

**Souvenir**



**Pakistan Doctors Organisation**

## Declaration of Geneva

*“I solemnly pledge myself to consecrate my life to the service of humanity. I will give to my teachers the respect and gratitude which is their due ; I will practice my profession with conscience and dignity ; the health of my patient will be my first consideration ; I will respect the secrets which are confided in me ; I will maintain by all means in my power the honour and noble traditions of the medical profession ; my colleagues will be my brothers ; I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient ; I will maintain the utmost respect for human life from the time of conception : I will not use my medical knowledge contrary to the laws of humanity, even under threat ; I make these promises solemnly, freely and upon my honour.”*





Inspired by the determination of our doctors to safeguard the dignity of the noble profession and to serve the poor masses of Pakistan P.D.O. Karachi presents.....

### SOUVENIR '79

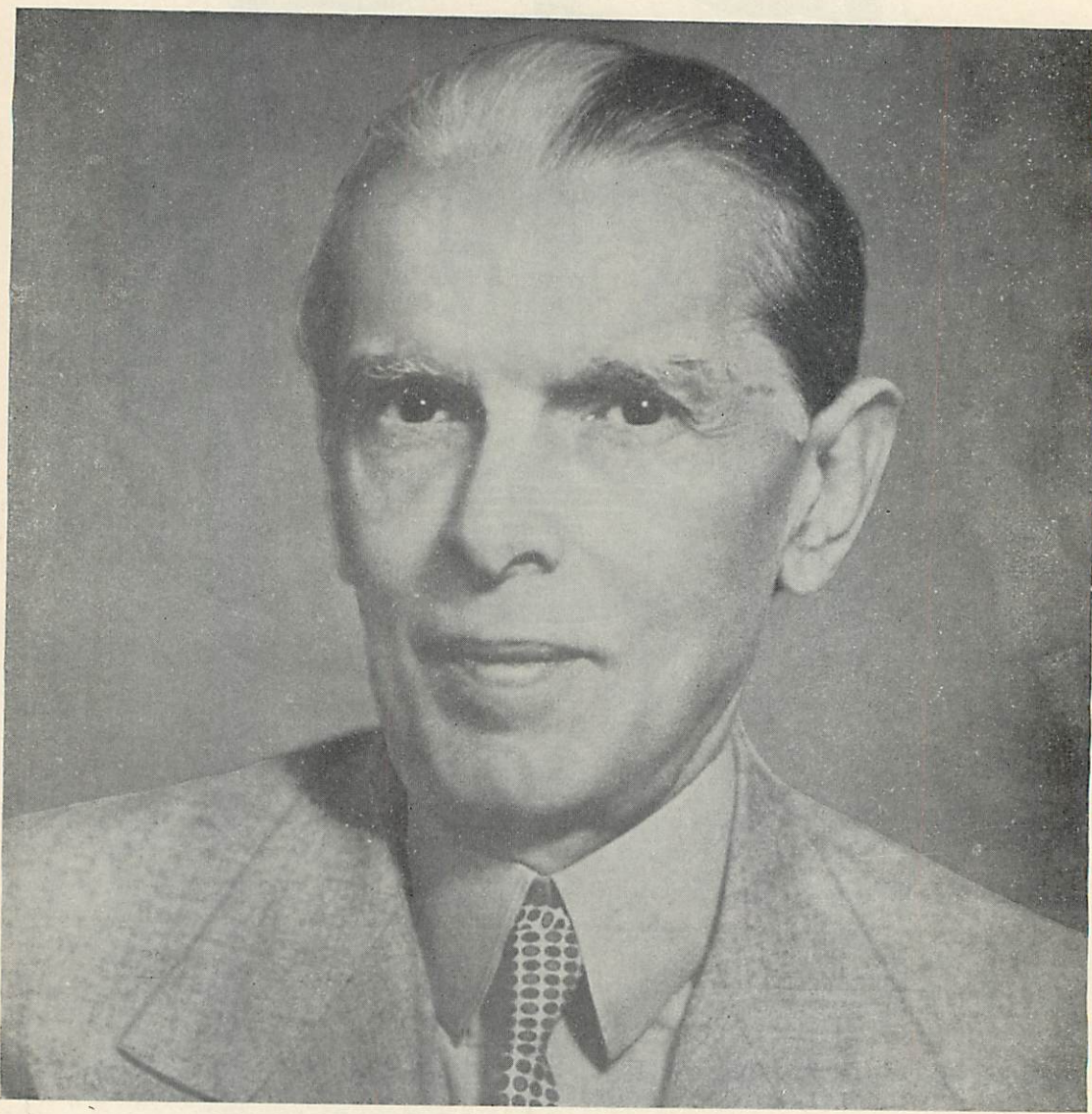
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#### HIGHLIGHTS

- \* **Service Structure.**
- \* **Why P.D.O. ?**
- \* **Lahore Convention.**
- \* **P.D.O. Karachi.**

P.D.O. Karachi is indebted to Messrs Khalid Ismail, Zia Moiz, Humayun Farrukh, Iqbal Hashim, Sheraz Haider and Sibte Hasan for their help in this publication.



Mr. J. Edgar Hoover, Director of the Federal Bureau of Investigation, is shown in this portrait. He is wearing a suit and tie. The photograph is a black and white headshot.

