



INDO-AMERICAN PSYCHIATRIC NEWS



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Editor's Greeting:

Welcome to the April edition of the IAPA newsletter !

In this issue, we have a special message from our outgoing IAPA President. Followed by this, you will find information for the upcoming 40th IAPA Annual meeting, along with a list of the poster session abstracts for your perusal. We highlight our IAPA Annual Award winners and would like to congratulate them on their achievements!

Next off, we have a recap of the remarkable ANCIPS meeting which was well attended by our members. This is followed by updates from some of our thriving chapters. Finally, we present a member in the news along with some of the views of our members in our *Member's Corner*. We continue to welcome your submissions with your opinions and reactions to include in future issues of the newsletter. Additionally, we invite all chapters to continue to submit any updates to share.

As the IAPA expands its chapters and memberships, we continue to thrive to publish the newsletter three times each year to keep you closely informed!

We would like to thank you for your participation and involvement in IAPA and encourage non-members to sign up at:

<https://www.myiapa.org/membership-account/membership-levels/>

Sincerely,
Simran Brar, MD
Manan Shah, MD

Disclaimer: The views expressed in the different articles are solely those of the authors based on literature review and their clinical experience and not necessarily those of the Indo-American Psychiatric Association.

From the desk of the president:

As our editorial team embarks on publishing second e-newsletter, I am writing you from the desk of President for the last time as Dr. Ramani will replace me in this column. My term of Presidency will be over in May and I will move on to the role of advisory person as BOT.

As I finish my presidency, I look introspectively at my years of being part of the EC for the last 8 years and especially, the last 2 years as president, and reflect on what I have been able to accomplish for IAPA. I have a feeling of gratification that I was able to fulfill my responsibility as President and lead IAPA to further growth in many areas. IAPA's financial status remains solid and sustainable for a long time. Chapter vibrancy has increased for some chapters and membership of IAPA is grown. IAPA continues to be a good voice in APA and liaison and collaborative work with Indian Psychiatric Society as well as with BIPA, which remains very active with the work of many of the past president and well-wishers. I hope as a President, I was inspiring, motivating and nurturing to IAPA as an organization and to individual members to their satisfaction with my work.

You will be able to read a report from Dr. Rudra Prakash about IAPA's very active participation in last ANCIPS in Lucknow, India. I thank Dr. Prakash and the entire team for extraordinary participation with IPS on the Annual National Conference in January and February 2019 in Lucknow, India.

IAPA leadership has worked hard to bring another excellent Scientific/Educational Program during the upcoming 40th Annual Meeting on 19th May in San Francisco. Many residents and fellows will

be doing poster presentations. The poster session will be followed by our 2019 Outstanding Academician, Dr. Tampi who will be giving a talk on "Walking the clinical tightrope: Treating behavioral and psychological symptoms of dementia in the era of boxed warnings". This will be followed by a talk from Dr. Dinesh Bhugra, Dr. Amir Ahuja, and Dr. Neeral Sheth on the thought provoking theme of "Homosexuality - culture, law, and medicine - an Indian perspective." I thank all the speakers, poster presenters and judges for poster session.

We will be celebrating an Awards ceremony in the evening at The Marker Hotel. My heartiest congratulations to all the IAPA award winners: Dr. Rajesh Tampi (Outstanding Academician Award), Dr. Manan Shah (Outstanding Service Award), Dr. Pooja Shah (Outstanding Resident Award), Dr. Bharat N. Patel (Outstanding Public Sector Service Award) and Pittsburgh Chapter (Outstanding Chapter Award). I want to thank all the contributors in the newsletter, including the Advisory Board.



I thank my team of EC, Extended EC and BOT for supporting me for all these years and volunteering for different tasks as well as inspiring me to work harder to take IAPA to new heights in achievements of its goals and objective with their collaboration, support and constructive criticism when needed. I appreciate all Award committee members and chair for their work for the last 2 years. I thank members of my team who helped me with the fund raising and constant help with planning for the annual meeting and Scientific/Educational Program and on day to day running of IAPA. With the Extended EC's input and inspiration, I was able to embark on initially monthly and then bimonthly teleconferences in last 2 years with members of Extended EC and BOT chair. Teleconferences were very helpful for discussion of issues and planning as well as for information.

I also want to thank Kiran, our webmaster who has worked with me on sending out emails and announcements to members and updating in improvising our website. Work with him needs to be continued and hope Dr. Ramani will continue to work with him to continue to improve the website.

Financial sustainability is essential for any organization and it would not have been possible without sponsorships of different pharmaceutical companies' support, local hospitals and other local support, so I also want to thank all our sponsors for local chapter meetings and national annual meetings for many years, especially PRMS which has shown unwavering support since 2012. I wish to acknowledge our Treasurer, Dr. Bhagirathy Sahasranaman for her hard work and pursuance for increasing sponsorship for last 2 years.

I believe that our team of Editors, Dr. Manan Shah and Dr. Simran Brar deserves our gratitude and appreciation of their work as editors for IAPA newsletter and Preparation of Program brochure for 40th Annual meeting in San Francisco apart

from the role as ECP and MIT representative in IAPA's Extended EC. Dr. Rachna Raisinghani, a better half of Manan, has been very instrumental in getting our poster presentation number increased. I am so happy to see these young and energetic members on their way to handle the future of IAPA with their commitment to IAPA.

