



**TN DOCTORS UK & IRELAND**  
**ANNUAL CONVENTION**



**TNDA - Annual Convention 2023**

**30 April - 1 May 2023**

**MARRIOTT HOTEL**  
Grove Park, Smith Way  
Leicester LE19 1SW



## Tamil Nadu Doctors Association (UK & Ireland)

TNDA is an umbrella organization cross-linking all medical college groups of TN.  
It was launched on 22nd May 2022.

### Our Team



*Palaniappa Shanmugaraju*  
**Chairman**



*Shiv Kumar Pandian*  
**Secretary**



*Durai Raj Jawahar*  
**Treasurer**



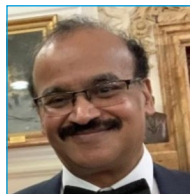
*Ezhil Anand*  
**Joint Secretary**



*Shanks T K Sankar*  
**Convention  
Organising Secretary**



*Deana D'Souza*  
**Secretary  
for Data & Information  
Governance**



*Coonoor Chandrasekar*  
**CME Secretary**



*Velusamy Sivakumar*  
**Advisor for Junior Doctors  
from Tamil Nadu**



*Krishna Haribaskaran*  
**Advisor for training  
in NHS & Careers**



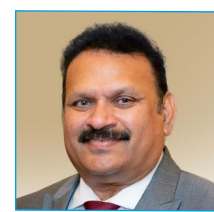
*Subbannan Sukumar*  
**Advisor for the Training  
and Career in General Practice**



*Sumathi Luxman*  
**Secretary for Social media &  
and Advisor for Environment  
Climate Crisis**



*Senthil Jayaseelan*  
**Website Secretary**



*Subramaniam Balachandran*  
**TNDA Constitution Advisor**

### join us

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## Co-editors comments

In this our very first newsletter we have compiled some well written articles. Some articles are pertinent to activities of the TNDA and some are of varied topics.

The Chair Palaniappa Shanmugaraj recounts and details the vision of the TNDA, one of which is promoting exchange of knowledge and CR Chandrasekar has highlighted this in his article on Continuing Medical Education events over the past one year since the inception of this organisation. Our Convention organiser Shanks Shankar on whom we are relying for a successful event on the 30th April and 1st May shares his Pearls of wisdom on planning a successful event. Velusamy Sivakumar is motivating more of us to trek to the top of Velliangiri Mountains. Have you heard of He(A)rd Identity? Either way you must read Shiv Kumar Pandian's article. Sumathi Luxman in a bid to enlighten us on promoting environmental awareness makes us take little steps in her article on Microplastics. Cybercrime! Is ever so prevalent these days so be mindful with Velu Chandran.

What is Passion? மனிதநேயம்! Ramesh KT tells us what it is, and Raji Anand has written Kavithai on மனிதநேயம்.

Sivakumar Manickam outlines a fascinating Radiology journey from 1985 (India) and into 2023 (UK). The crux of constructive relationship between health provider and patient is good communications skills as highlighted by Menaca Pothalingam. Lat but not the least Shakti Karunanithi connects Tamil literature and modern preventative medicine.

We appreciate all those who have contributed towards this News letter. Eventhough we gave very short notice we received a very good response and we appreciate the time and effort take to provid such interesting articles. We also must emphasize our gratitude to others such as sponsors, those who helped publicise the newsletter and design it. We cannot forget to thank our Treasurer for allocating funds to print hard copies. Lastly, we must apologise to those who have not sent in their articles in time to make it as this newsletter goes to press.

Happy reading!

*Dr Deana D'Souza and Dr Ezhil Anand*

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From: Mrs. Emma Bell,  
Diary Manager to T.R.H. The Prince and Princess of Wales

Private and Confidential

23<sup>rd</sup> March, 2023

Dear Mr. Palaniappa,

Thank you for your letter of 4<sup>th</sup> February, 2023, in which you invite The Prince and Princess of Wales to the Annual Convention of Tamil Nadu Doctors in UK and Ireland on 30<sup>th</sup> April, 2023.

Their Royal Highnesses were grateful to you for your kind invitation and for thinking of them on this occasion.

I regret to inform you that The Prince and Princess have to decline. Their Royal Highnesses' diary for April has now been confirmed and I am afraid that it will not be possible to add this engagement to their schedule. I am sorry to send you this necessarily disappointing reply, but I do hope you understand.

Nevertheless, The Prince and Princess would have me send you their warmest thanks and best wishes.



Shanmugaraj Palaniappa,  
President, Tamil Nadu Doctors in UK and Ireland



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[www.gov.uk/number10](http://www.gov.uk/number10)

From the Direct Communications Unit 24 February 2023

Dear Mr Palaniappa

Thank you for your letter of 7 February to the Prime Minister, inviting him to attend the Annual Convention of Tamil Nadu Doctors in UK & Ireland on 30 April.

The Government is incredibly grateful for the tireless efforts of GPs and their staff during the pandemic and, as we emerge, the care they continue to provide for all patients. It is wonderful that the convention will be an invaluable opportunity for all delegates to discuss ongoing support to all its members and to local communities.

The Prime Minister greatly appreciates your kind invitation, but unfortunately, as I hope you will understand, due to the many pressures on his diary, he will be unable to attend. However, I have passed your letter onto the Department for Health and Social Care, so that, they too, are aware of your approach to the Prime Minister.

May I take this opportunity to extend my best wishes to you for a successful convention.

Thank you, once again, for writing.

