



QUARTERLY JOURNAL OF CMAI

CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

Volume 39.3 | July - September 2024

MENTAL HEALTH

"Perfect Peace"
Ephesians 2:14

BUILDING A JUST AND HEALTHY SOCIETY SINCE 1905



CMAI Focus Areas:



**MEMBERSHIP
STRENGTHENING**



**NETWORK
& EXPANDING**



**LEADERSHIP
DEVELOPMENT**



EDUCATION



**CHURCH
PARTNERSHIP**



**POLICY ENGAGEMENT
& RESEARCH**

CMAI is a membership organization bringing Christian healthcare professionals and institutions involved in health, healing and wholeness on a common platform. Our services, which include training, education, and access to ethical, affordable and quality healthcare, are available to all. CMAI's membership is divided into five sections for focussed and strategic growth;

Administrators | Allied Health Professionals | Chaplains | Doctors | Nurses League.

CONTENTS

03 Editorial

04 Devotional- STAY CALM AMID STORM
Rev. Dr. Richard Qadir

07 GRIEVING WELL
Ms Sheryl Jacob

17 DEPRESSION AND SELF
Dr Mathew Santhosh Thomas

21 LEADING WITH HEART: WHY MENTAL HEALTH IS THE
BEST INVESTEMENT AN ORGANIZATION CAN MAKE
Ms Shubham Srivastav

25 ARCHIVES

20 PRE CHRISTMAS CANTICLE
Ms Lisa Choudhrie

OFFICE BEARERS

PRESIDENT: Dr Mathew Santhosh Thomas, Training-in-charge and Regional Secretary South Asia, ICMDA, New Delhi

VICE PRESIDENT: Dr Vathsala Sadan, Dean - College of Nursing, CMC Vellore, Tamil Nadu

TREASURER: Mr Albo Jason, Director - Finance & Administration, EFICOR, New Delhi

EDITOR: Dr Christopher D Moses, Medical Superintendent - Jalna Mission Hospital, Maharashtra

GENERAL SECRETARY: Dr Priya John

COMMUNICATION ADVISORY COMMITTEE:

Dr Mathew Santhosh Thomas, Dr Christopher D Moses, Dr Priya John, Ms Nikita Sarah, Dr Nitin Joseph, Ms Jude Collins, Ms Kathy Erb, Dr Abhijeet Sangma, Ms Shimy Mathew, Mr Lyric Abraham, Ms Elsy John, Dr Sunita Abraham, Rev David Ebenezer and Mr. Christopher N. Peter

EDITORIAL WORKING GROUP:

Dr Christopher D Moses, Dr Priya John, Mr. Christopher N. Peter, Dr Abhijeet Sangma, Ms Shimy Mathew, Ms Elsy John, Mr Lyric Abraham, Rev David Ebenezer

PUBLISHER AND BUSINESS MANAGER: Dr Priya John

CONTENT & CREATIVE: Mr. Christopher N. Peter PRODUCTION: Ms Lata Anthony

SUBSCRIPTIONS: Ms Goukhanngai

EDITORIAL OFFICE:

Christian Medical Association of India, Plot No 2, A-3 Local Shopping Centre, Janakpuri, New Delhi 110 058.

Tel: 2559 9991/2/3, 2552 1502, 41003490, 41064328

E-mail: cmai@cmai.org | Website: www.cmai.org

PRINTED AT: Dot Prints, New Delhi

Articles and statements in this publication do not necessarily reflect the policies and views of CMAI.

For private circulation only.

Copyright CMAI.

letters to the editor

Dear Members and Readers,

I invite you on behalf of CMAI to share feedback and views and make the CMJI interactive, relevant and vibrant. As you read this edition and each issue of CMJI, we would like to know what comes to your mind?

Please share your thoughts to help guide the Editorial team. E-mail your responses to: communication@cmai.org

Online Editions: Kindly visit our website www.cmai.org to view and download the past editions. Fill up a simple form and enjoy reading! Click here: <https://www.cmai.org/publications/cmji.html>

Advertisements: We invite you as an institution to advertise in CMJI and other publications. Please write to us at cmai@cmai.org for more details.

Regards

Christopher N Peter

Lead - Communication Department

GUIDELINES FOR AUTHORS & CONTRIBUTORS

SPECIAL ARTICLES: CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent in a printed copy or CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', *Journal of Development Studies*, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Jeffrey Wood and Iffat Sharif (eds), *Who Needs Credit? Poverty*

and Finance in Bangladesh, Dhaka University Press, Dhaka.

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

GENERAL GUIDELINES

- Authors are requested to provide full details for correspondence:

postal and e-mail address and daytime phone numbers.

- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged via Email

POSTAL ADDRESS

Christian Medical Association of India, Plot #2, A-3 Local Shopping Centre, Janakpuri, New Delhi -110058.

Telephone: 011-41003490 / 41064328
cmai@cmai.org

editorial



MENTAL HEALTH: A COLLECTIVE RESPONSIBILITY

Mental health is no longer being avoided. In discussions, publications and across various—it is a vital topic that demands our attention and understanding.

This issue focuses on mental health, aiming to shed light on its importance and encourage each of us to take steps toward fostering healthier homes, offices, community and a more compassionate world.

In our increasingly fast-paced lives, stress, anxiety, and burnout have become common experiences. Yet, despite their prevalence, many people hesitate to seek help due to stigma or a lack of awareness. It's crucial to recognize that mental health is just as important as physical health. Taking care of our minds

is not a sign of weakness; it's a commitment to living a balanced and fulfilling life.

Through this issue we hope to continue talking about mental health. You'll find insightful articles, expert advice, and personal stories that highlight the power of connection and support. From tips on mindfulness and self-care to resources for professional assistance, our goal is to provide tools that empower you and your loved ones to prioritize well-being.

Remember, mental health is a journey, not a destination. Whether you're seeking help or offering it, every step forward matters. Together, let's create a culture where mental health is openly discussed and treated

with the care it deserves. Your well-being matters to us all. Let's support one another in building a healthier, happier community.

A handwritten signature in black ink that reads "Cmoses". The signature is written in a cursive, flowing style.

Dr. Christopher D. Moses
Editor - CMJI



STAY CALM AMID STORM

Rev. Dr. Richard Qadir

When things are fine one minute, but not the next, how do you react? When plans crumble, funding dies or the helpers you were counting on didn't show up, do you have anxiety or fear?

Now don't misunderstand. God is not bent over heaven, throwing down lightning bolts at the base of our heels, trying to bully us into walking the straight and narrow. Far from it! Sometimes we interpret the dealings of God in our lives as something negative

and unfair, but what we must all come to terms with is that God is always in the process of refining and consecrating us as His sons and daughters, conforming us into the express image of Himself. When we begin to see the wisdom and insight of God's ways in our lives, it might take a season, or sometimes even a lifetime, before we come to terms with the fact that God will use anything and everything to bring us to that prayer of surrender, the place of saying,

—No longer my will, but thy Will be done.

If so, you're not alone. In Mark 4:35-41, Jesus told the disciples to cross to the other side of the lake. It was evening after a long day of work; everyone was exhausted. But they obeyed and off they went. Soon, a huge storm came. The disciples were afraid for their lives—you can almost picture them frantically baling water out of the boat! In their fear, they woke Jesus from his sleep, saying, —Teacher,

don't you care if we drown?

In this story Jesus planned to go another side of the lake, it was Jesus who has decided to travel another side of the lake. Sometimes we think that when Jesus plans then things will go smoothly, and no disturbances will occur. We need to be very much confident about the journey where Jesus Himself has taken us. We need to stay calm because Jesus is with us, and He will never leave us nor forsake us.

What are the ways that we can be confident in the midst of the storm?