Finally, I also thank IAPA members who have reached out to me and helped the cause of IAPA with their active participation in Local Chapter meetings as well as at the annual meeting. Simply said, without active membership involvement, the association cannot survive.

I wish the very best to the new team under leadership of Dr. Meena Ramani as president and pledge support to my best. I am sure that she will lead IAPA to new heights and a brighter tomorrow as tomorrow is (as quoted by someone) "a mystical land where 99% of all human productivity, motivation and achievement is stored."

Regards,

Dilipkumar Patel, MD



NOTE FROM BOT CHAIR'S DESK

Greetings to each and every member of our IAPA family as we prepare to celebrate the 40th anniversary of the founding of IAPA at the upcoming meeting in San Francisco in May 2019.

I sit here on a beautiful Spring morning, with a hot cup of masala tea in my hands, penning my greetings and extending the warmest of a welcome to you, inviting you, to put your travel plans into motion and attend this milestone of a meeting in San Francisco. It has been a very productive year with our very successful 39th Annual meeting in May, in New York City, the birth place of IAPA. Kudos to the team members that toiled hard behind the scenes, taking care of every little detail, including the bag of goodies for the afternoon session.

Later in the year we had our Fall meeting, in Atlanta, hosted by the Georgia chapter in all its splendor and unique tradition under the able leadership of Dilip Bhai and Dr. Kalpana Prasad. The marathon joint EC and BOT work session was agenda driven and thorough. This was followed by the Chapter meeting that included business mixed with pleasure and even a photo booth. Be sure to visit our webpage and see some of photos from these events.

In January 2019, a team led by Dr. Rudra Prakash, and Dr. Dilip Patel assisted by the likes of Dr. Seth Vivek, Dr. Ranga, Dr. Ashok Van, Dr. Ashwin Patkar, Dr. Manoj Shah, Dr. Kalpana Prasad and several others led the IAPA delegation to the Annual ANCIPS meeting in Lucknow, India. I was unable to attend, but was updated on how well the meeting went, how wonderful our presentations were at this meeting and how well IAPA lived up to its name. As an alumni of KGMC, Dr. Rudra Prakash had the distinct honor of coordinating this delegation, to Lucknow, his hometown. Kudos to our team of professionals that attended the meeting.

For the upcoming 2019 IAPA meeting, the planning for the Scientific session is under way with Dr. Ranga Ram at the helms. The team led by Dr. Dilip Bhai and Dr. Meena Ramani is diligently

at work, planning and putting the last minute touches in order to execute and bring forth a yet another wonderful annual meeting in San Francisco.

We have indeed come a long way since that first meeting in the Fall of 1979, when six psychiatrists of Indian origin from the metropolitan area of New York City met to discuss the need of an organization that would address the professional needs and interests of psychiatrists from India. It is important to note that our organization has thrived and continues to thrive, year after year, purely as a consequence of the donation of time, resources and good old sweat, by the members of the the EC, Extended EC, BOT, and the local chapters. We are an army of volunteers, seeking what is best for the IAPA without asking for anything in return. We continue to grow and flourish with ever increasing new talent in our ranks. I am impressed with each and every member of the current EC, including the advisors and Early Career Psychiatrists. Our future is indeed very bright!

The Board of Trustees (BOT) remains available to provide fiduciary oversight to IAPA. Currently there are seven of us past presidents serving on the BOT in its advisory capacity to the EC, remaining steadfastly involved in the long term strategic planning. I want to thank my colleagues on the BOT for their enthusiasm in working toward these goals. A very special and heartfelt thanks to Dr. Viswanathan, and Dr. Surinder Nand who will be ending their term on the BOT at the conclusion of this 2019 Annual meeting. A shout out to Dr. Ashwin Patkar for chairing the nominating committee in his role as the Immediate Past President and a member of the BOT. This is an election year for our organization and he will be bringing in the slate of the nominees, to the General Body meeting, in San Francisco. We will be electing our new EC and appointing some new members to the BOT. My thanks in advance to Dr. Dilip Patel who has done a stellar job to date and ensured that IAPA is fiscally sound. I eagerly wait for him to join the BOT. I also want to recognize Dr. Rudra Prakash for leading the charge on behalf of the IAPA for the representation and presentation at the January 2019 meeting of Indian Psychiatric Society in Lucknow, India.

With sincere regards and best wishes to all,

Asha S. Mishra, MD, Chair, BOT

UPCOMING EVENTS



IAPA ANNUAL CONFERENCE 2019

Date: May 19, 2019

City: San Francisco, CA

Location: Marker Hotel

Theme: "Homosexuality -

**Culture, Law, and Medicine: An
Indian Perspective."**

The conference will include a Resident and Fellow Poster session and a Scientific session during the day, followed by the Annual Banquet in the evening.

Poster Session Abstracts

Telepsychiatry- Where does India stand? Scope, and challenges.

