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Vapour

The official E-Newsletter of the Indian Society of Anaesthesiologists **Yuva Issue**

HIGHLIGHTS

Theme: Risks and Safety Concerns in Anaesthesia Practice

ISA ACADEMICS

Night shift nuances: Managing health and work life balance

Dr. Guriqbal Singh

Healthy Workplace Makes Healthy Professionals: Steps for Enhancement in a Healthcare Setup

Dr. Shraddha Naik(Bahulekar)

Legal shield: Is there a stringent law to protect us?

Dr. Vaishakh Tharavath

ISA ACTIVITIES

ART & LITERARY PAGES

Prize-winning Slogans

Jingles

Poems and Paintings of Competitions organised by ISA National for World Anaesthesia Day Celebrations 2024

KALEIDOSCOPE

A tryst with the young singing divas of ISA

COGNITIVE QUEST



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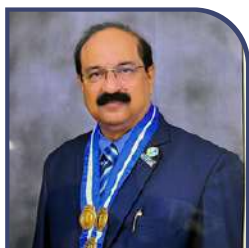
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 3. Enclose two (2) passport size photographs.
 4. Certified xerox copy of Date of birth certificate / PAN card / Passport may be produced as proof of age.

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EDITOR'S NOTE



Dear esteemed members,

Warm greetings from Indian Society of Anaesthesiologists (ISA) National Headquarters!

It is indeed a very proud moment for me to present to you this unique issue of VAPOUR, the 'Yuva' issue. The 'Yuva'(youth) anaesthesiologists comprise a significant part of our membership. This issue is dedicated to them and is a testament to the energy and promise that they behold. The young anaesthesiologists of today have an immense potential in them, which if nurtured in the right direction, can shape the growth of our organisation, the ISA and the speciality of Anaesthesiology in our nation.

This issue of VAPOUR is based on the theme 'Risks and Safety Concerns in Anaesthesia Practice.' Our profession and the medical profession in general is intrigued by safety concerns. The ghastly Kolkata incident that occurred on 9th August 2024 just left us all shocked beyond words. It left us all wondering about our safety, especially the safety of our young trainees at the workplace. Nevertheless, Doctor's Safety in the workplace and in professional practice has always been marred by violence and malpractice litigations. The young authors of this issue of VAPOUR have tried to touch upon these aspects, in addition to others such as occupational misgivings, mental fitness, stress and burnout in anaesthesiologists, legal protection and measures to improve the occupational safety. The ISA National has been working on these grounds and has time and again come up with programmes to help and improve the safety of the practising anaesthesiologists in India, prominent amongst these being the ISA Medicolegal Cell, the Private Practitioner Forum, the recently reframed Guidelines for Practicing Anaesthesiologists in India and the recently launched ISA Mental Health Helpline.

I believe that every young anaesthesiologist should be supported to achieve their goals. The ISA as a body is strongly committed to improve opportunities for all its members including the youth and guide them in professional, social, financial and legal issues. Nonetheless, the annual national conference of YUVA ISA, the ISA YUVACON and Yuva VAPOUR are platforms provided by the ISA for our young flock to make their voices heard and valued.

Happy reading of the 'Yuva' articles! We will soon meet again with the October-November issue of VAPOUR.

Long live ISA!

Dr Sukhminder Jit Singh Bajwa

Honorary Secretary, ISA National

Editor-in-Chief

'VAPOUR'

(The official newsletter of the ISA National)

ISA NOTICE BOARD

CONFERENCE & CME CALENDER OF ISA (2024-25)

Conference/CME (Coming up)	Location	Organised by	Dates
ISA National Sponsored CME/ Workshop	Thane, Maharashtra	Thane Anaesthesia Society & SAMS	15th December 2024
ISA National sponsored Workshop	Surat, Gujarat	ISA Surat	29th December 2024
ISA National sponsored CME	Noida	ISA Noida	16th February 2025
ISA Sponsored CME/ Workshop	Itanagar	ISA Itanagar	23rd February 2025
ISA National sponsored CME/Workshop	Vizianagaram	ISA Vizianagaram	2nd March 2025
ISA Sponsored PG Assembly (North Zone)	Jammu	ISA Jammu	21st-23rd March, 2025
ISA YUVACON	Hyderabad	ISA Telangana	25th-27th April, 2025
World SIVA Congress, India 2025	Chandigarh	Department of Anaesthesia, GMC & Hospital, Chandigarh	25th- 27th July 2025
72nd ISACON 2025	Raipur, Chattisgarh	ISA Raipur	26th - 30th November 2025

Note: The dates mentioned in the above table are tentative & as per information received.
The list of upcoming conferences will be updated in subsequent issues.

ISA National PG online classes

These are being conducted regularly every Monday between 6.30 to 8pm. Experienced PG teachers are taking PG oriented classes including exam-oriented topics.

ISA academic webinar series
The ISA conducts Clinical Practice oriented webinar series (CLIP) and Clinical Reasoning and Problem Solving webinar series (CRISP) on Thursdays between 6.30pm to 8.30pm.

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Heartiest Congratulations!



Prof. Anju Grewal, Professor & Head, Department of Anaesthesiology, All India Institute of Medical Sciences, Bathinda, Punjab has been appointed as Editor-in-Chief of WFSA Flagship learning platform ATOTW (Anaesthesia Tutorial of the Week).

<https://resources.wfsahq.org/anaesthesia-tutorial-of-the-week/>

Heartiest Congratulations!

Dr. Madhusudan Upadya, **Dr. Premanath Fakirayya Kotur** & **Dr. Siddha SC Chakra Rao** of the Indian Society of Anaesthesiologists have been appointed as WFSA Ambassadors for Asia.

<https://wfsahq.org/about/people/ambassadors/>



Dr. Madhusudan Upadya



**Dr. Premanath Fakirayya
Kotur**



Dr. Siddha SC Chakra Rao



ACADEMICS: SPOTLIGHT:

Theme- Risks and Safety Concerns in Anaesthesia Practice

Mental Fitness of Anaesthesiologists - A Top Priority

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Anaesthesiologists work in one of the most high-pressure areas of healthcare, and as such, they are trained to think clearly under the most extreme pressure. Their work, however, extends far beyond the induction of anaesthesia. They also assist in maintaining patients' well being throughout the surgical procedures, being prepared for emergencies and taking rapid actions whenever required. The sustained attention may in grey scale be characterized as great mental exertion for anaesthesiologists which makes psychological well-being to be of paramount concern considering the risks that can be posed to themselves or their patients.

Unique Challenges and Mental Health Concerns

Anaesthesiology is consistently in the top tier of specialties for stress. It is inevitable when anaesthesiologists may face chronic long operating hours, need to frequently shift into unpredictable settings and have to concentrate intensely for long durations. Eventually those demands create an impact, some of which may include; burnout, compassion fatigue, anxiety, and depression which have been observed after long periods. Of these various manifestations, burnout is the most often recorded and it is a combination of physical fatigue, emotional detachment, and overall job satisfaction trolling downwards. Moreover, there is a potential of sleep deprivation caused by shift work which can be detrimental to mental functions.

Suggestions on How to Foster Mental Toughness

It is important to create an environment that puts the anaesthesiologists' mental fitness in focus. One such way is developing an ecosystem where one does not shy away in seeking help to which no stigma is attached. Stress management techniques and/or counseling e.g. stress awareness campaigns can be availed to anaesthesiologists.

Institutions should strive to enhance work-life balance by employing flexible shifts and manageable times. If anaesthesiologists are capable of sleeping well and enjoying life outside of work, then the chances are that they are less likely to be burned out. Also, time-management training and competence resilience training can further prevent anaesthesiologists from getting overwhelmed by the demanding functions.

Sometimes, ISA can develop mindfulness programs that allow practitioners to be level-headed even when there is great pressure. Finally, recognition and appreciation of anaesthesiologists for their hard work and input on specific projects provide positive reinforcement and a sense of achievement. Small things like team-building and appreciation from superiors are essential in boosting a healthy work environment.

The Role of Leadership

The Head of the departments should act as custodians of mental health in their respective teams. They should also try to prioritize mental fitness, and hence, the need to model particular

behaviors that support such an environment. Prioritization of mental health can result in significant positive changes for the team and for the organization as a whole.

Conclusion

Ensuring the mental health and well-being of anaesthesiologists is essential for enhancing their performance and maintaining a high standard of patient care.

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Night Shift Nuances: Managing Health and Work Life Balance

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Working night shifts, particularly in the field of anaesthesiology present unique challenges for healthcare professionals who must balance patient care responsibilities while maintaining their own well-being.

Patient care during night shifts require extreme vigilance from the health care workers (HCWs). However, it is only possible if the attending anaesthesiologist/HCW is not physically or mentally exhausted. Night shifts interfere with the body's natural circadian rhythm, increasing the risk of health problems like sleep disorders, metabolic imbalances, and mental health difficulties. If not addressed, these disruptions can lead to long-term health complications. Anaesthesiologists, who require constant focus, are particularly at risk of fatigue, decreased alertness, and compromised decision-making. In a survey conducted amongst anaesthesiologists

of New Zealand, out of 70% (301/433) who responded, fatigue-related error was reported by 86% of the respondents whereas 58% reported exceeding their own perceived threshold for safely administering anaesthesia continuously. [1] In other studies, over 50% of anaesthesia care providers acknowledged making a medical judgement error that they attributed to fatigue. [2]

Therefore, strict regulation of working hours is the need of the hour to ensure patient safety. The different healthcare systems across the globe have certain regulations related to the working hours. The terms and conditions of service in approved postgraduate training programs in the United Kingdom states 'No doctor should be rostered for more than 48 hours of actual work per week.' [3] The Accreditation Council for Graduate

Medical Education (ACGME) in United States put a work limit of 80 hours per week for resident doctors. [4] In India, the National Medical Commission (NMC)'s Task Force on mental health and well-being of medical students has also recommended that the resident doctors should be given one day off per week, a 24-hour duty and 10 hour shift for the remaining five days. [5] But often resident doctors end up working at a stretch for more than 36 hours, and for more than 80-100 hours in a week, which severely impacts their physical and mental health. Kishor M. et al.[6] reported 30 suicides among Indian doctors from March 2016 to March 2019 and six doctors were anaesthesiologists. The doctors struggling with mental health issues should seek professional help at the right time.

There are certain strategies which HCWs on night shifts should do to take better care of themselves:

1. Focus on proper sleep hygiene.
2. Avoid stimulants/caffeine several hours before planned sleep.
3. Balanced diet.
4. Staying hydrated throughout the shift.
5. Light exercises or workouts before/after shifts.
6. Open communication with family and friends about work schedules.

To combat fatigue during night shifts, hospitals should provide designated rest periods, and offer on-site on-call rooms. Employers should also ensure adequate annual paid leaves, physical and mental health check-ups for the employees. Focusing on proper sleep hygiene, nutrition,

physical activity, mindfulness, and support networks ensures a more sustainable approach to managing the demands of night shift work. As the research on doctor fatigue and patient safety evolves, ensuring safe working hours will demand thoughtful solutions that go beyond merely limiting work hours.