1. God knows we are during the storm: -

I find myself lately in one of "those" seasons. You know... when your heart is heavy over circumstances beyond your control... Maybe a relationship is failing; maybe your job is ending; maybe your child is not walking with the Lord.... And to be honest, it feels a little strange to be writing to encourage, while my own heart feels this grief so deeply.

Yet, deeper than the aching and louder than the shaking, this truth echoes in my heart: That when we do share, real, raw, and honest in the midst of all the messiness of life and relationships and hearts... the Father comes then and fills our hurting places... these chasms in our hearts... with

His glory, His strength that's perfected in our weakness... and His beauty pours forth out of pain.

And so... even with this heaviness of heart that feels so real and so acute lately, I want to share with you these things that I know... these truths that I hold onto, which are even MORE REAL than my earthly reality: I know that though everything else is shaken, He is never moved. My Father is unchanging, not at all rocked by these storms. I know that He is my Anchor, my Strong Tower, my Shelter. And when the wind and waves crash all around me, His whisper to my heart is, —Peace, child, be still. Trust Me now. So, I choose that. Today, I choose to respond to this invitation into peace and trust. I lift my eyes to Heaven, remembering this promise: —You will keep him in perfect peace whose mind is stayed on You, because he trusts in You. (Is. 26:3-4,)

2. We are not alone in the midst of the storm: -

Are we Aware of His presence in our Storms?

Are we constantly conscious of His presence? Are we attentive to the messages He is shouting to us in our storms? Can we spot His presence in our everyday living? Do we take pains to see Him in all His various disguises? Are we able to grasp Him in

our adversity? Do we know by experience how He has previously been present in our trials? When asked, many Christians honestly respond, —I am not always aware of God's presence with me. I know that God is always here. Yes, in our storms or adversity we are often not aware of Him and we find Him too far away. But sometimes our storms can be the link to our awareness of His presence.

Amid our adversity or storm, our main concern is how to survive the storm. How can I live through the adversity? Our focus is like that of the disciples, who when they saw Jesus walking towards them in the storm, was one of fear and lack of recognition of Jesus. But, for us to be able to see Jesus, we must concentrate on asking our Lord, —What is preventing me from seeing You, Lord? Help me to experience Your presence in this storm! —Why am I so slow to see Your presence? Please help me to catch a glimpse of Your plan for me in this adversity.

3) Storm is temporary:

Paul reminds us that our troubles are —light and momentary, and that "what is seen is temporary." (2 Cor. 4:17-18) The disciples only saw the storm, but what they should have focused on was Jesus, who was calmly

“

JAMES 1:2-8 CONSIDER IT PURE JOY, MY BROTHERS, WHENEVER YOU FACE TRIALS OF MANY KINDS, BECAUSE YOU KNOW THAT THE TESTING OF YOUR FAITH DEVELOPS PERSEVERANCE. ”

sleeping through it. He wasn't panicking, so why were they? Paul tells us to fix our eyes on what is unseen, rather than what we see happening all around us. Keeping our eyes on Jesus reassures us that things will be fine, and it reminds us that storms are temporary.

4) Every storm comes with a purpose: -

When storms come, we can expect great things from God—

- Maturity in our faith
- Learning to trust
- Witnessing God's greatness

James 1:2-8 Consider it pure joy, my brothers, whenever you face trials of many kinds,

because you know that the testing of your faith develops perseverance. Perseverance must finish its work so that you may be mature and complete, not lacking anything. If any 41 Pr. Richard Qadir Dark night of the Soul of you lacks wisdom, he should ask God, who gives generously to all without finding fault, and it will be given to him. But when he asks, he must believe and not doubt, because he who doubts is like a wave of the sea, blown and tossed by the wind. That man should not think he will receive anything from the Lord; he is a double minded man unstable in all he does.

The storm in Mark accomplished two things:

- It gave Jesus a chance to display His powers (4:39); which led to...
- An increase in faith (4:41)

So the next time you're faced with a storm, remember: God knows, He is with you, it's temporary, and it will serve a purpose. Those four truths will help you weather any storm.



BEARING THE BURDEN OF BURDEN BEARERS

Prof. Dr. J. F. Thomas

As I sat in a chair on the veranda outside the room in the mental health facility, I was thinking of the turbulent events of the recent past. I felt relieved, although there was a hint of sadness deep down in my heart. The capacity of a human being to face trials is surprisingly regenerative. For some time, you may be down and out cold on the ground, and then like a boxer who gets his second wind, you are up all ready to fight back. It is when the cause of a problem is unknown that we are incapable of responding to

it. Once the cause is known, the resilient spirit within us comforts and reassures us that the problem is something we may be able to overcome after all.

As my thoughts wandered, trying at once to cope with the present and with the next steps to be taken, I looked around and saw the young lady whose husband was being treated for depression across the open space. She was cleaning up the room. Close to their room was the alcoholic businessman and

his family. Diagonally across our room was the young girl with a variety of problems and her mother persuading her to have some tea. Right next door was the young boy who had not been able to forget the girlfriend who let him down. The songs he was playing day and night from the Hindi movie *Lekin* had become familiar by then to all of us who were there.

I realized that it was only a few more hours before everything would become quiet after sundown.

My relative was inside the room. I was wondering if I should go for a walk but decided against it once I saw one of the patient's relatives walking toward me. He greeted me with gusto and came and sat down on the floor of the veranda. The mother of the young boy next door joined us. She was from a different part of the vast country called India, where if you travel in any direction from your home for a few hundred kilometers, you will not be able to speak in your own language. Then slowly, one by one, other patients' attendants joined the threesome. I assumed that they were heading toward our room to say goodbye, as my relative who was a patient there was to be discharged, and we were to leave the next day.

I was also anxious to get back to my family and the day-to-day agenda of life. The small group that had gathered outside our room on the veranda started discussing each other's concerns. Once in a while, someone managed to crack a joke, and all of us laughed, grateful for the momentary amnesia that helped us forget reality. The worst tragedy in any relationship is when it is no longer a matter of love but becomes a matter of duty. All of them in all probability were there performing such a duty.

Suddenly, one of the attendants asked me if I was keen on leaving the next day.

It was a good opportunity to crack a joke, and I asked, "So you are all convinced that I belong here?"

There was hesitant laughter, and soon the group became silent.

I was a bit confused when another asked me the same question, "Do you have to leave tomorrow?"

I looked around to see the expectant faces waiting for an answer. Still confused, I said, "Yes, I need to get back to the family, and I have been waiting for this day." Then I added,

"But why are you asking me this?"

One of them said, "We will miss you, particularly in the afternoons."

Another explained, "You see, sir, when all our patients went for occupational therapy and played a game of volleyball, we could relax and complete some of our daily chores."

