

From Principal's Desk

Dear friends

We bring to you the next issue of the College newsletter. The first issue of our newsletter received overwhelming response from the faculty, students and our alumni. Recently, there has been a major expansion in the patient care facilities in our hospital. A 500-bedded new maternity-cum-childhood block was recently inaugurated by the Hon'ble Chief Minister, Smt. Sheila Dikshit. This is the first earthquake resistant multi-storeyed building using base isolation technology, which has come up in Delhi. Besides improving services for mother and child care, the new ward block shall help in decongesting our over-crowded hospital to some extent.

In order to bring the fraternity of the college closer to each other, recently one of our alumni, Dr. Harshit Jain, Senior Vice-President-Strategy Development, VIA-Media and Communications Pvt. Ltd., launched a new initiative in the form of *Doctors' Republic* which in addition to providing access through web-based directory aims to provide a platform for information exchange and knowledge sharing on a regular basis. This is a very innovative initiative, and it is expected that apart from reconnecting our alumni all over the world, it will also provide us a forum to reach out to all of you on a regular basis.

In order to encourage extra-curricular and co-curricular activities, the College recently organized cultural evening on Instrumental Indian Classical Music in collaboration with SPICMACAY. In addition, a guest lecture on '*Broadening Horizons Looking beyond disability*' was delivered by Madhu Bala Sharma from IBM Global Process Services, organized by the *Equal Opportunity Cell* under the aegis of Medical Humanities Group of MEU. The College has conducted two training programs in Bio-medical Sciences for Young Researchers from African Countries for India-Africa Forum Summit which were vastly appreciated by the delegates from various African countries. The College recently organized international workshop on contentious topic of '*Euthanasia and various end of life care issues*'. In addition, the College also organized an International Summit on '*Medical Response to Mass Casualty and Disaster Management*', which was attended by large number of doctors from Delhi and neighboring states.

Your comments and suggestions to continuously improve our newsletter are welcome.

O P Kalra

UCMS trains African students in Biomedical sciences under India-Africa Summit 2008

During India- Africa Forum Summit 2008, India had made commitment for human resource development of Science and Technology in African countries. As a part of this initiative Department of Science and Technology initiated the process of organizing training programme in Bio- medical Sciences for young researchers from African countries.

Acting on the proposal from Department of Science & Technology regarding "Training Programme in Biomedical Sciences for Young Researchers from African Countries", UCMS decided to conduct the training programme to train young researchers from African countries in different techniques useful in biomedical research in Departments of Pathology, Microbiology, Pharmacology and Biochemistry.

The Training Programme included skill building in Immunophenotyping, Immunofluorescence, Molecular diagnostic techniques, Antimicrobial susceptibility and resistance surveillance, Experimental Pharmacology and Immunology, Immunotoxicity, Toxicogenomics, Environmental Toxicology. The training program comprised of lectures, demonstration of techniques used in bio-medical research, hands on training in labs, visits to centers of excellence in respective fields, and visit to Delhi State Cancer Institute. Guest lectures at the training program were delivered by faculty from All India Institute of Medical Sciences, V P Chest Institute, Institute of Human Behavior & Allied Sciences, National Center for Disease Control, Post Graduate Institute of Medical Sciences, Rohtak and Lady Hardinge Medical College.

The inaugural program was conducted for eight trainees from 4 African countries. The trainees were also taken for local sightseeing and a visit to Agra, which they enjoyed a lot. In their feedbacks, the trainees had all praise for the program and found it immensely beneficial. They suggested to increase the number of participants and frequency of training.

Satendra Sharma, Arun Sharma



From Left to right: Sofonias K. Tessema, Ekwenye C. Adanne, Muktar, Asnake D. Garedeew, Alassane Sanousi; Front row: Clifford, Ifeanyi-chukwu

Minimum Criteria for attendance: Is it justified?

Friends, this was the controversy we raised in our inaugural issue. And I must say, we touched a raw nerve somewhere. The response was indeed overwhelming and we had both students and teachers pouring their hearts out and sharing with us their perspectives about this concern. Many of the respondents brought forth newer insights, some were dogmatic, some were accommodating, some were accusing, some were praising, some seeing only the leaves and some appreciating the whole tree (roots inclusive). It was amply clear that the whole medical fraternity is affected and bothers to opine about it.