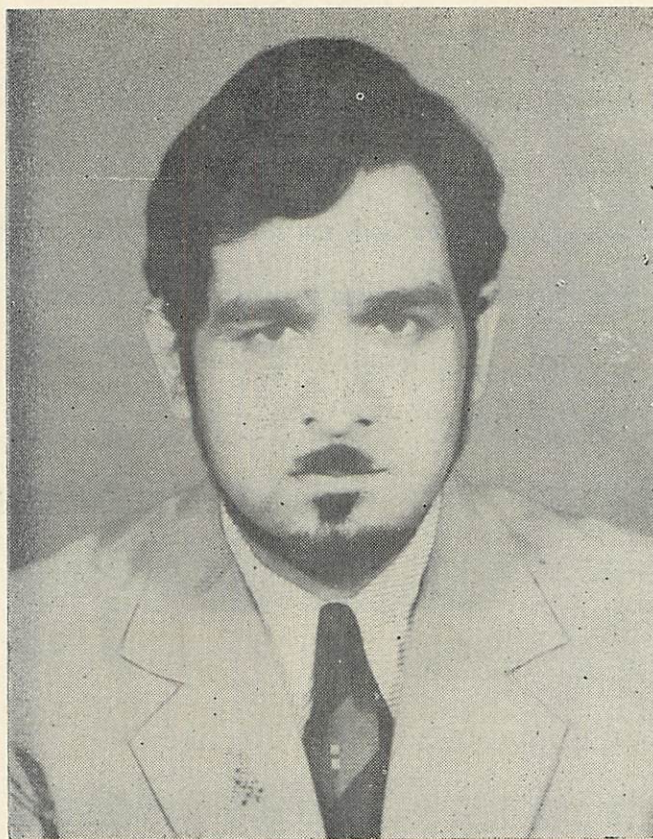
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Pakistan Doctors Organisation

*“I can assure you that there is nothing  
greater in this world than your own conscience and  
when you appear before God, you can say that you performed  
your duty with the highest sense of integrity, honesty  
and with loyalty and faithfulness”*

Quaid-e-Azam Muhammad Ali Jinnah

DR. FICR ZAKHARATI

**PRESIDENT**  
**Pakistan Doctors Organisation**



DR.EICE MOHAMMAD

PRESIDENT  
Pakistan Doctors Organisation

## MESSAGE

It is a matter of great satisfaction that Pakistan Doctors Organisation is now established in all the four provinces of Pakistan. PDO can take just pride in its achievements in five years of its existence. Apart from giving tremendous self confidence to young doctors in facing suppression by their own seniors, it is fighting for their rights as well. Because of consistent struggle by PDO, working conditions and pay of House Officers, Medical Officers, Demonstrators and doctors in Social Security, Railways and Local Councils have improved considerably.

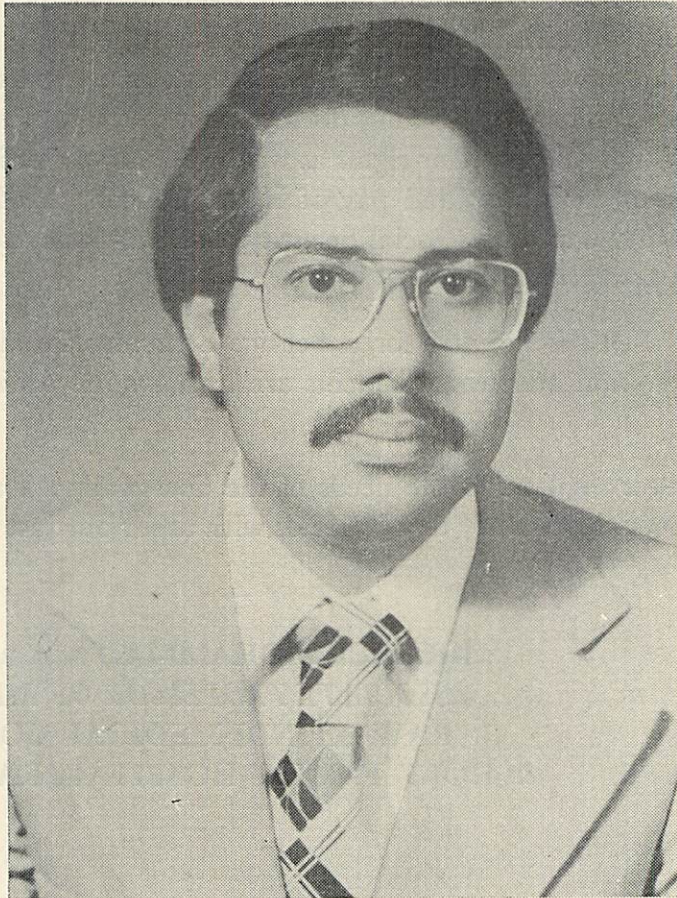
Presently PDO is fighting for a Service Structure for doctors as the chances of promotion and fringe benefits are least for the ordinary medical graduate.

PDO is ever vigilant to the needs of the doctors and I appeal to my colleagues all over the country to join hands with us for our just cause.

**DR. EICE MOHAMMAD** M.B.,B.S., F.C.P.S.  
*ASSOCIATE PROFESSOR OF MEDICINE*  
RAWALPINDI MEDICAL COLLEGE  
& HOLY FAMILY HOSPITAL, RAWALPINDI



**PRESIDENT**  
**Pakistan Doctors Organisation**  
**Karachi**



**DR. MANZAR SALIM**

## MESSAGE

During our short lifespan we come across all sorts of people. However, they can be categorised into two main groups. The first group includes those persons who are sincere not only to themselves but to the entire society and who act on what they believe is right. Such individuals even if they are not able to achieve something great momentarily, do become part of a chain of some major achievement later on. Thus their souls are satisfied and they leave a deep impression on the minds of their associates. The second group on the contrary comprises of individuals who are sincere only to themselves. These persons pass through the world unnoticed and do not leave any memory to be cherished.

Hence, it is now for you my colleagues, to decide, at this important juncture of our medical history whether you will join hands with us and work with sincerity and devotion towards the worthy cause of waking the members of our noble profession and making them realize what they really stand for and thus contribute to the betterment of our community and the nation, so that you can be remembered in times to come; or would you prefer to remain isolated and fade into the oblivion?

