

EDITOR'S SPACE

Communication is the first pillar of growth and success of any organization. It gives me great joy to bring you the very next edition of the newsletter.

In the constant struggle of our daily work lives, the newsletter aims to strengthen our bond. It keeps us all updated regarding the various activities of the different zones of AFPI Kerala. In this issue, we have included articles that will improve your decision-making skills. We are making an effort to expose the good work done by some of our colleagues, who are indeed making family physicians proud. Hope that their work will be an inspiration to the next generation of family doctors.

None of this would have been possible without the dedicated work of our incredible team. We try to ensure that every issue surpasses the last.

A word of gratitude to all the members who contributed the various articles, including poem and quiz. Thanks to each and every one for the constant support extended.

Best wishes to the organizing team of AFPICON 2024, to be held at Kochi on the 27th and 28th of January 2024. Looking forward to meeting you all.

Wishing you a fantastic year filled with joy, success and great reads.

Chief Editor
Dr. Roby K Prasad



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FROM THE PRESIDENT'S DESK



Dear friends,

I am delighted to reach out to you through this newsletter, recognizing its significance as a vital means of communication among us. The AFPI Kerala Chapter stands as a dynamic branch in India, abuzz with academic, social, and cultural activities throughout the year. The eagerly anticipated 8th Annual State Conference, AFPICON 2024, is scheduled for January 27-28. The preparations for this annual conference are in full swing, promising an unforgettable event. I encourage you to visit the website, a remarkable effort by our enthusiastic organizing team. Allow me to emphasize that it is the responsibility of each member to exert considerable effort in augmenting the membership strength of our Academy. Only the resounding voice of a robust organization will resonate within the corridors of power. Looking ahead, I anticipate a highly successful year with sustained endeavours to promote primary care, training, research, and clinical services. Let us stride into 2024 with pride in our accomplishments and extend heartfelt wishes for a peaceful and fulfilling career ahead.

President,
AFPI Kerala Chapter
Dr. Indhu Rajeev



MESSAGE FROM SECRETARY

Dear friends,

As the present Executive Body is completing its first year, I am happy that our Newsletter Committee has come up with its second issue of the newsletter.

It's great that doctors, amidst their stressful career, find time to showcase their academic and literary talent. As our prestigious AFPICON 2024, our state conference, is planned for the 27th and 28th of January 2024, I would like to welcome all the specialist family physicians, primary care physicians and general practitioners to this academic bonanza.

The Newsletter Committee, headed by Dr Roby, has done a wonderful job with the first edition. We are looking forward to the second edition of the newsletter, with much anticipation and pride.

All the best to the team.

Secretary
AFPI Kerala chapter
Dr. Kailas P





AMALA CLINIC

A BEACON LIGHT TO THE SOCIETY

Amala Clinic came into existence at Kattangal, near NIT, Calicut, on 02.01.1999, in a rented single room at the centre of the town. It has survived these 25 years giving solace, comfort and healing to many. Thanks to the people of the area and the grace of God.

I completed MBBS from St. John's Medical College, Bangaluru in 1995 and M.MED family Medicine (first batch) from CMC, Vellore. After completing my internship at St. John's, I opted to work among the tribals in a mission hospital at Ranchi, Bihar (now Jharkand) as part of the compulsory rural service and gave whole hearted service to the poor people of that area.



Dr. Mary Joseph

B.Sc, M.B.B.S(St. John's Bangalore)
M.MED Family Medicine
(CMC Vellore)
Consultant Family Physician
at Amala Clinic,
Kozhikode



Dr. Mary Joseph examining a child at Ambumala Tribal Colony, Kakkadampoyil, near Nilambur, Kerala.

I worked there for 2 years which gave me a lot of experience and satisfaction. I remember conducting medical camps in remote areas of the village, where local people had no access to any health care facility or means of transport. Our driver had to make way through the jungle, dried up rivers and difficult terrains to reach the villages. On many of the days, the consultation would go on till late night and I had to examine the patients under small kerosene lamps.