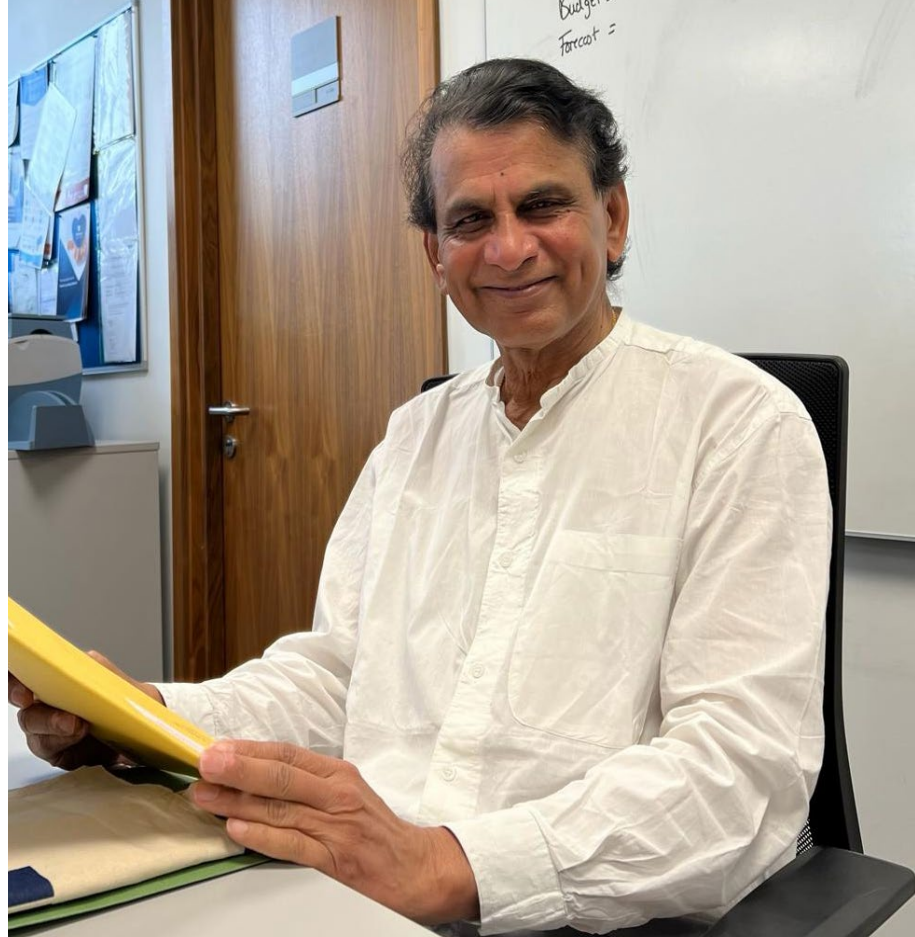
Yours sincerely



Correspondence Officer Mr Shanmugaraj Palaniappa

# The Chair speaks

The Tamil Nadu Doctors Association in UK and Eire (TNDA) was launched on 22nd May 2022. This platform is an umbrella organisation bringing all Medical College groups from TN in UK & Eire together and strengthen their activities. Currently there are around 250 members in Telegram and 84 members in WhatsApp groups. We anticipate that more members will join in the coming weeks and months.



The core objectives of the TNDA are Networking, Promoting exchange of knowledge, Social activities and live a greener life.

## Networking

Facilitate networking opportunities for doctors from Tamil Nadu in UK and Eire to connect with peers who can share similar cultural backgrounds, foster a sense of community and provide support thus advancing professionally, and enhancing healthcare outcomes within the UK and Eire.

Conduct activities that will benefit members of the TNDA community in the UK and Ireland, as well as their families and the wider communities in towns across the two countries and also helping our friends and family back in Tamil Nadu through collaborations with professionals and leaders in the region.

Additionally, networking can offer a platform for doctors to champion their communities and raise awareness about health concerns affecting the populace.

## Promoting exchange of knowledge

Offer CME courses, conferences, and workshops thus enabling us to remain informed about most recent medical research and breakthroughs; promote

peer-to-peer learning through regular virtual and in-person gatherings where Doctors can share their experiences, seek advice, and learn from one another. Additionally, we strive to establish mentorship initiatives where experienced doctors can provide guidance, encouragement, and recommendations to less experienced junior doctors. These activities will result in better patient outcomes, enhanced healthcare practices, and ultimately, a healthier society.

## Social activities for the benefit of members

Presently, bereavement counselling, advice by reputable Companies on investments, insurance and inheritance Tax planning is provided to our members and in due course, we anticipate various domains such as immigration, matrimonial affairs, and other social concerns can be offered. The aspiration is that these endeavours will enhance the mental and physical well-being of our community.

## Our responsibility to a greener environment

COP26 in Glasgow in November 2021 has raised awareness of the consequences of climate change. We are the guardians of earth and each of us must accept our social responsibility to strive towards achieving Net Zero by

2030. Every small effort counts and we as individuals can make choices and realise the full potential for the future of humanity. We can reduce the use of plastics, use low-energy equipment such LED bulbs, improve heat retention in our homes by the use of triple glazed windows & doors and wall insulation, preserve existing trees by minimizing paper usage, plant new ones and lastly, we can transition to electric cars. We plan to invite speakers to talk about specific matters related to this cause, either through Zoom or at the convention.

*Dr P Shanmugaraj*  
Chair, TNDA





## Continuing Medical Education

*Tamil literary heritage is well known.*

*One of the 1330 Thirukkural, written more than 2000 years ago, aptly states*

“கேடில் விழுச்செல்வம் கல்வி யொருவற்கு  
மாடல்ல மற்றை யவை”

The English equivalent couplet is,  
*'Learning is excellence of wealth that none destroy;  
To man nought else affords reality of joy'*

On Mahatma Gandhi's birthday 2nd October 2022 'Leading lights from Leeds' shared their expertise.

“Breaking glass ceilings in Academia and long covid update” by Dr Manoj Sivan Associate Clinical Professor and Honorary Consultant in Rehabilitation Medicine and Prof Geetha Upadhyaya OBE spoke on “Holistic Healing”

Our last zoom CME session was on 25 January 2023 Mr Rajesh Sivapragasam enlightened us with a talk and presentation on 'Renal Transplant an update'. Prof Rohit Shankar MBE who is a professor in Neuropsychiatry with University of Plymouth Medical School gave talk on “Getting scientific papers published -Tricks of the trade”. It made interesting hearing because he actually went into his own efforts to break into research.

The upcoming event in Leicester has a group of experts discussing important topics ranging from Yoga, Current GMC issues, Doctors' voice and the Brain.

Our ambition is to encourage and help

second generation colleagues as well as next generation colleagues who seek to join and thrive in the NHS with professional and educational support.

We hope that the Continuing Medical Education events of TNDA in future will attract a diverse audience across the UK and worldwide, purely based on the quality of speakers, who will be sharing their knowledge. Engaging and interactive CME events will strengthen TNDA's quest to be part of a global knowledge sharing and supporting network for our colleagues with Tamil heritage and other knowledge seekers.

On behalf of TNDA I would like to acknowledge and thank, Mr Buddhdev Pandya MBE, for his time and expertise in producing the newsletter at a very short notice.

*Dr CR Chandrasekar*  
CME Secretary



**T**NDA, though a young organisation, has embraced the concept of continuing education and sharing knowledge as a main priority. Three monthly online CME events with high quality speakers, sharing their knowledge and expertise has been a feature of our young organisation.

Starting our online educational event on 3rd July 2022 we had two speakers, our Chair Dr P Shanmugaraj who highlighted issues on “Fitness to Practice and GMC” followed by our favourite Health style guru Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council spoke on “Principles of Yoga”.





## Pearls of wisdom when organising an event.

**A**s the organising secretary for TNDA UK and Eire, I would like to share some basic rules of engagement and some pearls of wisdom which you might find useful.

I have organised several local, national and international events but not just only in the field of medicine.

A step-by-step guide in planning, preparation, and execution of an event.