RAGHU GANDHI, MD, AFSHAN ANJUM, MD, CHARU GANDHI, PHD



Fentanyl Abuse: A Case Report And Literature Review

VIVEK, S., M.D., PETERU, S.R., M.D., F.A.P.A., BANDEKAR, N., M.D., M.S., PILLAI, P., M.D., SHEKHAR, S., M.D.



Manic episode following the use of Disulfiram

AARYA KRISHNAN RAJALAKSHMI, M.D., MAMTA SOOD, M.D., SHYAM ROY, M.D.



Obsessive-Compulsive Disorder and Substance Use Disorder: A Case Study

AMVRINE GANGULY, MD



A curious case of odd smells: Depression secondary to phantosmia

DARSHANA S. PAI, M.D., MALIK J. MCMULLIN MS3, ELISABETH POTTS MS3, KINJAL GHELANI, M.D., J.LUKE ENGERISER, M.D.



South Asian Mental Health

MANU DHAWAN, MD



Folie a deux in Identical twins in an immigrant family with review of literature

ADITYA PAWAR, M.D., MITALI PATNAIK, M.D., UMAIR AKHTAR, M.D.

Jumping through hoops: Demystifying J1 visa waiver process for International medical graduates (IMGs) and training programs

RAGHU GANDHI, MD, AFSHAN ANJUM, MD, CHINMOY GULRAJANI, MD, NIHIT GUPTA, MD



When Lorazepam and ECT Fail: The Role of NMDA Receptor Antagonists in Catatonia

FAISAL KAGADKAR, M.D.; AITZAZ MUNIR, M.B.B.S., MUHAMMAD AADIL, M.D., ABDULLAH BIN MAHFODH, M.D.



Linezolid and Bupropion - A case report

SACHIDANAND PETERU MD, DIVYA PERIASAMY MD, KSENIA FREEMAN MD



Challenges in Identification and Management of Catatonia in Autism Spectrum Disorders: A Case Report

SIMRAN BRAR, MD, YOU NA P. KHEIR, MD, CASSIE KARLSSON, MD



Estimating the prevalence of trauma in-patient admitted to our Inpatient Detox and Rehabilitation unit at Bronx Care Life Recovery Center

PANKAJ MANOCHA, JAYANTA CHOWDHURY, ZAKI AHMAD, VIJAY CHANDRAN, FARAH MOTIWALA, AOS AMEEN, PANAGIOTA KORENIS, RACHEL SCHOOLCRAFT



Secondary Delusional Parasitosis

LANCER NAGHDECHI, DO, MS



Masquerades of Periodic Limb Movement of Sleep (PLMS)

ZUBAIR KAMAL, MD; ELSA V. MATHEW, MD; ANTONY FERNANDEZ, MD; SHEKAR RAMAN, MD

Annual Awards Recipients



Outstanding Service Award

Manan Shah, MD



Outstanding Resident Award

Pooja Shah, MD



Outstanding Chapter Award

Pittsburgh Chapter



Outstanding Public Service Award

Bharat Patel, MD

This year's outstanding Public Service awardee has participated in many public service activities over the years. Among the unique is his belief in the healing power of flowers.

Dr. Bharat Patel has been working at Denton County MHMR Center in Texas for 30 years as a Psychiatrist. One day during his early years' work at the center, he decided to make a difference by changing the environmental external outlook of the center's landscaping, which had dead plants in front of the building and was perceived as very depressing by one of his patients. With his family background in India in agriculture, planting and creating a beautiful flower garden or small scale vegetable garden came naturally to him. So some 25 years ago with the help of staff, administration, patients, local church volunteers, boy scouts and family members, he was able to create a beautiful garden that replaced the dead plants and bushes. This Gardening Project was recognized by the community and Texas State Department of Mental Health.



“These gardens provide a feeling of well-being, respect and most importantly, hope to our patients, staff members, and community.”

This also inspired many of the state's Mental Health Clinics and State Hospitals throughout the State of Texas to have gardening projects. Dr. Patel also started vegetable gardens at residential facilities where patients grew vegetables and had healthy meals out of it. His work was well recognized by local newspapers, including Dallas Morning News, Denton Chronicle and local CBS News. In his views, these gardens provide a feeling of well-being, respect and most importantly, "Hope" to our patients, staff members and the community. He believes in the "healing power of flowers." Dr. Patel has stated, "Gardening... Rewards with the physical activities and mental relaxation that makes a patient feel better." Newspaper headings to describe his work included "Horticultural Healing," "Just What the doctor Ordered," and "Hope Abloom".



Apart from his gardening projects for psychiatric patients, staff and community, Dr. Patel and his family have been involved in many activities in public service and charitable work, both in local Dallas Fort worth area in Texas as well in India. They have worked with schools in providing hundreds of backpacks and toys to underprivileged children. In addition, they have provided furniture, food, clothing and other basic needs to victims of natural disasters in area. Dr. Patel has been involved in local chapters for collecting donations for "Pratham" and "Ekal Vidyalaya." He has organized health fairs for communities in the Dallas area.