I came back to Kerala and settled in Calicut, as my husband was an Associate Professor of Physics at Malabar Christian College, Calicut. Later, I worked in the Gynaecology Dept. of Nirmala Hospital Marikkunnu, Calicut, and then as RMO in Lisa Hospital, Thiruvambady, Kozhikode for few years. Then came the idea of starting my own clinic. We found Kattangal, near NIT, Calicut, to be a suitable place, and started a single room clinic with a nurse and a helper. The acceptance of our services by the people of the area encouraged us to buy enough land and build our own house-cum-clinic in the heart of the town. I was available to the people 24 hours a day, although the clinic timing was fixed as 9 am to 7 pm.

Looking back at the last 25 years of service, I believe, our success was not only because of the clinical management but also because of our social commitment to the poor and down trodden sections of the society. No one is refused treatment due to lack of money. Many old parents, with no one to take care of them, are given free treatment. We are also providing free treatment to the inmates of Sree Sadasiva Balasadanam for the last 20 years, the inauguration of which was done by the late Chief Minister of Kerala, Sri. Oommen Chandy, at our clinic. We also help the children of a few HIV infected and affected patients by paying them Rs. 500 to 1000 every month. A physically challenged boy who lost his father was given monthly financial aid up to 10th class.



Dr. Mary Joseph examining a girl at Ambumala Tribal Colony, Kakkadampoyil, near Nilambur, Kerala.

We also conduct medical camps for Tribals, old age homes, Mahila mandir (Govt.), migrant labourers and the like, with free distribution of medicines. We are also providing scholarships to the differently abled students in Karuna Speech & Hearing Higher Secondary School, Eranhipalam, Kozhikode and Kolathara H.S.S for the visually impaired.

All these services have increased the credibility of the clinic and I enjoy the privilege of being accepted as a family physician by the people of the locality. Even now many patients bring products from their vegetable garden like green chillies, curry leaves and fruits as a token of their love and affection.

After COVID-19 , we restricted our working hours from 9 am to 8.30 pm. We offer all possible care on OPD basis including lab, ECG, medicines, IV fluids, suturing, dressings, I&D, nebulisation, oxygen etc. All these factors have helped us to remain successful in the field of medical care throughout these years.

I wish many young, talented, sincere and service minded doctors would come forward to take the initiative to start their own hospital or clinic in the rural areas and be a beacon light to the society by providing quality health care.



UPCOMING EVENT



AFPI
Academy of Family Physicians of India
Kerala Chapter

AFPI
KeralaM



AFP ICON 20
KERALA 24

27-28 JANUARY 2024
HOTEL TRIBUTE ROYALE, KOCHI

CHORDS OF CARE

Harmonizing Primary Care, The Family Medicine Way!

www.afpiconkerala2024.com

Get ready for a dynamic exchange of medical insights, networking opportunities, and engaging discussions. Safe travels, and we can't wait to welcome you to the event!

TWO WORDS FOR YOU, A HUGE RELIEF FOR THEM

A 65-year-old lady, with a five day history of fever, was referred to our hospital, in view of positive Dengue IgM and deranged renal functions.

Leptospira IgM tested at the referring hospital was negative. She also complained of vomiting, loose stools, generalized tiredness and body ache. She did not give any history of co-morbidities except for a thyroid swelling for which she took medicines for some time and then stopped by herself years ago.

On examination, she was febrile and a diffuse thyroid swelling of about 5 x 3 cm was noted. Rest of the examination was normal at the time of admission. Relevant blood investigations were done. Her blood counts and thyroid functions were found to be normal. She was admitted to our ward.

She was accompanied by her husband, who worked earlier as a tailor and is currently not working. Their only daughter had moved out with her husband.

She was managed symptomatically for dengue fever. A strict intake-output chart was maintained and serial renal function tests were monitored. In spite of the illness, she and her husband were both happy and satisfied. They welcomed us with warm smiles, every morning and evening, when we used to go for rounds. On day 5 of admission, the husband said that he noticed his wife was becoming breathless after going to toilet. On examination, she was found to have irregularly irregular pulse, hypotension, tachypnea and basal crackles in the chest. ECG showed atrial fibrillation. We explained in detail to both the patient and the bystander that the patient is going into a critical condition and she needs intensive care unit admission.