As promised in the previous issue, we are presenting the opinion of the medical fraternity about mandatory attendance in MBBS. Unfortunately, the entire result cannot be presented owing to paucity of space. This survey was open to both teachers and the taught, i.e all members of the medical fraternity who have done MBBS from India. The profile of our respondents can be seen in Fig.1. We tried to assess the mindset of our audience on the relevance of mandatory attendance, the utility these rules serve in the present scenario, factors which prevent students from attending and possible ways in which attendance can be improved apart from imposing mandatory attendance rules.

So here are the results. The current MCI ruling, requiring a minimum of 75% attendance in all teaching activities (including 80% in non-lecture teaching) was not acceptable to 53.4% of the respondents (Fig.2). 63.6% respondents felt that forcing students to attend classes worsens the teaching learning experience.(Fig.3).

When asked whether poor attendance impacted the quality of doctors produced, 52.5% respondents thought it did not (Fig.4).

We also tried to analyse what prevents students from attending and how we can overcome it. Many respondents (75.8%) were of the opinion that there exist many better ways to improve attendance than just imposing mandatory attendance rules (Fig. 5). An overwhelming 71.7% agreed that a change in assessment system would be an excellent way to do so. A rationalised assessment system which focuses on what is taught in classes rather than what is written in books would attract students to attend. 86.3% respondents wanted the focus to shift further away from lectures to interactive teaching (Fig.6). However, the house was again divided when the question of abolishing lectures was raised (Fig. 7). Lectures are one of the most maligned modes of teaching as they can be low on the interaction quotient. However, this is due to the large number of students that we have. Otherwise, there is no other mode of teaching that can impart a wealth of information to a large number of people in a short period of time. Hence, by having lectures, we are not actually wasting time; we are saving a lot on it!