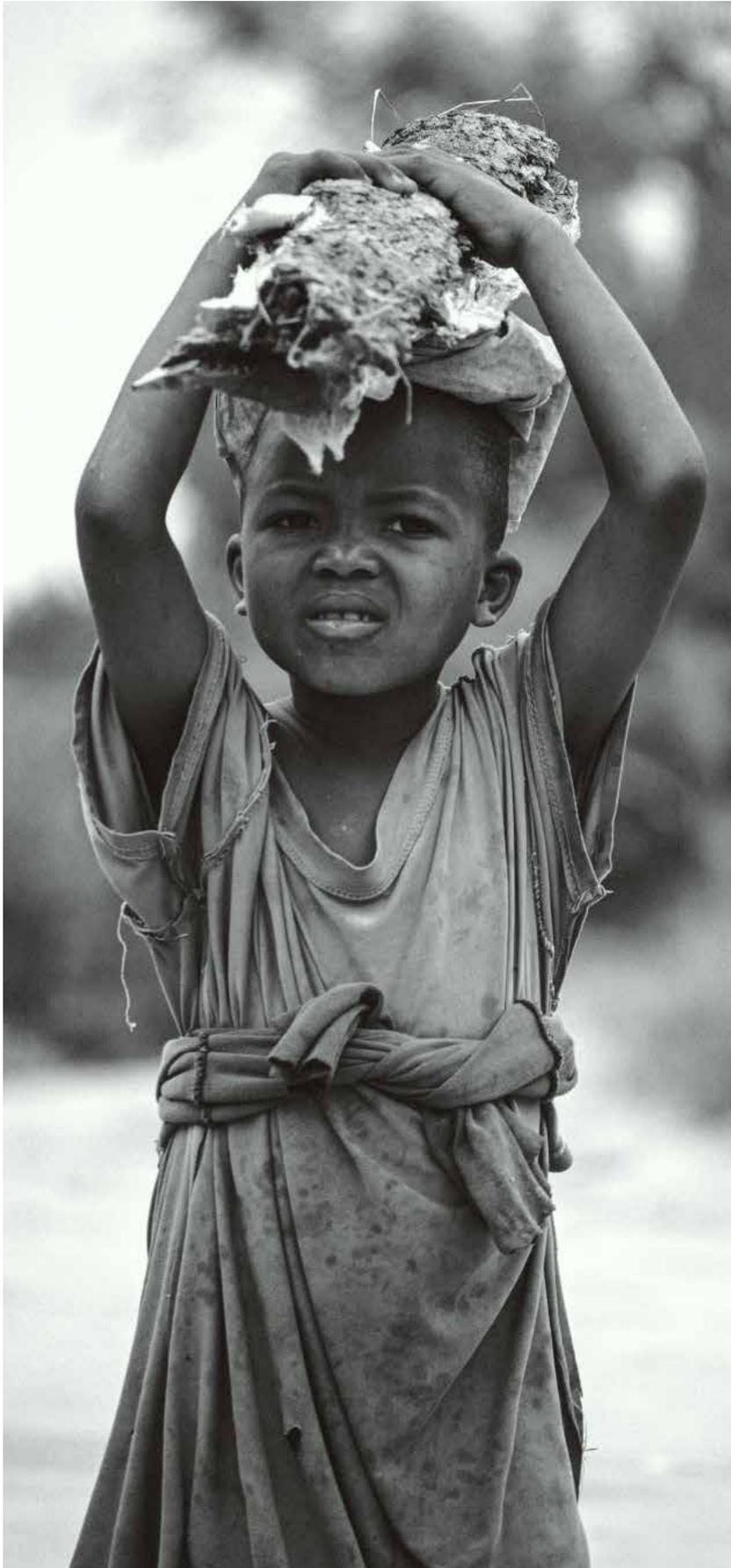
I thought of the volleyball game; it was a version that you wouldn't see anywhere else. The patients made their own rules and played. I used to sit there by the side of the court and watch them play. I found it amusing, and it helped me while away my time. Whenever there was a question as to whose turn it was to serve or if the ball was still in play, they would turn around and ask me to adjudicate; interestingly enough they accepted my

ruling every time without further argument. They were like children ready to rely on their teacher's decision. I never realized that, during my stay there over the past few weeks, I had become a referee for a volleyball game played by inmates of a mental health facility.

My thoughts were interrupted by one of the attendants, who added, "Believe me, sir, it was the only time when we could leave them and attend to our own needs."

I was speechless. I never thought of that time with the patients as an important service to the patients' attendants. Very often, the world looks around, identifies, and categorizes certain people as victims and is willing to sympathize and empathize with them. Among these are the poor, the sick, the differently abled, victims of violence, and such others. All of us are willing to do a little bit of good for such victims. But we never realize that there are other victims behind them—the silent ones who are their caretakers. We walk away after doing our good deeds, but they cannot. They have to go on supporting these victims and, as a result of that responsibility, end up leading a life that is compromised in many ways.

Think of the parents who have a child with a disfigurement. If they take the child on a picnic, the child becomes a spectacle,



so they hate to go on a picnic. If they go out at all, for the sake of the child's happiness they end up wondering all the time while they are there what others are thinking about their child. Thus they keep suffering silently. Think of that young lady who was there at the facility, married to a man who could never give her the happiness she deserved. Think of that young girl whose parents kept wondering day in and day out what would happen to their daughter after their time on earth.

The conversation of that day when we gathered around outside the ward in that facility left an indelible question in my mind: Who will bear the burden of the burden bearers?

The answer came to me one day as I was preparing to take morning devotion at the office.

There are recorded events in the Bible of angels who came down to minister to burden bearers so that they could go forward and accomplish their missions despite the constraints, hurdles, threats, and even mortal danger.

Such an event is recorded in the book of 1 Kings, starting with chapter 19, verse 4. An angel fed prophet Elijah so that he was able to go forward to fulfill his mission.

“And the angel of the Lord came again the second time, and touched him, and said, Arise and eat; because the

journey is too great for thee. And he arose, and did eat and drink, and went in the strength of that meat forty days and forty nights unto Horeb the mount of God" (1 Kings 19:7–8 KJV).

The next event that needs to be mentioned here relates to the start of the mission of Jesus soon after His temptations in the wilderness as recorded in the gospel of Matthew.

"Then the devil leaveth him, and, behold, angels came and ministered unto him." (Matthew 4:1 KJV).

Finally, the most significant event in this context is recorded in the gospel of Luke. "And there appeared an angel unto him from heaven, strengthening him" (Luke 22:43 KJV). This event at the garden of Gethsemane encouraged Jesus to go forward as the sacrificial lamb and take up the cross so that all of us could be forgiven and redeemed. If Jesus needed ministering angels to strengthen Him to bear our burdens, how much more do these human burden bearers need ministering angels?

What am I talking about now? How is this relevant today and to the issue that is before us? The answer is in the Bible again. Look closely and read Matthew 27:32 and Luke 23:26 (KJV). The passages record that a man called Simon from Cyrene was called to bear the cross of Jesus, and he did so.

Here was someone who bore the burden of a burden bearer. In a sense, he did a little more than what the angel did at Gethsemane. He literally took up the cross of the cross-bearer and followed Him. He was nothing short of an angel in human form. Today, you and I have the same calling; we can bear the burden of the burden bearers so that they can get opportunities to regain their strength to carry on.

Yes, it's true that the crosses they carry may not be taken away as long as they live, just as the cross of Jesus was not taken away from Him during His life on earth. But we can help carry the cross of burden bearers until they recover and take it back. We can do it for an hour or a day or as long as it is possible and required of us. Some of us can go and minister at a hospital bedside for an hour a week. We can go to an old age home and minister to the elderly there or help at a home where the terminally ill are being looked after so that their attendants can get some time off to take care of themselves.

If you have a property near a picnic spot or tourist site, you can perhaps set aside a room in your house or build a facility where children with disfigurement or disabilities can be looked after for a day so that their parents and the rest of the family may go out, relax, and get refreshed. You can go and be a babysitter for such

children and give the parents a day off to go out on their own. There are endless possibilities for supporting caregivers.