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Stress and Burnout in Anaesthesiologists

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Stress is a natural human reaction which helps us to survive and prepares us to handle the situation. Stress is a situation where in one feels a lack of ability/resources to handle the real or perceived stressful situation. Like fear and anxiety, stress is a situation wherein 'fight or flight'/stress response is activated in our body. There is activation of sympathetic-adreno-medullar (SAM) axis/quick response, the hypothalamic-pituitary-adrenal (HPA) axis/slow response, and the immune system. There are various types of stress like acute stress, chronic stress, posttraumatic, environmental, physiological and psychological stress. Anaesthesiologists as a professionals are prone to many stressful events.

Factors such as: rapid and firm decision making for critical situations like major trauma, emergency surgeries, critical care setup, hemodynamically unstable patients, postoperative complications, cardiac arrest scenarios are all the stress factors an anaesthesiologists has to face day in and day out. Apart from that sleep deprivation, noise, early reporting for assessment and situations wherein one has to induce without proper patient or setup preparations in case of emergencies is more stressful.

All this factors with high and unregulated working hours, dependency on other specialities, comparatively low wages, lack of recognition, and other factors over time can make a anaesthesiologists prone for chronic

stress, burnout and depression if not timely managed.

Systemic effects of stress:

CVS	Increases heart rate, Blood pressure. Chronic stress causes hypertension, dyslipidaemia, atherosclerosis, arrhythmias, risk for cardiovascular events.
Respiratory	Shortness of breath and rapid shallow breathing during acute event, exacerbation of asthma.
GI	Decrease in gastric motility, IBS, diarrhoea or constipation.
Musculoskeletal and other systems	Acute state there is increase in muscle tone, chronic stress causes muscle wasting, it also decreases immunity and reproductive system functions. Social isolation, Addiction, burnouts, sleep disorders, depression and psychiatric issues.

Burnout:

According to WHO burnout is a syndrome resulting from chronic workplace stress that has been unsuccessfully managed. There is mental, physical, and emotional exhaustion due to chronic stress and frustration. This presents as insomnia, irritability, lack of concentration and exhaustion.

This leads to unprofessional behaviour, hampered clinical care, sickness leaves, reduced working hours, early retirements. Anaesthesiologists have high burnout prevalence of 10–41%. Maslach Burnout Inventory (MBI) is used to measure three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. One with burnout syndrome has physical complaints, has difficulty in handling problems and is dissatisfied. There are clinical similarities between burnout and depression. Burnout is mainly because of workplace stress whereas depression has various other factors too. It is important to diagnose as burnout can be controlled with work breaks and depression requires proper treatment.

Prevention and management

Prevention and management of stress and burnouts should be from individual to social and institutional level.

Individual measures:

- Exercise regularly
- Eat healthy diet
- Good sound adequate sleep.
- Good sound adequate sleep.
- Involve in spiritual habits, meditation, yoga
- Communication and discussion with surgical team, colleagues, friends and family
- Spare time for family and hobbies.
- Be part of groups like trekking, cycling, travelling, social activities.

At Institutional level

There has to be job security, proper work culture, adequate leave/break, working hours and shifts should be properly managed, some recreational activities, proper rewards

All staff should be trained in coping skills and there should be specialised mental health services available and help seeking should be promoted.

Professional bodies/societies

Professional bodies/societies should have regular gatherings, discuss issues faced by members, have support system in place like ISA helpline, ensure that hospitals/institutions follow the decisions taken by the society like minimum setup requirements, charges, help system etc.

Summary Anaesthesiologists as professionals are prone for stress and burnout which is deleterious to them personally and socially. This should be managed at individual, institutional and society level and should not hamper personal and social life.

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Occupational Misgivings

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As Anaesthesiologists, we play a crucial role in ensuring patient safety during surgeries and other procedures such as endoscopy, radiation therapy, radio frequency ablation procedures, etc. Even though our profession is demanding we also expose ourselves to a wide range of occupational hazards that can impact our health and well-being.

In this article we discuss some of the key misgivings that anaesthesiologists often face:

1. Exposure to anaesthetic gases:

Prolonged exposure to anaesthetic gasses like nitrous oxide, sevoflurane, and desflurane has been associated with cognitive impairment, reproductive issues, and an increased risk of certain cancers.

Adequate ventilation systems, low flow anaesthesia, active scavenging system in operation theaters, regular monitoring of exposure levels, and the use of personal protective equipment can reduce the risks.

2. Musculoskeletal disorders (MSDs):

The physically demanding nature of the job, including long hours of standing, awkward postures, and repetitive tasks, can lead to MSDs like back pain, carpal tunnel syndrome, and tendinitis. These can be prevented by ergonomic workstations, regular breaks, and proper lifting techniques.

3. Occupational stress and burnout:

We as anaesthesiologists often work in high-pressure environments with unpredictable

schedules and heavy workloads, leading to stress, anxiety, and burnout. Adequate staffing levels, effective time management, and stress management techniques can be used to reduce these risks.

4. Exposure to Infectious Diseases:

Anaesthesiologists are exposed to various infectious agents through contact with patients' blood and body fluids. Preventive measures include universal precautions, strict infection control institutional protocols, including hand hygiene and the use of personal protective equipment.

5. Shift Work and Sleep Disruptions:

Irregular work schedules and sleep disruptions can lead to sleep disorders, cardiovascular problems, aggressiveness and mental health issues. Preventive measures include adequate rest periods, effective sleep practices, and strategies for managing shift work fatigue to mitigate these risks.

6. Workplace Violence and Aggression:

Anaesthesiologists are increasingly facing the threat of workplace violence and aggression. We have lost some colleagues as well due to this workplace violence. Implementing workplace violence prevention programs, providing training on de-escalation techniques, and making sure adequate security measures can be done for our protection.

7. Lack of Recognition and Appreciation:

Despite our critical role, anaesthesiologists often feel undervalued and underappreciated, which can negatively impact their morale and job satisfaction. We can prevent these with open communication channels, recognition programs, and opportunities for professional development in order to boost morale and job satisfaction.

8. Hierarchy:

Departmental hierarchy and egoistic attitude also plays a major role in occupational misgivings and job insecurities.

We can prevent all these with departmental get-togethers and improve mutual respect among colleagues.

Conclusion

It is important to note that the specific risks and challenges faced by anaesthesiologists may vary depending on their work setting and individual circumstances. Addressing these misgivings through a combination of preventive measures, workplace policies, and support systems is essential to ensure the well-being of anaesthesiologists and improve the quality of work.

Workplace Violence: A silent killer disease!

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Introduction

Workplace violence is the act of physical, emotional or sexual injury to workers within or outside of workplace. It is a rising concern more specifically amongst health care professionals globally. The health care professionals are 13% of the working manpower yet they are subjected to 60% of the occupational violence. [1] The Indian subcontinent is a ticking timebomb in this regard. About 80% of doctors in India are professionally stressed out, of which 57% are unable to carry out their professional duty without fear of violence. [2]

Workplace violence manifestations

The types of workplace violence can be broadly classified as —client/customer based, criminal offences (under the Bharatiya Nyaya Sanhita), worker on worker and personal relationship. Verbal abuse amounts for the highest percentage of incidence, followed by threats, physical abuse and sexual harassment. [3] Discrimination, cyber bullying, blackmailing, harassment by the influential sectors of the society, are the other pressing issues. [2]

The perpetrators

The usual perpetrators are a complex combination of patient relatives, other healthcare workers and the organization. Anger either to gather attention, or due to anxiety/ personality issue, self-enhancement goals, inadequate grief management and financial dues have been found to be the prime reasons behind it.

Which set of workers are more vulnerable?

Healthcare workers who are the first responders and the ones who deal with the critically ill patients are the ones who face most of the wrath. [2,5] Apart from these, there are various sociodemographic variables which contribute, like age, less work experience, females, minority sectors, juniors, marital status. [6] Employment in a skewed fashion in the rural and urban sector, long duty hours, evening and night shift workers are the other professional challenges.

What is the outcome of workplace violence?

Workplace violence amounts to the emotional stress of the workers, leading to stress, depression, post-traumatic stress disorder, which ultimately manifests as reduced efficiency and poor outcomes at work.

How to respond? (prevention and cure)

A violent reply is considered as the last resort. Avoidance of the similar pressing situation and timely information to the authorities, improvement of resources and workforce at grassroot levels, stringent policies at the institution levels and at the central level, communication and counselling, mutual support group formation, awareness and education of the staff about institutional guidelines, updates and addressing the incident legally are some of the common modalities of reducing the incidence of workplace violence. [4,7] Installation of CCTV cameras and metal detectors at workplace is another useful resort. [8] The Epidemic Disease Act has proposed a bill in 2023 for violence against healthcare workers. Prevention of Violence Against Healthcare Professionals Act also deals with

violence against healthcare professionals and clinical establishments in India. Prevention of Sexual Harassment at Workplace and various other have also been recently considered and instituted for the same.

Conclusion

Workplace violence, is a silent and deadly epidemic that significantly impacts workers and hence productivity. Addressing this issue requires comprehensive approach to create a safer, healthier work environment for all workers, particularly those in high-risk sectors like healthcare.

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Mitigating Occupational Health Hazards at the Workplace

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The anaesthesia environment encompasses the operating room, interventional radiology suite, and other sites that contain many other potential occupational and environmental hazards. Anaesthesiologists are exposed to potential physical, chemical, organic, ergonomic, and psychosocial hazards and dangers in their work situations. (1) The work-related dangers faced by anaesthesiologists pose a threat to their well-being and may lead to a decline in their performance.

The Brazilian Society of Anaesthesiology and the World Federation Societies of Anaesthesiologists divided the dangers into 5 categories: [2]

1. Physical variables and security: ionizing and non-ionizing radiation, noise and vibration, heat, ventilation, lighting, electrical machines, fires, and compressed gases.
2. Chemical components: latex hypersensitivity and exposure to anaesthetic gases
3. Biological variables: infections, microscopic organisms, and fungi
4. Anaesthesia practices: persistent work-related stress, psychosocial disorders, and drug addiction
5. Ergonomic dangers and labour standards: work organization, work model, workload responsibility, and violence.