1. Define your objectives: Determine the purpose and goals of the event. Is it a fundraiser, a conference, or a celebration? Clear objectives will help guide your planning process.
2. Choose a date and time: Pick a suitable date and time for your event, considering factors such as holidays, competing events, and the availability of your target audience.
3. Create a budget: Estimate the costs for the venue, catering, entertainment, marketing, and any other expenses. Make sure to include a contingency fund for unforeseen costs.
4. Select a venue: Choose a location that can accommodate your anticipated guest count and is easily accessible. Consider the venue's facilities, parking, and any restrictions they may have.
5. Assemble a team: Recruit volunteers or staff members to assist with various aspects of the event, such as marketing, logistics, and registration.
6. Plan the program: Develop a schedule for the event, including speakers, workshops, and entertainment. Make sure to allocate time for networking and breaks.
7. Secure sponsors and partners: Approach potential sponsors or partners to support your event financially or through in-kind donations. This can help offset costs and increase visibility.
8. Market your event: Develop a marketing strategy to promote your event through social media, email, and traditional media channels. Create a website or registration page to provide information and collect RSVPs.
9. Manage logistics: Coordinate details such as transportation, accommodations, and A/V equipment. Ensure you have the necessary permits and insurance.
10. Communicate with attendees: Keep attendees informed about event details and updates. Send reminders and provide information about parking, dress code, and any other relevant details.
11. Prepare for the event: Create a detailed run-of-show, including a timeline for setup, the event itself, and teardown. Brief your team on their roles and responsibilities.
12. Execute the event: Ensure everything runs smoothly on the day of the event. Be prepared to troubleshoot any issues that may arise.
13. Evaluate and follow up: After the event, gather feedback from attendees, sponsors, and partners. Assess the event's success and identify areas for improvement. Send thank-you messages and follow up with any leads or connections made during the event.

Remember, flexibility and adaptability are key when organizing an event. Be prepared for surprises and adjust your plans as needed to ensure a successful outcome.

Good luck with your event

*Mr Shanks T K Sankar*  
Consultant Aesthetic plastic surgeon



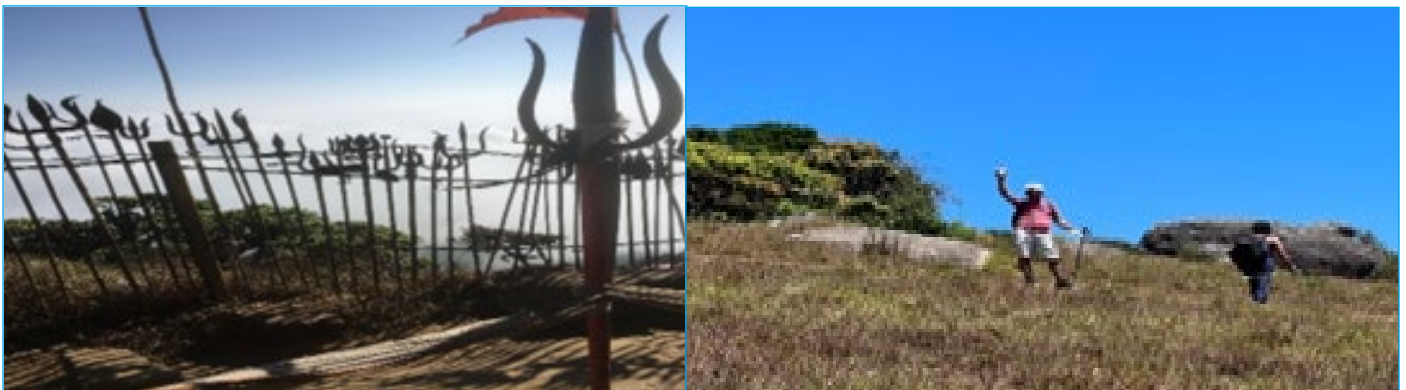
# Trek to the Top of the World

## – *The Velliangiri Mountains!*

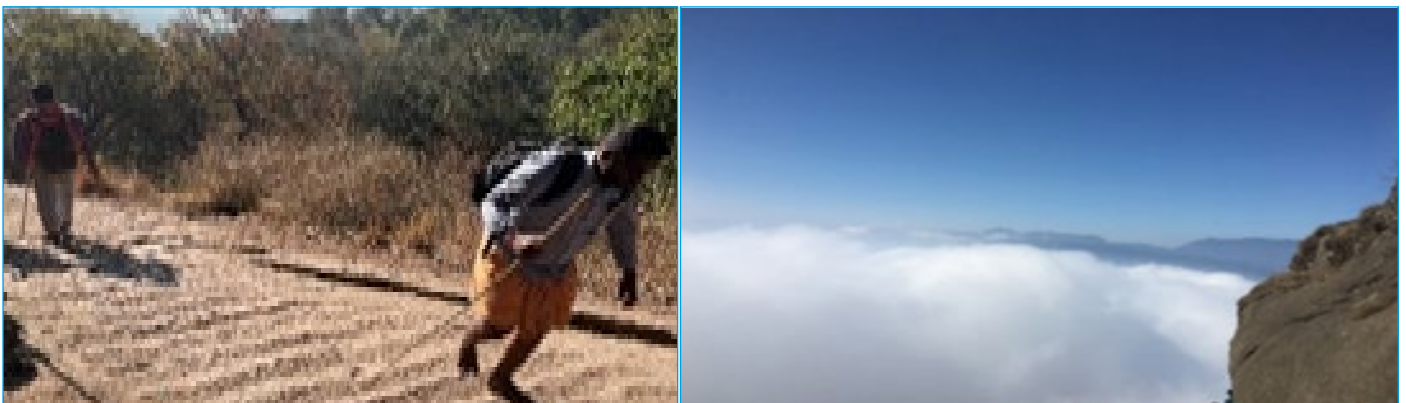
Velliangiri Mountains, also known as South Kailash, is situated in the Western Ghats. The foothill village Poondi is 30 km from Coimbatore. For my first ever trekking in early 2020, I joined a group of 20 regular climbers to reach the top of the seventh hill, at a height of 1840m. The seventh hill is considered sacred and there is a shrine for Lord Shiva. The native people perform the pooja for the Swayambhu. The views are breath taking from the top.



It is not the Himalayan mountains nor is Mount Kilimanjaro but the ascent and descent of these hills tested my mental resolve and physical strength every minute of the trekking. The entire windy path of 15 km both ways, has well laid-out but steep steps for the 1st and 3rd hills, slippery and rocky steps for the 2nd and rugged and uneven terrains for the rest. Climbing the seventh hill gave me a unique experience of being at the top of the world - Lord Shiva's Abode! It was truly an unforgettable experience!



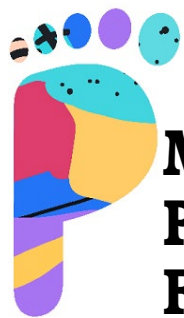
I was fortunate enough to visit this beautiful place twice in 3 years. For anyone wanting to go there, a good few months' time in the gym or outdoor hill walking will be a good preparation. Hundreds of pilgrims go up and down throughout day and night, so you never feel alone! However, for the first timers, it is highly recommended to go with others who had been there before. There are plenty of wayside shops all the way up until the 5th hill. The climbing season is from Maha Shivarathiri until May.



