



A I P N O

Pulse

AIPNO

11/1/2012

2012, Volume 3

APPEAL FROM AIPNO PRESIDENT ELUMALAI APPACHI, MD

Dear Friends,

We all felt the effects of Sandy and seen the devastation it has caused to our country. AIPNO recognizes this and would like to help the relief efforts. If you are interested in donating to this cause on behalf of AIPNO, please send your contribution to us. We shall submit the combined total to the National American Red Cross.

Make donations to: AIPNO, send to: AIPNO Administrative Office, 3702 Sutherland Rd. Shaker Heights, OH 44122 no later than November 16, 2012.

ELUMALAI APPACHI, MD

PLEASE LOOK FORWARD TO OUR NEW AIPNO WEBSITE LAUNCH ON NOVEMBER 15TH, 2012



Calendar of Events for 2012

November 10, 2012

Saturday, 8:30 AM

AIPNO Annual Physicians' Seminar, Ahuja Medical Center

December 8, 2012

Sunday

AIPNO's Annual Dinner at "Lacentre" in Westlake, 5:30 pm
Cocktails, 7:00 pm Program with Dinner & Dancing to follow,
black tie optional

December 16, 2012

Sunday

General Body Meeting, details and agenda TBA

December 31, 2012

Monday

AIPNO's Annual New Year's Eve Party, Executive Caterers of
Landerhaven

details TBA

The AIPNO Election Committee announces Election Results for 2013

President-Elect will be **Dr. Ranjit Tamaskar**

Secretary will be **Dr. Satnam Sandhu**

The Board of Trustees: **Dr. Arun Gupta, Dr. Satish Kalhan and Dr. Atul Mehta**

Members-at-Large (by nomination, no election necessary): **Dr. Jayantilal Bhimani, Dr. Rakesh Chawla, Dr. Vinit Makkar, Dr. Prateek Mendiratta, and Dr. Umesh Yalavarthy.**

AIPNO's PHYSICIAN SEMINAR

November 10, 2012

Ahuja Medical Center, 3999 Richmond Road , Beachwood, OH 4412, (216) 593-5550

9:00 am "An Update on Carotid Disease: Endarterectomy vs. Stenting" - Dr. Vikram Kashyap

9:45 am "Joint Replacement"- Dr. Conjeevaram Maheshwer

10:45 am "Device Therapy in Heart Failure"- Dr. Mohammed Najeeb Osman

11:30 am "Neuromodulation"- Dr. Milind Deogaonkar



RAV Financial Services, LLC

© Copyright RAV Financial Services, LLC

Mark J. McCandless, CPA,CFP®, MTax

Director of Financial Planning

RAV Financial Services LLC

One Chagrin Highlands, Suite 400

2000 Auburn Drive

Beachwood, Ohio 44122

Phone: 216.831.4900

Fax: 216.831.8499

mmccandless@ravfinancial.com

www.ravfinancial.com

Allowing your success to become a legacy of significance...Discover the difference.

Estate planning—Keeping personal matters private

While technology has presented new opportunities to manage and obtain information, such ease of access has nullified the privacy of financial matters, particularly when a family lacks an appropriate estate plan or has assumed that a will is the remedy for handling financial matters after death. Keep in mind, there are typically two ways to go through probate: without a will and with a will. In reality, an estate's details become very public as soon as the matter reaches probate court and detailed documents involved in the settling of an estate can be ordered online. Here's how and why maintaining privacy is a hallmark of proper estate planning.

Identity theft. Probate documents detailing an estate's assets, including files with the social security number of the deceased, are fair game for anyone to order online. What might a person do with the social security number of someone who has passed? According to identity theft statistics, plenty: A study by ID Analytics reports that 1.6 million credit applications each year fraudulently name the social security number of a person who is deceased in an attempt to access new lines of credit. If detected, the estate executor can present death certificates and the like to officials to prove the fraud, but the process is lengthy and potentially costly. If the fraud has gone undetected for years and debts are significant, the estate may be responsible for lawyer expenses. Further, a creditor can file a claim against the estate in an attempt to recover such charges, thereby "freezing" access to estate funds until the matter is settled.