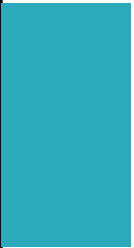
Dr. Rahima Ali Ebrahim



2nd year DNB Resident,
Department of Family Medicine,
Lourdes Hospital Post Graduate
Institute of Medical Science and
Research, Ernakulam

She was immediately shifted to ICU. Nephrology and Cardiology opinions were sought. Echocardiogram was done, which showed no clots or abnormal function. Injection furosemide was started in view of probable pulmonary oedema. Injection amiodarone was given. DC cardioversion was also advised by the cardiologist. Throughout this course, we sat with the patient's husband and counselled him. He was initially confused, as would any layman be. His wife was admitted here for dengue fever, and she was not even known to have hypertension or diabetes mellitus, let alone any cardiac problem. He listened patiently and was convinced regarding the need for these treatment procedures.

We attempted to revert the AF by cardioversion, but unfortunately it was unsuccessful. At this time, we also started to get a little worried. But we made a special effort in comforting both the patient and her husband. Their daughter could not travel back home. She made numerous calls to her father in a day. Since we kept our patient's husband well informed and negotiated our plans with him, he was convinced. He told us that he could comfort his anxious daughter. They trusted us. And we told them to keep praying.



As the illness was getting more critical, we decided to repeat Leptospira IgM, which turned out to be positive. We were happy in a way- we got hold of the culprit here and we knew now in which direction the wheels had to be steered. The diagnosis was Weil's disease with Lepto myocarditis.

Intravenous crystalline penicillin was started. Other supportive measures which included- furosemide, amiodarone infusion, oxygen support- were also continued. Even during her stay in ICU, she never failed to show us gratitude each time we visited.

Our patient started improving and all her lab parameters became normal. Due to their financial constraints, we had to shift them to the ward, after making sure she will be under strict monitoring in the ward. After 5 days of intravenous crystalline penicillin, our dear patient was fit to be discharged. Oral doxycycline was prescribed for the next 5 days. We were able to witness her smile again.

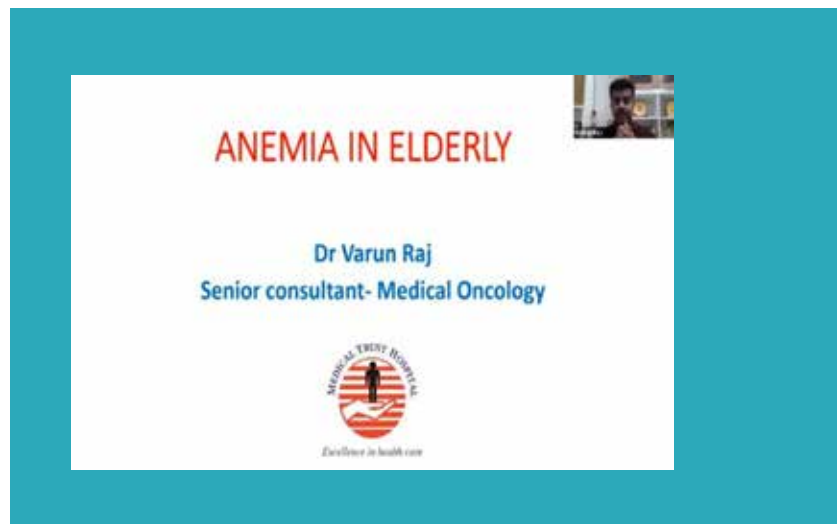
From this patient's course in the hospital, one thing we got to learn as residents is the role of effective communication and counselling. This will help build trust between the patient and the treating doctor. This in turn will help both the patient and doctor to treat each other's concerns with respect. All these we learnt from the fundamentals of Family Medicine where the concept of patient centered approach was never overlooked.

As Hippocrates has rightly said, in the art of medicine there are three factors- the disease, the patient and the doctor. It is not easy for ordinary people to understand why they are ill or why they get better or worse, but if it is explained by someone else, it can seem quite a simple matter. If the doctor fails to understand this, he will miss the truth of illness.