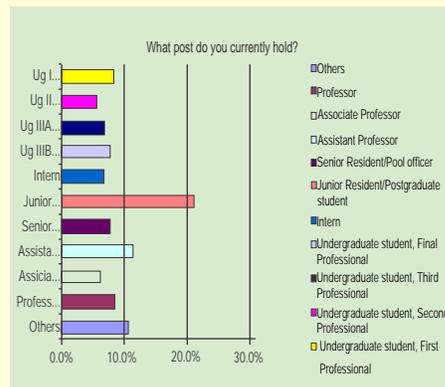


Fig.1

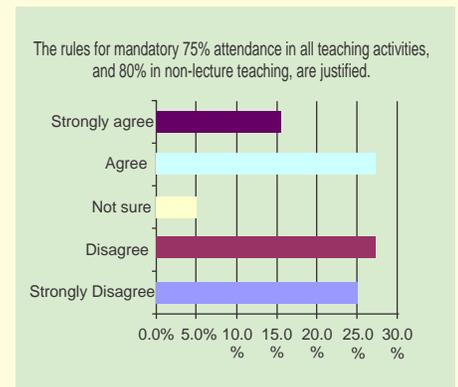


Fig.2

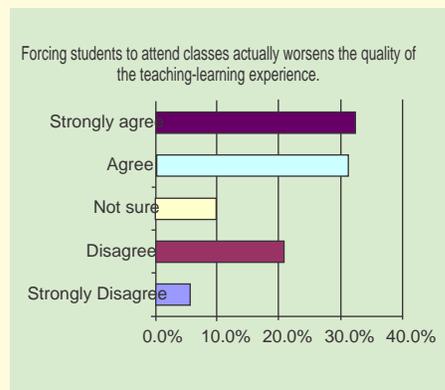


Fig.3

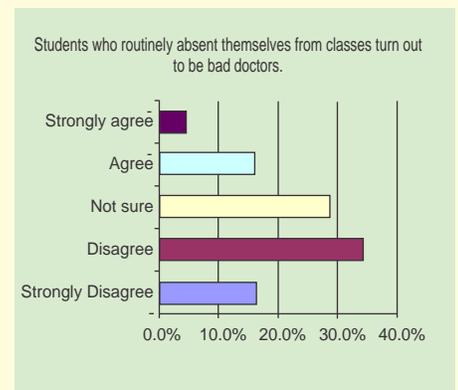


Fig.4

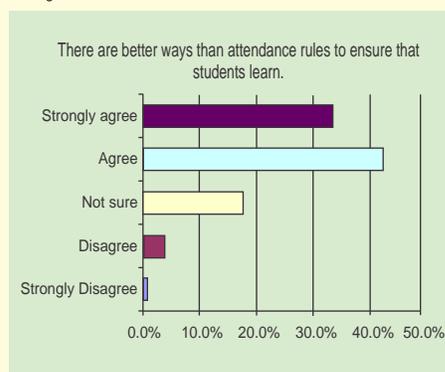


Fig.5

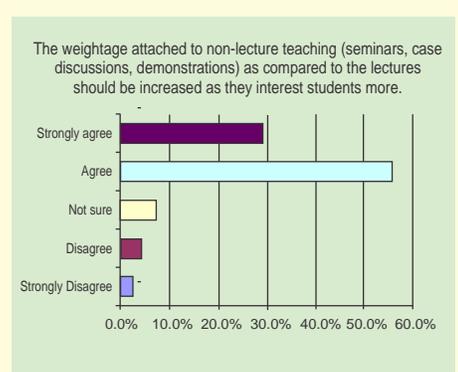


Fig.6

POINT-COUNTERPOINT

Formal mentoring of fresh entrants to Medicine Required or not?

Mentoring is a broad social term referring to 'grooming', 'honing' or 'taking under the wings'. In the context of medical education, it refers to a one-to-one mutual relationship between a junior and a senior person which aims at personal and professional development of both the parties beyond specific curricular or institutional goals. We are all familiar with the informal or spontaneous type of mentoring wherein the senior student or teacher takes upon himself/herself to guide and promote the junior student or teacher. All of us have been mentors or protégés at various levels. However, the formal type of mentoring which involves arrangement of relationships with fresh students being assigned to mentors has recently been introduced in our college.

Mentoring of the new entrants by senior students and faculty is aimed at passing on the professionalism and life skills through an informal interaction. The new entrants are in a transition phase from a school environment to a college atmosphere. Also, many of them may be staying away from home for the first time and are in need of emotional support. Mentors can help protégés with their interpersonal dynamics with peers, political issues within the institution, motivational problems, or habits and career choices. Mentors being the **'Keepers of the meaning'** can effectively pass on the traditions to the next generation. The arrangement is designed to be mutually beneficial. The protégé gains a guide for career development, who teaches him implicit knowledge, professionalism, ethics and values. In turn, the mentor gets personal gratification, professional assistance with their own projects and rejuvenation in their work due to protégé's enthusiasm. The relationship also gives emotional satisfaction and elevates the self-esteem of both the involved parties. The development of long-lasting collegueship is also mutually beneficial. Effective mentoring relationships can be multigenerational and can expand both horizontally and vertically.

Formal mentoring helps students find mentors earlier in their careers. However, there can be a flipside as well. This can turn out to be potential 'spoon-feeding' exercise where the mentee will 'not learn swimming as he has not been thrown into the pool'. The mentees may also start taking their mentors for granted. The mentor may be unaware about the mentee dynamics or situations. It can also be viewed as an early initiation into institutional politics. An immature mentee will start carrying the skewed perspectives of his mentor. If the mentor is dominating and not open minded himself, similar traits may be transmitted to the mentee. Many believe that mentoring relationships which develop spontaneously over a period of time are much better and stronger than formal mentoring relationships. However, the sheer number of students and the shortage of time ensure that spontaneous interaction and development of mentoring relationship almost never takes place.

To improve attendance, lecture activity can be totally done away with in a medical college.