*Dr Velusamy Sivakumar CMC*



## Health Effects of Microplastics & Pathogens and Reducing My Little Plastic Footprint



### My Little Plastic Footprint



- My Little Plastic Footprint by the Plastic Health Coalition is a plastic awareness campaign website that highlights the health hazards of microplastics entering our body and our blood stream, from the use of a wide range of plastic products in our day to day living.
- Thankfully it also provides us at the same time, an online tool for a plastic free living, with various solutions and preventative measures that can be used by us daily, by carefully avoiding the use of plastics from our daily life, thereby avoiding the long-term health injuries to our body.
- Some of the important information are highlighted below. Further information on this topic can be found in research studies and publications, references and links are provided at the end of the summary.
- About 160,000 plastic bags are used every second worldwide and only 1-3% are recycled. Use reusable cotton produce sacks and try to buy plastic free loose fruits and veggies, wherever possible.
- Plastic produce bags cannot be recycled. Carry your own reusable bag to the super-market. Plastic around store bought bread is short lived packaging and not recyclable. Go to local bakery with a cotton bread bag, paper bag packed bread is an option too.
- Make sure not to put plastic containers in microwave. When exposed to heat, plastic can leak harmful chemicals in your food which may cause Alzheimer's, heart issues and even cancer.
- Although it is alright to use reusable plastic containers, if you really want to bring down your plastic footprint go for glass and metal container options.
- When you boil water in a plastic water boiler or kettle, more than 10 million tiny plastic particles are released into 1 litre of water in a single 100 C boil.
- Invest in a good quality metal or glass water boiler. Tea bags that appear to be made of paper sometimes also contain plastic, which is rarely mentioned on the packaging. Some tea bags might even release Billions of microplastics or nano plastics in your cup. Just another way for microplastics to enter the environment and your body. Go for loose tea leaves and decide yourself what you add to your tea.
- Chemicals which are added to make plastic wraps 'clingier' make it harder to recycle. Plastic cling films are largely single-use plastic. Bees wax wraps work equally well, are 100% recyclable, reusable and come in pretty designs. Convenience food ready to eat or frozen, could be a big player in your plastic footprint. Heating up plastic packed food in microwave, can leak chemicals into your meals and your body. Preparing fresh meals is a way to avoid. When it comes to frozen food, you can buy the fresh fruits and veggies you want to freeze, cut them as you like and freeze them.
- Plastic bottles release endocrine disruptors and millions of microplastics. Young children are especially vulnerable. Try to avoid plastic baby bottles, even the 'BPA' free ones, as there are many substitutes to BPA that are just as bad. So, get your baby a metal or glass bottle. Chemicals in plastic dummies can also be harmful to baby's growth. Make sure you buy a natural rubber dummy. Your baby is worth it.
- Most plastic scrub sponges and brushes are not recyclable, which add up to the heaps of plastic waste that will survive the end of times. Using wooden brushes is yet another way to bring plastic objects to a bare a minimum in your life. Got stubborn stains and burns in your dishes, use copper scrubs! Plastic spatulas and ladles usually contain flame retardants and other plastic additives, which may cause cancer and birth defects. By using them on hot surfaces, these additives may leak into your food. Go for wooden or metal spatulas.
- We don't need to use thin plastic boards which can be easily scratched and sliced with your knives, risking tiny plastic shavings getting into your food.
- Overtime plastic cutlery wears and tears, losing tiny microplastics or leaking chemicals and additives when exposed to heat. Quick switch to reusable cutlery, will get you long way avoiding microplastics in our bodies. Institutes and offices globally are giving up on single use coffee capsules. Try local brands that don't sell coffee packed in plastic or try reusable coffee capsules.
- Non stick pans come with a price, also known as PFOS/PFOA, they leak into food. PFOS/PFOA are used as plasticizers and can pose a risk to lungs, kidneys, and reproductive systems.
- Alternatives to non-stick pans are cast iron or steel pans. Kitchen paper tissues often come wrapped in plastic that unnecessarily adds to your plastic footprint. The easy swap is cotton tea towels or just turn your old T shirts into kitchen towels. Your eggs don't need to be packed in plastic. Make sure you buy them in cardboard containers. It's a very simple fix that can reduce your plastic consumption by a lot!
- Reference:
  - <https://www.mylittleplasticfootprint.org/>
  - <https://www.theguardian.com/environment/2022/mar/24/microplastics-found-in-human-blood-for-first-time>
  - <http://www.plastichealthcoalition.org/microplastics/>
  - <https://www.bbc.co.uk/news/technology-64744926>
  - <https://shrts.inCgcwG>
  - <https://www.ft.lk/columns/Waste-management-plastic-pollution-and-a-new-global-treaty/4-746172#.ZAv7csblp7A.whatsapp>

Dr Sumathi Luxman CMC CBE



**Cybercrime** is criminal activities carried out by means of computers, phones or the internet. When credit and ATM cards came into existence, data was on a magnetic strip which could be easily duplicated. Then came embedded chips with data. One needed a pin code to authorise payments. Even the chips could be cloned with some difficulty. To overcome the problem two step verification came into force. A code was sent by SMS to one's phone or to an app. Some needed a code to be generated by the app. Despite all improvements, gullible people lost over \$10 billion in 2022.

Hacking, Phishing, identity theft and malicious software are common methods employed by the crooks. Though most of us know about these, sometimes one could fall in a trap due to convincing conversation with the perpetrator.

Cybercrime is a complex subject and there are many ways one could rob you. However, one can mitigate the risks by the following:

1. Disconnect calls if one claims to be calling from the bank. Call back the bank to find out whether they were trying to contact you. Banks usually do not contact you by phone.
2. Activate two step verification for bank accounts and credit cards if available.
3. Never give out an OTP (one time password) under ANY circumstances.

4. Be vigilant if an email addresses you as "Dear customer" and not by your name.
5. Never open an attachment especially from an unknown sender or bank. One could download it and check it with <http://www.virustotal.com> to check its nature.
6. Never click a link which appears to come from the bank or from an unknown sender.
7. Use strong passwords and do not use the same for different sites. Keep changing them periodically.
8. Never give your card details on an unsecure site (Not displaying HTTPS or a lock sign) in the address bar.
9. Use an antivirus program and make sure your antivirus program and computer operating system (Apple/Windows) are up to date.

*Dr Velu Chandran*

## HE(A)RD IDENTITY

'Birds of the same feather, flock together'.

TNDA is one such phenomenon. This is also an example of the natural 'herd identity' process. A lost cow feels at ease when it sees it's own 'herd of cows' and will naturally run to join its herd. It may not join a 'flock of sheep', running near by! This is natural!

In this modern world, however, we are all far away from nature, most of our times! World is now a global village due to the ease of communication and travel. We humans are social animals. We have to interact and live along in harmony with other humans of different colour, caste, creed, ethnicity, race, language, socio-economic status, sexual identity, sexual orientation, political affiliation, religious beliefs, moral values etc.

We are committed to a cosmopolitan culture and way of life. It is not easy to give up our 'herd identity' and be in harmony with others, but we do it!

We have the enormous potential to adapt and mould our thoughts, behaviour and actions, according to the environment we are in.

We strive to become 'Romans, when we are in Rome'! We see, feel and hear others around us and change ourselves. This adaptability of humans is also a natural phenomenon, and perhaps can be called, 'heard identity'!

However much we are adaptable, the socio-cultural values we hold, including our likes for music, arts etc are mostly

what we experience during our 'formative years' in life.

This is what we express and celebrate in our gatherings based on 'herd identity' such as our TNDA annual meetings.