One of the essential concerns is the hazard of contamination from different viruses, such as HIV, hepatitis B, and C. Moreover, airborne pathogens, such as tuberculosis, display

advanced dangers in the working room. Radiation exposure includes both ionizing radiation from X-rays and non-ionizing radiation from lasers. While individual exposure levels may be low, aggregate exposure over time can lead to unfavourable health. In any case, wearing fitting eyewear during laser can avoid burns to the cornea and retina. Anaesthesiologists also confront personal risks, such as substance abuse. Reports show that roughly 1 in 15 specialists may experience liquor or drug dependence at a few points in their careers. Further, stress and fatigue can affect anaesthesiologists' execution and well-being. The demanding nature of their work, characterized by long hours, unusual schedules, and high-stakes decision-making, can lead to chronic stress and burnout. Fatigue can disable cognitive capacities, such as consideration and decision-making. [3]

World Alliance of Social orders of Anaesthesiologists-2014 Working Organization Requirements: [2]

1. Anaesthesiologists should not work over 48–50 hours per week.
2. There should not be more than 5–6 continuous hours of work without little breaks.
3. Daily work must not surpass 10 hours.
4. In a week, there should be no more than two 12-hour night shifts.
5. Work and family life balance.
6. There must be rest days.
7. There should not be continuous work over two shifts

8. There must be atleast 10 hours between two shifts.
9. There ought to be at atleast one rest day after 24 hours of work.
10. There should be at least 1/2 hour of rest in an 8-hour shift.

Most anaesthesiologists do not know professional risks they face and how to deal with them. The anaesthesiologists continue to face different hazards in the workplace. Design standards, personal protection equipment, policies, and procedures have kept anaesthesiologists safe. However, anaesthesiologists need to advocate for themselves and engage in processes that sets a safety culture and standards within their workspaces.

There is a requirement for organized national occupational security laws and work security in anaesthesiology.

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Healthy Workplace Makes Healthy Professionals: Steps for Enhancement in a Healthcare Setup

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A healthy workplace is vital in a healthcare settings like ours, where professionals face high-stress environments, long working hours, exposure hours, exposure to infectious diseases and limited work-life balance. A healthy workplace culture directly impacts the well-being and performance of healthcare professionals, influencing patient care and outcomes. We, as anaesthesiologists, spend more than half of the day in ORs and ICUs, and hence,

a healthy atmosphere to thrive with our colleagues and subordinates goes a long way in maintaining our physical as well as psychosocial well-being.

A study published in the *Journal of the American Medical Association (JAMA)* in 2020 found that 44% of physicians experienced burnout, leading to decreased patient satisfaction and increased medical errors¹. Another *Journal of Clinical Psychology* study reported that compassion fatigue

affected 71% of nurses, compromising patient care. So what can be done to make our workplace healthier and happier??

Steps for Enhancement of a Healthy Workplace

1. Open communication

is the key to a positive workplace culture. It builds trust, fosters transparency, and ensures everyone is aligned with the organisation's goals.

All professionals should be able to share their ideas, concerns and feedback without fear of negative repercussions or being judged. Foster a healthy environment where open and healthy communication is possible between professionals of all cadres, irrespective of the hierarchy.

2. Promoting employee well-being

is essential for creating a supportive and productive workplace. The professional policies should emphasise stress management, mental health, and the physical well-being of its professionals. Mental well-being and stress management could be handled by regular counselling, and arranging stress management workshops³, and the need for clear and healthy communication among peers is paramount. A separate committee could be made that can provide confidential support for personal and professional issues, helping employees cope with stress and mental health challenges.

Some other wellness initiatives like mindfulness programs, yoga classes, campus gyms and mental health resources to reduce stress and improve resilience.

3. A safe and healthy work environment

is fundamental for the well-being of its professionals⁴. A healthcare setup should comply with all safety regulations and standards and regularly review and update safety protocols. Providing ergonomic workstations, maintaining clean restrooms and doctors' lounge facilities, and promoting a safety culture can prevent workplace injuries and illnesses. By promoting well-being through these initiatives, we can create a healthier, happier, and more engaged workforce. Professionals who feel supported, protected and cared for are more likely

to be productive, satisfied, and loyal to the organization.

4. The Safety of women professionals

and understanding the necessities of their privacy as well as health and work-life balance also goes a long way in increasing their faith and confidence in the setup, which produces better outcomes and less absenteeism among females working with the organization.

5. Flexibility of schedules & shifts,

weekly day off, consideration of maternity leave for pregnant and lactating mothers, and paid time off to support work-life balance go a long way in reducing stress among health professionals

6. Acknowledge and reward

healthcare professionals⁵ for their contributions, milestones, and achievements. When they feel appreciated, they are more motivated and committed to their work, directly impacting productivity and patient outcomes.

7. Professional Development programmes

like regular training, workshops, and conferences to enhance and update the skills and knowledge of the professionals involved.

8. Supporting diversity and inclusion

within a healthcare organization is essential for creating a dynamic and innovative workplace. A diverse workforce brings a variety of perspectives, ideas, and experiences that drive creativity and improve problem-solving.

9. Teamwork and collaboration

are essential components of a positive workplace culture in healthcare. As a team, we can solve problems more efficiently, achieve common goals and achieve better research.

10. Organising team-building activities

like group outings, birthday celebrations of peers, cultural programmes and celebration of festivities fosters better bonding among fellow professionals. It helps them to step out of the routine clinical schedule and connect with each other beyond the constraints of formal professional relationships. In short, 'if health is the essence of your brand, it all starts with taking the health of your workforce very seriously!'. A healthy workplace is crucial in healthcare settings where professionals face unique challenges.

By implementing these steps, healthcare organizations can foster a culture of wellness, support, and success. Healthy healthcare professionals provide better patient care, reduce medical errors, and improve outcomes

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Supporting wellness: ISA's initiatives for member health

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Work-life balance has been a pivotal issue for most anaesthesiologists. The World Health Organization defines health as an optimal state of physical, mental, and social wellbeing. Wellness is often used interchangeably with terms such as health, well-being and happiness. While there are common elements among them, wellness is more of an active process. The modernised holistic approach encompassing healthy living, self-help, self-care, fitness, nutrition, diet and spiritual practices towards a more successful existence has ancient roots, which have evolved and flourished analogously to conventional medicine. Wellness is multidimensional.

The various elements must co-exist harmoniously for a successful and highly competent anaesthesiologist.



Physical: fortifying a healthy body through exercise, nutrition, and sleep.

Mental: resilience to problems, being productive at work and in the community.

Emotional: ability to accept and cope with life challenges yet be considerate to near and dear ones.

Spiritual: Practicing gratitude and mindfulness to balance inner and outer worlds.

Social: having a worthwhile connection with diverse communities in meaningful ways.

Environmental: enhancing positive interrelationships between environment and human actions.

The Indian Society of Anaesthesiologists has been diligently formulating assistance to meet the multifaceted aspects of wellness of practising anaesthesiologists throughout India. ISA is nurturing the global annual theme of 2024 –“Workforce wellbeing” through various credible programmes like:

I) Issuing guidelines for anaesthesiologists practising in India. To increase patient safety, these guidelines are recommended to improve working conditions in the operation room and perioperative zones.

II) ISA Professional Indemnity Scheme and ISA Legal Cell: CoverYou provides carefully drafted professional Indemnity for members.

III) ISA FINANCIAL ADVISOR to guide the members regarding investments, savings and having a second legal source of income.

IV) ISA-FBF : This scheme aims to provide social security to the family members of ISA and create an e-friendly platform for existing and prospective members.

V) The ISA endorses the Relative Value Guide, an independent & transparent system to bring the remuneration of anaesthesiologists to a more dignified level.

VI) ISA Cultural Club: To recognise the talented stars in our fraternity – singers, dancers, actors, etc.,

VII) Fit Anaesthesiologist Campaign: to focus on the members' good health. Pan India acknowledgement of role models amongst us: Marathon runners, Cyclists, Mountaineering climbers, etc.

VIII) ISA Innovation Cell: members are acknowledged and awarded for their innovative skills.

IX) ISA Sports Cell: For sports activities.

X) ISA Leadership Summit will inculcate leadership skills.

XI) ISA Vapour: quarterly E-newsletter to encourage young writers in the fraternity.

सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः ।

सर्वे भद्राणि पश्यन्तु मा कश्चिद्दुःखभाग्भवेत् ॥

Which translates to – “Let everyone be happy, let all be free from illness, let all see what is auspicious and let no one suffer”.

The journey to wellness begins with finding one's Ikigai. Ultimately, it's never too late to realise the moral guidance from our ancestors - Happiness, health, and attitude- are in our own hands.

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Best Practices to Promote Occupational Safety for Health Professionals: The Perspective of an Anaesthesiologist

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Anaesthesiologists are exposed to unique occupational hazards, necessitating evidence-based strategies to mitigate risks associated with anaesthetic agent exposure, infection, musculoskeletal strain, and psychological stress. Based on the recent research work in occupational health, this article describes the best practices for enhancing anaesthesiologist safety.

1. Minimising Exposure to Volatile Anaesthetic Agents:

Long-term exposure to volatile anaesthetics in operation theatres is associated with neurotoxicity, reproductive impairment, and carcinogenicity in healthcare workers[1] Effective practices to reduce exposure include:

a) Scavenging Systems:

High-efficiency scavenging systems have demonstrated efficacy in reducing ambient waste anaesthetic gases, ensuring compliance with occupational exposure limits set by bodies like National Institute for Occupational Safety and Health (NIOSH). [1,2]

b) Equipment Maintenance and Leak Detection:

Regular calibration and maintenance of anaesthesia delivery systems, including routine leak testing, are critical in preventing unintended gas release and reducing exposure.[1,3]

2. Infection Prevention During Aerosol-Generating Procedures (AGPs):

Anaesthesiologists frequently encounter

aerosolised pathogens during procedures such as intubation, bronchoscopy, and extubation, increasing the risk of infection from agents like SARS-CoV-2. Recommended preventive measures include:

a) **Advanced Personal Protective Equipment:** Evidence supports the use of N95 respirators in decreasing aerosol transmission during AGPs. Eye protection, gloves, and gowns further reduce the risk of contamination. [4,5]

b) **Hand Hygiene:** Strict adherence to the WHO's Five Steps for Hand Hygiene protocol is essential, particularly in high-turnover operating room (OR) environments. Alcohol-based sanitisers are effective and should be used for the prevention of infections. [4,6]

c) **Vaccination:** Vaccination coverage for infectious agents like hepatitis B and COVID-19 is essential, as immunisation minimises occupational infection risks and boosts herd immunity in healthcare settings. [1].