**DR. MANZAR SALIM**  
*REGISTRAR SURGERY*  
CIVIL HOSPITAL KARACHI

## *MESSAGE*

### **PRESIDENT P.D.O. PUNJAB**



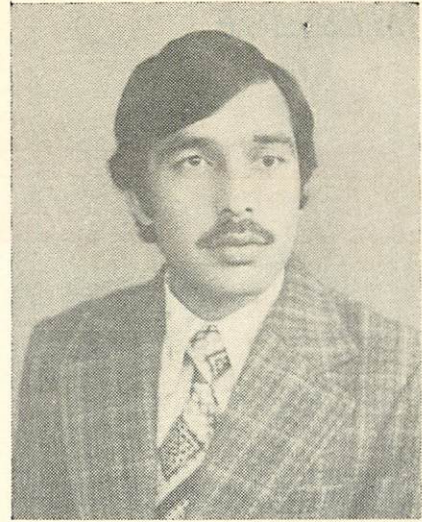
It is a great honour and pleasure for me to meet friends all over Pakistan through this esteemed Souvenir. P.D.O. has emerged as a strong body in a short period and the nation now understands and realises our difficulties in a better way due to the untiring and courageous efforts of our members. We belong to a neglected category of doctors and unfortunately are often bracketed with those doctors who enjoy better status and facilities especially in financial matters. A few steps have been taken by the government towards the solution of our problems, but much is still left to be achieved. My strength lies in the active support and participation of my colleagues in Punjab in particular, and all over Pakistan in general.

I will try my best to come up to the expectations of my professional brethren who have reposed confidence in me. My humble advice to them is to serve the ailing humanity selflessly and become united for the common cause. Service structure and recognition of our problem is the need of the hour and we have to struggle hard. God is with us.

**DR. GULZAR AHMED CHOWDHRY**  
*MEDICAL OFFICER*  
**DISTRICT HOSPITAL GUJRANWALA**

*MESSAGE*

**GENERAL SECRETARY  
P.D.O. PUNJAB**



It gives me immense pleasure to communicate with my honourable colleagues through this publication.

Doctors in the country have always longed for a platform from which an accurate picture of their problems can be projected. The so-called Doctors Association had unfortunately contributed more to "Doctors Dissociation" towards each other especially the young from the more experienced ones. The general public opinion about doctors as "money minters" is the result of an absence of liason between the Doctors Association and the general public.

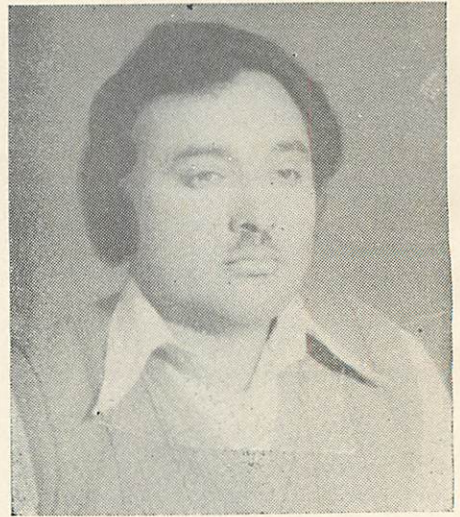
The advent of P.D.O. in these circumstances and its resolve to unite the doctors and to win the sympathy of the public by informing them of the true condition of the junior doctors is indeed praiseworthy.

Finally I congratulate P.D.O. Karachi and the Editorial Board of this Souvenir for this pleasant effort and on behalf of Punjab assure them of our full cooperation.

**DR. RIAZ TASNEEM**  
*MEDICAL OFFICER E.N.T.*  
MAYO HOSPITAL LAHORE

*MESSAGE*

**GENERAL SECRETARY  
P.D.O. BALUCHISTAN**



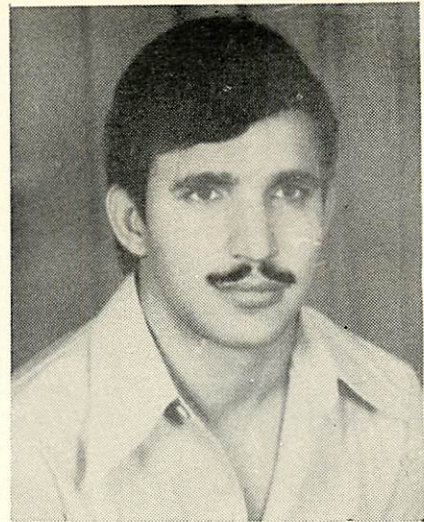
I have come to know with great pleasure that Pakistan Doctors Organisation is bringing out a colourful Souvenir on the occasion of its convention being held in Karachi to discuss the means and ways to solve the problems faced by the young doctors of Pakistan. It has been added to my knowledge that the Souvenir will contain articles regarding the service and career structure for young doctors, which they rightfully deserve.

In the end I appeal to all the young doctors to join hands with Pakistan Doctors Organisation to get their problems solved.

**DR. MOHAMMAD GUL BAZAI**  
DEMONSTRATOR ANATOMY  
BOLAN MEDICAL COLLEGE,  
QUETTA

## MESSAGE

### **GENERAL SECRETARY P.D.O. N. W. F. P.**



It is quite obvious that although we constitute the most talented and genius class of government servants, we are not even treated at par with other Civil Services. There is no proper service structure for us as is evident from the fact that a doctor who joins the service in NPS 17 retires at the most in NPS 18.

We do not enjoy the same status and position which we used to have previously, rather we are earning bad reputation at the hands of few practicing doctors and are even called butchers, money makers, etc.

I think today every doctor feels the same way I do. Hence it is important that everybody from our profession should come with good spirits and join hands with us in PDO to get rid off our problems, difficulties and miseries.

**DR. MOHAMMAD ASLAM BHITTANI**  
*REGISTRAR CCU & ICU*  
LADY READING HOSPITAL, PESHAWAR

## MESSAGE

### CONVENOR P.D.O. SIND



It is heartening to note that the Karachi Branch is taking out a maiden souvenir for the organisation and is planning to hold an all Pakistan Convention soon. PDO Karachi under the leadership of Dr. Manzar Salim has been very active and in a short span of few months it has been able to make significant advances in solving the problems of young doctors.