In other cases, real estate investors scour probate listings to spot deals in the so-called niche probate property market, before listings go public. If you're looking to unload an estate's property quickly, their interest may be welcome. If you haven't had the time to properly prepare and secure a formal appraisal on the property, their unsolicited interest can be a profit-limiting violation of privacy.

To ensure your family's privacy in such matters, a living trust should be at the foundation of your estate planning process. A living trust is intended to dispose of all assets directly to your heirs, and consequently trusts are not subject to probate when used correctly. To avoid probate, assets need to be registered in the name of your trust and/or be named as the beneficiary of your living trust. Having your trust "funded" prior to your death or incapacitation will ensure privacy. You, as the trust creator, (also called the trustor, settlor, or grantor) dictate who controls the trust, and what parties are named as beneficiaries. The courts remain uninvolved, and your personal information is kept out of the public eye.

Financial powers of attorney and medical directive documents are great companions to your living trust. These complementary documents appoint your financial and medical fiduciaries and may insulate your estate from public guardianship issues.

Given the easy access technology allows to sensitive information, it is your responsibility to limit where your personal information appears. Create a life-plan with your RAV Financial wealth advisor. A sound estate plan is one way to ensure that your finances are handled as you wish — in life, and after death.

This article was provided by Mark J. McCandless, CPA, CFP®, MTax, Director of Financial Planning for RAV Financial Services, LLC, an AIPNO sponsor. You may reach Mark at 216.831.4900 extension 262.



Regulate rogue doctors

Author: Milind Deogaonkar

[Op-ed published in Indian Express Published Date: May 20, 2011 10:37 PM]

Sir William Osler had said long ago that “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.” When medicine descends to the level of an ordinary business, when people flock to become doctors for earning money, when doctors try to tiptoe through shortcuts to gain massive wealth and power, and patients’ well-being becomes a casualty in the path for personal glory, the issue of regulation becomes very relevant. In medical practice, as in any sphere of life, there is a line you never cross.

I think that the doctor-patient relationship is inherently unequal, placing added responsibilities on those providing care. The patients are unaware, helpless, ignorant and at times emotionally distraught making them vulnerable for exploitation. There are only two places where people come with folded hands and bowed heads — temples and hospitals. The ability to change the course of a person’s or a family’s existence places added responsibility on a physician’s decisions.

Medical malpractice in India falls in various categories. The most abhorrent of all the varieties are corrupt doctors, followed by callous and negligent doctors and ignorant doctors. The rickety calibre of some of our doctors even makes our politicians pale in comparison. They are part referral cartels giving commission to the referring doctors. I have also witnessed kickbacks from laboratories, CT scan and x-ray clinics and drug companies to physicians who refer patients to access the paid services of these organisations. We went an extra-mile to stop this practice of kickbacks and commissions and in the process alienated the medical establishment.

The second class of callous and negligent doctors is partly a reflection of our society in general. In recent years the chalta hai (anything goes) attitude has spread like a cancer. This no way condones the behaviour of the doctors who knowingly take shortcuts and put the patient’s life at risk. It only explains the root of it. The callousness and negligence of a doctor should amount to a culpable homicide.

Ignorance is another reason for malpractice. Unfortunately this is combined with ego and that is a homicidal combination. Today doctors do not even have enough time to sit down and look for something they do not know, in the vast expanses of medical knowledge that is readily available. Their ego bars them from stepping down the high pedestal they think they are standing on.

Lack of communication is another major issue with our doctors. A paternalistic approach by treating physicians encroaches on patients’ right to know and in the process autonomy, which is the right of the patient, becomes a casualty. This is unfortunately true even with very good and honest doctors. Even when we take our car or two-wheeler to a garage for repair we enquire or are told what is the trouble and the solution. Here we are talking about our own bodies. The patient has every right to ask curious, foolish,

sometimes even annoying questions. It is our job as doctors to answer those truthfully and to the best of our ability. Ever since the inception of the Nuremberg Code, patients' rights have become synonymous with medical practice.