3. Ergonomic Interventions to Prevent Musculoskeletal Disorders (MSDs) :

Anaesthesiologists frequently adopt prolonged, awkward postures predisposing them to (MSDs) [7] Effective ergonomic adaptations include

a) **Adjustable OR Furniture:** Height-adjustable stools, arm supports, and adjustable OR tables facilitate neutral postures, reducing strain on the spine, neck, and shoulders.[8]

b) **Micro-breaks and Position Changes:** Brief,

periodic micro-breaks allow for stretching, repositioning, and alleviating cumulative muscle tension, especially during lengthy surgeries. (8,9)

4. Psychological Safety and Burnout Mitigation:

Prolonged shifts and high cognitive demands contribute to anxiety, depression and burnout among anaesthesiologists.[10] Addressing these challenges involves:

a) **Shift-Schedule Optimization:** Scheduling duties on a rotation basis and decreasing consecutive night shifts helps reduce fatigue and, lowering burnout scores.

b) **Mental Health Resources:** Ready access to confidential counselling and peer support correlates with reduced stress and enhanced job satisfaction .[10]

c) **Resilience Training:** Interventions such as cognitive-behavioural therapy (CBT) and mindfulness-based stress reduction (MBSR) have shown efficacy in enhancing resilience within high-stress specialties like anaesthesiology.[11]

5. Workplace Violence Prevention and Professional Well-Being support:

Workplace violence (verbal or physical) poses a significant risk in high-stress healthcare settings.[12] Anaesthesiologists should be capable enough to manage these risks:

a) **De-escalation Training:** Behavioural training on de-escalation techniques effectively reduces the incidence and severity of confrontational situations. Recognising early signs of agitation and employing communication techniques like reflective listening and empathy have proven efficacy in defusing tension. [13]

b) **Incident Reporting Systems:** Establishing a clear and confidential reporting protocol for workplace violence allows rapid response to incidents and provides data for safety improvements. (13)

c) **Supportive Professional Culture:** A zero-tolerance policy for harassment and violence at the institutional level, with regular training on

workplace communication, is fundamental in providing a supportive work environment [13]. In conclusion, adopting these best practices enhances anaesthesiologists' well-being and occupational safety, improving patient outcomes.

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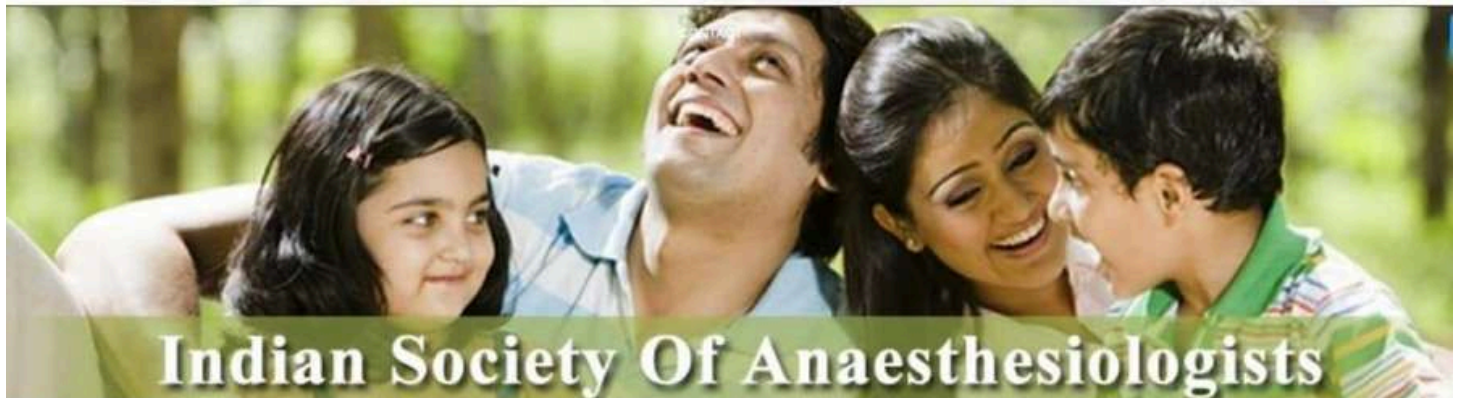
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Indian Society Of Anaesthesiologists Family Benevolent Fund



LEGAL SHIELD : IS THERE A STRINGENT LAW TO PROTECT US ?

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INTRODUCTION

Healthcare professionals, particularly physicians, are fundamental to the integrity of our healthcare system. However, they increasingly encounter threats and acts of violence, a troubling trend that warrants a thorough examination of the legal protections available to these dedicated individuals. Although substantial progress has been achieved in this area, enhanced safeguards are necessary.

Even though there are no stringent laws to protect us, there are laws which can be utilised to our advantage in the event of adversities. This includes laws protecting healthcare professionals and their establishments and general laws that protect any common citizen.

LAWS

• PREVENTION OF VIOLENCE AGAINST HEALTHCARE PROFESSIONALS AND CLINICAL ESTABLISHMENTS BILL, 2022

This was a Bill which was put forward after the COVID pandemic due to high incidence of violence against healthcare professionals.

Violence is clearly defined in the Bill as “an act which causes or may cause any harm, injury or endanger of the life of or intimidation, obstruction or hindrance to any healthcare professional in the discharge of his duties or causes any damage or loss to the property or reputation of a healthcare professional or a clinical establishment.”

Protecting a diverse array of healthcare professionals within private and public

healthcare facilities encompasses all individuals, from support staff to physicians, including medical students and other trainees.

Any acts of violence or targeted aggression directed against healthcare professionals or clinical establishments based on factors such as caste, gender, religion, language, or place of birth shall be strictly prohibited and addressed at all levels.

Any case registered under this Act shall be investigated by a police officer, **not below the rank of Deputy Superintendent of Police**. Any offence committed under this Act shall be cognisable, non-bailable, and triable by the **Court of Judicial Magistrate of the First Class**. Whoever commits or attempts to commit or abets or incites the commission of any act of violence as mentioned above shall be:

- **Imprisoned for a minimum of 6 months, and can extend to 5 years,**
- **A minimum fine of 5000 INR can be extended to 5 lakh INR.**

If the above-mentioned offence causes grievous hurt as defined under section 320 of the IPC, then the punishment shall be:

- **Imprisoned for a minimum of 3 years, and can extend to 10 years,**
- **A minimum fine of 2 lakh INR can be extended to 10 lakh INR.**

If the honourable court determines damage or loss of property, then compensation of an amount equivalent to twice the fair market value will be paid by the accused. The compensation for inflicting harm or grievous harm upon healthcare

professionals and for damage to clinical establishments shall be determined according to the severity of the harm inflicted, as adjudicated by the honourable court. If the convicted person fails to pay the compensation, it is recovered as an arrear of land revenue under the Revenue Recovery Act 1890.

During the period when a draft of the Healthcare Services Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill was prepared and circulated in the Rajya Sabha for consultations, it was determined that separate legislation under the title "Prevention of Violence Against Healthcare Professionals and Clinical Establishments Bill, 2022" would not be pursued. Rather than approving the proposed protection Bill, the Epidemic Diseases (Amendment) Ordinance, 2020 was promulgated to address the concern effectively.

• THE EPIDEMIC DISEASES (AMENDMENT) ACT, 2020

The act was introduced in the Rajya Sabha on September 14, 2020, amending the Epidemic Diseases Act of 1897. This was necessary due to the increase in the incidence of violence against medical professionals during the period of the COVID pandemic. The proposed legislation significantly enhances protections for healthcare professionals actively engaged in the fight against epidemic diseases.

Under the provisions of the Bill, an 'act of violence' is defined as any of the following actions directed against healthcare service personnel: (i) harassment that affects living or working conditions, (ii) infliction of harm, injury, or endangerment to life, (iii) obstruction in the performance of duties, and (iv) loss or damage to the property or documents belonging to healthcare service personnel.

The term 'property' encompasses (i) clinical establishments, (ii) quarantine facilities, (iii) mobile medical units, and (iv) any other property in which healthcare service personnel have a direct interest, particularly in relation to epidemic conditions.

These offences will be cognizable and non-

bailable. The case shall be investigated by a police officer not below the rank of Inspector. The investigation must be completed within 30 days from the date of registration of the First Information Report.

The inquiry or trial must be completed within a one-year timeframe. Should the proceedings not conclude within this stipulated period, the presiding Judge is required to document the reasons for the delay and grant an extension. However, such extensions may not exceed six months at a time. In cases involving the prosecution of an individual for causing grievous harm to healthcare service personnel, the Court shall presume the individual is guilty of the offence unless evidence to the contrary is presented.

The act mentions whoever commits or abets the commission of an act of violence against a healthcare service personnel or abets or causes damage or loss to any property shall be punishable with an:

- Imprisonment of a minimum of **3 months**, and can extend to **5 years**,

- And with a minimum fine of 50,000 INR and can extend to 2 lakh INR. This offence may be compounded by the person against whom such act of violence is committed, with the permission of the Court.

In a scenario where the above act of violence causes grievous hurt to the healthcare professional as defined in section 320 of the Indian Penal Code (IPC):

- The imprisonment term starts from a minimum of **6 months**, which can extend to **7 years**,

- And, with a minimum fine of **1 lakh INR**, can extend to **5 lakh INR**.

Individuals who are convicted of offences under the proposed legislation will be required to provide compensation to the healthcare service personnel affected by their actions. In instances involving damage or loss of property, the compensation owed to the victim shall amount to twice the fair market value of the damaged or lost property, as determined by the court. Should the convicted individual fail to fulfil the compensation obligation, the outstanding amount will be

collected as an arrear of land revenue under the Revenue Recovery Act of 1890.

IPC SECTIONS – CURRENTLY CALLED AS “BHARATIYA NYAYA SANHITA (BNS)”

- 323 (voluntarily causing hurt) – Section 115, under BNS
- 325 (voluntarily causing grievous hurt) – Section 117, under BNS, and
- 307 (attempt to murder) – Section 109, under BNS

STATE-WISE LAWS

- **The Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act of 2010 represents one of the initial legislative measures establishing a precedent for similar initiatives in other states.**
- In the same timeframe, comparable laws were enacted in Andhra Pradesh, Karnataka, and Tamil Nadu.
- **Kerala Healthcare Service Persons and Healthcare Service Institutions (Prevention of Violence and Damage to Property) Amendment Act of 2023 is also an example.**

State laws generally encompass provisions that impose penalties and imprisonment for individuals who perpetrate violence against healthcare workers or inflict damage on medical facilities. Nevertheless, the enforcement of these laws has frequently been

criticised due to perceived weaknesses and inconsistencies.

CHALLENGES AND FUTURE

It is now understood that, although there are no stringent laws protecting healthcare professionals, there exist laws that can be leveraged to our benefit both as healthcare practitioners and as citizens of this nation. However, the primary challenge we face in the current context pertains to implementing and enforcing the existing legal frameworks. Despite the enactment of various legislative measures, the prevalence of violence directed towards healthcare professionals remains a significant concern in India.

Addressing this critical issue necessitates a collaborative effort among the government, healthcare institutions, and the public. In recent years, there has been increasing advocacy for establishing a comprehensive national law that would provide uniform protection for healthcare personnel nationwide rather than relying solely on state-specific legislation or amendments to existing laws. In addition to legislative initiatives, efforts have been made to enhance public awareness regarding the significance of respecting healthcare workers.

REFERENCES:

1. The Prevention of Violence Against Healthcare Professionals and Clinical Establishments Bill, 2022.
2. The Epidemic Diseases (Amendment) Act, 2020.

Facing adversity with courage: Coping with death or complications in the operating room

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ISA No: S9327



Being an anaesthetist, one should always be prepared to face the adversities in the perioperative period. In the workplace, adversity is a difficulty or challenge or an unpleasant situation that can affect a single employee, team or an entire hospital. Negative workplace culture, lack of good communication and experience can lead to adversities. Adversities that can be faced in the operating room (OR) are difficult airway, unexpected and unpredictable complications (for example: malignant hyperthermia) inadvertent drug errors, equipment failure, perioperative myocardial infarction, on-table cardiac arrest, fire in the OR, local anaesthetic systemic toxicity etc.