Mid Zone events

On 16.9.23 mid-zone conducted an online CME on the topic 'Anemia in elderly' by Dr.Varun Raj of Medical Trust hospital, Kochi.



On 26.11.23 another online CME was conducted in connection with Antimicrobial Resistance (AMR) Week, titled 'Handle with Care' by Dr.Anoop K J, Family Physician,Kerala health services, Ernakulam, where he discussed the strategies on antibiotic restrictions, in detail.

A CME was conducted on 10.12.23 at hotel Gokulam Park ,Ernakulam. Mr.Jomon Joseph, finance consultant, spoke on the topic 'Evaluation and management of financial health of a doctor' .Dr.Babu Francis, Nephrologist, Lisie hospital, Ernakulam spoke on 'Reducing the burden of CKD- a proactive approach' .

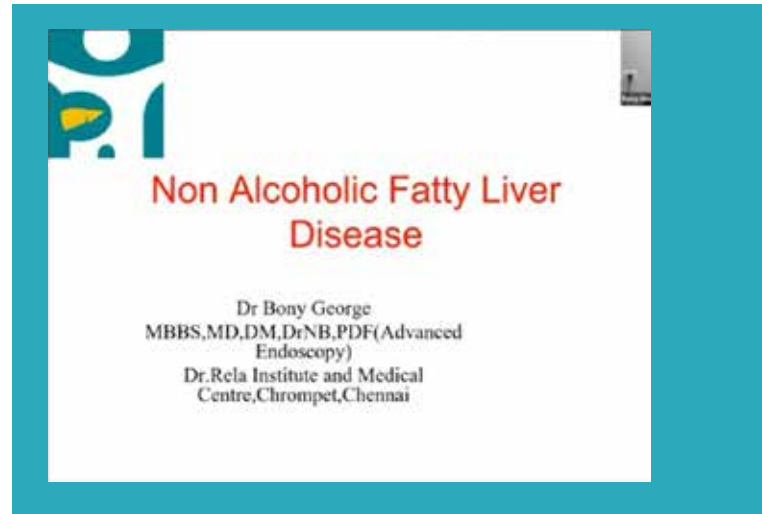


North Zone events



Fourth academic session of AFPI KERALA NorthZone was conducted on September 14th 2023 on the topic NAFLD, Approach in primary care.

Topic was presented by Dr Bony George, Consultant Gastroenterologist. Dr.Roby Prasad chaired the session while Dr.Prashob welcomed the gathering and Dr. Nigesh gave the Vote of thanks. The session was very well received.



First Quarterly CME of AFPI KERALA North-zone was conducted on 30th November 2023, at Hotel Tripenta, Calicut. Around 25 doctors participated in the event.Dr.Prashob welcomed the gathering. Dr.Annu Krishnan, Postgraduate resident from Calicut Medical College, presented an interesting case.Dr.Bijayraj and Dr.Mamtha were the moderators. Dr.Liminu gave the vote of thanks.





QUIZ

1. is a promising vaccine against angiotensin II that has already completed a phase IIA trial in patients with primary hypertension.
2. A paradoxical split second heart sound is a feature of.....
3. Bilateral parotid and lacrimal gland enlargement is seen in... ..
4. A disease modifying agent used in rheumatoid arthritis approved for treatment of type-2 diabetes mellitus.
5. Transverse depressions in the nail due to temporary arrest of growth is called as.....
6. is used as a treatment of facial erythema in rosacea.
7., used in mood disorders causes nephrogenic diabetes insipidus.
8. Main treatment of allergic bronchopulmonary aspergillosis
9., glutamate antagonist is used in motor neurone disease.
10. is a novel surgical procedure for Parkinson's disease.

Dr. Navina Prince Chandy

Consultant Family Physician,
Talen Health Family Clinic,
Calicut



COGNITIVE BIASES



Commonly caused mistakes in heuristic decision making are social or peer factors, personal factors, motivations, emotions, attentional limits and memory.

ACTOR-OBSERVER BIAS

This is the tendency to attribute your own

actions to external causes, while attributing other people's behaviour to internal causes.