Dr. Patel has been involved in charity work in India also. He has been supporting orphanage, indigent clinics and schools in his local area in Southern Gujarat by supplying backpacks, school supply, footwear and other basic needs to students. He is part of the organization called "Tiny Smiling Faces" which supports thousands of students in local schools with school supplies, backpacks, playgrounds, meals, bicycles, renovation of school buildings and free field trips.



Outstanding Academician Award

Rajesh Tampi, MD

Dr. Tampi is a Professor of Medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Chairman, Department of Psychiatry & Behavioral Sciences, Cleveland Clinic Akron General, Akron, Ohio and the Chief, Section for Geriatric Psychiatry, Cleveland Clinic in Cleveland, Ohio.

Dr. Tampi is the President of the American Association for Geriatric Psychiatry (AAGP). He is the President of the International Medical Graduates (IMG) Caucus at the American Psychiatric Association (APA). Dr. Tampi is a Distinguished Fellow of the APA and of the AAGP. He was the Program Chair for the 2017 AAGP Annual Meeting, Dallas, Texas. Dr. Tampi was the Secretary and Treasurer of the AAGP for 2017-2018.

Dr. Tampi is a graduate of the University of Kerala, Kerala, India. He trained in Psychiatry at the University of Leeds, Leeds, England and at the University of Vermont, Burlington, Vermont. During his residency training in England, Dr. Tampi also attained a Post Graduate Diploma in Clinical Psychiatry from the University of Leeds. He completed his Geriatric Psychiatry Fellowship at Yale School of Medicine.

Dr. Tampi has received three 'Outstanding Teaching Attending Awards' and the 'Chairman's Award' for outstanding teaching, research and clinical work from the Department of Psychiatry at Yale School of Medicine. He received the 'Teacher of the Year' Award from the Department of Psychiatry, Case Western Reserve University MetroHealth Program in 2015, 2016 and 2018.

Dr. Tampi is a recipient of the Geriatric Academic Career Award (GACA) instituted by the Department of Health and Human Services (DHHS). He was a recipient of the AAGP's



'Recognition and Appreciation' Certificate in 2018. In March 2019, Dr. Tampi received the AAGP's 'Educator of the Year Award'.

Dr. Tampi has over 100 publications on various topics in psychiatry and geriatric psychiatry. In addition, he is the Editor of 6 books in psychiatry. Dr. Tampi serves as the Editor-in-Chief of the World Journal of Psychiatry, Associate Editor for Drugs in Context (Psychiatry) and is on the Editorial Board of 'Clinical Interventions in Aging' and the 'Annals of Clinical Psychiatry'.

Furthermore, he serves as an ad-hoc peer reviewer for 41 journals including the American Journal of Geriatric Psychiatry, the American Journal of Psychiatry and the American Journal of Alzheimer's Disease and other Dementias amongst others.

Dr. Tampi's clinical and research interests are the management of psychiatric disorders in late life, neurodegenerative disorders, ethical & legal issues in geriatric psychiatry, integrated geriatric -psychiatric care and undergraduate and postgraduate education in psychiatry and geriatric psychiatry.

PAST EVENTS



REPORT ON IAPA'S PARTICIPATION IN ANCIPS, 2019

Message from Dr. Rudra Prakash:

The 71st Annual National Conference of Indian Psychiatric Society (ANCIPS) was held in the Indian city best known for etiquette and elegance - Lucknow, UP from Jan 31st through Feb 3rd. This was second time that Lucknow was the privileged host - first being in Jan, 1993. It will not be an overstatement to say that Lucknow has undergone total transformation during this period! A mega and modern convention complex - Indira Gandhi Pratishthan - was the venue for ANCIPS. It is surrounded by numerous luxury hotels. ANCIPS was co-hosted by Professor P.K. Dalal (Chairman, Department of Psychiatry, King George's Medical University, Lucknow) and Dr. Hemant Naidu (Head, Clinical Services, Nurmanzil, an icon in mental health services in Lucknow since the 1950s). The conference attracted a record number of attendees! Indeed it was a "Maha Kumbh" of mental health professionals that assembled in Lucknow from not only all corners of the country but also from overseas! The theme of the conference was "Mental Health - Nation's Wealth".

Indo American Psychiatric Association (IAPA) is the largest overseas affiliate of the Indian Psychiatric Society (IPS), and has a long relationship with the Society. In keeping with tradition, IAPA was invited to present a clinically relevant symposium on depression. IAPA sponsored presentations and presenters were as follows:

- **Ananda Pandurangi, MD: "TMS"**
- **Madhukar Trivedi, MD: "TREATMENT RESISTANT DEPRESSION"** Ashwin Patkar, MD: **"COMPLEX COMORBIDITY: DEPRESSION AND SUBSTANCE USE DISORDERS"**
- **Madhukar Trivedi, MD: "BIOMARKERS, AND TREATMENT SELECTION FOR DEPRESSION"**

The presentations were well received by the audience as gauged by questions/answers. Both IPS and IAPA appreciate the presenters for their time, efforts, and commitment.