My take on medical practice so far is not applicable to all the physicians practicing in our country. Let me be clear, for every corrupt and unethical doctor there is an honest, upright, hardworking and ethical physician in our country. But those who are corrupt are not liable to any kind of regulatory action due to the ineffective and barely existing regulatory network. A recent survey, conducted in three major cities — Delhi, Hyderabad and Lucknow and published in the British Medical Journal, found that patients suing for damages for medical negligence are often unable to prove their allegations because doctors are unwilling to testify against other doctors.

It is unfortunately true that the medico-legal system in India is ineffective in regulating rogue doctors. The US medical malpractice system, on the other hand, works very well to promote safer medicine and adequately compensate patients wrongfully injured. But it has only partially benefited the goals of the patient-safety. It has created a culture of trial attorneys who believe that the threat of litigation makes doctors practice more safely. But unfortunately this has driven medical practice into practising more 'defensive medicine', taking them away from the non-punitive, systems-oriented, cooperative strategies for patient-safety.

The malpractice systems in India and the US differ mainly in that in the US such cases are handled by state courts, while in India they are handled by special consumer courts. In US punitive damages are huge while in India awards are restricted to actual damages. The time for results in such cases in US is shorter and lawyers are permitted to take these cases on a contingency basis. However, neither system has foolproof capacity to fairly and accurately identify all errors and injuries that result and improve patient safety.

The only solution to better treatment and patient safety is for doctors to have a sense of duty, to be honest, to communicate with patients with openness, report errors and consider medicine as a service and not a business. I always remember these guidelines passed on by Professor Sunil Pandya: "The golden rule: Do unto others, as you would have others to do unto you... The patient comes first. The *raison d'être* of our profession is the patient. We are here to serve him. The sick patient, often in physical pain and always in mental distress, deserves our fullest attention and calls for the best qualities of our mind and heart. His interests and decisions must prevail above all else except when the patient is *non compos mentis*. In the latter instance, the decisions of his family must prevail, The poor patient deserves special consideration. He has nowhere else to go. He does not possess the means to command or demand. In our milieu he is often reduced to seeking help with bowed head and hands folded together. And he is ill. Medically malpractice against this group is particularly abhorrent, Ensure that your decisions and actions are scientific, humane, effective and in the best interests of the patient and his family. Record them. Once this is done, you need fear no individual, administrator or tribunal."

Milind Deogaonkar is a neurosurgeon based in the US. E-mail: deogam@ccf.org

Copyright © 2012 The New Indian Express. All rights reserved.

MEDICAL YATRA 2013

Jan 31-Feb 10



Association of Indian Physicians of Northern Ohio- Humanitarian Services Committee in association with
Rotary Club of Bolpur/Santiniketan (W.Bengal) & Bengali Cultural Society of Cleveland

Primary Health–Medical & Dental-Eye Camp in SHANTINIKETAN (and surrounding villages)

Registration FEE of \$295/ includes lodging/boarding and transportation to camp-villages

(Other Attractions: Region is RICH in RabindranathTagore (Nobel Laureate) History, Sriniketan,
Sangeet Bhavan, Tagore Bhavan, Tagore’s Ashrama etc...)

For more information...Please contact;

Dr.Jaya Shah, Oh 440-460-1037;

(jayashahmd@sbcglobal.net)

Dr.Gita Gidwani, Oh 571-830-4333

Dr.Sadhan Jana, Oh 330-972-8293

Dr. Subha Sen 440-498-0102

Dr. B.C. Pakrashi 440-498-0102

Arvind Shah, NJ 609-443-1814

Friends,

We are working on giving the AIPNO PULSE a new face. Please send us articles in word format about interesting medical cases, pictures for quiz(guess the diagnosis!), new scientific material produced/published by AIPNO members. Any achievements, awards, events, stories, anecdotes, poems are welcome too. If you want to advertise through AIPNO please send us your advertisement in pdf format.

Thanks

**Milind and Anupa Deogaonkar
Editorial team**