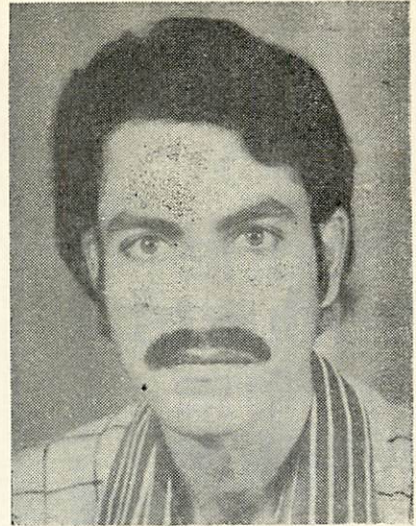
I and Dr. Khaliqur Rehman Shaikh are working hard to organise the Sind Branch on a sound footing and we sincerely hope that in the near future you will be hearing some good news Inshallah.

In the end I request all the doctors especially the young doctors to unite under the banner of P.D.O., irrespective of past attachments to different student parties and different ideological groups as this is the only platform which will help in solving your heart-burning problems.

**DR. HAROON ZAFARULLAH**  
*REGISTRAR E.N.T.*  
**CIVIL HOSPITAL KARACHI**

*MESSAGE*

**CONVENOR  
P.D.O. SIND**



I feel great pleasure in writing these few lines on the occasion of the publication of a Souvenir for Pakistan Doctors Organisation.

It is essential to have such an organisation on a country wide basis, so as to bring the young doctors of the country on a single platform to solve their burning problems, to maintain the dignity of our noble profession and to serve the ailing humanity.

My message to the young doctors is that they should proceed on the path of unity, love and friendship and should come forward to strengthen P.D.O. and make it successful.

Long Live P.D.O.

**DR. KHALIQUR RAHMAN SHEIKH**  
*DEMONSTRATOR PATHOLOGY*  
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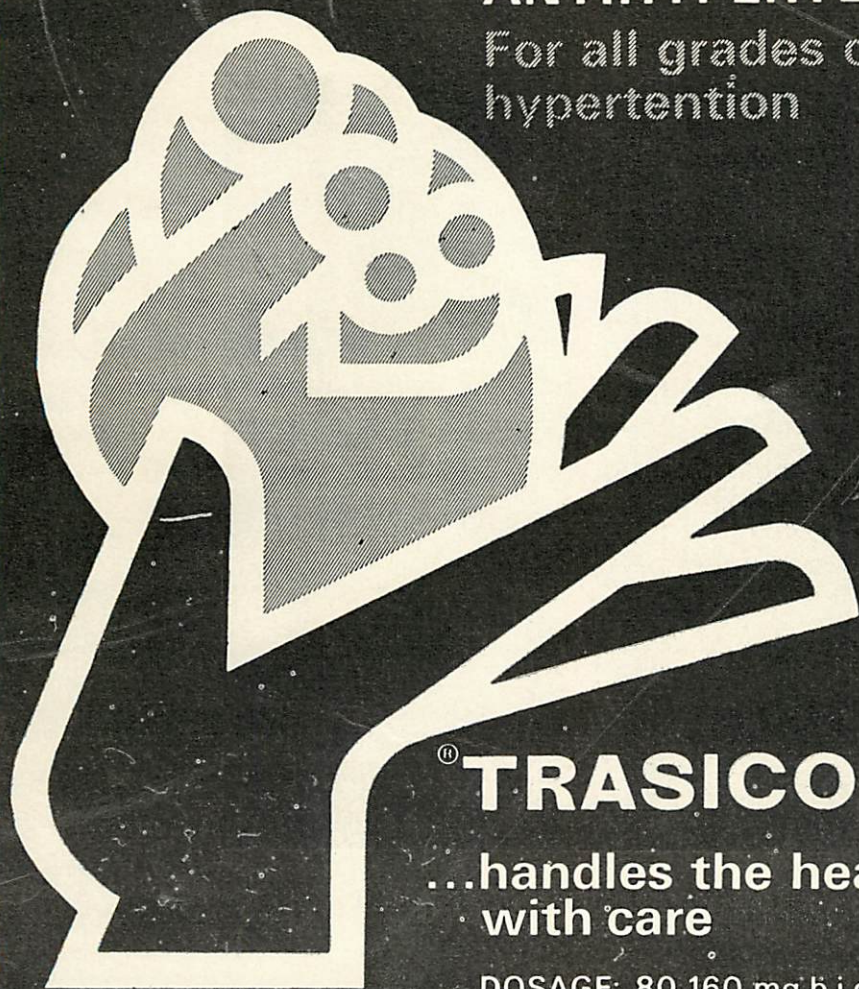
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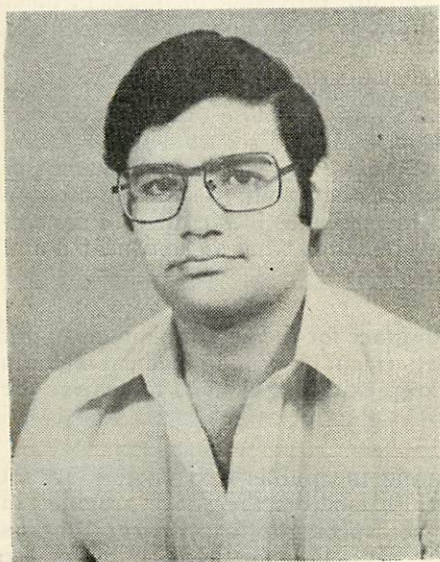
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# Editorial

The Pakistani doctor today is perhaps the only professional in the country, who regrets having adopted his noble profession. Anywhere else, this feeling would be termed insanity, but in Pakistan the plight of doctors makes this feeling only justified, to put it in modest terms.