This is important for our own harmony within and amongst ourselves!

One such Tamil value is 'யாதும் ஊரே, யாவரும் கேளிர், அன்பே எங்கள் உலக தத்துவம்'!

We, by nature, are 'all inclusive and all embracing' people. We have to reflect this in our daily life. We should integrate and evolve with other societies around us, but still celebrate, enjoy and be proud of our own culture and heritage. We don't have to claim that our culture is superior, but we have to acknowledge that other cultures are equal. There is always something we can learn from each other, and exchange with each other. We should encourage, support and promote intercultural mergers in our personal, family and societal lives.

If each society thinks the same and strive to live with each other in harmony, we as a human race can achieve the ultimate goals in life, 'universal peace and unconditional love for everyone'. We can do this together preserving our natural 'herd identity' and constantly evolving with our 'heard identity'. Our identity would then be heard by other societies and through each other's 'heard identity', together we can all have one 'herd identity' for the human race.

*Mr Shiv Kumar Pandian*



Sometime in early 80's Anukan was messing about with a bottle cap in his mouth whilst daydreaming and suddenly he was choking. He could see the lights going off. He could see angels flying around him and then a bright flash of light and he was back in his room. Somehow, he managed to shift the cap into the esophagus and swallowed it. A couple of days later it came out the other end. He had an experience of what happens when you do not have oxygen/air to breathe. Obstruction of upper airway is the most serious acute medical condition that would kill a person within few minutes if it is not relieved. Everybody should know about abdominal thrusts, back blows as first aid for choking adults. Every parent and carer of a small child should know how to perform back blows and abdominal thrusts for children and babies.

Sometime in late 80's Kumar was sleeping in a biochemistry lecture hall when the 'Krebs cycle' was being taught. This cycle would come back to haunt Kumar along his medical training - final BioChem exams, viva, metabolic disorders in complex medical patients and now on a regular basis every time he sees an hypoxic patient or somebody with chronic airways disease. Essentially oxygen is the main ingredient in Krebs cycle which breaks down glucose to give energy to every cell in the body. Without O<sub>2</sub>, we could use the anaerobic metabolism to generate energy which is what 100metre sprinters do in their leg muscles as opposed to long distance runners. More importantly the human brain needs O<sub>2</sub> and if it is starved for more than 4 minutes, cells start to die. Hence the need for knowledge of basic life support and chest compressions to keep blood flowing to the brain when there is a cardiac arrest.

Sometime in the mid 90's Kumar was an intern in a big Chennai university hospital a young boy living on the street across the road would be a regular patient in the early morning hours with acute asthma. He would be advised to give O<sub>2</sub> via face mask and a Deriphylin/decadron (aminophylline/dexamethasone)

injection intravenously. Nebulizers had not yet made their appearance in this premier governmental hospital at that time. A couple of hours later the young boy would discharge himself from the emergency room to start his day picking litter on the streets. Asthma can be lethal in an acute setting. Innumerable young lives are lost because of delay in treatment worldwide. The boy in all likelihood had type 1 respiratory failure, however if untreated it can soon lead to type 2 respiratory failure and even death.

Sometime in the late 90's Kumar was a surgical trainee and was called to the ward to attend a patient with acute pancreatitis and had a large ascites and desperately short of breath. The patient did not have any pre-existing lung disease. His ascites has worsened so much that the diaphragm was tenting up and restricting the normal expansion of lungs. Kumar a surgical trainee did not know then that this was a type 2 respiratory failure. The mechanical ventilation of the lungs was impeded by the large ascites which is also a factor in persons with significant truncal obesity. Patient positioning is very important when the patient is acutely breathless. A propped-up position with the legs dropping from the sides of the bed and a side table to rest the elbows is the best position for an acutely breathless patient.

Basically, any interference in O<sub>2</sub> exchange at the alveolar level will impede O<sub>2</sub> uptake by the hemoglobin in the blood and lead to low oxygen saturation in the blood (type 1 respiratory failure) rectified by providing a higher concentration of oxygen in the inhaled air through various devices like nasal cannula, face mask and face mask with a reservoir bag. Any interference with 'ventilation of the lung' will lead to reduction in exchange of CO<sub>2</sub> out of the body into exhaled air. This build-up of CO<sub>2</sub> along with a reduced level of oxygen uptake by hemoglobin is a double whammy (type 2 respiratory failure). Supplemental oxygen is not sufficient and separate measures to correct the 'ventilatory failure' are needed. In the surgical patient above, he

needed a therapeutic drain of the large ascites to relieve the pressure on the diaphragm and the lungs. In worst case scenarios like severe chronic airways disease a non-invasive (intubation of endotracheal tube not needed- a tight fitting mask is used) ventilator in BIPAP (varying levels of pressure during the inspiratory and expiratory cycles) mode is needed.

Sometime in the new millennium, Kumar was dealing with a patient exposed to a lot of fumes in a house fire and was acutely breathless. His guidance from seniors was that it could be carbon monoxide poisoning. Carbon monoxide is a byproduct of incomplete oxygenation of the carbon molecule which can happen in large fires where the oxygen is quickly depleted by the large amounts of burning carbon leading to 'incomplete oxygenation' and carbon monoxide production instead of carbon dioxide produced through complete oxygenation in controlled well oxygenated burning of carbon.

Unfortunately, hemoglobin loves carbon monoxide much more than oxygen and there is concentration of carboxy hemoglobin instead of oxyhemoglobin. Carboxy hemoglobin would make you look pink as in white Caucasian people, but you will not be in the pink of health because carbon monoxide cannot help with oxygen delivery at cellular level leading to death of cells. Fortunately, once identified via a blood gas analysis the treatment is simple- just give high concentration oxygen. Death usually happens due to delay in diagnosis and lack of supplemental oxygen.

This article was inspired by teaching sessions of Dr Aravind Ponnuswamy, Consultant Respiratory physician at Chester.

Aravind aka Grays gives us the A to Z of oxygen therapy: [OneDrive \(live.com\)](https://onedrive.live.com)

An Indian doctor working in NHS. Pen name Anamika Panjabootham. You can follow her blogs on:

[www.annamikathinks.blogspot.com](http://www.annamikathinks.blogspot.com)  
[www.indiahealthwatch.blogspot.com](http://www.indiahealthwatch.blogspot.com)





## மனிதநேயம்

பார்த்திபனுக்கும் சுதாமனுக்கு  
சினேகனாய் வந்தாயே  
நட்புறவாய்  
தோளோடு தோழனாய்  
நீங்கா நண்பனாய் நின்றாயே  
என்று என்னுள் வினா எழும்ப

யாரென்று அறியா பிற உயிர்  
துயர் துடைக்கும்  
அரவணைப்பாய்  
அன்பு பாராட்டும்  
உதவிக்கரம் நீட்டும்  
நன்றெஞ்சத்தில்  
மனிதநேயத்தில்  
உன்னைக் கண்டேனே  
வாழ்க்கையின் வரம் பெற்றேனே ✨