There is this call to us from the burden bearers and the One who chose to bear all our burdens on the cross. "Bear ye one another's burdens, and so fulfill the law of Christ" (Galatians 6:2 KJV). Will you bear the burden of the burden bearers even for a short time? Respond to that call. Be an angel to someone today

Prof. Dr. J. F. Thomas.
Educational Consultant and QA Expert.; Former Dean. College of Health Sciences. University of Buraimi. Oman; Former QA Expert. Oman College of Health Sciences. Ministry of Health. Oman

ST. STEPHEN'S HOSPITAL

Tis Hazari, Delhi-110054

An ISO 9001, 14001 and BSOHSAS 18001 Certified Institution,

Tel : 23957977, 23958005, 23977930, 23983580, 23983573-74, 23966021-27

E-mail: sshdelhi@gmail.com Website: www.ststephenshospital.org

Invites applications for the following Positions

- 1. Clerk:** Candidates with 10+2, having 2 years' working experience, good typing speed, accuracy, computer proficiency and communication skills. Age limit 25-35 years.
- 2. Receptionist cum Telephone Operator:** Graduate with good communication skills, knowledge of handling EPABX system. Hospital experience preferred. Age limit 25-30 years.
- 3. Administrative Assistant to Director:** Graduate with Diploma in Office Management/ Secretarial Practice, proficiency in short hand and computers, minimum 5 years' experience as Personal Secretary preferably in healthcare sector. Good working knowledge of daily correspondence and use of digital equipment. Preference will be given to Male candidates. Age limit 40-50 years.
- 4. Bio-Medical Technician:** Degree/Diploma in Bio-Medical Engineering with 2 years' Experience.
- 5. Chief Dietician:** B.Sc. +1 yr. Diploma in Dietetics/Nutrition, 5 years' experience as Assistant HOD/Dy. Chief Dietician. Should be able to work in a proactively diverse an inclusive environment. Age limit 40-55 years.
- 6. Physiotherapist for SSHHCF, Gurgaon:** BPT with minimum 2 years clinical experience in Hospitals or MPT in Ortho/Neuro Physiotherapy.
- 7. Staff Nurse for SSHHCF, Gurgaon:** GNM/BSc Nursing.
- 8. Female Warden:** Graduate/Diploma in Home Science or Nursing, having experience in managing Girls' hostel/ward or a hospital department, would be required to stay in the hostel. Age limit 40 to 65 years.
- 9. Maintenance Engineer:** B.E/ B. Tech in Civil, Electrical Engineering with minimum of 06 years experience in construction and maintenance of electrical installations in building. Retired engineers from Government Departments are also eligible. Candidates having Diploma with 15 years experience can be considered for supervisory position.
- 10. Maintenance Supervisor (Electrical):** 3 years Diploma in Electrical Engineering with 15 years experience. Recently retired Engineers from Government Departments are also eligible.
- 11. Civil Works Supervisor:** Diploma in Civil Engineering with minimum 2-5 years of experience in civil construction supervision.
- 12. AC Technician/AC Supervisor:** 3 years Diploma in Air Conditioning & Refrigeration or Trade Certificate in area of expertise.

Candidates with relevant experience for the respective jobs will be preferred. Salary will commensurate with qualification and experience.

Kindly submit your latest CV with current and expected salary to the HR Department as early as possible, e-mail: sshhrd@yahoo.com before 16th December 2024.

H.R. Department

St. Stephen's Hospital

Tis Hazari, Delhi- 110054

<http://www.ststephenshospital.org>



GRIEVING WELL

Ms Sheryl Jacob

As a Marriage and Family Therapist, I find it rewarding and truly a gift to be able to help families process their grief. Grief has a unique way of uniting people through their stories. Our lives are filled with all kinds of changes, some of which are pleasant, some unpleasant, and some that require time to adjust. But while we all know that change is inevitable, we don't realize that grief is a typical response.

In my years of doing grief therapy, I quickly learned that navigating grief is a foreign

subject for many people. Grief is the uncontained sorrow we feel when we experience loss or disappointment. Grief feels different and looks different for everyone.

It shows up in different ways and it ranges from sadness, anxiety, confusion, anger, and for some they experience numbness. The experiences can range from losing a loved one, aging parents, moving to a new location, unexpected changes, mourning the loss of a relationship, or even the death of a dream.

Some of us don't process the changes around us because we were taught that it is best to not think about problematic things in life. Most don't know how to grieve the past, present, or unknowns of the future. But at some time in our lives, we all will face grief as we experience the loss of something or someone we love. (Isaiah 43:2, John 16:33, Romans 8:18)

Some may dismiss the sadness and replace it with busyness or perhaps experience a lack of motivation to do anything

“
In 1 Thessalonians
4:13-14, scripture
reminds us of the hope
of resurrection. It is a
joy to be reminded of
the hope we have of the
resurrection of Jesus.
Scripture reads, “But we
do not want you to be
uninformed, brothers,
about those who are
asleep, that you may not
grieve as others do who
have no hope.””

at all. We struggle with overachieving our to-do list or binge-watch our favorite show on Netflix while scoffing down our favorite snacks and a box of chocolate. Whenever we find ourselves in this cycle, it's helpful to identify and process how we grieve.

Confronting grief presents several challenges that can lead to setback. These setbacks often comprise of believing lies or fixating on thoughts that distract our focus from the Gospel message. Some examples include:

1. Guilt, regret, and shame: We allow our feelings of guilt, regret and shame to constantly replay in your mind and we lament over past decisions or actions.
2. Bitterness and anger: We allow our feelings of bitterness and anger to take control of our thoughts and behavior.
3. Self-pity: We allow our mind to fall into a state of feeling sorry for ourselves. We then struggle to share our grief with others, and compare our experiences to those of others, which can possibly lead to dismissing others' grief.
4. Isolation: We allow our minds to detach from community because believe we are a burden for others or that we should have overcome our grief by now.

5. These tendencies are common and can impact anyone dealing with grief. It's important to recognize these pitfalls and seek the support and truth found in the Gospel to help process.

We may also have negative perceptions about grief. It can weigh heavily on us, making the grieving process even more challenging.

1. We may worry that showing grief means we lack faith.
2. We may feel like expressing grief makes us seem weak or needy.
3. We may believe that acknowledging grief will make us lose control.
4. We may feel pressure to stay strong for our family, leading us to hide our grief.
5. We may become resistant to grief to avoid dealing with more changes.

The good news is the Gospel beautifully expresses several ways that we can find profound comfort in grief.

1. In John 11:35, scripture says that Jesus understands our grief. We see that Jesus wept upon the death of his friend, Lazarus. This shows that Jesus fully understands our pain and sadness, and he stands by us in our moments of grief.
2. In 2 Corinthians 1:3-4, scripture clearly says God comforts us in our grief.

God is described as the Father of compassion. This is a sober reminder that God is the ultimate source of genuine comfort and more significantly, He is close to those with a broken heart.

3. In 1 Thessalonians 4:13-14, scripture reminds us of the hope of resurrection. It is a joy to be reminded of the hope we have of the resurrection of Jesus. Scripture reads, "But we do not want you to be uninformed, brothers, about those who are asleep, that you may not grieve as others do who have no hope. For since we believe that Jesus died and rose again, even so, through Jesus, God will bring with him those who have fallen asleep."

Here are two ways that we can process our grief.

1. When we pray, we are expressing our pain, doubts, questions, and even our emotions to our good God. He already knows what we need and is ready to listen to us because He deeply cares for us. All those things you bring to Him, no matter how messy it looks or what emotion your experiencing, they matter to Him.
2. When we surround ourselves with church community, we can lean on one another, pray for one another, and offer comfort

and compassion when we're grieving. There is a reason why God has brought the people we are surrounded by in our church community. It is not a coincidence. There is purpose behind it and having a gospel centered community is a Godsend. The church community will remind us of the gospel.

Wherever you are in your story of grief, Paul tells us in Phil. 3:10-12, to keep our eyes fixed on Jesus and to remember the promise of new life. Rather than getting stuck in sadness or dwelling on our past mistakes, he wants us to focus on knowing Jesus better and rely on God's love and grace to help us overcome our sorrows and embrace a life filled with hope and renewal.

