (2016-17)



3 EDITORIAL



6 PRESIDENT'S NOTE



7 RURAL HEALTHCARE STATUS IN INDIA



8 THE PARIS AGREEMENT HANGOVER



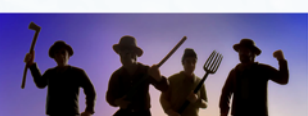
10 THE BLUE DEATH



11 MY FIRST EVENT



12 SUSTAINING SMILES



14 SPARE THE ROD (AND US TOO!)

what's inside

contents

MSAI EXPERIENCE	16	
THE WHO LIFE	18	
THE FACE OF RURAL HEALTH	20	
ACROSS THE SEVEN SEAS	22	
MONTENEGRO MUSINGS	26	
JOINING HANDS WITH UNESCO	28	
EQUAL?	30	
CAPTION THE PHOTO	30	

FROM THE DESK OF THE
PRESIDENT
OF MSAI

The President speaks to the reader about his journey and experiences during his term in the organisation

Adit Desai ascended to office last October when the Past President quit due to unexpected professional commitments. Having served as the Vice President (External Affairs) in that term, it wasn't long before he had a firm grip on the reigns. He then went on to become a dependable, trustworthy, passionate and inspiring leader for the Association. His colleagues often look forward to him for new ideas and solutions, and do not hesitate before approaching him for help. He is known to be jolly, fun-loving, and generous.



Dear Reader,

As I write this, the National General Assembly is just a few days away. Although a small fact, it is of great value. It is that time of the year when new, budding faces will be trained to be better leaders, trainers and learners. There will be changes in policy to keep up with the pace of the growing organisation. MSAI will elect its new leaders and representatives — a series of events in which I, too, shall hand over my responsibilities to my successor. So friends, here's my last message, as President, to you.

It was never easy, never could be. Back in October when I was asked to take up the position, I was certainly thrilled, but deep down there, I was indeed quite nervous. To have a huge organisation such as this to shoulder the responsibility of, all of a sudden, is a wild dream. Work would pile up, deadlines would approach in no time. I had many stressed-out moments and sleepless nights. But I did not stop. There was just one thing that kept me going in the most difficult of times, and that was passion. Passion is the very spirit of MSAI. Here, everyone is willing to learn, explore and achieve. People's participation in ideating, thinking and executing is more than just commendable.

What has captured this spirit with perfect precision is our magazine — MSAI Vani 2017. As I browsed through the pages of this wonderful creation, I was delighted to have relived the many memories contained herein. I was overjoyed to see our members' contributions—opinions, stories, photographs—which have assured me that the heart of MSAI will always keep beating.

I would like to thank all my fellow members out there for having supported me throughout this journey and to them I would like to say, "Do what you love, and love what you do." Just like the publication team, I, too, hope that this magazine inspires you to work for your future endeavours. Have a good read!

Warm Regards,
Dr Adit Desai
President (2016-17)

TOP 5 REASONS

Why India Needs To Be Concerned About Its Rural Healthcare

01

As per Census of India 2011, **68.8** percent of total population in India lives in rural areas. This makes addressing the health problem largely depend on catering to the needs of the rural population

02

In the rural areas, the child mortality rate is **58** infant mortality rate is **46** and neonatal mortality rate is **33**. These exceed their urban counterparts by a large margin, suggestive of neglect in the rural areas.

03

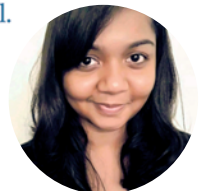
We need **1** primary health sub-centre per **5000** population in urban areas and **1** per **3000** population in rural areas. We currently have a shortfall of **35110** primary health sub-centres, **6572** primary health centres, and **2220** community health centres.

04

Most rural households have a conservative mindset, especially when it comes to issues like menstrual hygiene and family planning. The current unmet need for family planning in rural areas is also higher due to inadequate facilities, lack of proper information and fears regarding contraceptives.

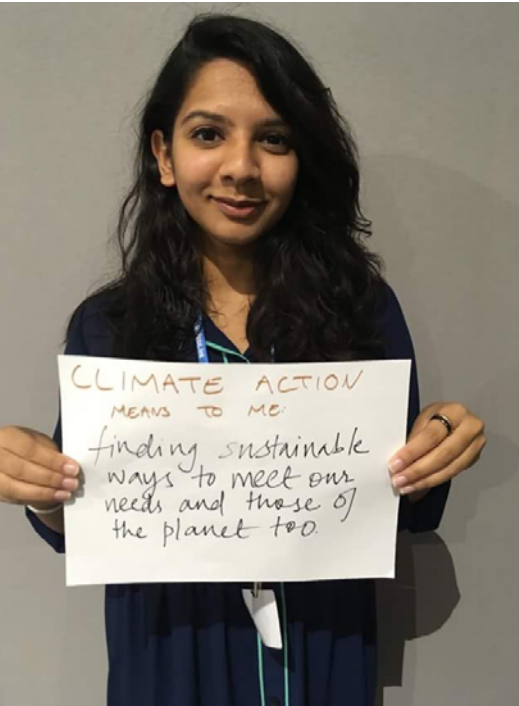
05

One of the major reasons discouraging a medical graduate from pursuing a rural posting is the dearth of basic living amenities for doctors, and a lack of basic drugs and emergency facilities in the primary health care centres. If PHCs are equipped to tackle at least basic health problems, it will encourage employment of doctors, and a fair distribution of trained medical manpower between rural and urban areas will prevail.



Swati Joshi

The Paris Agreement



Marrakech, a city known for its imperial splendour and dusty, red sandstone lanes lined with exquisite mosques and palaces basking in their collective stillness, welcomed a noisy bevy of major stakeholders as the Conference of Parties (COP22) convened to address the implementation of the famous Paris Agreement.

The United Nations Framework Convention on Climate Change brought together a vast array of dignitaries from more than 200 countries around the world in February 2016 at Paris, after an equally historical Copenhagen Climate summit, to draft what was essentially an environmental agreement. Thus, needless to say, all eyes were peeled open for the COP22 Marrakech, in which its implementation was to be addressed.

MSAI's Project Support Division Director, Aruna Muthumanickam, joined the 6-member IFMSA delegation that elbowed its way into the COP22, accompanied by IFMSA members from Netherlands, Sweden, Morocco, Denmark, and Tunisia.

The three-day conference started off with a ministerial meeting conducted on the 15th November, in cooperation with the WHO and UNEP. It was chaired by Margaret Chan and Erik Solheim, Director Generals of WHO and UNEP respectively. The star studded meeting witnessed an audience that comprised of Ministers and Deputy Ministers of Health, Ministers of Environment as well as representatives of medical organizations such as IFMSA and WMA. Each Minister was called upon to give ideas on how to increase collaborative efforts between various countries, groups and committees, as well as, elaborate on what exactly each of them was looking out for in terms of climate change in the long run. As the meeting ran its course, Margaret

Chan, took the opportunity to award Morocco with the Certificate of Recognition stating that Morocco was finally free from trachoma which was met with a round of applause for the hosting nation.