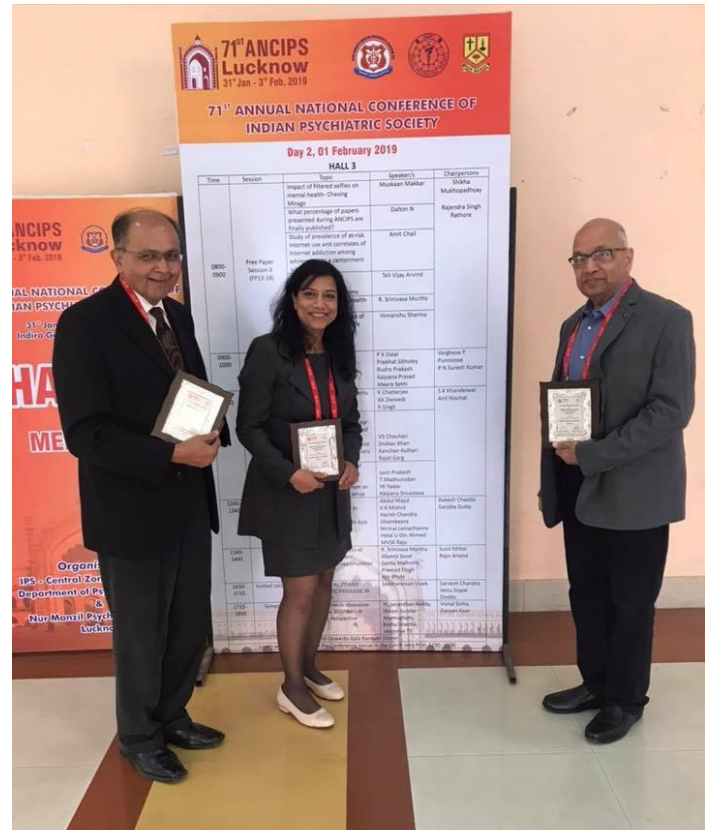
Other members of IAPA also presented individually - Salman Akhtar, MD (Borderline Personality: What Is Broken and How to fix it? And On Understanding Suicidal Threats); Seetharaman Vivek, MD (Confidentiality and Therapeutic Privilege in Psychiatry); Geetha Jayaram (Community Psychiatry: Global Perspective).

Rudra Prakash, MD, together with Kalpana Prasad, MD, co-participated with P.K.Dalal, MD, and Prabhat Sitholey, MD in a King George's Medical University alumni sponsored symposium on "Physician Wellness". In an invited lecture, Rudra Prakash also spoke on "Mental Health Care for Physicians: Obstacles and Opportunities".

The American Psychiatric Association's delegation was led by Saul Levin, MD; MPA; FRCP-E (Medical Director and CEO) who also spoke in an invited lecture and highlighted the role of psychiatrists of Indian heritage in American Psychiatry, and APA-IPS relationship.

Of note, Mrugesh Vaishnav, MD succeeded Ajit Bhide, MD as President of IPS at the ANCIPS, and P.K. Dalal, MD was elected as the Vice President, and will succeed Dr. Vaishnav as President in 2020 ANCIPS in Kolkata - date TBA.

We congratulate IPS for a very successful convention, and thank it for inviting us for participation.



Details of conference related information is available at website <http://www.ancips2019lko.com/>

IAPA Chapter News

Updates from Florida

We had a very active and lively meeting on March 30, 2019. Ten members attended and it we had great discussions. Our Chapter is very active and we are able to hold at least 2 IAPA meetings a year during our Florida Psychiatric Society Meetings.

I am extremely thankful to Dr. Bhagi Sahasranaman who is a great mentor and has provided me significant guidance to carry on.

Unfortunately, our best buddy, Dr. Rajiv Tandon, moved to Michigan and will be greatly missed. The good news is we have 2 new members who moved from Virginia, Drs. Radhika and T.G. Sriram who joined us at the meeting.

We look forward to seeing you all in SFO next month!

- Krithika Iyer, MD
Florida Chapter President



DC - Maryland Chapter Update:



The Maryland-DC Chapter had an excellent 2 years under the able leadership of Dr. Durga Roy. As I take on this new role I am very excited for the chapter to continue to grow and I am hoping to add many new members through 2019-2020. The chapter will be co-led by the president-elect, Dr. Rachna Raisinghani. We are currently comprised of several senior and early career psychiatrists from Johns Hopkins University, Kennedy Krieger Institute, Sheppard Pratt Hospital, University of Maryland and several psychiatrists in private practice and other allied mental health professionals. We are working on having more residents and fellows get involved.

- Manan Shah, MD
MD Chapter President

GEORGIA CHAPTER REPORT



The Georgia chapter has remained active in the goals of networking, improving our knowledge, curbside consults and having an active voice and presence in the community. There have been several well attended sponsored talks organized to keep us up to date and we were one of the first in the country to get a briefing on Esketamine within few weeks of it being FDA approved.

It is with a heavy heart we report the demise of one of our long standing colleague and member Dr. Siddappa who passed away after years of practicing psychiatry in Atlanta. His memorial services were attended by many GA chapter members as well as community leaders on January 5th, 2019. We send our condolences to his wife and two sons. His wife is also an associate life member of IAPA.