உடல் என்பதில் வேற்றுமை உண்டெனிலும்  
உயிர் என்பதில்  
ஒற்றுமை கொண்டது  
கண்டது நம் மனிதநேயம் ✨

ஞாலம் அனைத்திற்கும்  
ஞாயிரு ஒளியாய்  
பகலவன் கதிராய்  
ஒளி மிளிர  
இருள் விலக  
அன்பை நீராக்கி  
பரிவை உரமாக்கி  
வாழையடி வாழையாய்  
வளரட்டும்  
இனிய புத்தாண்டில்  
இனிதே பெருகட்டும்  
பரவட்டும் மனிதநேயம் ✨

👤 ராஜி ஆனந்த் (MMC)

# அதீத ஆர்வம் (Passion)



இன்றைய காலகட்டத்தில், நாம் மிகவும் அதிகமாகப் பயன்படுத்தும் ஆங்கிலச் சொற்களில் ஒன்று Stress, மற்றொன்று Stressஐ குறைக்க(அ)போக்க உதவும் Passion. அவற்றுள் Passion என்பதைப் பற்றி இப்பதிவில் பார்க்கப் போகிறோம்

எதைப் பற்றித் தெரிந்து கொள்ள வேண்டுமென்றாலும் நாம் அனைவரும் சரணாகதி அடையும் முதல் இடம் Google ஆண்டவர் மட்டுமே! அதுபற்றி மேன்மேலும் சற்று ஆழமாகத் தெரிந்துகொள்ள Facebook மற்றும் YouTube இல் நமது நண்பர்கள் நமக்காக விளக்கமாகச் சொல்லியிருப்பார்கள்

இருப்பினும் எனது அனுபவத்தின் அடிப்படையில் உங்களுடன் பகிர்கிறேன்.

Passion என்று சொல்லப்படும் ஒரு செயல், அதனைச் செய்யும்பொழுது செய்பவர் மிகுந்த மகிழ்ச்சியுடன் இருப்பார். மற்ற செயல்களை ஒப்பிடும்போது சோர்வடையும் தன்மை இச்செயலில் குறைவாக இருக்கும். உதாரணத்திற்கு, ஒருவருக்குப் பாடப் பிடிக்கும் என்றால் அவர் பாடும்போது சக்தி குறையவே குறையாது. பாடப்பாட அச்செயலே அட்சய பாத்திரம்போல் அவருக்குச் சக்தியைத் தொடர்ந்து தரும். பிடித்தவை அனைத்தும் Passionனா என்றால் கிடையாது.

பிடித்ததைத் தவிர அச்செயலைக் கற்றுக்கொள்ளும் ஆற்றலும் இருக்க வேண்டும்.

அப்பொழுது தான் மேன்மேலும் வளர்ச்சியடைய முடியும். அச்செயலின் நுணுக்கங்களைப் புரிந்து கொண்டு நிபுணர் என்ற நிலையை அடைய முடியும்.

பிடித்த சில செயல்களைக் கற்றுக்கொள்ளும் ஆர்வம் குறைவாகவும், கற்றுக்கொள்ளும் ஆற்றல் இருக்கும் சில செயல்கள் பிடிக்காதவையாகவும் இருக்கக்கூடும்.

Passion என்றாலே பொழுதுபோக்கு அம்சமாக இருக்கத் தேவையில்லை. அது நமது முக்கிய பணியாகவும் இருக்கலாம். அத்தியாவசிய தேவைகள் பூர்த்தியான பிறகே Passionனைப் பற்றி யோசிக்க முடியும் என்ற கூற்று

இவ்விடயத்தில் பொய்யாகிவிடும்

நம் அனைவருக்கும் ஒரு நாள் போதிமரத்தடியில் இருப்பது போல் நிகழ்வு வரும். நம் வாழ்வின் அர்த்தம் என்ன என்ற கேள்வி எழும். அது, பிறகு ஒரு வேள்வியாக மாறும். இந்த வேள்வியைத் தணிக்க உதவுவது நமது செயல்களின் பயன்களே!

அந்தப் பயன் நம்மைத் தாண்டி, நம் குடும்பத்தைத் தாண்டி, நம் உறவினர்களைத் தாண்டி, நம் நண்பர்களைத் தாண்டி நம் சமூகத்தை நோக்கித் திரும்பும்போது நம் வாழ்க்கையின் அர்த்தம் ஓரளவிற்குப் பிடிபடும்.

இறுதியாக நம் Passionனைக் கண்டறிந்து அதனால் சமூகத்திற்குப் பலன் கிடைக்குமாறு செயலாற்ற முடிந்தால் நமக்கு மனஅமைதியும் மனநிம்மதியும் கிடைக்கும். Stress என்று ஒன்று குறையும்(அ) இல்லாமல் போகும்.

ஏதோ சென்னையிலிருந்து பாண்டியன் எக்ஸ்பிரசில் ஏறி மதுரையில் இறங்குவது போலச் சுலபாக இருக்குமா என்றால் நிச்சயமாக இருக்காது. இது ஒரு பாதையே! இப்பாதையில் வரும் இடர்களைச் சமாளிக்கவும் அவற்றைக் களைந்தெரியவும் பெரிதும் உதவுவது நமக்குப் பிடித்த செயலின் அடுத்தடுத்த நிலையைக் கற்றுக்கொள்வதே ஆகும்

உதாரணத்திற்கு பாடல்கள் பாடுவது Passion என்று எண்ணி குளியலறையில் மட்டும் பாடினால் அதன் பயனைச் சமூகத்துடன் இணைக்க முடியாது.

எனவே, கற்றுக்கொள்ளும் திறன் அணையாவிளக்கைப் போல நம்முள் எறிந்துகொண்டே இருக்க வேண்டும். எடுத்தவுடன் நிபுணராக இருக்கத் தேவையில்லை. ஆனால், Passion என்று எந்தச் செயலுக்குப் பின் சென்றாலும், நாம் ஆரம்ப நிலையில் இருந்தாலும், அச்செயலில் நிபுணராக மாறுவதற்கான முயற்சியைத் தொடர்ந்து மேற்கொள்ள வேண்டும்

மரு.க.து.ரமேஷ், செம்ஸ்ஃபோர்டு



## FROM VIEW BOX TO DICOM – A FASCINATING JOURNEY

It was like stepping into the unknown in 1985, when soon after completing my internship from Thanjavur Medical College, I set my foot for the very first time on the Radiology corridors of Apollo Hospital, Chennai. Technology always fascinated me but being a medical doctor, I thought Radiology would provide the perfect setting to combine service to humanity with a digital touch. Being an avid anatomy enthusiast, I was drawn instinctively into analysing the intricate creation and working of a live human body as I knew well back then whatever may be the scientific advancements, the human body and its function will never change, only our perception will change. The prospect of objectively diagnosing a disease was hard to resist and there was no further convincing needed to choose Radiology as my career.

I am now in the thirty eighth year in Radiology and there has not been a single day, this amazing branch of medicine has failed to impress me. I still feel we humans are scratching the surface with our technical advancements that continue to unravel the intricacies of our mysterious creation.