The day also accommodated the UNFCCC Climate Studio, which incidentally happened to be Aruna's favorite event in the entire convention. The climate change studio was all about the human dimensions of Climate Change viz. Culture, Conflict, Communications and Collaboration. It spoke about how we could incorporate the Arts in the dialogue of Climate Action and demonstrated how we could progress into what is called a 'Copernicus era', where resource sustainability ends up being the centre of our lives.

The next day, IFMSA decided to conduct an event titled 'Our Climate, Our Right', to show the dignitaries that the youth cared for the environment too. This event, albeit successful in itself, was made more memorable by the presence of Mr Erik Solheim. Mr Solheim joined the excited students for a brief, but enlightening conversation about what they were advocating at the COP and added anecdotes about his recent experience in Mumbai for extra measure. Aruna was ecstatic about this little detail and felt that it had left an indelible impression on him. The Director General was encouraged the young doctors and acknowledged their support



Hangover

A look back into COP22

Combating climate change, one degree Celsius at a time

by following up on his interaction with a tweet directed at the delegation.

The 17th of November was commemorated as Climate Justice Day. The working groups of Health and Human Rights all pitched in and organized a press conference to send a shout-out to the rest of the world about the state of the planet's changing climate. Aruna took on the responsibility of representing IFMSA, and thereby all the medical students worldwide, and spoke about the largely underrepresented issue of Children's Right to Health at this Press Conference. Intergenerational equity does not receive adequate attention in the negotiations concerning the Paris Agreement and she believed that the press conference would be one step towards changing that. The panel also consisted of Dr Rhys Jones, Public Health Physician and Senior Faculty member at Auckland University, Mr Benjamin Schachter, Human Rights Officer of the Office of High Commission of Human Rights, and Jay Ralitera a member of the organization, CliMates.

The 'SDG3: Good Health and Wellbeing' event also left a lasting impression on our young delegate and she returned to tell us all about how policy makers should utilize the SDGs during the formulation of national policies.

After the constant criticism post the COP21 that the developed countries got away with very little undertaking, finance was the primary focus points of a large majority of discussions at the COP22. The call for increased political commitment' also found its place in the Marrakech Action Proclamation.

Aruna reported back to MSAI with her experiences even before the winding streets of the Moroccan economic capitol's walled medina started quietening down behind the receding footsteps of all the 25,000 luminaries who had witnessed the COP22.

(Photographs on this page spread submitted by Aruna Muthumanickam)

Below: Press Conference at COP22 attended by Aruna on behalf of the IFMSA



The Blue Death

Health as a concept itself is elusive; it cannot be defined and is a spectrum with varied dimensions.

In the rural scenario, health is often misinterpreted or seen via tainted glasses providing people an owl's eye view due to which they are not able to combat the physical and mental stresses of life eventually leading to poorer prognosis of disease outcomes, even though the burden of diseases especially chronic lifestyle associated diseases, is lower in such areas as compared to urban population. Ignorance due to lack of proper knowledge and guidance is the seed of all problems in rural areas. Coupled with radicalism it proves to be a deadly combination.

He sipped the blue fluid
To purify his body of all sins,
To experience cosmic happiness,
To become an eternal astral being
And to be lost in the ocean of ecstasy forever.

To him it was like *prasad*,
A blessing which would free his burnt soul
From the shackles of tradition and the profane society around him.
It was a path to salvation and inner peace,
And a tool to visualise the colour of the eternal truth paranormal.

The fluid slowly merged into his bloodstream,
Turning his veins cyan blue,
Numbing his limbs slowly with time,
Turning his face cold and pale,
As he was losing himself but as he heard he was realising his identity too.

He left his body made of the *panch tatvas*,
Killed by ignorance— a stronger poison than the snake that bit him.
He left his mother alone despite all promises,
Little did she realise that her fanaticism had had its kill.



Nitya Beriwal



My First Event



Photograph by Arshiet Dhamnaskar

It was indeed a fresh experience to have conducted an MSAI event for the first time. It had been barely two weeks since I had registered as a member when I got a call from the then National Public Health Officer, Dr Zenia Poladia, asking me to conduct an event in Solapur, the city where I currently study.

Clueless!

As easy as it might seem now, it wasn't so when I started out. For instance, when I asked what event I should conduct, I was instructed to proceed along the lines of a women's health event, as such was an ongoing national campaign for International Women's Day. But that was it. There were no plans laid out, no procedure explained... nothing! I had attended only one event before, and that had consisted of a makeshift arrangement made at a cooperative venue; something which would have been quite improbable to replicate in a city such as Solapur where people are not only alien to such activities being conducted, but are also averse to any suspicious incoming novelty. I needed a plan. The question was — where should I start?

Starting Out

First, I needed a team. I knew it wasn't something one could do alone, there would be many such tasks where help would be needed and that there are people better at them than me. I approached my colleagues who were motivated and interested to work for this cause, and they agreed to help me. I then had a team of about 10 people, which then grew to 27 over the course of the event. Next, I had to choose what type of event I had to do. Having gone through many textbooks and a few internet sources, the event most specific to women seemed to be that of breast cancer awareness and self-examination.

Having chosen this topic then, we moved on to planning the event. We sought guidance from Dr Prashant Howal, who was an Asst Professor for the Department of Community Medicine at my college, Dr Vaishampayan Memorial Government Medical College, Solapur. He explained to us the status of health in the area, and the resources that would be available to us. He was passionate about it and was happy to see students of our age going out there to actually do something for a good cause — I still remember the 6 hours we spent at his quarters and the Urban Primary Healthcare Centre with him, discussing event prospects and organisation.

Knowing What We Are Doing

To get a better idea of what we were going to do, we visited the venue, a little primary school, Sri Samarth Vidyamandir, Shastri Nagar. It was situated right in the middle of an urban slum, and visiting the place also meant we had a firsthand glimpse at the population we were dealing with. During this visit, we realised that the topic of breast cancer was not the topic of greatest concern for that population at all! There were infectious diseases and nutritional problems like many slum areas, however, what was peculiar about this community was that many of them were involved in the *beedi* industry. Our event then transformed into a specific one targetted towards the occupational hazards encountered by the *beedi* workers, as well as general hygiene. We discussed these issues for a long time, spending around 3 hours everyday with volunteers for five consecutive days before the event.

Getting Closer

Those volunteers who were interested in giving a talk to the target population, accompanied us on a field visit to the slums, where we observed the

living conditions of the people, and went from door to door asking and observing problems. This little exercise aided us in explaining the problems to the target population on the day of the event in a more relatable form. Having realised the women's liking for drama, we arranged a short skit which when performed was met with applause and an encore demanded. In fact, such was the impact that those women who had been reluctant to come for the event were urged by those who did, especially for watching the skit.