Our goal of community outreach and service continues and members have volunteered in Raksha and Ronald McDonald House. We have successfully established a local IAPA member WhatsApp group for quick communication and sharing ideas. I have had the honor of being nominated and have joined the Board of Trustees in the Georgia Psychiatric Physician Association (GPPA). I have also had the pleasure of doing a symposium on Physician Wellness at the

January 2019 ANCIPS in Lucknow, India. Along with me, fellow IAPA member, Dr. Deepti Bhasin, was also nominated and has joined the GPPA board as a trustee. As a group, our voice remains strong and Dr. Dilip Patel, as a chair of International Psychiatry Committee, has taken an initiative to organize a CME event later this year for Cultural Competency issues. For the first time in the history of GPPA, an IAPA member from Georgia is in the Executive Committee as Dr. Dilip Patel will take the position of Secretary of GPPA after May.

Lastly, we have three new lifetime members who have joined our group and our family keeps growing.

Respectfully,
Kalpana Prasad, MD
President, GA chapter IAPA



Pittsburgh Chapter Report



The Pittsburgh chapter has been very active in terms of education, research, and mental health awareness in the community under the leadership of the president, Dr. Prabir Mullick. Pittsburgh has been well known in research and education in mental health due to the leading mental health facilities such as Western Psychiatric Hospital and Allegheny West Penn System.

1. The Pittsburgh Chapter of IAPA meeting was conducted under the leadership of Prabir Mullick, MD on February 22, 2019. Many research projects have been discussed and the meeting was well attended. One of the highlights was that Dr. Dilip Patel, president of national IAPA, attended the meeting.

2. Dr. Amit Chopra, President of the Pittsburgh Psychiatric Society, was a keynote speaker and gave an educational presentation on

Deep Brain Stimulation (DBS) and Obsessive Compulsive Disorder (OCD). Clinical implications and advantages of treatment were discussed. Dr. Chopra was interactive with audience and was appreciated by all attendees.

3. Lalith Solai, a medical director and chief of the geriatric psychiatry service at UPMC Western Psychiatric Hospital, gave an educational presentation on Transcranial Magnetic Stimulation

(TMS): Application and advantage on June 1, 2018. It was appreciated by all attendees.

4. Two of our members received the IAPA 2018 outstanding award for their research and services. Dr. Rameshwari Tummuluru was the IAPA 2018 Research Award winner. She is the Medical Director for the Child and Adolescent Partial and Intensive Outpatient Programs at UPMC Western Psychiatric Hospital.

Dr. Prabir K. Mullick was the IAPA 2018 Outstanding Public Sector Award winner. He serves as the Medical Director of P.K. Mullick & Associates, a clinical faculty member at the University of Pittsburgh School of Medicine, and adjunct faculty of University of Pittsburgh School of Nursing.

Dr. Mary Ganguli, a professor of psychiatry at University of Pittsburgh School of Medicine, congratulated both the winners on their achievements.



5. Mental health awareness lectures and presentations were held at the Hindu Jain Temple in Monroville, PA 15146 in July 2018.

6. Our National IAPA has recognized many of our Pittsburgh Chapter members for their research and public sector work/service. We congratulated all awardees on their achievements: Rohan Ganguli, Mary Ganguli, Vishwajit Nimgaonkar, Roy Chengappa, Matcheri Keshavan, Sanjay Dubey, Rameshwari Tummuluru, Amit Chopra, and Prabir Mullick.

NAMI (National Alliance on Mental Illness) has also recognized our IAPA Pittsburgh Chapter Members for exemplary service and research. The awardees were Prabir Mullick and Rohan Ganguli.

7. Medical Camp: The American Association of Physicians of Indian Origin (AAPI) – K.N. Mullick Charitable Clinic sponsored a health seminar regarding psychiatric disorders, substance use, and awareness at Mahadeval District, a rural area of Sant Kabir Nagar, U.P. India on December 13, 2018.

8. Upcoming program: We are working on more exciting educational programs and community services in the future. We will update you on such information soon.

- Prabir Mullick, MD



MEMBER'S CORNER

Member in News

Dr. Velandy Manohar

WHAT MAKES A GOOD DEATH?

Perhaps it is time for Connecticut to allow patients and families to decide

I support the perspective articulated by Paul Bluestein in “It is time for Connecticut to pass an Aid-in-Dying Bill.”

I want to express my gratitude and admiration for the efforts of Connecticut State Medical Society President Dr. Claudia Gruss, the Ethics Committee led by Dr. Henry Jacobs and EVP/CEO Matt Katz “who undertook thoughtful and careful clinical and ethical discussions” to arrive at a new policy on medical aid-in-dying:

“... the CSMS approved a change in their policy concerning medical aid-in-dying from opposed to engaged neutrality, meaning ‘The CSMS is committed to protecting its members’ freedom to decide what medical aid-in-dying options to provide to patients in accordance with each physician’s personally held values, beliefs and ethical standards, including the decision whether or not to write a prescription for a lethal dose of medication, if legalized in Connecticut.’”