Example - You attribute your high cholesterol

level to genetics, while you consider others to have high cholesterol level due to poor diet and lack of exercise . This bias shows systemic difference between a true value and the value actually observed due to observer variation .This has a huge role in medical research and study designs , assessments / interpretation of medical images . It can happen even in a simple blood pressure recording.

How can we overcome this ?

- By modifying research designs.
- Blinding.
- Improving inter-rater reliability.
- Educating about biases and objectivity.

Situation in everyday medical practice when we come across actor-observer bias are :-

- Explaining why a patient does not improve or has a relapse or has poor compliance.
- Situations where we have to handle a blaming client or a relative.
- Medical litigations and courtroom dramas.

ANCHORING BIAS

This is the tendency to rely too heavily on the very first piece of information you learn.

Example - Young male with the history of poly substance use disorder and self-injurious behaviour, presents with complaints of sleep loss and sobbing spells . Subsequently you learn that he has lost his parents in an accident.

Anchoring bias focuses on features in the patient's initial presentation too early in the diagnostic process without adjusting the outcome, when further information is available.

EMOTIONAL BIAS

Negative or positive feelings towards patients, influences diagnosis, which is otherwise known as counter transference .This happens with obese patients , non-adherent patients, patients with chronic pain, "borderline personality" , famous patients, important patients and attractive patients .





AVAILABILITY BIAS

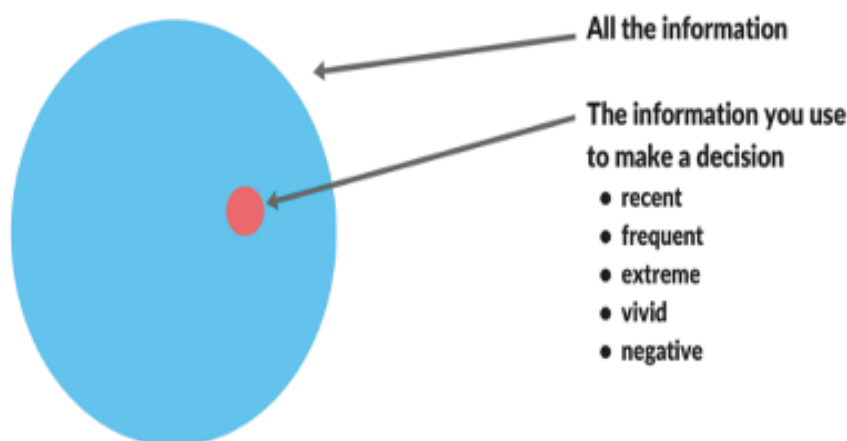
It is recall of diagnostic or other information because it happens to be a recent experience.

Example – After a stint in Covid OPD, all respiratory infections are taken as Covid. A man reading a news of an earthquake of magnitude 6.2 on Richter scale thinks that he will never go up a multi-storied building.

Availability Heuristics :-

Even though we have a lot of information available, we use very little information to make a decision which are recent, frequent, extreme, vivid and negative.

The availability heuristic



UNPACKING BIAS

This is a failure to elicit all pertinent information to make a diagnosis.

Example – Not eliciting history of last menstrual period in a woman with lower abdominal pain.

DIAGNOSTIC MOMENTUM

Once diagnostic labels are attached to patients, they tend to become stickier and stickier. What might have started as a possibility, gathers increasing momentum until it becomes definite and all other possibilities are excluded .

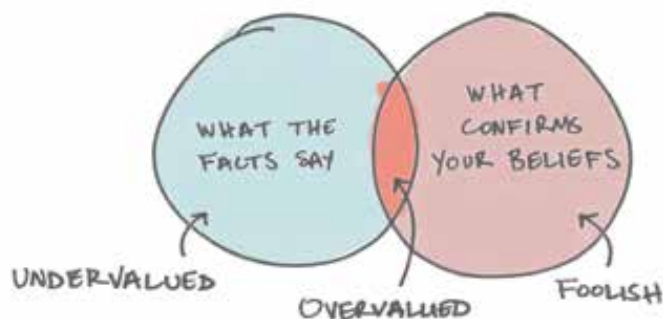
Example – Definitely a “ borderline personality ”



CONFIRMATION BIAS

Notice and consider only those signs and symptoms that favour our hypothesis and ignore aspects inconsistent with it.