Rest is History

The event went according to plan; there were a few last minute changes made impromptu by innovative volunteers for better event flow. We obtained several significant results, and went on to win the Activities Fair at the NGA 2016. The event created a great impact in the society— which started trusting the healthcare system again— as was seen in our subsequent events. All the volunteers were delighted to have done such an activity for the first time in their lives. After the completion of the event, the MSAI unit at Solapur saw an influx of 40 more members in the next two weeks. A friend of mine has kept the group picture for the event as his laptop wallpaper till date, even though we have done many events after that. His explanation? In his words, "What we had conducted was not just an event then, but a bunch of memories we would cherish for a long time to come."

Wish to share an experience of your first event with us? Do so with "#MyFirstEvent", and don't forget to tag us!



Arshiet Dhamnaskar



Sustaining Smiles

(Above) Image Source: https://upload.wikimedia.org/wikipedia/commons/thumb/8/8f/India_-_Delhi_smiling_girls_-_4698.jpg/

We live in an age where 'comprehensive' health care is considered paramount. It doesn't matter what the health care system in our respective region is or what level of active measures are being taken to make all-inclusive healthcare a reality around us, the need, in the very least, is being recognized.

Despite the failings and the inconsistencies of the Indian healthcare schemes at the rural level, there is more awareness now among the young

Below: Say "Aah!" A young examinee opens his mouth wide open for oral examination

rural population than there has ever been before; these people know that healthcare goes much more beyond only physical well being and this knowledge might well be the impulse needed to usher in a new era of progress and betterment in the constant challenges that the medical fraternity faces in rural India.

Yet, in spite of all the advances and surges that have taken place, one can't help but notice that oral and dental health care share a very small

and often neglected part in all these happenings. Somewhere in the quest for positive health in optimum conditions, dentistry as a specialty has been completely sidelined. Many might say that this is not such a big loss, that there are more important and immediate health concerns than one's teeth and though it is true that many patients present with more severe health concerns than oral health issues, it is by no means an adequate justification to ignore the field altogether.

In innumerable ways, oral health status reflects the general health status of an individual. The mouth serves as a 'window' to the rest of the body, providing signals of general health disorders. For example, *Candida* build-up may be the first signs of HIV infection, aphthous ulcers are occasionally a manifestation of coeliac disease or Crohn's disease, pale and bleeding gums can be a marker for blood disorders or vitamin deficiencies, bone loss in the lower jaw can be an early indicator of skeletal osteoporosis, and changes in tooth appearance can indicate bulimia or anorexia. More relevant, perhaps, is the fact that 40% of cancers in India are oral cancers, the incidence being high in rural areas where habits of tobacco and *gutka* chewing (the main etiological agents of oral cancers) are rampant. Imagine what change could be brought about in the morbidity and mortality rates due to oral cancers



if the condition is diagnosed early by a dentist. Poor oral health and untreated oral diseases have a significant impact on quality of life. They affect the most basic human needs — the ability to eat and drink, swallow, maintain proper nutrition, smile and communicate.

The lack of dentists in rural areas is possibly one of the main causes for this situation. The physician-population ratio was 1:2,400 in 2000 and is 1:1,855 at present in rural areas while the dentist-population ratio is 1:10,000 for urban areas and 1:2,50,000 for rural areas. This stark difference in the physician and dentist ratios gives a clear idea of what the situation in rural areas is at present for those who seek dental treatment. That, however, is not the only cause. When the primary health care systems were implemented in the 1980s, dentistry was not adequately included. This has left oral health far behind other health services. Since there are no dentists in government decision-making bodies, dentistry is at the mercy of other medical professionals who usually take for their



Above: A health examiner does a basic oral check-up of a school student

own profession the major share in the meager amount sanctioned by the government. The

costs of providing services are high compared to other areas of health care, the workforce is very limited and the potential disease levels have

remained high over the years. Statistics present the grim reality that out of the 95% of the population in India that suffers from gum disease, only 50% use a toothbrush and just 2% of the population actually ends up visiting the dentist.

Thus, it might be better to say that dentistry is not just under-represented in current rural health settings, it is practically unrepresented.

There is no miracle that can be worked to change this scenario nor is there a magic spell to fix this problem overnight. Dental health awareness and care has to be slowly, painstakingly and diligently introduced and established in rural India, the way medical health care has been. Although there are efforts already underway, like those of the National Oral Health Programme, we are far from achieving an acceptable level of health and well-being in the specialty and until the day comes when we can proudly declare ourselves self-sufficient and at par with international oral health care standards, our efforts cannot cease.



Bushra Nizami

Photographs on this page spread submitted by: (Bottom Left and Top Right) Parimal Udupurkar (Bottom Centre) Bushra Nizami



Spare the Rod (And Us Too!)

“Is Maharashtra Unsafe for Doctors?,” read the headline of the first listing on my Facebook feed, Mid-March, 2017. Another day, another doctor assaulted. Another candle march, another call to arms, another reason to bring out the old ‘#SavetheDoctor’ placards. It would fizzle out in a week unless we had more of such episodes (and we were not disappointed; a constant supply of newer thrashing occurrences were observed even at the time of writing this article). The fault was clearly not of the medical practitioners in any of these incidences, but do we have any right to teach nuances of ethical behavior to those who advocate and routinely unleash havoc into the lives of unsuspecting young doctors? (Keeping in mind the comments that the doctor ‘deserved’ it). I wonder if we, as the newest batch of doctors, have anything to learn from these incidences.

Short temper? Try ‘absolutely no’ temper!

It is redundant to state that a majority of the population of the country has absolutely no patience. We can’t wait in queues for our train tickets without jumping impatiently and needlessly making noises at anyone trying to cut



in, we can’t wait for the traffic light to count down to its last 5 secs before zooming off, we can’t wait for the weekly Fridays for our movie releases and we sure cannot wait for the right doctor to come along and help us. We start beating the one that is available because that is miraculously going to help the dying person.

Don’t expect help. Ever.

As a young intern, I think this is the most important lesson I’ve learnt so far. Even in what is generally an overpopulated government hospital which otherwise has so many people sitting,



standing, and sleeping on every available flat surface, if you are going to get a stick to your head, you are going to be essentially alone. Don’t expect the police to come on time (or at all), don’t expect the old rheumatic watchmen to lift a finger and don’t expect the hospital staff to do anything about your impending death. Because they won’t and it isn’t their fault, it’s called self-preservation, which brings me to my next point.

Run! Save yourself!

Invest in some good running shoes and run away the minute you sense you are going to get your eyeball punched in. There is no need to stand and take the blows. You don’t deserve them. You are a doctor, not Iron Man. The hospital property might get trashed that way, but that is still repairable, losing vision and subsequently having to compromise on your dream of becoming a neurosurgeon is not worth a few broken tubelights.