Fig.7

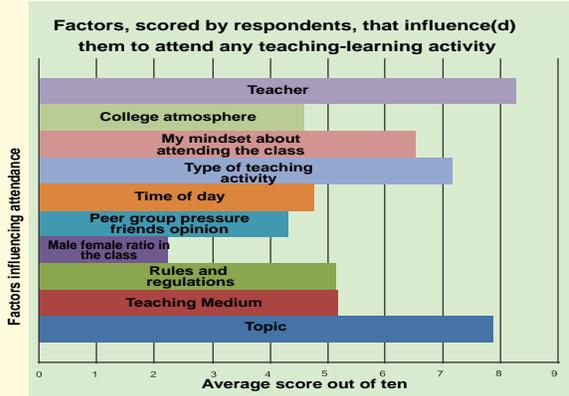


Fig.8

Figure 8 summarises what our respondents felt about the factors influencing attendance. The teacher, closely followed by the topic, is the most important factor attracting students to a class. If these two factors can be exploited, it will go a long way in motivating students to attend. Not every teacher is required to be charismatic, but every teacher can be sincere in his/her effort and pass on the sincerity to the next generation of doctors. The type of teaching activity i.e lecture, group discussion, case discussion etc. was found to be the next most important factor; small groups were highly preferred. By their own admission, a large number of respondents agree that their own mindset influenced them to attend or not. Rules imposing mandatory attendance were rated as having very low influence by majority of the respondents. Perhaps it is time to formally change the curriculum; encourage and reward highly motivated, trained teachers, convert to small group, interactive, teaching, and assess what is being taught.

The survey is still open for further comments and feedback and we would like to request to both the teachers and the taught to respond to the survey.

Please follow the link

<https://www.surveymonkey.com/s/ZYXRLKS>

for penning your views.

Chander Grover

The protégé may view formal mentoring as a forced intrusion and may not be forthcoming for this. Mentors may also see it as a waste of time and effort with very poor one-to-one contact developing. It is believed that any supervisor can become a mentor with time if there is sufficient exposure and chemistry; hence the need for a formal allocation is questioned. The mentor and mentee may not be an ideal match at all. Formal mentoring relations can be low on task orientation, trust, mutual commitment, compatibility and intensity. With most of the mentors not being formally trained in the art of mentoring, the equations may go haywire. Research has shown that mentoring as a concept is valued by 90-95% of medical students and is most welcome. However, being a 'give and take' relationship, it may not work out if any of the parties is not ready to 'give'. We at COSMOS would like the opinion of all concerned, about the need for formal mentoring, its ideal format and the improvements which can be brought out in the current system.

4 We request our readers to please visit the link https://www.surveymonkey.com/s/mentoring_cosmos and speak their mind on the topic.

Chander Grover

Teacher-Student Communication at UCMS

There is a legendary Hollywood movie, of which everyone who follows pop culture might have heard - The Karate Kid. A young, shy and socially awkward teenager enters a new town and is the target of the town bully. The bully is an arrogant and supremely confident student of Cobra Kai dojo, which teaches its students to be merciless. After a particularly savage beating, and a series of encounters with an old man, the new kid finds himself billed to fight the bully. After a frustrating training, which involves the old man as teacher, the frail kid finally faces his challenge. He not only wins, he also salvages the pride of his old teacher, to whom even his enemy bows down. Further, the Cobra Kai dojo students reject their own

teacher because they feel he was not doing their talent justice, turning them into heartless men as well.

This story illustrates the influence and power a teacher has on the way we follow a science, or even run our lives. It tells us both how a good teacher is respected and emulated, but an unconcerned one rejected. Most importantly, it demonstrates that much more can be learned from informal communication between student and teacher than through formal education alone. The literature certainly seems to support this, with great interest being shown world over on mentoring programs and other methods that enhance the learning experience.

I applied some principles of epidemiology to seek answers to the question of teacher-student communication at UCMS. Students are always in awe of their teachers; they admit that it would help them to be able to fearlessly approach their tutors. Thus, it was disconcerting to discover, from an analysis of twenty anecdotal responses, that only one (5%) student would consider approaching a teacher with an academic or non-academic query.

When asked why they were mostly reluctant in taking that extra step to the teacher's corner, most of my student respondents thought it was an untenable option and chose to seek out peers as agony aunts. Mostly, they feared ridicule; of being accused of asking a "silly" question. As a fellow scholar nonchalantly pointed out, "आए तो अच्छा, ना आए तो अच्छा!"

Let us consider the case of students who actually do approach a teacher. I have found from personal experience that approaching a teacher during the lecture or just after it is more fruitful, particularly if the query is to do with the lecture topic. At any other time, there are distractions for both parties; time constraints, fatigue, hunger, to name a few.