Before venturing on an elaborate inquest into the problems of doctors, it is worthwhile to distinguish two very distinct classes of doctors. The first is a small minority, contributing hardly 5% to the total population of doctors, generally known as "Barde Doctor Saheb" to the general public. These consultants by virtue of their postgraduate qualifications as well as their merciless consultation fees, are literally enjoying the best of both worlds and to them Pakistan is a land of limitless bounty. The remaining 95% doctors comprises of House Officers, Registrars, Resident Medical Officers, doctors serving in the Social Security, District Health Centres, Railways and Rural Areas, who are providing qualified medical cover to the poor masses. They are the ones who remain deprived of the basic essentials of a decent life.

It is high time that the government and the general public realise that these doctors are also members of the society, who have to meet their needs and secure a better future for themselves and their families. It is a shame that whereas every successive government in Pakistan has felt duty bound to sermonise doctors about the nobility of their profession and service to humanity, neglect of the doctors, as to their welfare has resulted in circumstances whereby a qualified doctor receives a salary even less than what an uneducated and unskilled labourer draws in a month.

The appalling working conditions of doctors is a disgrace for the health planners of our country, who instead of acting positively towards the betterment of existing medical facilities and formulating a long term National Health Policy, keep exhorting doctors to achieve the standards of medicare of the developed countries.

The officials of the health ministry keeps educating the public that doctors do not serve in the rural areas without ever specifying the health facilities they have provided in the rural areas in the last 30 years. How can a doctor be expected to help the rural masses without the provision of drugs, equipment and hospitals? It is time for the people to realise that the blame on doctors is only an attempt to cover the shortcomings of the bureaucrats. Has any government either Central or Provincial, ever provided a list of Health Centres and hospitals in the rural areas and the prevalent facilities therein, so that doctors could decide to join them?

Medical Profession is the only unfortunate profession in Pakistan for which no service structure exists till today. Seniority and experience is the criteria for promotion in all other fields, but not among doctors, who join service in Grade 17 and retire in Grade 17 or 18 after 25 years of service.

Lack of jobs, an already existing problem, is certain to reach enormous proportion in the very near future, as the existing 15 medical colleges in the country are expected to produce over 3,000 doctors annually. The government which is already unable to provide house jobs to all the medical graduates for a period of one year, cannot if the present conditions prevail, be expected to provide permanent jobs to the thousands of doctors who will be churned out of our medical colleges from this year.

Since 1973, the number of medical colleges has almost doubled but the number of available jobs has remained static. One does not necessarily be a doctor to imagine the magnanimity of this problem in the next couple of years, unless an intelligent national health policy is urgently formulated and these doctors are spread all over the country.

The government had banned doctors from leaving abroad on the pretext that the nation is entitled to benefit from the investment it makes in producing a doctor. Let the nation benefit from this investment which has now matured.

The absence of Laws and Regulations against unqualified medical practice has resulted in the flourishing of Quacks all over the country, who are playing havoc with public lives in the garb of doctors and bringing a bad name to the medical profession. Masterly inactivity on the part of the government has only encouraged this illegitimate practice and added to the problem of the qualified general practitioner who is compelled to compete with these quacks, who are defeating the very purpose of our medical colleges.

The imbalance in the law of demand and supply has proved a blessing to the chain of private hospitals and clinics in the cities owned by the Capitalist Class of Doctors. Junior doctors are compelled to perform 24-36 hours duty at a stretch, for a monthly pay of about a thousand rupees and threatened with unemployment in case of complaining against their exploitation. These hospitals enjoy the patronage of government and semi-government institutions, and are fleecing a huge sum of public money every month and yet the doctors employed there, are restrained from voicing their demands.

Finally a word about the old horse, P.M.A. Ruled by those who are exploiting their own junior brethren, the P.M.A. lies exposed for its inability to work for the underprivileged young doctors. The problems of junior doctors bears no resemblance with the aspiration of the bosses of P.M.A., rather the uplift of young doctors would be a blow to their political future and financial stability.

It is time for the junior doctors to detach all hopes and bid farewell to P.M.A. The medical profession cannot withstand further humiliation and setbacks, at the hands of the so-called guardians of our cause. The future of junior doctors lies in the strength of P.D.O., which is determined to attain the right of doctors.

Surely if the nation can afford to split the atom, it can provide a respectable future to its doctors, only if doctors themselves endeavour to unite and demand it.

DR. S. NAJMUL ARFEEN  
(EDITOR)

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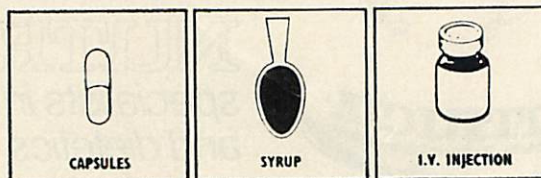
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## WHY P. D. O. ?

*DR. EICE MOHAMMAD*

Pakistan Doctors Organisation (P.D.O.), a national representative organisation of doctors was established in 1974, and in a brief span of five years, with the Grace of Almighty Allah, and the blessings of the medical profession is now firmly established in all the provinces of Pakistan, linked to a federal office.

One would definitely question the very need of a separate organisation of doctors in the presence of an already existing one, in the name of Pakistan Medical Association, which was formed 27 years ago. The answer is rather simple and straightforward. P.D.O. is a product of necessity rather than a mania for a parallel platform for a certain group of doctors. Indeed had the PMA awakened to the growing problems of doctors especially Junior Doctors, despite fervent appeals, PDO would never have become a reality.

When one analyses the deeds of PMA higher ups, it is evident that apart from sleeping over our plight, we have repeatedly been betrayed by members of our own profession. Time and again the bitter pill was swallowed by the members of the profession, in the hope of a cure and yet the disease progressed, so that we could swallow no more and that was the time the need of a new Physician was felt and Pakistan Doctors Organisation was formed.