The public is a lazy and ignorant bunch

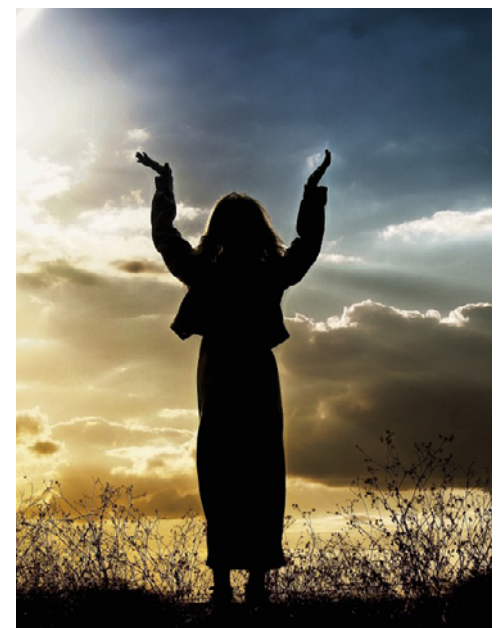
The Indian public will walk into a one room OPD clinic and expect all their multiple, carefully



cultivated ailments to be dealt with immediately. It’s basic human tendency to not want to walk to 10 different people sitting in 10 different rooms across the city. Believe it or not, but we are the same. So you need learn to expect it. We know of the different super-specialties because we spent 5 years studying about them and then another year rotating in each one of the departments, which is way more studying done than most of the demographic that you will be expected to treat as a doctor in a government set-up. Deal with it.

No, we are NOT God!

Doctors get hurt. Doctors bleed. You will feel pain, both mentally and physically. The only



thing that separates you from the general population is that you actually know what to do about it. It’s your job, a basic trade and not a favour to humanity. Don’t be arrogant and forget the fact that you are serving the society, not the other way round. Although it is a great service that you offer, and people should ideally respect that, (I mean, honestly, who would want to fall sick and die? And people would die real fast had it not been for your existence!), respect, per se, is NOT required off them. If one person worships you, doesn’t mean another will.

You have the patience for this, remember to show it.

You are going to be tired, hungry, working inhuman hours, wondering every minute of the day why you signed up for it, and no amount of optimism will give you an answer that's anything different from "Because I'm an idiot, that's why!"



This is still no reason to be arrogant while talking to people who come to you for help. Patients and their relatives are tired and scared and hungry themselves. But then again, remember the point about us serving them and not the other way around? Moreover, the way they treat you will be a direct reflection of their upbringing and literacy, so it is just proper to show them yours, which includes loads of patience that you learnt when you were waiting to pass your penultimate year even as you watched all your friends in other fields finish graduation, masters and move on to snag high paying packages.

Be nice(r), maybe?

Be kind, nice and saccharine sweet to any and every patient's relative. They greet you with a



nod, you smile. When they look right through you, you smile. When they walk all over you, you smile. You are going to hate them all because relatives, as a rule, whether they are your own or your patient's, are going to be incredibly annoying. So learn the art of subtle sarcasm, if you have to. Kill them with kindness even when you tell them something that will potentially get you beaten up. Hospitals have cameras and tons of witnesses who will be all too happy to report the incident with all the details. This is a good way to save your side legislatively (even though you cannot save your bones like this).

Never do nothing

You survived medical school, which automatically proves that, at least theoretically, you are smarter than a major faction of the society. Always look at the patient and administer first aid. Always **do something** before you refer the patient to a more competent authority. It will be more than what the people who brought the patient to you did, anyway. We get agitated when

we see inaction and somehow, pain on another's face invokes a very different kind of urgency in the non-medico who took it upon himself to care for the injured. So even though you know that a small scratch or a broken nose will not kill the kid, the parent might not be that knowledgeable (owing to the fact that he might not have aced that entrance exam) so just pretend you are performing some useful procedure. There is nothing to gain from making it look easy. Putting



on a Band-Aid can be a tricky procedure, you know.

Use your words carefully

Over time I have realised that the better actor you are, the safer you get to be in the country. You need to make sure that the patient feels like you have done all you humanly could. Obviously, telling the world verbally doesn't cut it (as evidenced in the large number of posts, blogs, movies and strikes that have done nothing to

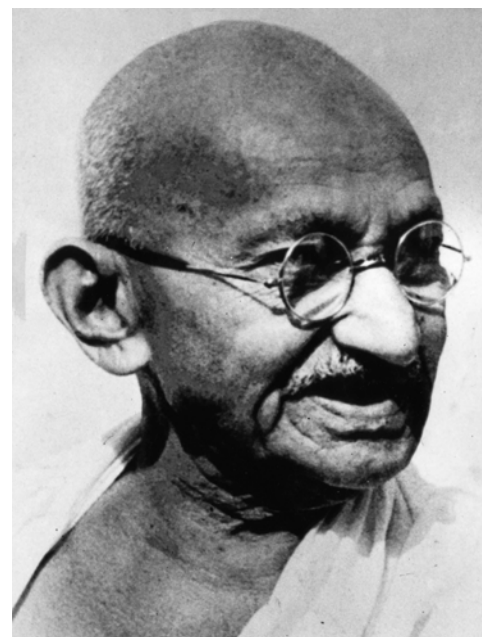


reduce the number of these incidents). So act like they are your boss. Offer to call a specialist yourself in case of an obvious referral, (don't tell them "to go do it") tell them it's "because you want to be thorough". Always want to be "thorough" and "better at serving them". Use your dialogues smartly. And it's not like we don't know how to be super nice when we have to, we have had enough signs that we've needed on enough journals over the years to practice this, haven't we?

Don't expect things to change

This is not about being cynical. It's not about giving up on the small percentage of humanity that resides in our part of the universe. It is, however, about knowing our limitations. Let's be honest — we can't advertise the dismal situation of medical students and doctors in our country and expect the general population to change and empathise with us overnight. It hasn't worked

in the past and it literally has no reason to work now either. And as my batch mate so eloquently puts it, "We are not in the Gandhian era anymore



that we need to martyr a couple of doctors, like Bhagat Singh did then, for a revolution to occur."