An anaesthetist should be the captain of the sinking ship which means the ability to be stable and calm-minded with prompt actions which aids in coping up the unpleasant situations. This could be achieved by being prepared for the complications expected on the operation table in the perioperative period. Making the right decision at the right time helps to overcome the adverse events in the perioperative period. American Society of Anaesthesiologists (ASA) standard monitors should be attached to the patients undergoing surgeries. The senior anaesthetist should lead and assign roles to the remaining team. This avoids the chaos and confusion during the unpleasant situations. To handle the complications one should have determination without giving up. The ability to adapt to changing situations can help you to use c.

creative strategies to address adversities.

Anaesthetic death is defined as a death that occurs up to 24 hours of anaesthesia administration, due to the causes related to anaesthesia.[1, 2] Peri-operative deaths may be due to inadvertent drug administration through wrong routes like for example, bupivacaine given intravenously instead of the intrathecal or epidural route by an inexperienced OR technician and due to wrong drug administration which looks alike due to similarity in the ampoules or vials and sounds alike like dexamethasone and dexmedetomidine.

Despite the meticulous preparedness and prompt efforts, if death occurs on the OT table in the OR, the dreadful situation has to be dealt with courage and confidence instead of getting panicked or blaming. One has to follow the set protocols of the institution and be thorough in the comprehensive cardiopulmonary life support (CCLS) guidelines in resuscitation. Legal documentation of all the events, resuscitative measures, and drugs administered sequentially should be done.[3] The senior consultant has to stand by the side of the involved anaesthetist to debrief the events and support to communicate to the patient attendants politely and emotionally without getting carried away by the feeling of guilt, anger, fear, stress, anxiety and supporting the patient attendants emotionally and mentally showing the genuine concern. While breaking the bad news to the patient's attendants, transparency is most important. The surgeon and the anaesthetist should communicate with each

other before attending to the patient's attendants. Being an anaesthetist, this discussion would be incomplete if the importance of CCLS is not mentioned.

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2. Maaløe R, Hansen CL, Pedersen T. Anaesthesidødsfald. Definition, årsager, risikofaktorer og forebyggelse [Death under anaesthesia. Definition, causes, risk factors and prevention]. Ugeskr Laeger. 1995 Nov 20;157(47):6561-5. Danish. PMID: 7483110.
3. Wee M. Catastrophes in Anaesthetic Practice – Dealing with the Aftermath. The Association of Anaesthetists of Great Britain and Ireland, London. [Last Accessed on 2015 Jul 01]. Available from: <http://www.aagbi.org/sites/default/files/catastrophes05.pdf>.

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ISA ACTIVITIES

IIIrd Annual National Conference of ISA YUVA CON 2024

&

XIIIth Annual Conference of ISA Uttarakhand State (UKISACON 2024)

2nd-4th August 2024

Under the aegis of Indian Society of Anaesthesiologists, the 3rd Annual National Conference of ISA YUVA (ISA YUVACON 2024) and 13th UKISACON 2024 was hosted by ISA Uttarakhand State and organised by Department of Anaesthesiology and Pain Management, HIMS & ISA Dehradun City Branch from 2nd August-4th August 2024 under the able guidance of Dr Gurjeet Khurana, Organizing Chairperson, and Dr Parul Jindal as Organising Secretary. On August 2nd, a series of impactful workshops on POCUS, Ultrasound-Guided Nerve Blocks, Simulation on Perioperative complications and Joyful Living were conducted.

The conference was initiated with Flag hoisting followed by the inaugural function. The Guest of Honour Dr SS Bajwa, Honorary Secretary ISA in his address said the conference was aimed at staying upfront with dynamic changes in the speciality and benefit patient care. Dr Manoj Kumar, Treasurer, ISA National and the conference coordinator said this conference aimed to involve young anaesthesiology postgraduates, senior residents, and private practitioners from different anaesthesiology subspecialties in a congenial environment. Former and current office-bearers of the ISA National such as Dr Sunil Sethi, Dr Manish Katikar, Dr Rama Krishna Reddy, Dr RK Bhasker, Dr Deepak Malviya, Dr Naveen Malhotra, Dr Virender Sharma, Dr Rajiv Gupta and Dr Bharat Bhushan Bhardwaj illuminated the conference with their presence.

The theme of the conference was Yuva Anaesthesiologist Navigating & Adapting Changing Practices. The conference had several sub speciality sessions, master classes, how I do it? sessions, pro and con debates and serious gaming. PG quiz was conducted under the guidance of Dr Rama Krishna Reddy Mudiganti. There were dedicated sessions for literary, cultural, art and indoor sports activities.





ISA Vishakhapatnam branch (17th August 2024)

The ISA Vishakhapatnam branch conducted a monthly academic meeting on the theme of pain and palliative care. Dr. A.S. Kameshwar Rao, former President, ISA National, graced the event.



ISA Loni (LSA) activities (September 2024)

On the occasion of Ganesh Chaturthi, LSA successfully conducted a voluntary blood donation drive, which was met with an overwhelming response on 09th September 2024



BLS training sessions

for Security personnel were held on 12th September



CME cum WORKSHOP on “MECHANICAL VENTILATION- From fundamentals to practice”:
13th October



ISA NATIONAL SPONSORED PG ASSEMBLY, TRIPURA (30th August to 1st September, 2024)

ISA Tripura state branch in collaboration with Department of Anaesthesiology of AGMC & GBPH and Department of Anaesthesiology TMC & BRAM, MRU, AGMC organised ISA National sponsored PG assembly from 30th August to 1st September, 2024 in Agartala. This was likely the first of its kind in North-East India. The Chairperson of this scientific programme was Dr. Sourabh Saha and the Organising Secretary was Dr. V. Majumdar.

Compared to other parts of the country, communication and travel are not as easy in this region. Participation in this kind of programme requires a significant financial commitment from postgraduate students. However, a large number of postgraduate students from several North-East medical institutes attended the PG assembly.

The conference included lectures, case-based discussions, practical stations, viva, Quiz and workshop from renowned faculties and teachers. Around 13 faculties from outside Tripura (Aligarh, Silchar, Imphal, Aizal, Kokrajhar, Guwahati and 13 faculty from the state participated in this teaching activity. PG students participated in poster and paper presentation. Overall feedback from the students and all consultants was very encouraging.



ISA National sponsored CMEs, Workshops & Conferences
ISACON Karnataka 2024
(8th -11th August 2024)



ISACON West Bengal, Kolkata
(30th August -1st September)



ISA National Sponsored CME and workshop, Barabanki
(31st August, 1st September 2024)



ISACON Haryana (8th September 2024)



RAJISACON 2024, Jodhpur (13th -15th September 2024)



ISACON Odisha, Burla (14th-15th September 2024)



**ISACON North Zone 2024, Jammu
(20th -22nd September 2024)**



**ISACON Tripura
(22nd September 2024)**



**ISACON AP 2024, Tirupati
(27th -29th September 2024)**



ISACON Puducherry (27th-29th September 2024)



ISACON Delhi (27th-29th September 2024)



MPISACON 2024, Rewa (27th-29th September 2024)



ISACON Gujarat 2024, Daman (28th -29th Sept 2024)





COGNITIVE QUEST



WORD SEARCH

Dr. PARUL JINDAL

Professor

Department of Anaesthesiology

HIMS, SRHU, Dehradun

ISA No. P1190



Search the following words

MENTAL

SUPPORT

ERGONOMICS

INJURY

STIGMA

EMOTION

VIOLENCE

VICTIM

PATHOGENS

SAFETY

BURNOUT

STRESS

EXPOSURE

HAZARD

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C	K	M	M	P	S	L	P	P	M	A	A	L	J	J	C
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SOLUTION

E	S	S	D	D	P	A	M	E	N	T	A	L	F	G	H
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S	S	M	V	A	T	A	E	E	X	P	O	S	U	R	E
E	T	J	A	I	H	S	D	D	J	A	M	B	R	M	M
R	I	O	A	E	O	L	P	P	T	K	M	M	N	J	H
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T	M	O	P	L	N	N	R	M	L	S	T	R	E	S	S
E	M	O	T	I	O	N	D	T	L	E	Y	R	R	G	H

Quiz (Multiple Choice Questions on Perioperative Complications)



Dr. M Rama Krishna Reddy
Professor of Anaesthesia
PMRIMS, Hyderabad
GC Member, ISA

&



Dr. Abhyuday Kumar
Associate Professor,
Anaesthesia
AIIMS, Patna

1. The recommended dose limit of annual radiation exposure to an anaesthesiologist should be less thanmSv/year.

- A. 15
- B. 25
- C. 50
- D. 100

2. As per the National Institute of Occupational Safety and Health (NIOSH), the maximum limit of N2O in operation theatre should be below:

- A. 10
- B. 25
- C. 100
- D. 200

3. The post exposure prophylaxis after HIV exposure should ideally be started within:

- A. 24 hours and not later than 48 hours
- B. 24 hours and not later than 72 hours
- C. 48 hours and not later than 96 hours
- D. 72 hours and not later than 1 week

4. As per the NIOSH guidelines, average sound decibels exposure allowed in the operating room for an 8-hours work day is:

- A. 40
- B. 65
- C. 85
- D. 100

5. As per NABH guidelines, minimum air exchange should be per hour in the operating room.

- A. 5
- B. 10
- C. 15
- D. 20

6. The risk for HIV transmission after percutaneous exposure to HIV-infected blood in health care settings is

- A. 0.003%
- B. 0.03%
- C. 0.3%
- D. 3%

7. Which joint is the most common joint to be affected by osteoarthritis in an anaesthesiologist due to its occupational actions?

- A. Ankle joint
- B. Cervical spine joints
- C. Knee joint
- D. First metacarpophalangeal joint

8. Preventive measures to decrease waste anaesthesia gases in the operating rooms are all except:

- A. Face masks should provide an effective seal
- B. Cuffs on tracheal tubes and laryngeal masks must be inflated adequately
- C. Scavenging system should be used
- D. High fresh gas flow should be used

Answers:

- 1. A. 15
- 2. B. 25
- 3. B. 24 hours and not later than 72 hours
- 4. C. 85
- 5. D. 20
- 6. C. 0.3%
- 7. D. First metacarpophalangeal joint
- 8. D. High fresh gas flow should be used



ART & LITERATURE PAGES

IN SAFE HANDS

Dr. Ankit Arora
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Swami Rama Himalayan University
Dehradun, Uttarakhand
ISA No. A5160



*In the beats of the operating room
We watch over you and keep on roam
As you go into a peaceful sleep
Your safety is the promise I keep*

*With every breath, with every beat
We make sure your heart and lung stays steady sweet.*

*While you dream and feel no pain
We're here to bring you back again.*

*But sometimes, in the work we do
Doctors face dangers it's sadly true.
We heal and care while make sure mishap won't touch u dare.*

*Yet sometimes as Doctor; we're hurt; assaulted, and that's not anyone
deserve.*

*We're here to help, and to make things right.
To guard your life through every fight.
While spending countless sleepless nights.*

*But just like you, we as doctor community need respect and deserve not to be
attack*

So we can care be there, and still protect .