Words loose their meaning if they remain unsubstantiated, so let us briefly analyse our recent past. In the year 1963, doctors entered the service as Class III government servants, Junior House Officers used to get no pay for their round the clock duties and Senior House Officers received Rs. 90/- per month only. Such underprivileged doctors pleaded the PMA to fight for their cause, but their own association backed out and doctors independently waged a nation wide struggle with the result that doctors began getting Gazetted Class II on entry into service and Junior and Senior House Officers began to get Rs. 100/- and Rs. 220/- per month respectively.

In 1969 when PCS officers were given Class I, doctors demanded the same for themselves. Again they knocked at the doors of the PMA leadership and again the PMA demonstrated its inability to fight for the cause of the profession. Doctors were forced to make the Central Medical Body (C.M.B.) which waged a relentless struggle and achieved Class I for doctors on first entry into service, and House Officers salary was increased to Rs. 250/- and Rs. 350/- respectively.

In 1974, the National Pay Scales were announced by the government. Ironically not a penny was increased in the salary of doctors. A service structure for doctors was still missing. Yet again the helpless doctors went to PMA and yet again the PMA remained unmoved. The gravity of the situation demanded a separate body of doctors and Pakistan Doctors Organization was formed, which waged a countrywide struggle and included in its demands NPS 18 for doctors on entering the service as well as improvement in the working condition of House Officers. A comprehensive service structure for doctors was also demanded, as doctors enter the service in Grade 17 and retire in Grade 17 or 18 after 20 or 25 years of service. While the struggle was in its final stages, suddenly the PMA joined hands with the then government and asked the doctors to end their struggle without any firm assurance from the government. This unwarranted betrayal on the part of the PMA only weakened the movement and doctors had to be content with only partial success. House Officers pay

was increased to Rs. 500/- per month and 40% doctors in Grade 17 were given Grade 18, but a Service Structure was not given although a promise to this effect was made. However, that promise is still not fulfilled and problems of accommodation and transport for Junior doctors still remain unsolved.

In 1976 PDO again waged a nationwide struggle and urged the Government to fulfill its promises made in 1974. During the time between 1976 and 1978, PDO was able to get House Officers pay increased to Rs. 900/- per month. However, doctors in Karachi and elsewhere in Sind were deprived of this increase and it was only in August 1979, after a relentless effort by PDO Karachi, that the salary of House Officers in Sind was brought at par with that of other provinces.

Junior Doctors will appreciate from the above facts that the pay increase to the present was a result of constant struggle and sacrifice on the part of their fellow brethren in the PDO, and not PMA, which is a seclude of the capitalists and the rich section of our profession. PMA bosses are stationed in large cities where they have built their own Commercial Enterprises. They do not feel the need of a Service Structure, nor do they feel the pinch of transport and housing problems. These are the problems of young doctors and history bears testimony that whatever has been gained has been due to the efforts of the young generation of doctors which now constitute the Pakistan Doctors Organisation.

At the moment, there are two distinct group of doctors in the country, one rolling in luxury while the other is struggling to make both ends meet. The irony is that the common man and the government is obsessed by the conviction that every doctor is rich. This belief has stemmed by observing the luxurious life style of the capitalists of the profession, all herded in PMA. The fact however is that young doctors like House Officers, Registrars, Demonstrators and Doctors serving in Rural Areas are leading a hard life. In addition while a section of our profession is engaged in fleecing the public and earning a bad name, those of us who are working hard and are not engaged in any immoral practice are also earning negative publicity.

You can rightly ask, why not join PMA and throw out these opportunists from office. Such an attempt was made by doctors in 1974, with the result that PMA high command was toppled in many places, but when the point of their defeat came, they managed to get stay orders from the Court, to enable them to continue in office. This state of affairs made young doctors realise that they were wasting their time and energies over PMA. It was evident that these so-called PMA leaders are accomplished professional politicians who have commercial rackets and interests built around the PMA platform. The only job they seem to do is to host dinners, variety shows and Melas, thereby keeping doctors engaged and side tracking their minds from the real issues. PMA bosses will never risk transfers and victimisation for the sake of Junior doctors, as they have locally invested lakhs of rupees in commercial interests at places of their work. They will never endanger themselves by waging struggle for us.

Since 1976, PMA has no central office bearers. It is bitterly divided into so-called rightist and leftist groups. They are wasting the energy of young doctors in useless confrontation, while problems of doctors working in government hospitals, doctors coming back from the army, doctors working in railways, social security, local councils and general practice are lying unsolved. This endless feud amongst PMA politicians continues with no sign of settlement. Should doctors wait for its end in order to voice their problems ?

Time is too short. Hakims are getting preference, separate directorate and network of dispensaries are being set up for them. Homeopaths are being recognised as doctors and given government jobs. Quacks are flourishing unchecked. Absence of a clearly outlined

National Health Policy is being felt by the doctors since a long time. Mass turnover of doctors every year with virtually no new job opportunity makes the future picture very gloomy indeed. What will be the fate of thousands of doctors who will be passing out from the medical colleges?

PDO invites your attention to these pertinent questions and offers its services to fight for a better future for doctors, and urges you to realise the urgency of the situation. PDO invites you to join and gear up its activities, as no one will give you your rights until you fight for it. Let PDO be a platform for meeting the challenge.

Now it is left to the young generation of doctors to take up offices and come in the forefront of PDO, for unless new faces come forward the organisation will wear down and lack initiative and force. The senior office bearers do not wish to cling to the chair as they have no personal axes to grind. PDO is open to all fair minded doctors who want to work for the common good of doctors. Sacrifice of time and energy will be required for the uplift of the medical profession or else scientific medicine will be thrown into the backward of any future health scheme and the coming generation of doctors will curse us for selling their interests as has been done by PMA.