THE CONFIRMATION BIAS



BLIND OBEDIENCE

This is showing obedience to authority or technology.

Example - Neurological causes ruled out by neurology consultant.

The medicine department has medically cleared the patient.

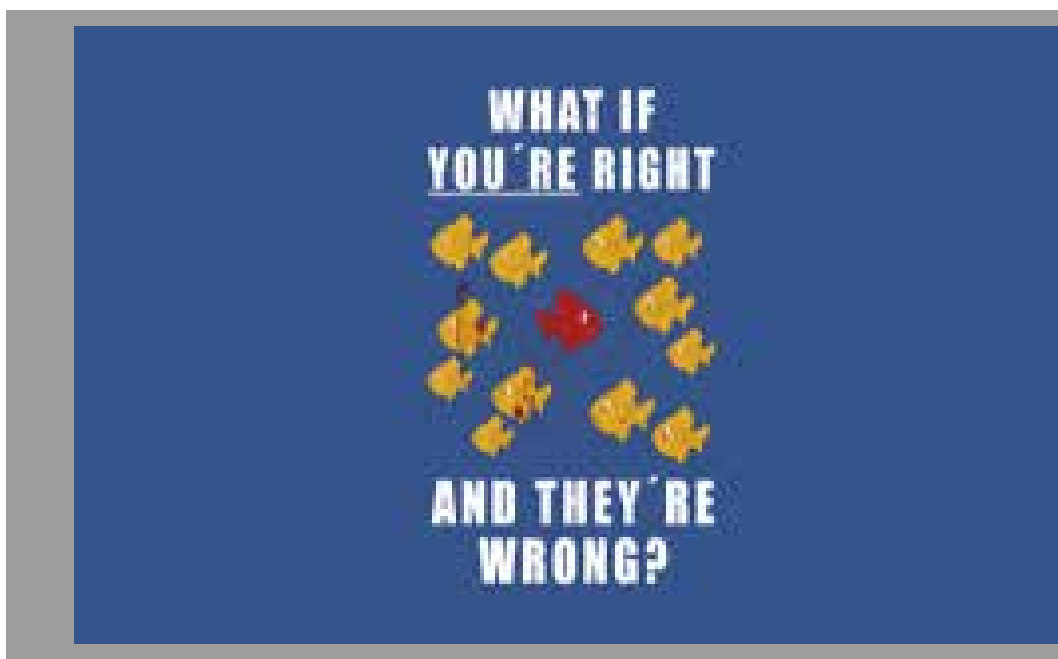
ATTENTIONAL BIAS

This is the tendency to pay attention to some things, while simultaneously ignoring others.

Example - When making a decision on which car to buy, we pay attention to the looks or the exterior and interior, but ignore the safety, mileage etc.

FALSE CONSENSUS EFFECT

This is the tendency to over estimate how much other people agree with you. How much you are part of the majority, in your views and choices.





OPTIMISM BIAS

This bias leads you to believe that you are less likely to suffer misfortune and more likely to attain success than your peers.

In career planning and risk taking in medical decisions, this bias may play a major role.