If approached, teachers have solved many queries; sometimes, however, they explain that they will get back after brushing up their facts. For some students, teachers who are unafraid to display their ignorance in a classroom of bloodthirsty students, inspire respect. These teachers do not want to give the wrong answer. Occasionally, the queries are such that would stump the best in the business; nevertheless, other students claim that it sows a seed of doubt in their minds.

Mostly, there is nothing more than the question asked and answered. Sometimes, though, asking a question backfires in the most unexpected way. A respondent recalled an extreme situation where the teacher found a chore for the student to complete in response to a question. The student was asked to monitor certain OPD patients in order to find the answer for himself. While the student looked on it as a punishment for asking the question, I suppose it could have been considered as an opportunity for problem-based learning.

Some teachers have great communication skills; lightening up the mood seems to be a good option to assist in the teaching-learning process. One department that utilizes this process is the Department of Physiology. While one teacher entertains in the form of movie updates and cricketing news, another seems to find the art of gossip and tittle-tattle a fine way to keep the tension away. It is easy to communicate with teachers who take pains to appear student friendly.

Perhaps students should be less anxious and more straight-forward; we shouldn't forget that the ones that teach us were once taught themselves, and were likely no different in their time. So even though they scold us, sternly warn us of the consequences of our actions, and even judge us on the surface, they have 'been there, done that'. I am pretty sure, underneath, they realize these are exactly the circumstances they have been through and will be only too glad to help. Moreover, "the only silly question is the one that is not asked!" So shed those inhibitions and ask away!

Utsav Gupta, 6th Semester, MBBS

Theater of the Oppressed: Workshop by Medical Humanities Group

Created by the Brazilian theater legend and visionary Augusto Boal, '*Theater of the Oppressed*' is a form of theater that is used worldwide for community education. Using a wide arsenal of theater games and exercises, it helps build community, communication skills, and deepens our understanding of ourselves and others.

First '*Theater of the Oppressed*' (TO) workshop ever for medical fraternity in India was held on 23-24 Aug, 2011 at UCMS, Delhi. The workshop used games and exercises, and also introduced participants to some of the longer structures in TO such as Image theater, Columbian Hypnosis, Image Fishbowl, Glass cobra, Zip Zap Zop and Forum theater. The participants in Image Theater made still images of their lives, feelings, experiences, oppressions.



Participants with Dr. N G Desai, Director, IHBAS and Dr. O P Kalra, Principal, UCMS

The participants explored themes like '*cadaver*', '*selection in MBBS*', '*classroom*' and '*lack of passion*'. The Forum theater on '*Abandonment*' challenged the spectators with a problem, shown in an unsolved form, of the protagonist with debilitating Parkinson's disease who was abandoned by family, doctor, and faith. The audience was introduced to their roles as "spect-actors", wherein they were invited to suggest and enact solutions. It demonstrated to all how the community could provide solutions to its own problems.

In this event, Organized by *Medical Humanities Group*, UCMS, 20 students of UCMS, 5 of Army Medical College, 1 from Amar Jyoti Institute of Physiotherapy and 2 faculty from UCMS participated.

Satendra Singh

How Not to be a Bacteria!

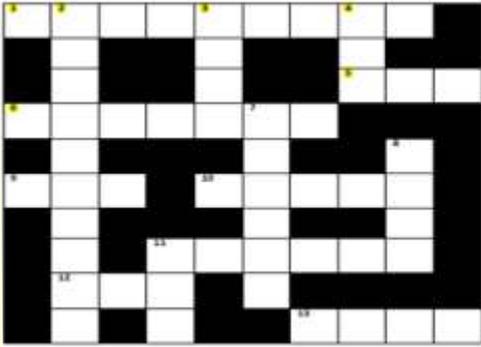
As a clinical microbiologist, I have lived among bacteria, and as a human I am trying to survive among people. We are no different from these microbes that we all despise so much. Well, many eyebrows may get raised at this point, but it's true. As I recall it, one of the first things we were taught during post graduation was about the bacterial growth curve. Once the bacteria are inoculated in a new growth media, they assess their environment as to what strata and nutrients they can dwell and survive upon. They multiply and multiply to an extent so as to exhaust all the nutrition. The weaker ones and the older ones die and the products released after their lysis are consumed by newer bacteria. We, as humans, began civilized life somewhere during 7000BC. We had all the resources nature could offer us, but then we multiplied and multiplied, and today have reached the point where Mother Earth is unable to sustain us. We find opportunities to make our fellow humans suffer; we humiliate, and use torture in the form of war, corruption, politics, crime and terrorism to consume poorer nations, communities and individual humans.