Image Sources

(In order of their appearance)

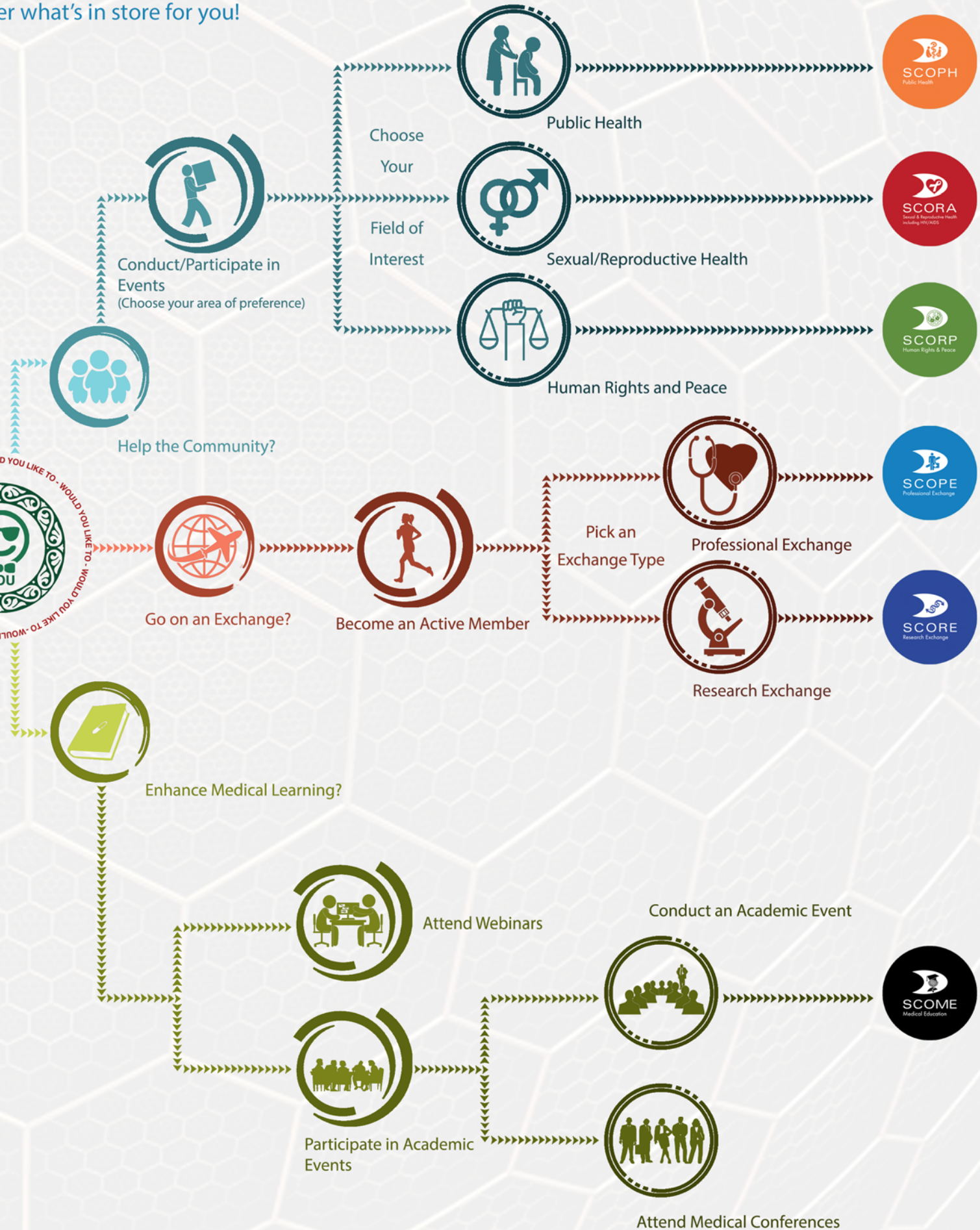
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Schweta Rane

Experience

...unities and you get to choose what you love!
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Approach the Local Officers of the respective Standing Committees for further details. If there is no local officer in your area, contact your College Ambassador or State Director for help.

The WHO Life

Dear MSAI,

I want to talk about one of the biggest myths in medicine, and that is the idea that all we need are more medical breakthroughs to solve all our problems. Contrary to this dearly held belief of many medical students, it is the work of public health professionals that affects people every day in every part of the world. It addresses global issues that can affect the health of individuals, families, communities, and populations for generations to come. With the simple goal of looking past my tunnel vision, I set out to intern for the World Health Organization unit on the Global Coordination Mechanism for Non Communicable Diseases (NCDs) from January to April 2017 in Geneva, Switzerland. During my internship here, I had the opportunity to get involved with many projects and even start some of my own. Here are a few of them.



Above: Bhavi as part of the WHO GCM/NCD Secretariat at the Member State Briefing for the Working Group 3.3 on Health Literacy and Health Education of NCDs

IFMSA Delegate to the Executive Board Meeting

In addition to my internship, I was also an IFMSA delegate to the 140th Executive Board meeting. As a delegate, I developed IFMSA policy statements on various issues like Cancer Prevention and the NCD agenda for the High Level meeting in 2018. The statements were subsequently presented at the EB meeting. I also had the opportunity to meet with interesting people like the CEO of WONCA (World Organization of Family Doctors), with the rest of the delegation, to discuss possible collaborations between the two organizations and the Indian WHO attaché diplomat.

Working Group Member for the WHO-ITU Consultation on the Make Listening Safe Initiative

After expressing interest in Hearing Safety to the Department on Prevention of Blindness and Deafness, I was invited to participate in a two-day discussion on standards for safe listening, including discussions on exposure limits, communication strategies, and the new WHO Safe Listening app. I provided the user and youth perspective in discussions on user acceptability of the app, and I contributed to the discussion on exposure limits through my knowledge as a medical student. The Working Group comprised of people from all different industries; Apple, WHO, ITU, who are just a few who were part of the debates. I caught a glimpse of the lengthy discussions and thorough precision that goes into the development of WHO standards.

Working Group 3.3 on Health Literacy and Health Education of NCDs

The core of my work centered around the preparation and execution of the first meeting of the Working Group 3.3 on Health Literacy and Health Education of NCDs. I compiled research material, wrote background papers, and contacted relevant experts in the field to assist with the process. Aside from the in-depth knowledge I acquired on the topic, there was another unexpected but incredible benefit to this project. I had the opportunity to work with the world's leading professors in Health Literacy and after months of collaboration on the topic, other opportunities for further research presented itself.



WHO Bulletin Article — “How the Youth is Tackling NCDs- One Policy at a Time”

While many health reform strategies target the youth, they have been largely disregarded as agents for change in health. To challenge the status quo and bring to light the numerous contributions the youth have made in driving the health reform agenda, I wrote an article for the WHO Bulletin, titled “How the Next Generation is Tackling NCDs- One Policy at a Time”, which highlights the youth movement to combat NCDs. It is now in the pipeline for publication!

Knowledge of NCDs Survey

I developed a survey to test the knowledge of the WHO Headquarter Staff on NCDs. The idea grew out of my curiosity to know the extent to which the staff of the organization that sets the standards for health walked the talk. The survey is being distributed now and I am looking forward to interpretation of the results!



Above: Presenting the Knowledge of NCDs Survey



Above: Bhavi hosting the Expert for Intern talk

Intern Board as Academic Coordinator

I hosted the Experts for Interns (E4I) weekly seminars where I invited speakers from the WHO community and held the seminars so that interns have the opportunity to learn about the work of various experts within the Organization. Hosting the Expert for Intern talks has provided me with the opportunity to engage with global experts in the field, and to learn more about their career path and work at WHO. I have found that in such a diverse and fast paced organization, it is common for innovation and interesting projects to go unrecognized. Experts for Interns is the perfect platform to shed light on them, and to provide interns with a glimpse of WHO beyond our unit.