“ *It is time for Connecticut to pass an Aid-in-Dying Bill.* ”

I participated in the discussion as member of the Ethics Committee and in an online survey. I testified to the Judiciary Committee in March 2015 on HB 07015. “To allow a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness that such patient may self-administer to bring about his or her death.”



Dr. Velandy Manohar

To provide a reliable foundation for decision-making on this issue I want to share:

1. The statement of the American Public Health Association on the patient’s rights to self-determination at the end of life:

Empirical and anecdotal evidence reflect that health care providers do not inform terminally ill patients of all options legal in the state in which the patient is receiving care. As a result, patients are not able to make fully informed decisions about care at the end of life. APHA rejects providing only partial information on which to base health decisions.

2. This Pros and Cons Debate on the right to die as one chooses.

Whatever the decision, for a physician who participates in the process with a patient, family members, chaplains, hospital staff or in some cases with members of the bio-ethics committee of a Health Care entity, it is important to know the actions proposed are consistent with the code of medical ethics, Belmont Principles, and are morally permissible when measured against the four principles of the Doctrine of Double Effects.

1. The nature-of-the-act condition. The action must be either morally good or indifferent.
2. The means-end condition. The bad effect must not be the means by which one achieves the good effect.
3. The right-intention condition. The intention must be the achieving of only the good effect, with the bad effect being only an unintended side effect.
4. The proportionality condition. The good effect must be at least equivalent in importance to the bad effect.

Finally, I want to provide a context for the discussion about aid-in-dying by providing information from three sources on what is spoken of as “good death:”

1. Defining a Good Death (Successful Dying): “According to an Institute of Medicine report, a good death is ‘Free from avoidable distress and suffering for patient, family and caregivers, in general accord with the patient’s and family’s wishes, and reasonably consistent with clinical, cultural and ethical standards.’”

According to Dr. Dilip Jeste, one of the above research article’s authors: “Death is obviously a controversial topic. People don’t like to talk about it in detail, but we should. It’s important to speak

honestly and transparently about what kind of death each of us would prefer.” Dr. Jeste and I are friends and colleagues for several years.

The team’s literature search returned 32 relevant papers. From these sources, the team uncovered 11 core elements to consider when contemplating a good death.

Across all of the groups being studied, the categories considered most important were preferences for a specific dying process, being pain-free and emotional well-being.

However, certain discrepancies between the groups came to light. For instance, spirituality and religiosity were deemed more important by patients than family members. Family members were more likely to put emphasis on life completion, quality of life and dignity.

Meanwhile, health care professionals tended to occupy the middle ground between the patients and family members.

2. Facing End of Life — a useful booklet.

3. This, from Medical News Today: What does a “good death” really mean?

“Although many individuals shy away from contemplating the inevitability of death, most would agree that they would like to die well. A new review of existing literature, published in the American Journal of Geriatric Psychiatry, asks what makes a ‘good death’ according to those involved in the process,” — namely patients, family (prior to and during bereavement) and health care providers.

I should also point out that in its recently revised Code of Medical Ethics, the American Medical Association is opposed to an Aid in Dying role for any physician:

“It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.”

This role is not mutually exclusive from the role of being just as caring and compassionate as physicians who participate in the somber and momentous Aid-In-Dying process.

Physicians: (a) Should not abandon a patient once it is determined that cure is impossible, (b) Must respect patient autonomy, (c) Must provide good communication and emotional support, (d) Must provide appropriate comfort care and adequate pain control.

Given the complexity of this issue, you can now see why I expressed my gratitude and how proud I was of the courageous decision of the CSMS leadership and members to adopt the “Engaged Neutrality” position.



Dr. Velandy Manohar is a member of the Community Advisory Board of the Office of Health Strategy. A native of India, he has been a physician in the U.S. since 1967.

Disclaimer: The above article is quoted from the CT Mirror, March 2019.

MEMBER'S CORNER

In My Opinion

By: Dr. Dilipkumar Patel

MOC REQUIREMENTS BY ABPN

It is time that APA issue immediate moratorium on all exams and MOC requirements by ABPN with exception of the initial board certification.

I have previously shared my views and have sent it to the vision commission. Unfortunately vision commission's final report falls short on elimination of recertification.

I have highlighted some important data that was marginalized by ABPN to support my opinion and the steps that APA can take and Caucus can consider advocating to APA leadership.

Certification should only apply to the initial cognitive/knowledge test. Maintaining continuing education (CME activities) is every physician's ethical responsibility. Retesting as maintaining certification is a misnomer. The board claims that certification is voluntary, and it should stay voluntary. Board Eligible psychiatrists who do not seek such voluntary certification are no less competent than Board certified Psychiatrists. We do not require any agency or certifying Board policing it for profit when so many other CME sources are available for free and one can participate in such activities based on his or her needs rather than having to take a test with set questions that are created with generalization and are not only outdated, but irrelevant to the practice setting.

Physicians seeking CME of their choice would keep them updated in the area of their expertise and adds value to their practice, not the certification obtained from a Board who wants to issue it with policing for profit. Maintenance of certification as offered currently does not add any value to individual practice and is an unnecessary expense. Individual State Licensing Boards require reasonable number of hours of CME, for License to practice every 2 years. So why do the Certifying Boards want to be policing CME.