Knowing and believing all this, we can go to Him freely because He will receive us. He reminds us that we will never be alone, and He will meet us amid our anxieties of grief.

He has comforted us by the Holy Spirit and gives us the grace every single day to walk in obedience. And when he does this, our grief becomes a gift from the Lord that enables us to experience his grace. With the presence of the Holy Spirit, we can grieve well.

READERS OF CMJI



LETTERS TO THE EDITOR

CMJI'S Editorial Team is inviting our Readers to share comments and feedback for the 'Letters to the Editor' column.

We really look forward to hearing from you all the encouragement and suggestions.

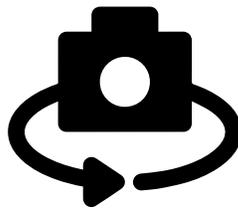
All letters should have the writer's full name and postal address. Please maintain word limit of (300-400 words) and we shall publish them in this space in the upcoming editions.

Kindly send the letters via email to communication@cmai.org



WRITE FOR US

We accept primarily original articles authored by those who are closely involved with the theme of every edition. So, we also encourage you to come forward and contribute with an article for CMJI.



TAKE A SELFIE

Take a selfie with a copy of CMJI and send it to us. We will try to release them in the upcoming editions.

So get creative! and follow hashtag **#GROWwithCMAI**

We will also feature them on CMAI's social media pages.

Kindly send the photos via email to communication@cmai.org



SUPPORT US

We thank you for being our encouragement as a reader.

We invite you further to help us support our network in providing ethical health care services to the poor and marginalised communities.

To donate, kindly visit <https://cmai.org/donation.html>

To Donate Scan Here



ID: cmai1963@indianbkj

Kindly send an email to communication@cmai.org once you have donated. Thank you in advance.



DEPRESSION AND SELF

Dr Mathew Santhosh Thomas

In this article, we will look at three aspects of a person struggling with depression:

Depression and Self

One of the challenges that people who struggle with depression is a seasonal pre-occupation with self. In seasons of depression, from the time one gets up in the morning, your mind is pre-occupied with various thoughts about self. Some good and positive, but majority negative. The self-preoccupation can internally manifest itself in several ways.

One, a poor self-worth. One ends up thinking that you are of no worth, and this affects all aspects of life. Your personal, social, work and family life get affected by the preoccupation with a poor self-worth or image. The other negative aspect could be **poor self-confidence**. What you could do yesterday, no more seems possible, and you feel not too confident to do things you might have done earlier. Yet another self-pre-occupation could be **self-flagellation**, looking at things happening around and thinking that you

are the cause of the failure of the challenged context. There could be many other aspects of self-preoccupation, but primarily, life and world revolve around self.

The external manifestation of such internal preoccupation emerges from a desire to protect, preserve from the negative internal challenges one goes through or promote self. The common response is **self-protection through isolation**. You are afraid to be out there with others thinking that all external engagement

with add on to the negative aspects of self and you try to protect yourself by isolation. The other is **self-preservation through indulgence**. To preserve self, and give a positive direction, you indulge in things that you enjoy. It could be food, movies, social media and or other external inputs, hoping that these will preserve and protect one from going deeper into negative thoughts. The third is **self-promotion through work** and taking control of people and situations. You end up being driven to perform and drive others to perform too!

The long-term answer for preoccupation with self is not protection, preservation or promotion through such self-focused responses. Three disciplines to inculcate to move from self-pre-occupation might be worth exploring.

Relationship and community should be the primary support structure to move out of self-pre-occupation. Relationships and community and community-based activities can help one to disengage from self and look at life through the perspective of others and needs of others. Such relationships do more than helping one to disengage. Faith communities can help in **returning to the reality of one's worth**. Well-meaning friends can support in returning to the truth of one being

created in the image of God, accepted and loved by God. And serve as a **community of remembrance**. Reminding each other, how God has come through in the past and how He is an unchanging God though emotions may tell us differently. How in the past one has managed to do things well, when you were not in such seasons.

Discipline of relationships, returning to truths about self and remembrance to guide us through seasons of dark clouds hovering over our heads.

Depression and Spirituality

The cloud that is threatening to descent and push the heart and mind into depression is not easy for those who have not experienced the same to understand. Like King Saul, who was tormented by an evil spirit, people those who have experienced depression, feels the season like a torment! Though understood well as an illness or a personality trait, the deep sense of torment, low moods, feeling of worthless, and general feeling of not being well, is challenging. If you are a person of faith, you do not feel spiritual during such seasons. You feel you are of no worth, God's presence seems distant and far and one cannot make sense of why you are going through such season, when others are healthy. Though

one has a relationship with God, and is trying to walk with Him, when you go through such seasons, even life of faith seems far and distant!

If you are brought up in a tradition of rituals, traditions and spiritual disciplines, these appear meaningless during such seasons. One goes through the motions, but with no emotional or intellectual connect and no connection to God. Word and intellectual faith dependent ones, find the word and truth meaningless. You start questioning truth and sometimes ask if the truth you held on, was it an imagination or fantasy. If one is more an emotional spirituality dependent person, you face more challenges. You feel unspiritual because your emotions fail you. Love, Joy, Peace and other fruits of the spirit seem a memory from the past and no more a reality.

How does one walk during these phases? The **rituals and disciplines**, though meaningless, have a function. It was Martin Luther who said, "You cannot keep birds from flying over your head, but you can keep them from building a nest in your hair." Spiritual disciplines and rituals have the ability to protect one from the cloud permanently building residence within you, and give you breaks from the persistent low feeling.

Truth that makes no sense, has to be addressed through **reality being spoken to the heart**. Reality is that you can not trust your emotions and thoughts when there is an overreach of chemicals and hormones! That is what David did – speaking to his down cast soul “Why, my soul, are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Savior and my God.” Reminding the heart of the truth, which is clouded by a depressed soul.

One need to recognize that the emotions that are challenged by the overreach of the neurotransmitters, does not make you unspiritual! **Your spirituality is beyond what you feel**, what you experience or what you can even make sense of in such seasons. Who you are does not change based on what you feel!

We might be unable to pray, our **prayers might be only groans**, but the writer of Book of Romans reminds us that when we groan, we do so along with rest of the creation. “We know that the whole creation has been groaning together in the pains of childbirth until the present time. Not only that, but we ourselves, who have the first fruits of the Spirit, groan inwardly as we wait eagerly for our adoption as sons, the redemption of our bodies.”

The truth we need to hold on to is – that you are a **loved, accepted child of God**. Like Henry Nouwen reminds – we are His beloved, chosen and blessed. At the same time broken by such experiences, to be given as food and nourishment to the world around us, even when we do not feel loved, chosen or blessed!

Depression and decision making

Depression affects decisions and choices one has to take or make in life. An overreach of the neurotransmitters and hormones that clouds mind heart and soul - the intellect, emotions and will definitely influences the decision-making processes.

There are three kinds of decisions one has to take in life. One - the daily routines of life. Many of these are decision's does not need any thinking process behind it. But depression can affect even these - like not wanting to get up in the morning or not wanting to go for work etc. Such decisions have to be strengthened by **discipline of habits**. Habits that need to be engaged with come what the mind, or heart tells you. A will that acts independent of emotions. It said about Jesus that he “set his face like a flint” and walked the walk he was to walk! That is the picture I

need to hold on – setting face like and flint and walk the walk of the routines, till the cloud passes over.

There are certain hobbies that can prevent the cloud of depression from settling down, like music exercise and others one might enjoy. These too have to be built as habits of life, so proactively protect and preserve one from the feeling of being low.