*Let's care for all, both patient and guide
So trust and safety stand side by side.
Without stopping this life and death's endless fight.*

Prize winning Slogans, Jingles, Poems and Paintings of the competitions organised by ISA National for *World Anaesthesia Day Celebrations 2024*

Theme: Anaesthesiologist as a Specialist

Category I – Slogans

Judges

1. Dr. Sheila Nainan Myatra
2. Dr Saikat Sengupta

First Prize: Dr. Chetana Agarwal

हम ही संवेदनाहारक हैं, दर्द निवारक भी हैं हम,
हम सघन संरक्षक हैं, प्रशामक चिकित्सक भी हैं हम,
हम ही मृत्युपाय को पुनर्जीवन देने वाले हैं
हम ही हर संकट से उभारनेवाले हैं

Second Prize: Dr. Thanseena AH

Caring Hands, Calm minds, In trust we sleep – Honor Anaesthesia

Third Prize: Dr. Pooja NV

“Anaesthesiology: where I monitor the unseen and protect the vital.”

Category II – Jingles

Judges

1. Dr. Sheila Nainan Myatra
2. Dr Saikat Sengupta

First Prize: Dr. Pushkar Desai

"Master of sleep with a soothing hand,
Guiding you to a peaceful land.
With steady skill and a watchful eye,
They'll keep you safe as worries fly!
When you wake, refreshed and bright,
Thanks to their care, all is right!"

Second Prize:
Dr. Manasi Panat

जो दर्दोगम कम करते हैं;	इनके भरोसे से चलती है साँसे;
अँनस्थेटिस्ट उन्हें कहते हैं..	इनकी वजह से दिल धडकते हैं..
छोटी सी हो या बड़ी सर्जरी;	परदे के पीछे रहकर भी;
इनके भरोसे सब चलते हैं..	सबके दिलों में ये रहते हैं..
वक्त पे न आये तो आफत बड़ी;	जो दर्दोगम कम करते हैं;
आए तो खुशिया लाते हैं..	अँनस्थेटिस्ट उन्हें कहते हैं..

Third Prize:
Dr. Devanand Patil

"With scopes like spells and drugs as charms,
In anaesthesia, we calm all alarms.
Mastering magic, we guide with care,
Keeping you safe like you're floating on air."

Category III – Poems

Judges

1. Dr Anita Vig Kohli
2. Dr. Balaji Asegaonkar

Award winning Hindi poems

First Prize:
Dr. Neha Vershney

डॉक्टर तो सब बनते हैं
पर बेहोशी करना आसान नहीं
दे देते हैं जान उन्हें भी,
लगे जहाँ अब जान नहीं

इमरजेंसी या क्रिटिकल केयर,
पेन हो या ऑपरेशन
इतनी क्षमता इतने स्किल,
इन्हें कोई आराम नहीं

साँस रुके तो साँस फूँक दें,
CPR के जानी हैं
दरद की ये जड़ तक पहुँचें,
हार कभी न मानी हैं

कोई ट्यूब हो कोई कैथेटर
तकनीक सभी हैं नयी-नयी
अल्ट्रासाउण्ड हो, PNS हो
असफल होते नहीं कहीं

वेंटिलेटर के निपुण खिलाड़ी
ECMO से खेलते हैं
खुद नहीं पता क्या अहमियत
इनकी
ये दूसरे डॉक्टर बोलते हैं

हॉस्पिटल का कोई विभाग हो
इनके बिना अधूरा है
कोड ब्लू का सायरन हो तो
बेहोशी वालों का दम पूरा है

सुना सभी ने कई बार
डॉक्टर हरि का रूप है
नहीं पता ICU इयूटी में
कब बारिश, कब धूप है

एक अकेला ऐसा डॉक्टर
जो सबका रोल निभाता है
कभी काडिओ कभी नेफ्रो
कभी फिजीशियन बन जाता है

बेहोशी वाले जो निर्णय लेते
उसका मूल्य सब करते हैं
गति, कुशलता, कौशल से ये
हर ऑपरेशन सुरक्षित करते हैं

Second Prize: Dr. Deepika Tiwari

निश्चेतक : रफ निश्चेतक (Anaesthesiologist as Specialist)

आत्मा भी भयभीत और मन विचलित,
तनचा पीड़ित और आशा है स्मित,
वह रोग और पीड़ा से था आसित,
असह्य पीड़ा में था जीवित।

जब डाल्यक्रिया के लिए वह आया,
संशय का बादल मन में फिर आया,
तब निश्चेतक (मैं) पीड़ा दूने आया,
आशा की किरणों जीवन में लाया।

मैं तत्पर हूँ, मैं सहज हूँ,
मर्ते को देता मैं आहूँ,
शब्द और गहन चिन्तना
मुझसे ही तो सम्भव है।

हमदर्द बना मैं, बना उसका साथी,
बाल्यक्रिया में भी था मैं उसके साथ ही,
पल्लव के पीछे (Behind the Surgical Shears) था मैं खड़ी,
हाथ में ही था उसका पकड़।

चेहरे पर मंद मुस्कान लिए,
आँखों से उसे निश्वास दिए,
कि मैं उसका साथ न छोड़ूँगा,
उससे को उस तक आने से पहले मोड़ूँगा।

मैंने दर्द का निवारण किया,
सुनेदनशीलता का भरहम दिया,
'जीवन के निमिष क्षणों' में मैंने,
ही जैसी रक्त बरदान दिया।

Third Prize: Dr. Ravindra Sisodia

और मैं तेरा हो गया

तब जैसे कोई जादू सा हुआ था।
किसी माँ की तरह तूने उसे छुआ था।
दर्द से कराहता वो शख्स,
कैसे पल में ही सो गया।
बस उसी पल
मैं तेरा हो गया।
एनेस्थीसिया मैं तेरा हो गया।

साँसों और घड़कनों को घटाया, बढ़ाया या थाम लिया।
तुझे जिससे जो लेना था वो काम लिया।
जब शरीर की रग-रग पर
तेरा पहरा हो गया।
बस उसी पल
मैं तेरा हो गया।
एनेस्थीसिया मैं तेरा हो गया।

जबसे मरीज़ के चेहरे पर मास्क सजा था।
उसे खबर ही नहीं
घड़ी में कब कितना बजा था।
कोई बटन दबाते ही वापस उठ बैठा
जैसे वो कोई यंत्र था।
या मृत को जीवित करने वाला शुक्राचार्य का कोई मन्त्र था।
जागकर वो बोला, कब ऑपरेशन मेरा हो गया।
बस उसी पल मैं तेरा हो गया।
एनेस्थीसिया मैं तेरा हो गया।

Consolation Prize 1: Dr. Manish Khandelwal

"चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है"

निश्चेतना देने वाले चिकित्सक का ज्ञान एवं शक्तियाँ अपार है
निश्चेतना के बाद ही मिलता सर्जरी को आकार है
दर्द का निवारण करने में ये मुख्य भूमिका निभाता है
चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है

हमें चैन की नींद सुलाकर, वो हमको आराम देते है
भय और अविश्वास की चादर हटाकर हमारा खयाल रखते है
हमारी घड़कन और साँस को नियंत्रण में रखता वह जादूगर कहलाता है
चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है

ईमरजेंसी हो या आई.सी.यू. इनके हुनर का कोई तोड़ नहीं
वेन्टीलेटर के अनुभूत कार्य में इनके जैसा कोई और नहीं
CPR की तकनीक से जो मौत को भी हरा पाता है
चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है

मीन रहकर भी वह मरीज की अद्वितीय सेवा करता है
निराश्रय भाव से कार्य करता ये सच्चा प्रहरी है
बिना किसी वाह-वाह के वो निष्काम भाव से अपना कार्य करता है
जीवन और मृत्यु की सीमा पर खेलता वो निडर कहलाता है
चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है

"चिकित्सक वर्ग का है ये नायक, जो निश्चेतक कहलाता है"

Consolation Prize 2:
Dr. Manju Chawla

Anaesthetist

बेहोशी वाला डॉक्टर, कोई डॉक्टर होता है क्या
टीका लगाने के सिवा, कुछ और करता है क्या
अब कोई तो इन्हें समझाए, वो भी खूब पढ़ा है
MBBS के बाद पढ़कर, specialist बना है
कोई भी operation, इनके बिना ना होगा
बिना दर्द, बिना तकलीफ, इलाज संभव ना होगा
दिल, दिमाग, सांस, गुदों, का ध्यान रखते हैं
जीवन और मौत के, बीच खड़े रहते हैं
जब तक operation चले, जान में जान अटके
मरीज़ की धड़कन के साथ, अपनी धड़कन भटके
Playback singer की तरह होते हैं पर दिखते नहीं
बस मरीज़ सलामत रहे, और कुछ चाहते नहीं
यही stress बहुत है, और stress से बचाना है
बाकी मुश्किलें बहुत हैं छोटी, दिल को समझाना है
ज़रिया बनकर ईश्वर का, अपना किरदार निभाना है
अपनी पूरी कोशिश करके, ईश्वर पर छोड़ते जाना है

Award winning English Poems

First Prize:
Dr. Somnath Ramanathan

We arrive at dawn before you,
To ensure everything's in place.
And proceed to stay after dusk,
Else things can go sideways.
While you struggle with needles and iv lines,
We make sure they are placed just fine.
When drugs and fluids put you in a daze,
We do the balancing act with a placid face.
We arrive at dawn before you,
To ensure everything's in place.
And proceed to stay after dusk,
Else things can go sideways.
While you struggle with needles and iv lines,
We make sure they are placed just fine.
When drugs and fluids put you in a daze,
We do the balancing act with a placid face.

When sleep eludes our patients,
We put them in a dreamless slumber with patience.
When the patient's bleeding doesn't tug at your heart,
We make sure it doesn't take the patient apart.
When a patient screams in agony,
We appear out of nowhere miraculously.
Because pain is our enemy,
Which we wage war against endlessly.
When sleep eludes our patients,
We put them in a dreamless slumber with patience.
When the patient's bleeding doesn't tug at your heart,
We make sure it doesn't take the patient apart.
When a patient screams in agony,
We appear out of nowhere miraculously.
Because pain is our enemy,
Which we wage war against endlessly.