Conclusion

While the satisfaction of improving lives one person at a time is in itself a rewarding experience, I want to make a difference on a larger scale. I joined the WHO to be able to participate in making policies and guidelines that would impact the lives of millions of people, to learn about research and strategies employed to help people adapt to a better lifestyle, and to be able to utilise my knowledge and experience as part of a global community. I was honoured to have had this opportunity and it was truly an eye-opening journey — an experience that I firmly believe all medical students should have.

Below: (Left) Bhavi manages to take a cheeky snap at the empty table reserved for the Director General – WHO (Right) A glimpse of the WHO Executive Board Meeting



The Face of Rural Health



Article by
Dr Abhishek Bhatia

Above: Students of a rural school gather around a check-up counter looking inquisitively at the contraptions and examination procedure

Discussions regarding health issues in rural areas, ranging from problems caused by remote locations to the lack of basic resources needed to sustain a healthy life, have been going on for quite a while now, yet a good solution has not been found and implemented till date. Since most MSAI units are in cities, it is natural that most of our events occur in urban areas. In fact, when we attend to the poverty-ridden slums in towns, we tend to believe that the problems are identical in both these scenarios. However, a few pieces seem out of place, which is why an experience centred in a rural area are necessary. With this mindset, plans for a health camp to be conducted in a rural area were made.

Volunteers from Dr V M Government Medical

Below: A curious examinee sits patiently as the examiner takes a BP measurement



College (Solapur) decided to conduct a health camp in the village of Hiraj, situated approximately 15 kms from the city of Solapur. The event was held for the students (aged 13-15) of a secondary school, Yogeshwar Vidyalaya. The primary aim was to assess their general health status and understand frequently occurring medical conditions. Surveying the area around the school, poor sanitation and prevalence of low socioeconomic class were observed as expected. Those of the community were primarily farmers, daily wage labourers, or engaged in odd jobs such as plumbing and repair-work. The electric supply was irregular and water sources were mostly wells and tubewells. Until now, things seemed pretty similar to our previous events held in urban slum areas.

However, as the event progressed, newer and newer findings came to light. For instance, we were informed by the examinees that their fruit intake was next to none, and that



Above: The photographer takes a peek through the window into a classroom where a health awareness session is taking place

markets for the same were miles away. Physical activity was in abundance, as many children either walked long distances or cycled to school. This was as opposed to the urban scene, where markets were situated right in the midst of the community and there was lack of open space to engage oneself in sports; even the school was a stone's throw away from the clustered tin houses.

The general picture was such that many of the examinees displayed stunted growth and peculiar findings suggestive of micronutrient imbalances in their diet, including oral ulcers, peripheral muscle spasms, tremors and early greying of hair. A few exhibited congenital malformations; some of them even in possession of disability certificates. History of fainting spells and seizures was unexpectedly common. Of the

100 we examined, 14 had uncorrected myopia, 12 had tonsillitis and 3 had ear discharge; indicative of poor care and neglect of one's health, especially since it was reported that most examinees believed their symptoms to be regular occurrences that would happen to anyone occasionally.

Earlier, through a talk given by one of our volunteers, we had spoken to the female school students on the topic of menstruation, solved their doubts and even urged them to open about their menstrual problems to the examiner in the subsequent health examination that would follow. While poor menstrual hygiene, and practices such as using rags instead of proper sanitary napkins were common, what was surprising was how much the girls were willing to open up about their menstrual condition to the examiner. It was as if they had waited for a long time to speak of it to someone. This response was noted otherwise as well, when any idle examiner would be approached by a group of students to solve the health issues faced either by them or their close ones, and obtain advice to be followed for the same.

Occasionally, the volunteers would often ask the students of their career ambitions. When this had been asked in an urban slum setup, the answers had varied from doctors to teachers to airplane pilots, but here, the answers were almost often focused on getting a salaried job rather than an ambitious one. Their teachers also told us that many often have to resort to agriculture or labourer work, after passing out of school, to relieve the long-running financial debt in their families.

The picture of rural health is often portrayed as that of poverty and lack of resources. But these problems are only a part of the whole. The rural scenes are plagued by neglect, ignorance and broken dreams. People try to get themselves educated but often they do not know how this education would benefit them. When we, as health examiners set foot on rural ground, we



Above: Ophthalmological examination being carried out at the event

have no idea as to what exactly to expect. While people are ignorant, we also know that they are willing to learn. It is quite probable that deep within, they are desperate to break free from these shackles and escape once and for all. To them, the urban scenario seems much more favourable as there the resources lie in front of the eye, inspiration roams upon the big roads while the small lanes still speak of promising ambition; and this could possibly be the major cause for urban migration. In contrast, these villages are hot, bland, parched, dry as much as is their climate. Hopes are shattered before they are made, pain is endured with a rigid smile, and sorrow lost upon the waves of reluctantly accepted fate. What we did not do was survey the factors behind these findings and we indeed will in the near future. For the face of rural health is

much like the other side of the moon, we haven't seen it ever. What we know is only from books and news, and thus, we lack experience in the same.

We must endeavour to embrace this situation, and strive to work towards a better future for rural healthcare. Somewhere beneath these expressions of ignorance lies a little twinkle of innocence, and we must approach it with all we have. For healing is our passion, treating is our duty, and what would be more of a reward than a smile on that face of rural health.

(Photographs on this page spread by Arshiet Dhamnaskar)

Below: Dr Abhishek Bhatia, writer of this story, carrying out the health check-up of a student



Across the Seven Seas

Exchange students speak of their experiences abroad



A student exchange is an opportunity to put yourself outside your comfort zone and see what you are capable of. This exchange included everything from a great learning experience at the hospital to exploring a new city every weekend.

Croatia, a seemingly small, unassuming country gave me a lot in terms of knowledge, not only in field of medicine but also in life. It, surprisingly enough, ended up teaching me so much about my own country, along with making me realise

how people from different nationalities are so different and yet so similar.

The CroMSIC, especially the team in Zagreb, were exceptional. They organised a social program which included city tours, interactive sessions and of course the National Drinking Party which will be a wonderfully blurred yet, permanent memory. They took care of all our tourist needs; all we had to do was pack our bags and jump onto the bus for our weekend adventures. Out of all, as a Game of Thrones fan,

Dubrovnik was my favourite, I was living the dream and I can't thank the Zagreb team enough for making that weekend possible for all of us. It's close to a month now and Zagreb feels like home. Home I'm not ready to leave yet and people that I'm going to miss terribly.

Lastly, I would like to thank MSAI-India, SCOPE IFMSA and CroMSIC who made this possible and gave me one of the best experiences of my life.



Croatia

Sana Agrawal

Having never been away from home, staying alone in Bandung for one whole month was quite an exercise in confidence building. To begin with, waking up without someone, usually my mother, kicking me awake was impossible, and cooking for myself was an unmanageable thought given that I hadn't even made tea before, but this trip taught me how to do all this and more.