My first contact with Radiology as a medical student was making some bizarre diagnosis on the radiographs displayed on the view box hung outside the Radiology department of Thanjavur Medical College by my beloved Prof. Dr J R Daniel. I always used to run first thing every following morning to see whether my diagnosis was correct. It was intriguing that a simple radiograph can diagnose a disease and this kicked off a huge interest in this speciality. The seeds were sown but I was still on the cross roads, a little unsure whether conventional Radiology alone would be a career challenging enough or worthy of pursuing and practising for the rest of my life. Sitting in front of the bright X-ray view boxes without much direct patient contact made me think it would be a sedentary life style with little overall satisfaction.

As I was contemplating and having an internal battle in my mind, I came to know of a new kid on the block – Medical Ultrasonography. It came to India for the first time to Mumbai in 1982 and soon thereafter to Chennai in 1983. I gathered as much information as I could get about this imaging modality, which was the first ever imaging that could take a glance inside the human body – it was super exciting and catapulted my interest by leaps into this amazing branch of medicine. I was discouraged by many back then that it will not be a doctor's job. So, I listened very carefully to those, who advised me on the upside of choosing this speciality as I badly needed that far vision then. Fortunately, I took the right decisions at the right time with some great guidance by some wonderful teachers, mentors and senior colleagues to pursue

my passion and I am deeply thankful to all of them.

The massive knowledge explosion in Radiology and the arrival of newer imaging modalities like CT scan, MRI scan, SPECT and PET in rapid succession was a tough challenge to cope with. Imaging moved from analogue to digital quite rapidly. All this made several radiologists apprehensive and rendered a dubious impression that the fast-changing scientific knowledge was temporary and unreliable and that we may be left behind in this unceasing marathon. The learning curve was very steep in the 90s as I was desperately seeking knowledge from all directions with varying amounts of time spent in Mumbai, Australia and Ireland before taking up a consultant position in the UK. I always felt I will be consumed by the technology boom and the very thought that I should remain in the forefront has kept pushing me harder all these years. The battle of wits between the Nobel prize-winning physicists and the radiologists was a love-hate story but the wider medical community was extremely benefitted by the landmark discoveries and innovations.

Today we use DICOM image format in Radiology, which is an international standard to transmit, store, retrieve, print, process and display medical imaging information.

It is needless to point out that after revolutionising medicine, Radiology and Imaging remains relentless and now gleefully invites Artificial Intelligence (AI) into its fold. It is deja vu for several radiologists like me who have witnessed and experienced the massive transition of this specialty over the last four decades but this time around, we are equipped with the much-needed knowledge to match or even beat the ever-innovating physicists, who have kept us on our toes and for that, we the Radiology community and the Medical fraternity shall always be indebted to them. Unlike all that is being projected about AI, I am confident it will be a boon to Radiology and Medicine as a whole but humans should be careful not to be overtaken by technology to reach a point of no return, wherein technology starts dictating us. AI can be a quick sand and we should refrain from getting sucked into it in our race for tech superiority. It has to be a careful balance.

After having put my heart and soul into this amazing specialty and knowing well that sky is the limit, today I breathe Radiology and shall always thank the almighty for blessing me with a great career.

Radiology will be my first choice if I at all I am born again and given a second innings.

*Dr Sivakumar Manickam*  
Thanjavur Medical College



Photo Credit: BASKIE

# Effective Communication for Healthcare Providers

Effective communication is a core skill every healthcare service provider must possess, given that it lays the foundation for positive client-practitioner dynamics.

Effective communication is comprised of the six C's:

## 1. Clear

Knowing whom you are communicating to and the purpose of your message is the key to clear communication. The patient or carer(s) should understand the reason behind receiving the message and the main goal you are delivering through it.

Stick to simple sentence structures, minimise your message objectives and avoid complicated medical jargon. Multiple goals in a message need to be segregated into separate sentences. Employ the appropriate words and tone based on the audience you are interacting with.

## 2. Concise

In concise communication, brevity is your friend. The essence of the message needs to be conveyed in the least possible words.

Avoid excessive, redundant words, limit the number of sentences (try to stick to three lines), and avoid the use of filler words ("I mean", "You know", "Err", "Like", "Um", etc.) that usually convey lowered confidence, convey one message per sentence to avoid confusion and avoid repetition of the same message.

## 3. Coherent

Coherent communication makes your message easily comprehensible. All logical points highlighted in the message tie neatly to the primary subject matter. The tone and flow of the information conveyed need to be consistent.

Healthcare professionals must always set the tone for consistent communication by breaking down information in layperson's terms and articulating it systematically.

## 4. Compassionate

Conveying compassion during communication is integral in the healthcare sector to win over the client's

confidence and foster a sense of community between the client and practitioner.

You can exhibit empathy by shifting the focus to the patient or carer, highlighting their concern, paying attention to additional non-verbal cues (via body language), avoiding passive-aggressive tones, pausing to fully grasp the subject matter before responding, clarifying any doubts through questions and never taking a conflict of values/ perspectives personally.

## 5. Correct

Correct communication is free from errors and serves to bolster your credibility. Especially when interacting with clients for the first time in the healthcare service sector, providing quality information backed by facts and statistics helps seal your credibility.

## 6. Complete

In complete communication, your patient or carer is equipped with all the relevant and necessary information they require. Only then can they act upon the information towards their treatment plans.

Relevant information required in the healthcare sector pertains to comprehensive data to help clinicians better understand the patient's concern and clients fully understand the advantages and disadvantages of available treatment choices, case-related facts (client-based- logistics such as presenting complaints, medical history, previous treatments etc.) and even educational information about procedures, preventive health measures and resources shared through different modes of modern technology.

To summarise the importance of effective communication, I'd like to quote Nat Turner – "Good communication is the bridge between confusion and clarity." And, as healthcare providers, we need to lead our clients towards an oasis of clarity.

*Menaca Pothalingam, Guest TNDA*

## TNDA Achievements

- Tamil Nadu Doctors UK & Eire Alliance (TNDA) was launched on 22 May 2022.
- It was registered as a CIC non-profit organization.
- Currently there around 400 members between Telegram and WhatsApp groups.
- Three Virtual CME meetings held via Zoom platform in July 2022, October 2022, and January 2023. The fourth will be on 1 st May 2023 at the Annual Convention at Leicester Marriott.
- A Website has been created and will be developed further.
- What happens when a member receives a complaint from GMC? - An analysis by the Chairman/president

on 3/7/2022 with reference to 2020 statistics.

- TNDA intervened and resolved one of our members with a work-related issue at the Hospital Trust thus averting a complaint referral to GMC.
- Mock VIVA for Paediatric Fellowship and Anaesthetic Fellowship through our Consultant members. Surgery and Medicine can be arranged.
- Radiology FRCR course and viva ia available with TNDA expert.
- Simplified process was designed for Annual Convention bookings.
- Focus on Yoga with our very own Yoga Master.
- TNDA Newsletter will be released on 1 st May 2023.