Specialty Certifying Boards should not be in business of policing CME for profit in the name of maintenance of certification. Many of the components listed in MOC are attempt to invade autonomy of the physician and attempt to mold physician's bedside manners/ business practice to some arbitrarily set norms. If anything, CME activities can be offered by ABPN at a reasonable price and ABPN can be one of the sources for CME rather than act as an entity to approve other sources of CME.

In my opinion, ABPN's implementation of recertification was arbitrary in nature with the notion that cognitive testing is required at certain time intervals to check if Physicians are keeping up with their knowledge and clinical skills. Such recertification testing for first 5 years has shown that more than 99% to 100% have passed the recertifying examination (APA has Data on all recertification examination results from 2003 till 2007 before MOC implemented in 2008). ABPN has chosen to marginalize the data and have continued recertification examinations and has imposed new MOC requirements. Data clearly indicates that all certified Physicians have kept up with the knowledge and such recertification examinations are not needed.

ABPN claims that the new requirements are demanded by public and patients, yet have not shown any evidence based study for such claims. If APA or ABPN does a survey among patients (Which is hard to do given confidentiality and assuring authentication) and physicians, whether board certified or not, regarding value of voluntary certification in practice and practice outcome and as to how many patients demand or request board certification, you will find majority of them don't care. Yes, in academic institutions and in certain employment settings, there could be some pay differential and requirement for academic advancement and they can take voluntary re-certification examination if it is part of the employment requirement. However, for majority of practicing physicians in community it should not be an issue.

So to say, ABPN's imposing expiration date on initial certification (which is a cognitive test) has no merit and should only say what date one is certified as it was a voluntary certificate. No one goes back to taking USMLE again after 10 years. Does that make them not being a Physician? We all embark on different paths in choosing a specialty after medical school and once we complete the training as needed to practice the specialty of choice, we go and practice it. When we take those cognitive examinations we are called certified as we score more than certain percentage. No one demands 100%, knowing that one does not, and will not know everything but knows enough to practice safe medicine. Thus, imposing re-certification examination is of no value.


One cannot ignore the ABPN's financial status and salaries to the office holder over the years. Yes, ABPN should maintain financial sustainability, but as nonprofit organization, rather than pushing to

develop monopoly on making profit from approved CME, examination fees, ignoring and marginalizing data available, and pushing for self-created role (in name of quality demand from public and providers). I am sure APA leadership has struggled with an ethical solution.

I had done a small scale survey in Georgia during 2016 GPPA fall meeting regarding this burning issue as my project for GPLA (Georgia Physician Leadership Academy run by Medical Association of Georgia) and had got validation of many issues that I have indicated in my write-up.

Do I think that initial voluntary certification has value? Yes. I am used to taking an examination after each year of school, College and medical school. In India, we had to take such examinations after completing residency, plus it was a requirement of graduation. It gives me the feeling of validation of my knowledge and helps me to be confident in practicing with generally accepted standards in the community (This applies to me only and not to others in group as this is my opinion).

In USA, we do not have to take such tests as a requirement for graduation from Residency programs. However, there was PRITE which was helpful for ongoing improvement and acquisition of knowledge during residency. All residents were encouraged to be competitive during examinations like PRITE to stimulate learning. We were also encouraged to read beyond what was being taught in the curriculum as we all know that you cannot teach everything in four years of residency. Such virtues of ongoing education are kept up by most residents, so I believe all graduates from Psychiatry residency programs are well versed to practice general psychiatry regardless of whether they take the board certification examination or not.



Certification examinations are like a feather in your hat and have value in academia and teaching employments, but not a requirement in practicing your best knowledge in Psychiatry. APA's stand regarding insurance companies' inclusion as provider and hospital privileges for not discriminating any physician based on their certification or re-certification status is welcome stand.

I am sure that there are opinions contrary to mine and should not be marginalized either.

Given ongoing uproar, and confusion about MOC and struggle for last many years, I suggest APA, MOC caucus and ABPN take some constructive steps and resolve this.

1. Limit ABPN's role to issuing initial voluntary certification with date of passing examination and no expiration date as knowledge that you showed on examination does not expire.

2. Eliminate all other MOC requirements, as it has no evidence base.

3. APA should offer a Self-Assessment CME at a reasonable price (Free for members of APA) as one of the sources of Self-Assessment CME. ABPN can also offer self-Assessment CME. Physicians who want to use it can use it as their source of SA CME.

4. Requirement of CME is the ethical responsibility of each physician and does not require any policing for profit by any certifying board and APA should have a position statement to that effect. Also, requiring such CME by certifying board is redundancy as most State Licensing Boards requires it, so should find a way to eliminate redundancy.

5. The goal of CME is for physicians to keep up with new knowledge and learn to improve and not to penalize physicians for not knowing, so all CME should be from sources for learning and correcting the knowledge, hence should be Self-assessment CME from all sources.

GET INVOLVED!



We encourage our readers to join IAPA if they aren't members already and to spread the word amongst your colleagues to be a part of this growing organization

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We look forward to seeing you at the
Annual Meeting!!

-IAPA Team

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