Let us drop to the individual level; I would like to compare humans with bacteria. Take a bacterial isolate from the community, for example. A strain that seldom gets exposed to any antibiotic will produce a disease that will be easily treated with most antibiotics. If I get this sensitive strain inside the hospital, the place where clinicians blatantly use antibiotics for multi and pan drug resistant isolates, the "bad company" of the resistant bacteria transfers "resistance" genes inside the sensitive strain. Thus, the once sensitive bacterial strain also becomes "bad". Similar to bacteria, a newborn human is pure and naïve (the reason why we say that little children are a form of God) like the sensitive strain from the community. If (s)he is raised by a philanthropist like Bill Gates, (s)he would likely become a businessman and a humanitarian; however, if raised by someone like Osama Bin Laden, (s)he would likely become a Kasab. "Likely" is where we humans are at an advantage. We are given the power to introspect, analyze, think, judge as a human and not as an Indian or Pakistani, a Hindu or Muslim, as rich or as poor, a politician or as a commoner. The more our "advantage of being likely" gets shaded, the more we develop towards the "bad" bacteria. No wonder politicians, corrupt babus, crime lords and terrorists are called parasites.

Let us give ourselves a chance; as a daily ritual let us allow our conscience to self assess, introspect our actions and thinking. Thus may we remain human and not develop as parasites; this food for thought may not be tasty but its healthy.

Sumit Rai

Crossword: Life around us



CLUES ACROSS

- 1: Department block of Delhi University where UCMS originated (9)
- 5: High atop the library block (3)
- 6: First principal of UCMS (7)
- 9: Unit of time taken to create this crossword! (3)
- 10: Friendly joint on campus (5)
- 11: World day celebrated on 28TH September (6)
- 13: Cosmos editor (4)

CLUES DOWN

- 2: Lab in room 425 of UCMS that makes us see red (10)
- 3: Is not! (4)
- 4: Abbreviated movement that afflicts students in lecture theatres (3)
- 7: Pathologist by training, photographer at heart (6)
- 8: A honey bee has hundreds of them (4)
- 11: Animal that can cause 11 across

Upreet Dhaliwal



REFLECTIONS : Avalanche 2011 photo contest winner:
Dr. K Kalaivanan, Senior Resident, Dept. of Orthopedics,
UCMS & GTB Hospital



LIFE IN A METRO : PHOCUS photo contest winner:
Dr. K Kalaivanan, Senior Resident, Dept. of Orthopedics,
UCMS & GTB Hospital

PHOCUS: Photography Club of UciteS

To promote and cultivate interest in Photography among students, UCMS launched its photography club PHOCUS. The club organized a digital show of pictures created by the students and staff of UCMS during the annual festival Ripple 2011. The club meets regularly to discuss photographs taken by students and learn technical aspects of photography from experts and professionals. On 3rd September, a Photo walk was organized in Chhota Bazaar area of Sahadara, in which 25 students participated with enthusiasm.

Arun Sharma

Apokalypto

University College of Medical Sciences formed its first Literary Society "Apokalypto" in March 2011. The aim of this society is to develop a literary culture in the college, and promote talent. The society has been started under the advisory of Dr Chander Grover and Dr Abhinav Dixit. The society has already organized two events- a Poetry Recitation and a Group Discussion on the topic 'Fighting Corruption- The best way forward'. Apokalypto is holding its first general knowledge quiz contest on 26 August 2011. The members of the society can be contacted on apokalypto@googlegroups.com and for more information, visit www.apokalypto.yolasite.com.

Abhinav Dixit

RIPPLE 2011: A REPORT

Ripple, the annual festival of UCMS is one of the most awaited events in the students' calendar. The Students' Union of UCMS had a lot of innovative ideas this time. We had paper cups promoting Ripple, along with a website, for the first time ever and also an article in the newspapers.