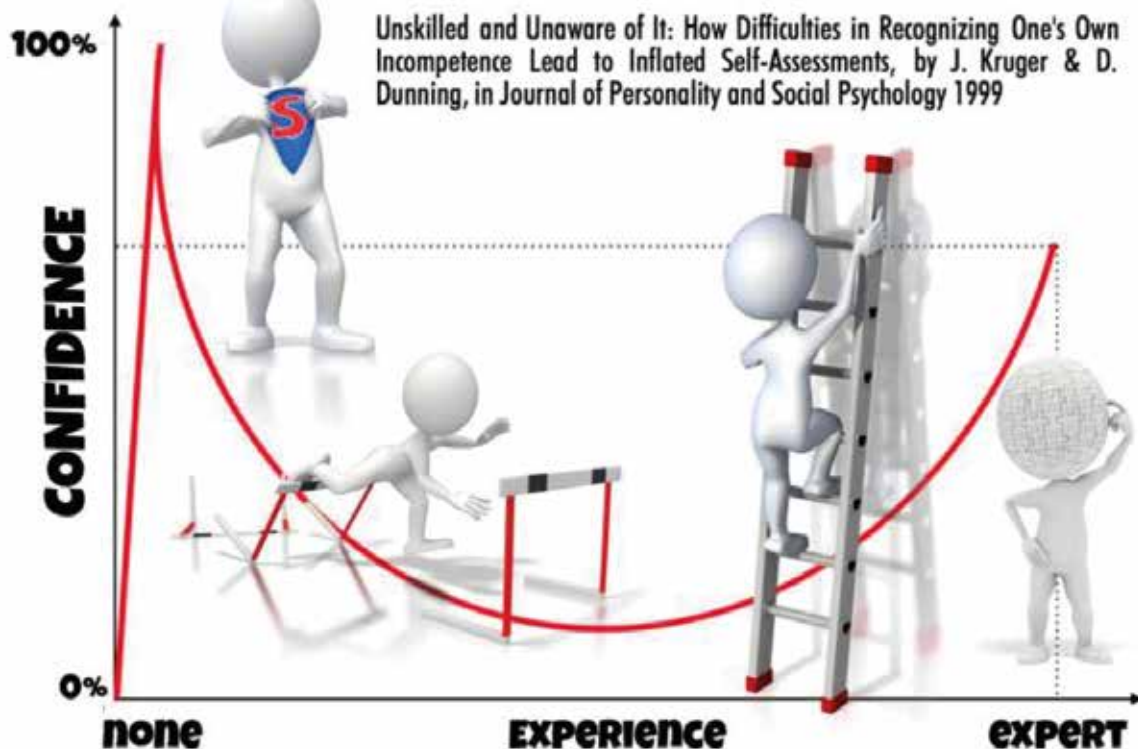
DUNNING KRUGER EFFECT

This is when people who believe that they are smarter and more capable than they really are.

Example - When they can't recognise their own incompetence .

THE DUNNING-KRUGER EFFECT

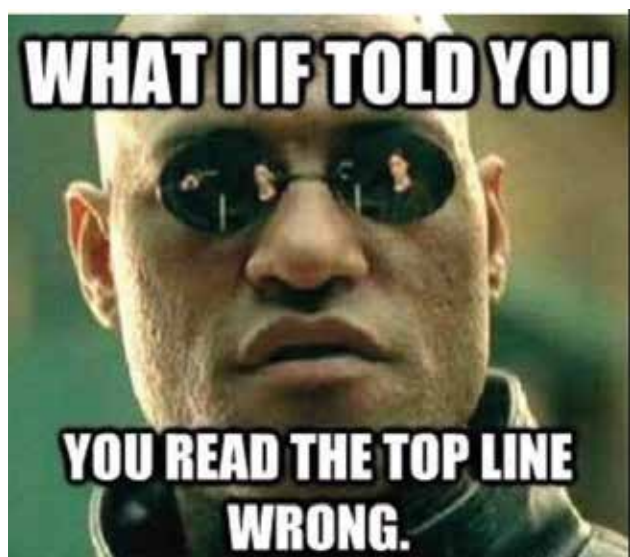
Designed by @YLMSportScience





SELECTIVE ATTENTION

It is concerned mainly with the selection of a limited number of stimuli or objects, from a large number of stimuli.



According to a research study at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be in the right place. The rest can be a total mess and you can still read it without problem. This is because the human mind does not read every letter by itself, but the word as a whole.