Second Prize: Dr. Dhiraj Tamaskar

SOME CALL US ANESTHETIC..
SOME CALL US ANESTHETIST..
BUT WE DON'T CARE WHAT THEY CALL US;
WE JUST KEEP DOING WHAT WE ARE EXPERT IN..
EVERY DAY WE DO THE SAME THING..
PUTTING THE PATIENT ASLEEP OR NUMB THE AREA TO BE
OPERATED WITH JUST A NEEDLE PRICK, MAINTAIN THE VITALS
DURING THE PROCEDURE.
BUT THAT'S NOT THE END!!
MAY IT BE A DIFFICULT I. V. LINE..
MAY IT BE A DIFFICULT INTUBATION..
MAY IT BE PUTTING A CENTRAL LINE..
WE ARE THERE!
WE ARE THERE IN AN ICU WRESTLING WITH DEATH MANAGING
THE CRITICAL PATIENTS..
WE ARE THERE TO ALLEVIATE THE PAIN..
WE ARE THERE WHENEVER SOME HEART STANDS STILL ..TO
PERFORM CPR.
THERE LIES OUR HAPPINESS WHEN THE PATIENT AWAKES AND
SAYS 'I DON'T EVEN KNOW WHEN THE PROCEDURE GOT
FINISHED';
THE DAY IS FRUITFUL
WHEN EVERYTHING GOES FINE.
THERE LIES OUR SKILL TO DO THE SAME THINGS OVER N OVER
AGAIN WITHOUT FAIL, WITHOUT COMPLICATIONS..
HORIZONS ARE EXPANDING AND WE ARE FLYING WITH OUR
ABLE WINGS..
WHATEVER THEY CALL US, WE ARE THE TEAM; WE ARE THE
ANAESTHESIOLOGISTS
AND ARE PROUD TO BE..

Third Prize: Dr. Tushar Chakravorty

Doctor, behind the screen.

That doctor is a real good one, he has saved my life,
My Appendix had burst, fever was there with chill,
My heart was weak, sugar too high, afraid was my
wife,

"The patient will die" all the doctors did feel,
Only this very doctor came forward to assure,
Like God we do still worship him for my cure.

"Never heard of a surgeon by this name,
All must know him if so great is his fame,
Where we can meet him, where his clinic is?
Anyone may suffer from a surgical disease."

He isn't a Surgeon, he didn't hold the knife,
The surgeon too was quite adept in his work,
Surgery alone cannot save a patient's life,
About this truth, one must not be kept in dark,

"But you just told your Appendix had burst,
That is, for sure, a very critical state,
One must look for a good Surgeon at first,
Without him, sealed is patient's fate,
And yet you're giving credit to someone else?
With medical ideas of all, do not ring the bells".

Sugar above three hundred & a weak heart,
No Surgeon these days is that oversmart,
To put such a patient on the table,
Surgeons need him to be operable,
So many risks, and surgery was must,
For me the sky seemed to be overcast,
From behind the screen, this doctor came in front,
Considered all my problems, for me the night dawned,
The measures & techniques he did chart,
Only after that my operation could start,
He looked after my heart and my high sugar level,
Surgery was pain-free, for the time I was on table,
Operation over, for me he was there still,

Quite conscious, but no pain I could feel,
To keep my heart beating, for him wasn't a big deal,
In spite of my sugar, his drugs helped my scar to heal,
There was no doubt the surgeon was pretty good,
Yet for my life, bestow major credit to him I would.

"Then why does his name isn't visible in any doctors' list"?
Real people are neglected here, as is the Anaesthetist.

Consolation Prize 1: Dr. Vivek Kumar

" When you are deep asleep, paralysed...we breathe for you,
When your heart stuns, arrests...we beat for you...
when excruciating pain takes its plight..
we chip in bringing relief with anaesthetic might..
when one bleeds and bleeds and sinks in shock..
we resuscitate tirelessly..death runs amok..
When major surgeries threatens your life...
we silently maintain you under the wrath of knife..
We block your nerves , with precision and zeal..
Eradicating all pain , to help you heal

Fighting COVID pandemic..
without caring own lives..
When the whole world was doomed..
We worked with positive vibes..
When one is in impending arrest ..we fight for
your life..
at times sitting whole night by your bed and
ventilator..as your second wife..
When one is critically ill, in difficult terrain..
We airevacuate you safely..
Amidst inclement weather and rain..
To bring you back, safe and sound.
We are there for you , all around.
We know about our efforts you are unaware..

when your foetus is in danger and you are rushed in urgency..
we hold our nerves to save two lives without hesitancy..
Either your child swallows a coin or a piece of bone..
we stand strong managing airway..at times we stand firm
alone...
When your pulses goes feeble,
Monitor screams its alarm,
We manage it promptly..
With a saintly calm.
Managing bronchospasm to deranged heart beats..
working tirelessly day and night to achieve robust feats...

Still we are there ..we dare to care .
Our role is vital , on us the hospital rely,
From cardiac cath lab to paediatric MRI.
from running code blue and saving life.
None can compare our enchanting vibe.
Though Many times our efforts goes
unrecognized in background..
Yet it seldom let us feel low..
as god knows what difference we make by being around..
we are lucky to be blessed by God to have such a profession..
Anaesthesiologist by heart..saving lives is our obsession"

Consolation Prize 2: Dr. Sarika Shetty

The valiant guardian of life!!

Shades of green in the past, trending is the swanky dyed scrubs
Printed funky caps with flowers, muffins and cute little cubs.
Striving to balance the weight, crocs most often embrace the feet
Masks found dangling, pleading for mercy so that the ends meet.

Auscultation cannot be replaced, hand on pulse is an obsession
Monitors, gadgets, machines and ultrasound, my comfort possession.
Anatomy and physiology exaggerated and entangled in every technique
Pharmacology is blended with all the organ functions of human physique.

No subject of graduation is spared, no aspect
of medicine is unturned

Pregnancy is intriguing, cardiorespiratory
system is thoroughly churned.

When life originates in infants to the attempts
of resuscitation in geriatric

Preserve homeostasis, restore haemostasis,
the feeling is ecstatic.

Secure and comfortable shall be my patient under the drapes.

Constant vigilance and timely intervention, words of a proud ANAESTHESIOLOGIST

2. Dr Somnath Saha

Kaleidoscope

A tryst with The Singing Divas of ISA



Dr. ADITI DUGAYA, ZMCH, DAHOD
ISA No. – A5032



Dr. DEBASMITA BASU
Vivekananda Institute of Medical
Sciences, RKMP, Kolkata
ISA No. D2621/A



Dr. SAIE SHRIKANT RANADE
Deenanath Mangeshkar Hospital, Pune.
ISA No. S8521/A



Dr. SAYLI NAGRAJ
Place: Jabalpur, MP
ISA No. S7091

Hello!

Warm Greetings to you from the editorial team of VAPOUR!

1) Who are your musical influences and how have they shaped your style?

Dr. ADITI DUGAYA - Music was an integral part of our household since childhood as my mother and father both loved singing. Through them I was introduced to old classic songs. Lata Mangeshkar, Asha Bhosle, Shreya Ghoshal have really influenced my singing as I felt my voice suited those songs better. By listening to them I understood how to be expressive through songs and how to improve vocal clarity.

Dr. DEBASMITA BASU - I belong to a family of music lovers. Since a very tender age, I have heard my parents sing at family gatherings and functions. As I have been told later, that I could barely speak when I started humming a song, catching up from a rehearsal held at our residence, uttering anything that would trickle down my auditory pathway, with the tune intact. My father always loved to listen to and sing a variety of songs and a lot more these days (thanks to me). Later on I received lessons in classical music and but the flow of all the latest Tollywood and Bollywood numbers never stopped coming in, owing to my friends and peers.

Dr. SAIE SHRIKANT RANADE - I have been always influenced by my family, since I was a kid.

My mother is my daily inspiration, I have grown up hearing her sing.

Dr. SAYLI NAGRAJ- I've always been inspired by my grandmother and my father. I think I've got the genes from them. My parents have encouraged me since childhood to take part in various competitions and I believe that is what gave me the confidence to pursue it with passion.

2) Are you formally trained to sing? Which is your favourite song? Who is your favourite singer?

Dr. ADITI DUGAYA - I was interested in singing since childhood and gave various stage performances but I received classical training for 2 years. My favourite song is "kahi door jab din dhal jae", the lyrics and singing is very soothing. My favourite singer is Shreya Ghoshal.

Dr. DEBASMITA BASU- My mother was very keen upon me developing a pure classical base since my childhood only. Therefore I started receiving talim from my guruji Pandit Jayanta Chattopadhyay, the youngest son of Pandit Vishmadev Chattopadhyay at Vishmadev Musical Academy, Kolkata. I completed the entire course of 6 years during my school-life with my mother guiding me in all possible ways. I cannot decide upon a single genre of songs as my favourite one. There are rabindrasangeets which are very close to my heart, there are

ghazals that I am absolutely in love with, many bhajans and folk songs bring tears to my eyes, and I have a wild dream of dancing my heart out on Chikni Chameli while singing the song myself! But as I grew up, I realised that pure classical would be something I would like to dedicate my life to, given the chance.

Lata Mangeshkar, Md Rafi, Hemant Kumar, KK, Shreya Ghoshal, Sunidhi Chauhan are few names from the very long list of my favourite singers.

Dr. SAIE SHRIKANT RANADE - I have been learning Hindustani classical since I was a kid. I have done my Visharad in Hindustani classical. You can never have one favourite song!! But what come to mind is lag ja gale, o sajana, jara si ahat, kabhi khud pe kabhi halaat pe, jival ga kadhi re yeshil tu, edelweiss. Music knows no language!

Dr. SAYLI NAGRAJ- I've been singing since the age of 6. I've learnt Hindustani classical music for 12 years and am a graduate in the same. It's really hard to choose a single favorite song, but I'd lean towards Mere Dholna. I've grown up singing songs of Lata Mangeshkar ji and Shreya Ghoshal ma'am, and they're my favorite.

3) Is singing a learned skill or a natural one [God's gift]? What is your opinion on this? How can one get better at singing?

Dr. ADITI DUGAYA - Singing is a unique blend of both learned and natural skills. Some qualities like physical characteristics of the vocal cords, innate musicality, emotional expressions are natural gifts a person can get, but through proper techniques, vocal control, style, practice and conditioning one can refine and enhance skills. By learning techniques one can overcome natural limitations, expanding vocal capabilities.

Dr. DEBASMITA BASU- Singing is indeed God's gift. People are born with the gifted vocal cords and sense of music and rhythm.

My guriji used to say that one should train his ears before training his voice. And I have seen my father listening to a same song on YouTube from a number of singers. As I grew up, I realised that listening to songs, observing the qualities of various singers is as important as taking lessons from a proper source and practicing them

regularly. Also, a good understanding of the lyrics helps us to draw the picture with music in its complete sense.

Dr. SAIE SHRIKANT RANADE - I feel that a beautiful voice is God's gift. But we can always improve it by continuous Riyaz and training in classical music.

Dr. SAYLI NAGRAJ- I feel it can be both, but if you can take God's gift and hone that skill by learning music, the results can truly be phenomenal. One can get better at singing by doing Riyaz regularly and focusing on the notes as well as feel of the song.

4) It is said that the human vocal cord is the most beautiful and versatile musical instrument. What is your take on that?