The most memorable part of my exchange program (besides the wonderful trip to Bali after completing the exchange) had to be the social program organized at the end of the first week at Le Marly 10, a restaurant serving international and European cuisine, which doubled up as a farewell dinner for Victoria Lintz, a medical student from Brazil. The SCOPE team, Victoria and I spent the next couple of hours learning traditional Brazilian dance, discussing cultural differences between India, Indonesia and Brazil and being awestruck on the complexity of learning Mandarin language – all of this over delicious chocolate and fruit waffles!



My official social program was two weeks later at Kawah Putih, a beautiful picturesque crater lake to the south of the city with waters full of poisonous gases. We also went to the Deer Park in Rancabali and to Glamping Lakeside (which was a ship converted into a restaurant), thus spending a perfect day with cheese pasta and the traditional Bandrek tea and with a visit to the rows of tea plantations on our way back. The social program was less about "sight-seeing" and more about creating a unique bond with the entire SCOPE team that did everything possible to make my day memorable.

I still can't forget the last phone call I had with Hazra, LEO, Bandung. She couldn't make it to the airport as she was caught up with an assignment but had still made it a point to wish me luck.

Indonesia

Parth Gada



Germany

Mokshada Sharma

At the end of the exchange, I realized that my department and I weren't just work colleagues, we had developed a great camaraderie with inside jokes, countless lunch gossips and a sincere respect for each other's culture. They threw a surprise farewell party for me on my last day with a year's supply of dryness creams, Berliners (donuts with fillings), Sour Gummy bears, Turkish food and a free test to check for my allergies to over 100 allergens. I was given a Letter of Recommendation (without me asking for one) and I left the hospital on the last day, teary-eyed but with much more knowledge and opportunities.



As someone who would trade anything to travel, the decision to go a second time to Germany for an exchange was made in a heartbeat. But the preparation to go on the exchange was far from easy - taking an unauthorized leave from medical school, graduating 3 months after my batch mates, not getting an LC (city) of my choice and almost getting rejected for my Schengen visa. Nothing seemed to fall in place, and my parents were convinced that I had my priorities set wrong. I would probably have cancelled had it not been for the professionalism of NEOs in India and Germany. Invitation letters, calls to the embassy, buying a liability insurance — you name it. It was a smooth ride thereafter.

I was placed in St. Josef Hospital, Bochum, Germany in the Dermatology, Allergology, Occupational Dermatology and Venereal Disease Department, not knowing that the Dermatology department in the Hospital was the largest, the oldest (since 1911 and it had survived the two World Wars) and the most respected department and hospital in Germany and Europe. I believe going in with no expectations really made me cherish each opportunity even more.

I did not have any companion or student accompanying me during hospital hours, so I was left to fend for myself. My guides and tutor didn't just let me shadow them, I was an integral part of the team with assigned duties, intense working hours and responsibilities, and most importantly, allowed to interact with patients, perform and develop new skills, on the patients and discuss and finalize treatment strategies. I was allowed to do biopsies and conduct seminars, and each day had something new in store for me. The young patients were fluent in English, and the elder patients had

slight difficulty but understood my little-to-none German that I picked up over the month. The language was never a concern.

The diseases of the Europeans are starkly different from Indians and so is their immune system. The morbidity was less of infections and more of cancers and occupational skin diseases, with continuous biopsy testings in 3 rooms and 4 OPDs running nonstop for 10 hours each. I was taught the online electronic medical record system and the insurance system in Germany by the paramedical staff. They also taught me how to perform and infer prick tests and other diagnostic procedures.

I was fortunate to also learn the one true gospel truth – “When in doubt, choose Spinach Lasagna”. (And that I was allergic to 6 species of bed bugs, and cats!)

I would like to thank BVMD-Germany and Team Bochum for an amazing social programme that I couldn't elaborate here. I am grateful to Zoha Nizami, Sarthak Bahl and the entire MSAI Exchanges team without whom this system would collapse. I don't think we ever realized how many lives we could impact with our exchanges. Thank you IFMSA, and let's SCOPE it!



Chile

Karan Parikh

It had been a 36-hour long flight. The line for the immigration check looked like it would take thirty six hours more. Along came a message from a batch mate that simply said, "Congrats bro!" (*sic*) Final year MBBS results were out. Surrounded by complete strangers, in a country over 16,000 km away from home, I spent the most exhilarating moment of my life in complete silence (and with an awkward smile). The Doctor had finally arrived in Chile!

My first couple of days in this country were spent at an Airbnb where I made my first friends in the new country — three Venezuelans and their Chilean cat. After I finally moved in with my wonderful host and his even more wonderful family, on the other side of the town, my days here started to slowly take the form of a routine. I eventually started to get the hang of the metro. Getting from home to the hospital and back took some time but I always made sure that I took enough detours so that I could see something new every day. The hospital that I was assigned for my Surgery clerkship was a fairly large one, with all the facilities you would expect at a tertiary level hospital. A major part of the clerkship was obviously spent inside the Operation Theatres, attending surgery after surgery. It had not just become a way to revise my anatomy but also to brush up my Chileno Spanish, as the doctors and the nurses would speak among themselves. Chilenos speak really fast and have so many slang words, that one of



my most used phrases initially was "I do not understand!" But little by little, I began to speak more and could easily get by without any help. All it really needed was some effort. Speaking or even trying to speak the local language can open up your mind to stories, to people and to experiences you would otherwise have completely been oblivious to. Being medical students themselves, the local students were not always able to show me around the city of Santiago, so I just got around the town on my own, navigating through the various museums, historical places and the usual. As a part of the social program, they took us out to nearby cities on weekends and on weekdays, most of the exchange students partied together.

As I moved through Santiago's streets, its people, its culture and its way of life — all started to

become less intimidating and more intriguing. Rushing between work and home, sampling some surprisingly delicious street food, experiencing rather exceptional street art performances and using all the Chileno slang I could learn, I felt myself blend in and become a part of this city. I walked all the streets, again and again, as my stay neared its end, knowing and hoping that someday, I will walk them again. Because it is here that I not just encountered a new country but also a new me.

A perfect trip? Probably not. But a memorable and cherished one? Most certainly!



Montenegro Musings



Above: Pausing in time to breathe in the serene moment

It had not even been one week since I had returned from Montenegro (MM2017) and I had already been missing the feel of it. I had always been skeptical about IFMSA General Assemblies (GAs)—their efficiency, their worth—but since the day I joined MSAI, I knew deep down somewhere that one day I would be attending a GA.

Luckily, convincing my parents was a cakewalk, but convincing myself to finally apply after two missed opportunities was tough. There are always going to be exams when you want to apply, but it is not worth missing this chance.

I developed through it and changed from being an extrovert to now an introvert (situational ambivert). Introducing myself to other fellow medicos from all around the world at first seemed a daunting task. Uncountable introductions were made by me on the first two days in an attempt to elucidate my presence as a delegate representing India.