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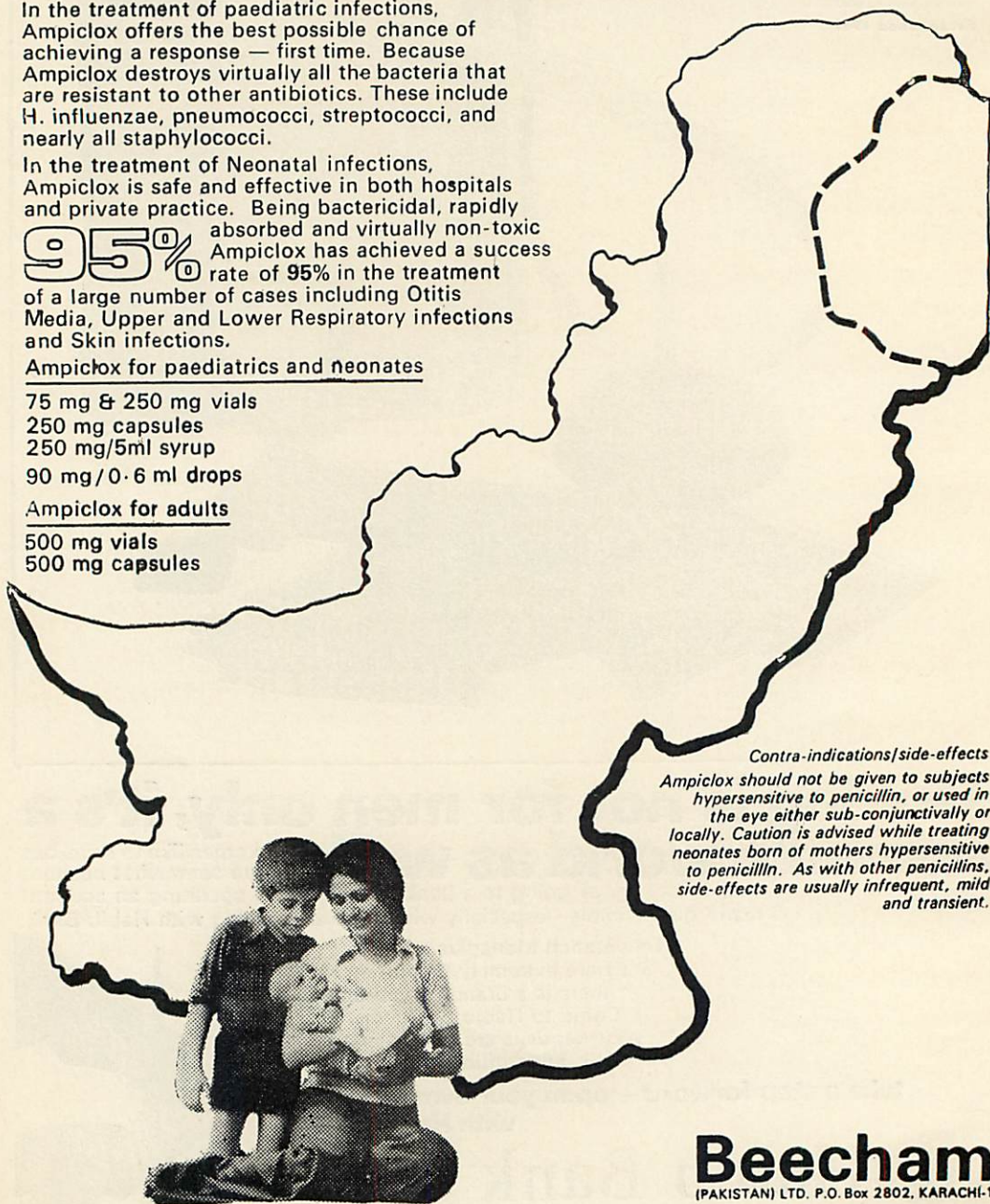
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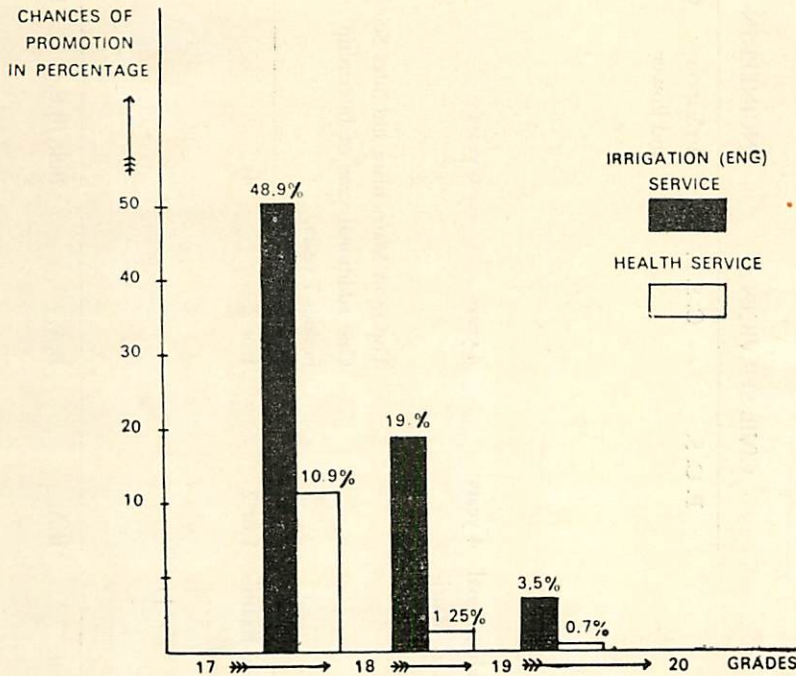


# Service Structure

Today the mind of every fresh medical graduate, instead of concentrating on the Healing of the Suffering Humanity, is focused on the gigantic problem of what his future would be? After 18 years of hard, tiring and dedicated efforts *i.e.* 2-4 years of study more than any other profession when a student graduates as a doctor he is usually surrounded by all sorts of charms and dreams attached to this noble profession. However, these are soon shattered by hard, bitter and certain imposed realities of practical life which leads to the frustration of the "New Masiha".