The second set of decisions are related to regular life related activities that come up each day. It might be something that need to be done with effort and planning but things that has been done earlier with much ease. The challenge of such decisions while going through seasons of depression is that you start imagining the worst possible scenarios. You brain starts imagining wild things that could happen and you are frozen in your tracks. It might be a simple task like needing to go on a long drive, but you start imaging various adverse things that could happen to you, this time you drive! This is where one needs to build the **discipline of remembrance**. Return to the past experiences of having done such things well and assure self that you can do it again.

The third is usually more difficult - major one-time decisions of life. While going

“You think of all the potential challenges you could face, who all could be hurt if the decision is wrong and find yourself unable to move ahead. In such contexts one need the discipline of community.”

through depression such decisions have the tendency to freeze you. Various thoughts go through your mind. You might be afraid that you will make mistake and will regret later. You will fail and will not be able to undo what you have done. You think of all the potential challenges you could face, who all could be hurt if the decision is wrong and find yourself unable to move ahead. In such contexts one need the **discipline of community**. A community in which that you can find support, be accountable to and journey with. A community that can give you the directions, courage and support.

This is why we need friends and communities to live and grow together. To help us to develop and strengthen habits, remind us of our abilities and past experiences and support us in our major decisions by journeying together.

Dr Santhosh Mathew Thomas
- President, Christian Medical Association of India
- Training-in-charge and Regional Secretary South Asia, ICMDA

PRE CHRISTMAS CANTICLE

Ms Lisa Choudhrie

Soon it will be the merry month
Lights, cameras, action
Plenty of gatherings and social dos
Good food, laughter, banter-
All this will take momentum..

My heart quakes a trifle
Painfully thuds,
Memories of this difficult season
Darkness, suffocating chaos in the mind
Slipping down into the miry mud..

How will it be this year?
Will I be able to make it through?
Will I survive the huge to do list?
Produce some good food?
How will it be for me and my mood?
Will I again lose the battle?
Will I lack the strength to get out of bed?
Will I be drowning in waves of misery?
Will I be a mess?
Will I be warring with hopelessness and dread?

I can't know, now
This is for sure..
Who knows what tomorrow will bring?
There are too many uncertainties and unknowns
But always, there is one thing that's sure..

Immanuel- God with us
Immanuel- God with you
Immanuel- God with me,
A God pure, willing to get real and dirty
A God of love, showing His heart true..

And I find peace and strength in that powerful
promise,
That if I am strong and able to cope,
He will be there with me.
Even if I fall apart and my world comes crashing
down in anxiety and depression
Immanuel will hold me close...

Today, stand with me and be part of the hidden
world
The cruel world of mental illness,
And reach out your hand and offer your
companionship
There is hope for each of them, and for you and
me
We have with us a God clothed with our frail
humanness..

We live from moment to moment
Helped by wise empathetic psychiatrists,
And the common graces of medication
And unconditional love and support from family
How immensely, we are blest!

My dear reader, thank you for your time
Are you a co sufferer or a part of the support
structure?
This is meant to be read and shared
God bless you as Christmas approaches
May the reality of Immanuel heal us and nurture..

Merry Christmas 2024!



LEADING WITH HEART: WHY MENTAL HEALTH IS THE BEST INVESTMENT AN ORGANIZATION CAN MAKE

Ms Shubham Srivastav

What comes to mind when you think of a great leader? Someone who can think quickly, make decisions

under pressure, and always knows the right thing to say? While all these are great traits, they only scratch

the surface. In today's complex and often overwhelming work environment, what we need

more than ever are leaders with a healthy mind and an open heart—leaders who prioritize not just their own well-being, but that of their entire team. That's where mental health comes in, and why it's such a huge part of [The MoveVent Project](#).

The MoveVent Project was born from a belief that work

doesn't have to be a grind. Mental health isn't something to brush aside, especially for people in positions of power who shape workplace culture and, by extension, our lives. Our project, including initiatives like [Aham: Celebrating Self](#), works to create spaces where mental well-being is not only valued but celebrated. Through creative, interactive

approaches like Dance Movement Therapy (DMT) and Expressive Arts Therapy (EAT), we help people explore themselves, express openly, and connect more deeply with those around them. So, let's dive into why mental health in leadership is so critical, how The MoveVent Project can help, and what positive ripple effects it can bring to any organization.

Mental Health in Leadership: The Missing Piece

In any organization, leadership sets the tone. Imagine a leader who is stressed, burnt out, and juggling a million tasks without ever taking a breath. Now imagine the effect that leader has on their team—*anxiety, miscommunication, and eventually, burnout for everyone.* On the flip side, when leaders are mentally fit, they radiate trust, empathy, and resilience. They know when to say no, prioritize rest, and encourage smart, sustainable work. Here's how a leader with a sound mental foundation can transform a workplace:

1. Trust & Communication: Trust isn't just a corporate buzzword—it's essential. Leaders who prioritize mental well-being understand how to build real connections, creating safe environments where employees feel comfortable voicing their thoughts and concerns. That's

“**On the flip side, when leaders are mentally fit, they radiate trust, empathy, and resilience. They know when to say no, prioritize rest, and encourage smart, sustainable work.**”

how real communication flows, and that's how teams become more than just “teams”—they become communities.

2. Saying No & Setting Boundaries: When leaders are empowered to say no when necessary, they set an example for everyone. A healthy work-life balance is within reach only when boundaries are respected, and employees feel empowered to say “no” to what isn't sustainable.

3. Empathy in Action: Leaders with empathy understand people beyond

titles and tasks. This is where mental health plays a huge role—an emotionally well-balanced leader is more likely to put themselves in their team's shoes, creating an environment where people feel seen, heard, and valued.

4. Working Smart, Not Just Hard: Efficiency and creativity are the two sides of a coin that come into play when leaders are mentally sound. Instead of pushing teams to simply “work harder,” mentally resilient leaders inspire smarter approaches, respect energy, and lead by example.

In short, mentally healthy leaders create healthier workplaces. And that's what The MoveVent Project is all about—turning those buzzwords into real-life practices through engaging and effective experiences.

The MoveVent Project's Approach: A New Kind of Mental Health Program

So, how does The MoveVent Project help leaders and teams actually do this? Through our core initiative, *Aham: Celebrating Self*, we offer a fresh take on mental health—think of it as mental health with a creative twist. No dreary boardroom lectures, no jargon-filled PowerPoint slides. Instead, we host immersive workshops and experiences that open up honest conversation,

bring people together, and encourage authentic self-expression.

We've been working since 2017 with a diverse community using Dance Movement Therapy (DMT) and Expressive Arts Therapy (EAT), proven tools for physical, cognitive, and emotional healing. Our approach is simple yet profound: let people dive deep into their own selves, and healing follows. We use movement, silence, games, and creative exploration—tools we've honed over the years—to create an environment where each person feels safe, seen, and able to connect with their truest self.

What makes us different?

At The MoveVent Project, we believe in the power of creativity, connection, and a little bit of play. Our sessions—whether they're focused on movement therapy, storytelling, or art—allow leaders and teams to tap into self-awareness and emotional resilience in ways that are fun, meaningful, and, most importantly, relatable. Here's how our approach looks in action:

- **Intro Workshops for Immediate Impact:** We kick off with hands-on, interactive sessions that build a foundation in social-emotional learning. These workshops are

dynamic and designed to help participants explore themselves and build self-awareness right from the start.

- **Building Community through Creativity:** We use methods like storytelling, drum circles, and art-based exercises to help participants connect with one another on a human level. We've seen firsthand how these creative spaces allow people to open up, express themselves, and strengthen their bonds with teammates.
- **Sustained Mental Health Practices:** Mental health is not a one-and-done

thing. We work with organizations to embed these practices into their routines—whether it's a mindfulness break, a team-building dance session, or monthly workshops that keep everyone on track.