IFMSA meetings revolve around the core mantra of “Work Hard, Party Harder!”. Starting from Standing Committee sessions, joint sessions and training sessions in the morning; NMO hour, activity fair, exchange fair and regional sessions in the afternoon and plenary every evening; it is all constructive work.

During various sessions, one gets a global perspective of the topics discussed such as internal humanitarian law, universal health

coverage etc. One also gets chance to express one’s opinions and interact with delegates from various countries.

At night, one can indulge in unique social programmes to increase bonding at a global frontier.

IFMSA General Assemblies are a great platform to understand the diversity and cultural variety the globe has to offer (132 member countries with over 1000 medical students from all over the world participate in the General Assemblies).

I realised that Indian culture is widely appreciated. Arabic versions of Shahrukh Khan songs being popular in Morocco, delegates dancing to ‘Jabra Fan and Zaalima’ titles, Aamir Khan fans from Turkey, familiarity of international delegates with movies such as ‘Ghajini and 3 Idiots’, and most importantly, the members of the Turkey delegation knowing my surname “Sahasrabudhe” is a testimony to the same.

IFMSA is a student cult — it thrives on peer education and learning. The concept of peer

Below: ‘Captain’ Adit Desai, Head of Delegation dresses up to give justice to his role





Above: MSAI Delegation at the IFMSA March Meeting 2017

education is extremely vague for the entire Asian continent, which completely thrives on expert-based education. We need to taste it to believe in it and its efficacy.

Attending a Pre-GA should be a must in your IFMSA to-do list as well. Nothing else can polish

your skills like IFMSA trainings! Do you believe in the power of peer learning? If it is, then the GA is your Holy Grail! We returned to our country with a lot of memories, having proudly represented our country at the international level. I urge all my fellow members to become active participants in

Below: The opening ceremony of the IFMSA March Meeting 2017

Above: MSAI Delegation to the IFMSA March Meeting 2017

our activities and avail the same opportunity as I did, because an IFMSA GA is a one-of-a-kind experience!



Saniya Sahasrabudhe



Joining Hands with UNESCO



Above: After the MSAI Symposium at UNESCO World Congress (Topic: Bioethics Education and Training in Undergraduate Medical Education)

We are ecstatic and honoured to announce the Medical Students Association of India (MSAI-India) collaboration with the UNESCO Chair in Bioethics (HAIFA). MSAI Bioethics unit has now been established and is India's biggest student bioethics unit headed by Adit Desai.

It is a matter of great pride and honour for our organisation to be associated with the UNESCO in this initiative. MSAI has had the privilege to

collaborate officially with the UNESCO in their pledge and mission to create awareness about bioethics and produce better physicians in the society, and create a much healthier and better medical fraternity.

MSAI, being one of the largest medical student bodies in India, is relentlessly working for the betterment of students in the medical field, policy making, and student advocacy on various subjects pertaining to medical healthcare.

Bioethics has been taken up by two standing committees, SCOME and SCORP.

Below:
*(Left) With Alexander Lachapelle (Liason Officer for Medical Education, IFMSA)
(Right) With Dr. Otmar Kloiber (General Secretary of WMA)*



Objectives and Benefits

1) In order to provide medical care in an ethical and humane way, physicians need to be better educated about specific aspects of ethical medical practices and learn to think critically about the increasing complexities of medical practice.

2) Preparation of ethical future physicians begins with training of medical students during medical school years. Inculcation and introduction of bioethics in undergraduate and post graduate medical students will promote holistic study approach, as well as instill values of bioethics needed for practice

3) MSAI being the largest medical-student body in India can help achieve the target of spreading and inculcating values of bioethics.

4) Student involvement and advocacy will also gain a lot of momentum where students in the Association will take lead in bioethics training and advocacy.

5) The collaboration will bring about realisation and knowledge of the practical application of bioethics concepts, alongwith self-reflection for

the well being of both physicians and patients.

6) Understanding of health policies and legislative process will be an addition to the benefits students get by the collaboration of the two organisations.

7) Exposure to humanities during inculcation of the principles of bioethics.

8) Training new trainers will contribute to spread of bioethics in the student communities.

9) Workshops and conferences dedicated to promoting bioethics training will aid, sensitise and expose more students to these issues.

10) The collaboration will not only help accelerate the goal of the UNESCO, but also help young budding physicians prepare to grapple with ethical dilemmas in healthcare delivery on a daily basis.



Above: MSAI Representatives, Adit Desai and Hansel Misquitta, at the UNESCO Chair in Bioethics, 12th World Conference

Below: Symposium group picture with Dr. Ketan Desai (President, WMA), Dr. Otmar Kloiber (General Secretary of WMA), Dr. K.K. Aggarwal (President, IMA), Dr. Ravi Wankhedkar (President-Elect, IMA) and Dr. R. Tandon (General Secretary, IMA)



Equal?

Hasn't the Lord created us all equal?
Four limbs; two to walk and run,
Two to play an instrument, write a book
And a mouth to speak of it all.

Then there's the Sun and sky
Above all our heads.
Earth — our playground, with
All its fields, streams, hills and dales.



(Above) Image Source:
<https://pixabay.com/en/people-portrait-child-poverty-male-1601516/>

But why is my home thatched?
While others in these big cities
Live in tall buildings with solid roofs?

Why is my backyard littered and
Inhabited by swine,
While theirs have swings and lawns?

Why does my water taste queer?
While theirs is pure, and devoid
Of dusky colour?

Why does sickness visit my home often,
But doesn't know its way about theirs?

Why are there differences in our lives?
When the Lord has created us all equal?



Srinath Amudan

MSAI Vani Covershot



MSAI Vani Covershot Entry by Parimal Udapurkar

A health examination camp was in full swing, and the photographer, Parimal Udapurkar, sat down at the end of a queue, quite keen on capturing the action. As he geared up to focus on the medical officer, a little girl turned around, having sense the shifting movement. The girl was obviously perplexed by the little contraption in his hands. As the shutter was released, what was captured through the lens was a beautiful moment frozen in time. There was the line of impatiently waiting children, quite oblivious to the importance of the health check-up. There was the white-coat clad medical officer, with his kind and understanding demeanour, graced by the halo-like lens flare to suit him. And right in front, stands the little girl who is clinging onto her examination-slip, slightly held in her lips. There is innocence in her eyes, a warm glow upon her face — adding meaning to the phrase, “The Face of Rural Health”.

The above photograph was modified within legal limit, by the entrant, to suit the specifications of MSAI Vani Covershot, and chosen as the coverage thereafter.

Caption the Photo



Photograph submitted by Parimal Udapurkar

Often after clicking a photograph, the photographer realises that what has been captured is something that is more than just decent, yet feels at a loss to describe it in words. Here, we let readers decide what they make of this photo in their own words. Tweet your caption to the handle [@msaindia](https://twitter.com/msaindia) and use the hashtag [#mvc_caption](https://twitter.com/mvc_caption)

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