Source: <https://www.tndoctors.uk/aboutus>

# Timeless Tamil Wisdom for 21st Century Medicine

**M**odern medical practice often involves deploying latest evidence base from science and technology. It has also seen rising burden of chronic diseases with causes rooted in education, income, housing, employment and cleaner built and nature environment. This combined with the behavioural risk factors such as smoking, excessive alcohol, salt sugar fat intake has led to rising avoidable deaths and suffering. Yet, they are often forgotten, misunderstood and sometimes deliberately overlooked when it comes to policy and practice of medicine. Given the huge burden of disease and widening inequalities in our society and in particular on the National Health Service, we could argue they are even more relevant than any time for every speciality in medicine.

As medical practitioners with roots in Tamilnadu, we should cherish our rich scholarly heritage in practising medicine. Tamil literature is brimming with the body of knowledge required for humanity to live a successful life in harmony with the self, society and nature.

For example, our legend Thiruvalluvar's work Thirukural is considered one of the greatest literary works worldwide. Although there are numerous chapters relating to ethics and healthy living, he so profoundly elicits the nature, principles and practice of medicine in 95th chapter Marundhu (medicine). 6 out of the 10 kural highlight the importance

of a balanced diet - a major cause of obesity, heart disease, diabetes and cancers - relevant after centuries since it was written.

Thiruvalluvar has saved the best in the last Kural that codifies the four fundamental components of medical practice highlighting the importance of "team work" between patient, physician and support workers in realising the benefits of medicine.

உற்றவன் தீர்ப்பான் மருந்து உழைச் செல்வானென்று அப்பால்  
நாற்கூற்றே மருந்து. - குறள்: 950.

Furthermore, Tamil Sidhharas, particularly the works of the 18 ancient Tamil mystics emphasise the importance of mind-body practices that lead to improved health, increased self esteem, inner peace and self realisation. These aspects are still being studied even today and have the prospects of contributing to major breakthroughs in how we understand human body, its functions and maintaining good health throughout our lives.

As Tamilnadu Doctors in UK and Ireland, we should be very proud of what our ancestors contributed to medicine. We should also seek to continuously understand our heritage and apply the timeless wisdom left by our predecessors in practising modern medicine in the UK, Ireland and across the world.

*Dr Sakthi Karunanithi*

## WE SHOULD TAKE CLIMATE CHANGE AS A SERIOUS SOCIAL RESPONSIBILITY.

As a group, we should take Climate Change as a serious social responsibility. Members should consider investing in Renewable energy such as windmills, Solar power (Picture), hydroelectric, tidal energy, and energy from food waste, etc. Other areas to look at: reducing plastics, usage of low Energy equipment, LED bulbs, minimizing the heat loss by treble glazing & wall insulation in their houses.

Trees play a major role for the healthy Climate environment as they not only absorb atmospheric CO<sub>2</sub>, but are also responsible for rain, stability of soil and ground water (see picture from Amazon Forest). Hence, existing trees should be protected; new trees are planted; minimise the use of paper and thus minimise cutting down of trees. An average family of four produces 4 tonnes of CO<sub>2</sub> every year and 336 trees are needed to absorb this CO<sub>2</sub> gas.

Climate change is a major issue. Carbon emission and green gases lead to Global warming which is a root cause of disastrous fires (Picture: Australia 2019), catastrophic cyclones and river floods as seen in UK every year recently. Let us work towards Zero net Carbon emission by cutting down Co<sub>2</sub> emission: changing petrol / diesel cars to electric cars; sending the domestic waste to Waste Centres to produce renewable energy. (Extract from TNDA Website)







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## SHOWCASE INNOVATION AND RESEARCH A JOURNAL FOR HEALTHCARE PROFESSIONALS

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**TN Doctors Association in UK and Ireland**



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Post Op was created from our recognition of the need, to actively engage patients in their own care pathways.

Patients are often treated as a source of bother within overwhelmed healthcare systems and tech companies often produce products to manage their 'flow' through the system.

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Medical Director for Pain, Script Assist &  
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OUR PARTNERS





# TN Doctors UK & Ireland -Inaugural conference

## Marriott Hotel -Leicester

### PROGRAMME

#### DAY ONE: 30 April 2023, SUNDAY

##### 530 PM: **Reception Drinks** at Marriott Hotel, Leicester, UK

6.15 PM: Tamil Thai Valthu - தமிழ் தாய் வாழ்த்து *Raji Ezhil*

6.20 PM: Welcome address:

*Dr Shanmugaraj, Chairman TNDA*

6.30 PM: Introduction of the Executive Committee members & Guests

7.00 PM: Dinner -Starters

7.30 PM: Entertainment:

*Veena by Apurna, Bharata Natyam Sakthi & Haphzia* Asian dance, Part I

##### 8.30 PM: **Dinner- Main course**

9.15 PM: Auction, selling tickets for raffle and Asian Dance Part II

10.00 PM: Dessert and Coffee

10.15 PM: Leicester Doctors Orchestra

10.45 PM: DJ and Dance

12 Midnight: **Close**

#### DAY TWO: 1 May 2023, MONDAY (Bank Holiday)

##### 7.00 AM: **Breakfast**

##### **Continuing Medical Education Programme**

##### 09.00 AM **Registration**

09.30 AM Welcome and Introduction

*Mr P Shanmugaraju - Chairman TNDA*

*Mr CR Chandrasekar - CME Secretary*

09.35 AM Topic-Yoga for Health

*Dr Sakthi Karunanithi FRSA FFPH*

Director of Public Health for Lancashire

10.00 AM Topic-Artificial Intelligence in Healthcare with emphasis on radiology and medical imaging

*Dr Sivakumar Manickam - Consultant Lead Paediatric Radiology, Kings College London*

10.30 AM Topic-Doctors Voice

*Mrs Viji Suresh: Campaigner for Doctors' welfare*

##### 11.00 AM **Coffee Break**

11.10 AM Presentation by Post Op ltd; *Chindu Kabir (SP\*)*

11.25 AM Topic-Alcohol and the Brain

*Dr Kaanthan Jawahar MRCPsych.*

Consultant liaison and neuropsychiatrist, Derbyshire NHSFT

11.45 AM Finance for Doctors -*Nimalan Balakrishnan, Harcourt ltd. (SP\*)*

11.55 AM Oral presentations by Post PLAB or equivalent Doctors and Medical students (6 Presentations)

12.30 PM DOC2UK ltd, *Naveen Keerthi (SP\*)*

Please complete the 'Feedback questionair' and you will get the CME Certificate.

\* SP- Sponsor Presentation

12.35 PM **TNDA AGM 2023**

##### 1.00 PM: **Lunch Buffett**

2.15 PM: Facilitations to *Dr Kandasamy Selvan, Intro of Dr Ramesh*

Family Entertainments I - *Arya Ramesh* - Vocal followed by Saxophone recital by Miss Preeti Thomas

3.00 PM: Family Entertainments II

Villu Pattu by *Dr Ezhil Anand* and party; Drama by *Ravi : SINGH IS KING (One cure for all)*

4.00PM: Raffles

##### 4.45PM: **Vote of Thanks:**

*Sivakumar Pandian*

Debriefing by the Admin Team and closure

*PS: We accept Auction items & Prizes for raffles as Gifts from the Guests & the well-wishers.*