Real Stories, Real Impact: Positive Outcomes through The MoveVent Project

Through our journey with The MoveVent Project, we've seen firsthand how people transform when they're given a chance to connect deeply with themselves and others. We've worked across diverse sectors, from corporate teams to government offices, and each session has left a profound impact on both individuals and teams.

1. Finding Self-Compassion in the Corporate World

One of our participants from Indian Oil Corporation shared a breakthrough experience during a session, realizing that it's okay to ask for support without judging herself as weak. "The workshop gave me an understanding of asking for support when I need it and not judging it as my shortcomings," she said. This sense of support and reduced self-judgment helped her build a more compassionate relationship with herself, a quality that flows into her interactions with colleagues.

“The workshop gave me an understanding of asking for support when I need it and not judging it as my shortcomings”

2. Liberating Self-Judgment in Media

In the media sector, where high standards and external validation are the norm, a participant from The Times of India found profound relief through our sessions. She shared, “The feeling was liberating. I found in me the ability to forgive myself and others. What I realized is that sometimes, more than judgment, we need support.” This newfound self-acceptance has helped her in her professional life, creating a foundation of empathy and resilience in her leadership role.

3. Building Empathy and Reducing Fear of Judgment

One participant from ONGC described his experience as “beautiful,” stating that the session helped dissolve his fear of judgment. “It unblocked certain fears I didn’t know I was holding,” he said. This release led to a more open and supportive work environment, where team members feel encouraged to communicate and support each other.

4. Fostering a Renewed Sense of Self in Manufacturing

In the fast - paced manufacturing world, one participant from Sonalika Group shared, “You took me to a place I have been avoiding

for years. Thank you.” This moment of reconnection with himself provided clarity and calm, a gift that has allowed him to lead with more authenticity and insight. He left the session with tools to manage stress, communicate more openly, and appreciate his role in the larger team.

5. Unlocking Inner Strength in Government Leadership

Rajarshi, from the National Academy of Customs, found his experience valuable for deceleration and introspection. He stated, “The session proved incredibly valuable and healing. Taking time to decelerate and prioritize mental health is essential.” His experience highlights the power of slowing down, which has been a crucial tool for rebalancing both personal and professional demands in his high-stakes environment.

Through these real-world stories, we see the extraordinary impact of prioritizing mental health. The MoveVent Project empowers participants to build empathy, resilience, and inner peace, which ultimately radiates out to create more compassionate and effective workplaces.

Join Us in Leading with Heart

The MoveVent Project isn’t just another wellness program; it’s a call to reimagine leadership,

relationships, and what work can mean for people. With mental health as our core focus, we help organizations create environments where individuals feel seen, supported, and empowered. Through Aham: Celebrating Self and our ongoing initiatives, we aim to make mental health something to celebrate—not just on paper but as an everyday practice that enriches lives and strengthens teams.

If you’re ready to lead with compassion and purpose, we invite you to consider the power of prioritizing mental health—for yourself and for your team. Together, let’s build workplaces that aren’t just productive but are also compassionate, supportive, and full of life.

To learn more, follow us on Instagram @themoveeventproject, LinkedIn The MoveVent Project, or visit themoveeventproject.com.

Are you looking for an opening in a mission hospital?

*Advertise in the Classified Section in the CMAI newsletter – LIFE FOR ALL,
and on our CMAI website: www.cmai.org*

Take bold steps for change. This is what Mahatma Gandhi taught us. Christian Medical Association of India, established in 1905, was one such bold step taken by the missionary doctors who dared to serve this country. Even today, young doctors, nurses, allied health professionals, administrators and chaplains have followed the trodden path of the missionary movement which was started 115 years ago.

One cannot do it alone. But together, we can. If you are a medical or nursing graduate, if you are a professional in the health sector or a theology graduate, you need fertile ground to sprout and bloom.

CMAI is a large Christian membership organisation in the Indian health sector. We offer training programmes, platforms for sharing knowledge, opportunities for leadership building, and avenues to excel in your career.

If you haven't become a member, become one today.

CMAI member institutions work in the remotest parts. You will see a different geography of India where people suffer due to lack of proper medical care, children die of malnutrition and young mothers who need education in rearing children.

Dare to reach out to the place where people with commitment such as yours are needed to make a change.

YES,
It possible! You are needed indeed.

Write to us:
Christian Medical Association of India
cmai@cmai.org

**BE THE
CHANGE
YOU WANT TO SEE IN THIS
WORLD.**

-MAHATMA GANDHI

LEGAL ASPECTS OF HOSPITAL ADMINISTRATION by S. D. ARALIKATTI, M.Com. D.H.A. (U.K.)

In India, Legal Aspects in hospital management is of little consequence, though in cities some sort of awakening is experienced and labour laws may be made applicable in future. However, I am trying to present view of legal responsibilities involved and legal application in hospital management.

In law, both male and female are addressed as 'he' hence the use of 'he' for a lady should not be misunderstood. Legal Aspects in hospital management may be divided into:

1. Law relating to patients
2. Law relating to neighbours
3. Law relating to suppliers
4. Law relating to employees.

LAW RELATING TO PATIENTS

Treatment of the sick involves physical handling of a person and such handling without consent is a tort in law. "Tort is a wrong done by one person to another, or a breach of duty fixed by law relating to person, by which that other person suffers damages in material physical or in mind or is deprived of enjoyment of normal life". There are three types of physical trespasses.

Assault

An assault is an attempt or offer to apply unlawful force to the person of another. To be an assault this attempt should create fear in the mind of a person who claims that he has been assaulted. An operation or even a medical examination carried out without consent is an assault, and actionable in law.

Battery

Battery is the execution of the threat involved in an assault. The touching of a person in a hostile manner or against his will is the essence of the tort, e.g., *Mitchell vs Molesworth*, where a patient obtained nominal in an action against the surgeon whom he had consulted in the first place, alleging an oral contract to operate personally, and that by allowing the House Surgeon to operate, the Surgeon had procured a trespass to the

patient's person.

False imprisonment or wrongful confinement

This is the infliction of unauthorised bodily restraint without lawful justification. It is not necessarily a matter of bars and bolts, but any form unlawful restraint might turn out to be a false imprisonment.

In England if a patient is admitted without consent it is a tort as it prevents him from enjoying his life as he wished. In India Government mental hospitals admit patients when certified by courts.

From the above we see that it is essential to obtain the patient's consent. To obtain consent it is necessary to explain to the patient what is going to be done to him. Consent may be implied or express, e.g., if a patient raises his arm for injection, it is an implied consent. In simple examination and treatment implied consent or orally expressed consent is essential. In case of an unconscious patient, the consent of the nearest relative, and in case of a minor, parent's or guardian's consent should be sought, in absence of which the doctor should take action in the best interest of the patient. In certain cases consent of both husband and wife are essential where one's operation affects or concerns the other, involved in an assault. The touching e.g., sterilisation, hysterectomy etc. (See Padhar Hospital Consent Form).

*This article was read by Mr S. D. Aralittatti, M.Com. D.H.A. (U.K.) Padhar Hospital, District Betal, on 19-2-74 on the occasion of CMAI-Short Intensive Clinical Course.

Medical Negligence

A Hospital extends services to patients coming to the hospital and as such in common law the hospital owes to a patient a duty of care. If any employee fails to observe this duty and the patient suffers consequential loss, the hospital is vicariously responsible for the tort of negligence. A patient comes to the hospital to get well and if a doctor, nurse, pharmacist or a laboratory technician causes injury to him in the course of investigation or treatment, by negligence, it

is a tort in law and the hospital is liable to be sued for damages suffered by the patient for the negligence of its employees. Negligence is the omission to do something which a prudent and reasonable man would do or the doing of something which a reasonable and prudent man would not do' e.g.