Dr. ADITI DUGAYA - The vocal cord is indeed one of the most beautiful and versatile musical instrument. The beauty, versatility, emotional resonance, diversity, expressive nuances, vocal range, genre which are specific of a singer all comes from their unique voice which comes from the vocal cords.

Dr. DEBASMITA BASU- It definitely is. And an artist is the one who enjoys playing this instrument sometimes with a pinch of his emotions, sometimes with his skill, and sometimes both, as and when required.

Dr. SAIE SHRIKANT RANADE - I definitely agree, because it is only the human voice that can sing in so many octaves. Human voice can express any emotion better than any musical instrument.

Dr. SAYLI NAGRAJ- It is indeed true. In an era of autotune, I truly admire someone who sings with authenticity and truly utilises their talent and voice to produce some beautiful music.

5) Is it important to have a good voice for singing? What is your opinion about singing styles and voice types?

Dr. ADITI DUGAYA - Having a good voice for singing is beneficial. A good voice can convey emotions effectively and can captivate listeners' attention, but it's not the only factor - sense of rhythm, phrasing, stage presence, confidence,

consistent effort to improve technique and genuine love for singing always shines through. Different genres value unique vocal styles, embracing diversity and individuality in singing styles and voice types enriches the musical world.

Dr. DEBASMITA BASU- According to me, a singer should mould his or her voice according to the nature of the song. The folk style will not suit a ghazal nor would a ghazal sound good when sung as a Bollywood number. But there is no harm if someone reportedly wishes to go beyond the particular genre that is already assigned to one particular song. Therefore it should be the singer's discretion to decide upon the singing style and the voice type should be guided as per the mandate of the song.

Dr. SAIE SHRIKANT RANADE - Any sound which is soothing to us is beautiful. There are so many singing styles but at the end of the day, jo awaz dil ko chu jata hai wohi sukoon hai !

Dr. SAYLI NAGRAJ- Yes, I feel it is important to have a good voice for singing. Technique can be learnt but changing someone's voice may not be possible. There are various singing styles that can be taken up depending on your voice type. While a soft, high-pitched voice may suit classical and semi-classical songs better, a voice which is on the heavier, more rough side may be more suited for rock, pop, hip-hop or even folk music.

6) What do you think are the benefits of singing? Many of us are not formally trained in music and singing. However, can we take up singing? How can we anaesthesiologists benefit from singing?

Dr. ADITI DUGAYA

-Singing offers numerous physical, social, mental, emotional, cognitive, neurological and therapeutic benefits. It improves lung capacity and breathing, strengthens vocal cords and respiratory muscles.

-Music is not limited to any one person. Anyone can enjoy it by singing or by listening. The passion and love for singing always connects to

the audience. Music enhances the overall well-being of a person. So one should take up singing not for anybody else but for themselves.

-As an anaesthesiologist, our day to day life is full of stress and we get less time for ourselves. Singing reduces stress and depression, improves mood and emotional well-being, enhances self-expression and confidence, provides an outlet for emotions, encourages social bonding in the community, improves memory and concentration, releases endorphins and dopamine, improves sleep quality, encourages self-care and relaxation and most importantly, it fosters a lifelong love of music and learning.

Dr. DEBASMITA BASU- For part-time singers with a full-time hectic schedule like us, singing is definitely a great point of relaxation. Music is as beautiful as a hobby as listening to it, is.

I believe one should enjoy himself or herself in the first place while singing. Then only he or she can involve the audience into his or her music.

Dr. SAIE SHRIKANT RANADE - Singing is like meditation for me! It is the biggest stress buster. We, anaesthesiologists go through so much of stress. Singing is 'nirmal anand' (pure bliss). There is no anger, no bias in it. We can melt away our day's troubles by humming a simple tune!

Dr. SAYLI NAGRAJ- I've found singing to be a tremendous stress-buster. It gives me a sense of purpose outside of my profession. It's a great exercise for our vocal cords, lungs as well as brain. Singing can be taken up if someone isn't formally trained. You can listen to a variety of songs, capture it's feel and extrapolate it into great singing with some practice. There are many apps that help learn the basic aalap and practice singing.

7) What are the benefits of singing in groups? Do you prefer solo singing or group singing?

Dr. ADITI DUGAYA - Singing in groups creates a unique dynamic, fostering personal growth, social connections and emotional well-being. It improves pitch accuracy and harmony, enhances vocal control and blend. I prefer solo singing because it gives me an individuality and

freedom to explore personal style.

Dr. DEBASMITA BASU- Singing in groups obviously opens up opportunities of learning from each other, exchanging ideas and appreciating each other's style of singing.

But group songs almost always require more practice sessions to attain synchronisation. Given the busy schedules that we are carrying on since MBBS, I prefer solo singing.

Dr. SAIE SHRIKANT RANADE - Bharatiya (Indian) music is melody-based; western music is harmony-based. That is why Indian music is more solo-based. This is because we give more importance to the melody.

Dr. SAYLI NAGRAJ- I feel both have their merits. Group singing not only gives you confidence when you're singing among others, but also helps in bonding with people who share your interests and passion. Solo singing gives you more of a free hand at creativity and you can be more diverse with your song selection. I've done both of these quite extensively, but my preference lies in solo singing.

8) What is your advice to the bathroom singers? Should they continue to do so? How can one build up confidence in singing?

Dr. ADITI DUGAYA

-Singing is self expression and joy; so my advice to bathroom singers would be - keep singing no matter what, let go of the self criticism and enjoy the therapeutic release.

-To build confidence in singing, one should identify strengths and weaknesses, make practice strategies, sing in front of friends/family, seek feedback and guidances and should focus on progress, not comparison.

Dr. DEBASMITA BASU

- 'Bathroom singers' are the living examples of enjoying oneself while singing, as I already said, without bothering about any form of appreciation or criticism.

Practicing is definitely a key towards confidence-building. But music should never be obligatory in anyone's life. People should carry it on along with their lives in whichever way that

suits them the best.

Dr. SAIE SHRIKANT RANADE - The fact that they are 'bathroom singers' means that they already have interest in music. They should start learning music in earnest and start singing outside the bathrooms. It will boost their confidence. If it gives them joy, why not?

Dr. SAYLI NAGRAJ - My advice is: once you make up your mind, nothing can keep your voice contained to the bathroom. Follow your heart and slowly build up your confidence by singing amongst your loved ones. Nothing boosts confidence like words of encouragement from your family and friends.

9) Scenes of a mother singing a lullaby and a devotee singing a 'bhajan' are pleasant to see. Do you think that the modern social media are destroying these natural human instincts?

Dr. ADITI DUGAYA -Yes, modern social media can potentially erode these heartfelt moments. The overemphasis on presentation, distraction, self doubt has created a lack of intimacy and authenticity. This should be understood and real life connections should be prioritized.

Dr. DEBASMITA BASU - New things always come with their own pros and cons. As far as social media is concerned, honestly speaking, I am still in much dilemma regarding its effects. There was a time when I would not go to sleep at night without my father singing to me. And today, I run an Instagram account on music, the stimulus against all the propofol and ketamine that perfectly maintain the depths of my PG residency everyday.

Till date, I feel so elated to receive so many positive comments on my songs from a number of Instagrammers whom I have never known before and vice versa. Similarly it is also very easy to criticise or attack someone with harsh words via social media.

It is true that many of our natural instincts and traditions have taken a more mechanical course thanks to social media these days. But I think somewhere down the lane, people come out in search of a "human" touch at the end of the day, be it at a nearby cafeteria, or at social media

chatbox. This quest will continue till there is existence of mankind. And art being one of the most fluent forms of communication, will definitely keep playing a pivotal role in this regard.

Dr. SAIE SHRIKANT RANADE - I do agree that it kills the natural instinct. Folk music especially is getting extinct with increasing technology.

Dr. SAYLI NAGRAJ - I feel that music these days has become more noise than melody. The delicate notes and soothing tunes are rapidly being replaced by loud remixes and meaningless lyrics. That being said, there are a few people out there working to preserve the sanctity of music and re-introduce music of the Golden era into the current generation. I wish they keep up the good work as the world needs more such people.

10) Do you have any intention to take up a career in singing and music?

Dr. ADITI DUGAYA -I will always look forward to such opportunities which will help me build a career in singing but until then I will continue singing for myself and improve my abilities as I have a long way to go.

Dr. DEBASMITA BASU- I don't know if a career in music would ever be possible for me alongside medical profession. With a feeble plan of learning music therapy (which is also the name of my instagram handle) someday, I would love being an earnest student, a sincere follower and a candid appreciator of good music throughout my life.

Dr. SAIE SHRIKANT RANADE - No, it is my passion, my Ikegai ! I wouldn't want to do it for monetary gains.

Dr. SAYLI NAGRAJ - A career in Anaesthesiology is quite engaging as it is, haha. But I dream to start my own Channel on a public platform someday and share my love for singing with the world. I may not have been able to take up singing professionally, but it has always been and will always be my passion.

Many, many thanks!

The Editorial team, VAPOUR

A Tribute



December 25 1983 to October 12 2024

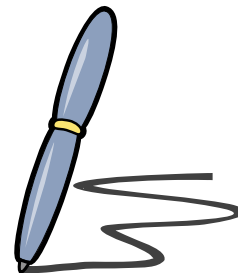
Dr Girish Kumar Singh

With profound sadness, Indian Society of Anaesthesiologists announces the untimely passing of Dr Girish Kumar Singh, a brilliant and compassionate anaesthesiologist, who left an indelible mark on the lives of countless patients and colleagues. Dr Girish worked as Executive Member, Treasurer & Secretary Incharge of ISA Telangana State.

He had already made significant contributions to the field of Anaesthesiology at such a young age demonstrating exceptional skill, empathy, and dedication. His passion for delivering top-notch care and ensuring patient comfort inspired confidence and trust amongst his colleagues and students. He was an exceptional academician and had given several lectures and conducted several workshops.

Dr Girish will be deeply missed by family, friends, and the medical community. His legacy will continue through the countless lives he had touched.

INVITATION TO CONTRIBUTE



'Vapour', the official newsletter of the Indian Society of Anaesthesiologists invites contribution of articles originally written by ISA members (Life and associate). The articles can be in the form of interesting case reports for discussion, articles on topics of current clinical relevance, photo-essays, articles on medicolegal /health/ financial/extracurricular issues of interest to the anaesthesiologists. Original literary works such as poems, funny cartoons or paintings on topics of anaesthesia are also welcome. Information about extraordinary achievements /experiences of ISA members, book publication can be sent.

The articles should be brief and written in font Times New Roman 12-14 size and presented in Microsoft office word document (rtf/doc files). Plagiarism and violation of copyrights should be strictly avoided. The articles should be e-mailed to isanhqvapour@yahoo.com with a covering letter addressed to the Honorary Secretary ISA National.

**Dr Sukhminder Jit Singh Bajwa
Honorary Secretary ISA National**

&

Editor-in-Chief

VAPOUR

(The official newsletter of the ISA National)

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