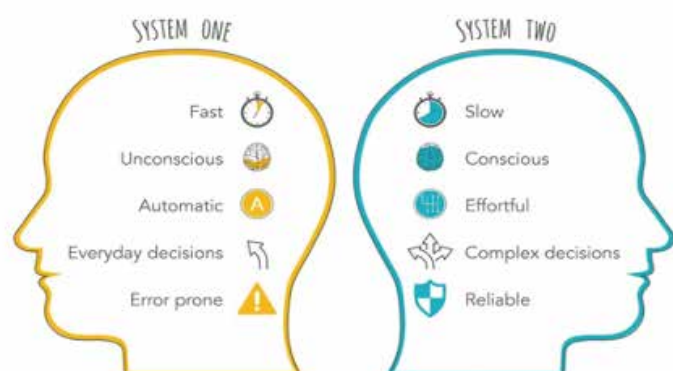
REPRESENTATIONAL BIAS

Restraining decision making by pattern recognition only. This might miss a typical disease. Likely hood of a diagnosis is based on closeness to the typical picture.

Example - Endocrinologist thinking about Cushing's syndrome in a patient with high blood pressure and hirsutism (which is less prevalent).

VISCERAL BIAS – GUT INSTINCT

The first impression on meeting the victim, may generate a positive or negative impact on the rapist, and this may affect decision making.



ice



WHAT CAN I DO..

STEP-1 Take a step back

SELF AWARENESS

- Why have I come to this conclusion ?
- What supports my conclusion ?
- What opposes my conclusion ?

SELF CRITIC

- Ask yourself, Could I be wrong ?
- What heuristics or cognitive biases are at risk ?
- Write a list
- Am I confident of the diagnosis ?
- If yes, list two or more diagnoses (common, deadly, exotic etc.)
- If not, go to step 2

STEP – 2

Gather additional data

1. Additional history and examination
2. Collateral information
3. Additional testing and consultation
4. Consider delaying diagnosis (symptom based approach)
5. Re-evaluate and return to step 1

If you are working alone, self-reflection will help.

If you are in a team, audits and feedbacks will do.

Such audits should be task focused and not individual focused.

RECOMMENDATIONS ON FURTHER READING

1. BLINK by Malcolm Gladwell.

This is a book by a Canadian journalist and thinker.

It talks about how we think without thinking and how choices and decisions are made instantly. The arguments are based on neurological and psychological research.

2. The Checklist Manifesto by Atul Gawande.

The writer is an American Surgeon and Public Health researcher.

The volume and complexity of what we know has exceeded our individual ability to deliver its benefits correctly and safely or reliably. Knowledge has saved us and burdened us.

3. Sources of Power by Gary Klein.

They writer did field studies on naturalistic decision making by critical care nurses, fire fighters , chess players, pilots and military planners.

4. Thinking fast and slow by Daniel Kahneman

Sir William Osler said ...

Begin early to create a threefold category-clear cases, doubtful cases, mistakes.

And learn to play the game fair,

no self-deception, no shrinking from the truth;

mercy and consideration for the other man, but none for yourself, upon whom you have to keep an incessant watch.



ANSWERS :

1. AngQb
2. LBBB
3. Mikulicz syndrome
4. Hydroxychloroquine(HCQ)
5. Beau's lines
6. Mirvaso(brimonidine)
7. Lithium
8. Steroids
9. Riluzole
10. Deep brain stimulation

For The Mindful Maze

Poem by

DR.LAKSHMI S NAIR



DNB Family Medicine
Consultant Family Physician
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Aura Dental Clinic
Kochi

Blisters from a past long gone,
and stories for a morrow that
may never happen .
The mind sways between the two,
with a cruise that never ends.
With expectations that span horizons,
With expectations that see no limitations.
Worries , anxieties and trepidations,
together with despair blooming into a
doom and losing all that we have
to this bloom.
Sanity lost,
And insanity triumphant.
Which is the truth, what's the illusion
,the mind loses its clarity.
Amidst the concussions and percussions of
life, one becomes deaf to this 'moment'.
Blind to its hues,
Numb to its sweetness.
Cultivating a perspective,
A heart to appreciate the present
A mind to focus on the moment
Saving a lot more lives
from their own mind games
from depression, anxiety or even
death by self
An ability to savour, cherish and celebrate
all that we have in our hands.
Halting the mind's mindless journeys
to and fro
Between its own past and future,
and making it focus on only that
should matter.
For there is no past or tomorrow
but only a present that alone which
is in our hands.

EXECUTIVE BODY 2023 - 2025



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