(a) A case of swab left in the abdomen by the surgeon:

Here the principle of Res ipsa loquitur applies which means that the thing speaks for itself. The swab left in the abdomen is the act of negligence which speaks for itself, and the hospital is liable for the act of a surgeon. Cassidy vs Ministry of Health 1951 (U.K.).

b) A house surgeon fails to get into (veins of a fat patient and injects pentothal into his tissue whereby he is injured. In the case of William vs North Liverpool it was held that there was no negligent circumstances as the house physician had exercised all care and as the patient was very fat it was difficult to get to her veins and fat being not sensitive to pain it could not be judged that the pentothal went into tissue.

(c) Collins vs Herts C.C. A Surgeon gave instruction over the telephone to an unqualified final year student acting as house surgeon (he was qualified in pharmacology however) for 'Procain'. The House Surgeon gave verbal instructions to pharmacist for 'cocaine' who dispensed it without a signature of a qualified person. The surgeon did not check whether he was using 'procain' and the patient died. Surgeon, house surgeon, and pharmacist were all found negligent. The pharmacist should have written instructions. The Hospital was held liable for the negligent acts of all three persons and damages were awarded.

Usually we do not come into this kind of difficulty as people do not challenge the hospital or a doctor but there should be a safe system of work and continuous training of all staff about being careful and to improve efficiency. There should be a definite job description, definite authority and responsibility to make sure who is giving or instructions regarding a patient's treatment.

Professional confidence

A 'fiduciary' relationship (meaning a position of trust) exists between doctor or nurse and patient. Breach of such trust may result in (1) Legal action, (2) Disciplinary action by professional body, (3) disciplinary action by employing authority.

The golden rule is never to divulge any information obtained. If the illness is a common one, etiquette rather than legal consequences will promote discretion.

If the illness carries with it a social stigma, e.g., Tuberculosis, Leprosy, Smallpox, V.D., etc., disclosure may be actionable even where statements are true, while false statements are actionable for defamation. Duties of confidence apply to non-medical staff as well and the hospital rules should include a clause of punishment for breach of duties of confidence.

Disclosure of confidential information may be necessary under the compulsion of law, e.g., as witness in the court of law, police investigation, expressing dying declaration to police or court, etc.

Medical records should be handled only by people who are involved in the treatment of a patient and the medical records department. Personnel should be sworn in to observe secrecy. When publishing case reports patients should not be identifiable by pictures or names. Apart from legal responsibility, hospitals should note that if professional confidence is not maintained people get frustrated and they might seek another hospital and advise their friends also accordingly.

LAW RELATING TO NEIGHBOURS

Nuisance

This is some unlawful act or omission endangering or interfering with lives, comforts, property or common rights of people, e.g., throwing amputated limbs in a public place or in neighbours' fields or letting sewage water get into neighbours' compound. Nuisance is actionable as a tort and damages may be awarded.

Defenses for above torts are contributory negligence, consent, remoteness of consequence, etc.

LAW RELATING TO SUPPLIERS

Hospitals buy various requirements from sellers and as such they have to enter into a contract of sale with suppliers. A contract of sale of goods is a contract whereby the seller transfers or agrees to transfer the property in goods to the buyer for price.

When an agreement is entered into by parties to the contract both parties are bound by law to complete the contract. A contract of sale may be made by:

1. An immediate delivery of the goods as well as an immediate payment of the price.
2. An immediate delivery of goods and the price to be paid at a later time.
3. An immediate delivery of goods with price to be paid in instalments.

4. The price to be paid immediately and goods to be delivered at a later date.
5. The price to be paid in instalments and the goods to be delivered in instalments.
6. The payment of the price as well as the delivery of the goods to be made at a future time.

Sale of goods may be made by:

- a) Sale by sample: In this case a seller stipulates that goods to correspond to sample and that the buyer has a reasonable opportunity of comparing the bulk of goods with the sample and the goods are free from any defect.
- (b) Sale by purpose: The buyer makes known to the seller the purpose for which goods are required. The general law in this case is the principle of caveat emptor (let the buyer beware) Before placing such orders it is advisable to make sure that the:
 - (i) Seller must be in business of selling goods of the kind in question.
 - (ii) The purpose must be very clearly stated to him.
- (c) Sale by description: Buyer buys goods as per description given to him by the seller and the goods should correspond with the description. General principle of caveat emptor applies in this case as well and the buyer should understand the description or else there may be deceit.
- (d) Sale by specification: The buyer gives the specifications to seller regarding the goods and should make sure that specification must be very clear.

There are several stipulations to the contract which may be a 'condition' or a 'warranty'. 'Condition' is a stipulation essential to the main purpose of contract and the breach of which one party entitles the other to repudiate the contract itself. A 'warranty' on the other hand is a collateral for the main purpose and the breach of which enables one to claim damages but the contract cannot be repudiated: e.g., if a buyer who agrees to buy certain goods fails to buy, but the goods are saleable, the seller can claim damages.

Fixation of price: In the seller's market when demand is greater than the supply, the price is always fixed by the seller and in India a buyer has a very little or no chance to bargain for price. Price can either be made a part of the contract or left for the seller to charge

according to market conditions,

Seller's remedies against the buyer: The seller can file a suit for the recovery of the price if the goods are passed to the buyer and if the time for payment has elapsed. If the goods are not delivered to the buyer and buyer refuses to accept then the seller can file a suit for damages only.

Buyer's remedies against seller: If the price is paid and the buyer finds that there is breach in the warranty of sale, buyer may sue the seller for damages. If the goods are faulty it is cheating and as such criminal law applies.

LOST MARKSHEET

I, Ms Sanjana Pasayat student of Evangelical Mission Hospital Tilda (C.G.) lost supplementary examination marksheet with Roll No. 961867. Kindly give it to me or inform at the given address Sanjana Pasayat, Beldarpara Champa, Dist. Janjgir-Champa - 495671

Join Hands with us in the Healing Ministry

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

CMAI is a national network of health professionals and institutions promoting a just and healthy society for all irrespective of religion, caste, economic status, gender or language

- CMAI has over 10,000 Christian health care professionals and over 270 institutions representing various denominations.
- CMAI builds individuals to be technically sound, spiritually alive, and socially relevant, in fellowship and with a Christian perspective on health and development.
- CMAI is the health arm of the National Council of Churches in India(NCCI).

WHAT DO WE DO ?

- Build capacity to respond to the current and future health care needs
- Advocate for innovations, create evidence and promote policy change
- Work closely with the churches, civil society and the government
- Build alliances for health action on a national scale
- CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

OUR PUBLICATIONS

- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi (A Tearfund publication distributed by CMAI)

COME JOIN US

The core of CMAI is its members- individuals and institutions. Individual membership consists of five professional groups - Doctors, Nurses, Allied Health Professionals, Chaplains and Administrators. Each section comes together for conferences, workshops, a time of fellowship to learn from, to share with and to encourage each other spiritually and professionally.

General Secretary

CMAI, Plot No.2,A-3 Local Shopping Centre

Janakpuri, New Delhi -110058 India

Tel: + 91(0) 11 25599991/2/3

Email: cmai@cmai.org

FOR MORE INFORMATION AND TO BECOME A MEMBER PLEASE VISIT OUR WEBSITE:

www.cmai.org or write to: cmai@cmai.org

Facebook: CHRISTIAN MEDICAL ASSOCIATION OF INDIA



Building a just and healthy society

COME JOIN US AS MEMBERS

COME JOIN US AS MEMBERS



**Christian
Medical
Association of
India**

CMAI, A-3, Local Shopping Centre, Janakpuri, New Delhi - 110058
Telephone: 011-41003490 / 41064328
cmai@cmai.org | www.CMAI.org