The Lit Cafe, the literary part of the festival, started with an undergraduate research presentation, for the first time in UCMS. The event had participation from medical colleges from Delhi and a few from the neighbouring cities. The topic of the medical debate was 'Was swine flu a disease hyped beyond proportion to suit the interests of the pharmaceutical industry?' and saw participants from many colleges, who had varied views about the issue.

The cultural festival took place in the main grounds of the campus. The fashion show was the highlight for all the students, and the audience was cheerful and loud. The choreography and dance competition never fail to prove that there is a lot to medical students other than books. The street play competition got a lot of audience, people from the college and hospital surrounded the college parking to see students present a satirical comedy. The sports festival called 'Arena' included many sports events which included cricket, football, basket-ball, volley-ball, table tennis, badminton and chess.

But what took the cake was the Start night. The main grounds were jam packed and everyone wanted to see the music director duo Vishal-Shekhar to perform live in UCMS. They came along with singer Shruti Pathak and the director of 'Dostana' Tarun Mansukhani. They performed nonstop for 3 hours on all their hit songs, and the audience danced all along. It was a high energy event, which UCMS is known for.

To conclude the festival, the teachers of UCMS came together to present the Teachers' Carnival. It is one day when students see their teachers dance, sing, laugh, act and one of those rare days when the teachers make the students laugh!

Rajat Thawani

THE ARTS (LITERATURE, FINE ARTS etc.)

एक प्याला कॉफी

आजकल ना जाने कहाँ से,
दिल में है एक ख्याल आया।
मेने तुमसे कॉफी को पूछा,
और तुमने हाँ मे सिर हिलाया।
हाथों में लेकर कॉफी के कप,
बातें करे हम ढेर सारी।
कुछ मैं कहूँ और तुम हंसो,
और कॉफी गिरा दो मुझपर सारी।
फिर थोड़ा स हड़बडाकर,
भोला सा चेहरा तुम बनाओ।
मैं हँसु तुम्हें देखकर,
और तुम भी थोडा मुस्कराओ।
सीढ़ी से बाहर निकालकर,
इधर उधर हम नजर आएंगे।
पूछूँ मैं तुम्हारा नाम लेकर,
बोलो कहाँ अब हम जाए।
फिर एक ठंडी हवा का झोका,
तुम्हारे बालों को सवारें।
मैं हम तुम हो और एक सर्द शाम,
और घूमें सड़को के किनारे।

राजनीश गौतम,
4th Semester

आज का सच

संवेदनाओं के संकुचित होते दायरे, हर कोई ग्रास छीनने को तैयार।
अपनों की अपनों से पहचान नहीं, यही व्यवहार है आज का व्यापार।।
ईट पत्थरों के फेलते विशाल जंगल, जैसे हो गगन छू लेने को बेताब।
लोहे स्टील की छड़ो खाचों से बनी, खोखली बहुमंजिले इमारतें हैं आबाद।।
फुटपाथों की शय्या पर देखे सपने, कुचले जाने नींद में अरमान कितने।
दौलत के नशे मे हैं पैर लड़खड़ाते, फिर बचाव के फोन हार ओर खड़खड़ाते।।
मासूम अनार्थों पर चंद सिक्को का मुआवजा फेंक, बिगड़ैल बेटे को नयी गाड़ी का तोहफा थमाते।।
गाँव लौटने की आस में जमा हुए उसके, सौ पचास के नोट लाश से गायब हो जाते।।
झुटी आन बान दिखाने की सजावट में, रईस मेहमानों को बर्फी-अशर्फी बॉटी जाती।।
सड़ते अनाज से भूख मिटाने के जुर्म में, गर्भस्थ शिशु की जननी घसीटकर पीटी जाती।।

काजल पाण्डे
स्वागत अधिकारी

Healing Hands

Allaying the freckles of pain on face,
Bring back smile with ease and grace,
Which folks adore as magician wands

God, Bless me with those Healing
Hands.

A veteran of this art divine,

Be the learning hands of mine,

A feeling, only this profession can
cherish,

God, Bestow on me that rapture, that
bliss. Lead me to work with devotion of
soul,

To attain the power of curing, Be my goal,
With faith, They put me next to You,
God, Enable me to wipe tears in lieu.

Lend me Your kindness; Make me Your
means,

To be the shoulder, on which the needy
leans,

To make this world disease free lands,
God, Bless me with those Healing
Hands.

Rajpushpa Labh
8th Semester

For Love of Man

7

Hippocrates, many centuries ago, is credited with the aphorism, "Where there is love of man, there is also love of the art." Increasingly, however, there is evidence of love of the art superseding love of the man. Thus, though medical practitioners provide the highest order of medical service to mankind, they may display a lack of love for their fellow men.

There is concern that the medical curriculum is paying little attention to the development of the 'human-e being' in medical graduates. Interest has arisen in the need to integrate the humanities, social sciences, and the arts into the medical curriculum. Medical humanities, thus, is an interdisciplinary field of medicine; it includes literature, philosophy, ethics, history and religion, cultural studies, psychology, sociology, literature, theater, film, and visual arts. These subjects, as applied to medical education, remind students about the human condition, suffering, and our responsibility to each other. It helps students develop skills of observation, empathy, and self-reflection, preparing them for a life of humane medical care. The social sciences inform how culture dictates patients' response to illness, and to its treatment; it also influences the way medicine is practiced.

The effectiveness of arts-based interventions in medical education is well documented but the development of medical humanities in Southeast Asia is a relatively recent phenomenon. The University College of Medical Sciences, Delhi, was the first Indian medical college to introduce medical humanities to its students. The Medical Humanities Group was founded in 2009 and membership is open to all. The main aim is to explore ways to produce doctors who not only love the practice of medicine, but also honor the dignity and humanity of their colleagues and patients.

Setu Gupta, Upreet Dhaliwal

Euthanasia Workshop



Phillipe Nitschke at the Euthanasia workshop

An International Workshop on development of a policy statement on Euthanasia in India was held at the India International Center in New Delhi between

the 5th and 7th August 2011. The workshop was organized by the University College of Medical Sciences in association with the Indian Medical Association (Headquarters).

The workshop, through the process of focus group discussion arrived at a consensus recommendation document relevant and applicable to Indian setting on medical, economic and legal aspects of End of Life Care (EOLC) Issues, such as withdrawing/withholding life support treatment, Physician Assisted Suicide, issues in Legalization of Euthanasia, macroeconomics of invasive medical technology in terminally ill and applicability of Advance Directives and Living Wills in India. Dr Phillippe Nitschke Australian Medical Doctor, humanist and founder director of Exit International who was the first doctor to administer a legal, lethal injection to a live patient enthralled the participants with his engrossing talk. Dr Robert Young, Reader in the School of Communication, Arts and Critical Enquiry at La Trobe University, author of several books on medically assisted death and patient autonomy participated in the discussion. Dr Frances Norwood, with her extensive work in this area in the USA and Dr Tri Budi Rhojardo from Indonesia were the other international invitees at this meeting. Several noted columnists and lawyers also participated in the meeting. The workshop was attended by a group of 100 heterogeneous participants from all over the country and from different clinical specialties.

Ashish Goel



Prof. M.S. Bhatia, speaking on the occasion of Brain Awareness Week



Exhibition during Brain Awareness Week

Brain Awareness Week

Department of Psychiatry, UCMS & GTB Hospital, Delhi in collaboration with National Brain Research Centre celebrated the Brain Awareness Week in March-April 2011

The event started with a public Lectures on “Myths and misconceptions of Mental disorders” and “Epilepsy”. The lectures were taken by Dr. M.S. Bhatia (Prof. & HOD, Psychiatry) and Dr. Shruti Srivastava (Lecturer) on 31st March respectively. The lectures saw an attendance of around 150 people. It was also accompanied by Poster Competition for categories of Medical Undergraduates and Nursing Student. The posters were made on the topic of “Stress and its Effects on body and mind”

Under this Celebration a CME was organized on 28th April 2011 for general physicians on “ Diagnosis and Recent advance in management of Alzheimer’s Disease”.

M.S. Bhatia

**Winner of Photography Quiz of last issue:
Bhavesh Rajput, 4th Semester**

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