It is amazing or rather saddening to note that as compared with other professions (*viz.* Tables 1, 2 and 3) there are virtually few or no chances of promotion to higher grades and no proper channelization for doctors especially the General Cadre Doctors. It should be borne in mind that the General Cadre constitutes the largest group of inservice doctors which serve in the most unattractive places and perform 100% of the preventive and 90% of the curative work; very often under extremely adverse circumstances both from the point of view of medical facilities and personal living comforts.

TABLE-I



Chances of Promotion in Health Services and Punjab Irrigation (Eng.) Service

**TABLE-II**  
**COMPARATIVE STATEMENT OF MEDICAL AND OTHER SERVICES**

Sr. Para Meters of No. Comparison	CIVIL SERVICES		ENGINEERING SERVICES		HEALTH SERVICES		
	P. C. S.	C. S. P.	Irrigation and Power	Communication and Works	Medical Teachers	Specialists of Teaching and Non-Teaching Hospital	General Cadre Doctors
1. Total No. of Educational Years spent after Matriculation for Basic Qualification.	4 years	4 years	6 years	6 years	7 years	7 years	7 years
		Top most Matriculate and Inter Science Students enter Medical Colleges. One additional year of Internship besides 7 years.					
2. No. of University Examination to be passed.	1 or 2	1 or 2	4	4	4	4	4
					Extra Examination for acquiring Postgraduation.	Extra Examination for acquiring Postgraduation.	
3. Basic qualification.	B.A.	B.A.	B.Sc./B.E.	B.Sc./B.E.	M.B.B.S. with Post-Graduate Degree/Diploma	M.B.B.S. with Post-Graduate Degree/Diploma	M.B.B.S.

4.	Initial Recruitment in Grade/N.P.S. and working conditions.	Grade-17 with good working conditions.	Grade-17 with good working conditions and fringe benefits.	Grade-17 with good working conditions.	Grade-17 with good working conditions.	Grade-18 with good working conditions.	Grade-18 with good working conditions.	Grade-17 with very adverse working conditions as most of the Medical Officers are posted in Rural Areas and remote places.
5.	No Posts in Grade-17	482	Not fixed	411	255	Nil	Nil	1649
6.	No. of Posts in Grade-18 and chances for promotion to Grade-18.	70 14.52%	Not fixed 100%. Promotion occur in 5 years.	201 48.9%	135 52.3%	121	128	180 10.9%
7.	No. of Posts in Grade-19 and chances for promotion to Grade-19.	7 1.5%	Not fixed 100%	78 19%	46 19%	120 99.5%	9 7%	20 1.25%
8.	No. of Posts in Grade-20 and chances for promotion to Grade-20.	5	Not fixed	15 3.5%	4 1.7%	85 70.84%	NIL	1 0.07%
9.	Chances of promotion to Grade-21, Grade-22 and higher.	Present	Present and enough.	—	—	NIL	Nil	NIL



TABLE III

## COMPARATIVE STUDY OF DIFFERENT SERVICES FROM 1958-1974

Profession	Academic Qualification	Duration of Studies	Training	Initial Designation	Present Designation	Initial Pay	Present Pay	Working Hours & Other Benefits
Civil Service (CSS/PCS)	BA/B.Sc. PCS CSP	14 yrs.	One year with pay	Asstt. Commissioner	Provincial Secy.	350/-	2300/-	6 Hours — Grand Official Residence — Official Car — Servants, etc. — Holidays
Engineering	B.E.	16 Yrs.	Nil	S.D.O.	S.E.	250/-	2000/-	6 Hours — Holidays — Official Bungalow — Official Car & Transport facilities
Education	M.A.	16 Yrs.	Nil	Lecturer	Professor	250/-	1900/-	6 Hours — Holidays — Official Residence — Extra Exam Fees, etc.
Medicine	M.B.B.S.	18 Yrs.	One year without pay	Medical Officer	Medical Officer	250/-	1050/-	24 hrs. daily on call — No Holidays — No Benefits

The government is also aware of this problem because in 1974 when doctors went on strike all over the country, it issued a notification No: 259-M/H&SW/74-1 dated 4th October on the directive of the then Prime Minister according to which special and early consideration for formulation of Career Structure for doctors was ordered and in addition certain Fringe Benefits were recommended. Again on 26th March 1978 General Zia-ul-Haq, President and CMLA Pakistan, announced in a Doctors Dinner at Lahore to give a Service Structure to each category of doctors to enable them to get promotion to higher grades even upto Grade 22, irrespective of the posts and nature of duty and place of posting. However so far nothing concrete has turned out.

To overcome this grave and basic problem of Uncertainty of Future of a Fresh Doctor and to rectify prevailing injustices and hardships PDO has drafted a solution in the form of a Service Structure. The main idea is that every doctor should be provided with equal opportunities and a wide scope to proceed ahead in the professional as well as national sphere of life.

# SERVICE STRUCTURE AS PROPOSED BY P.D.O.

## 1. INTERNSHIP

Soon after graduation every doctor should be asked to do a rotary internship for a period of one year. If all the graduates cannot be absorbed in teaching hospitals for house job, those left over should be sent to other Government, Semi-government and District Headquarter hospitals to work under specialists there. This will improve medical care in peripheral hospitals. The selection for internship should be strictly on merit basis and those with higher merit should be allowed to do full one years housejob in whatever speciality they want to do. This will give them a better chance for postgraduation later on. This one year should be counted as Government service and every intern be given free lodging and proper messing facilities. To check injustices and favouritism in selection representatives of young doctors should be included in Housejob Selection Committees.

## 2. NATIONAL SERVICE

After completion of one years housejob every doctor without exception should have compulsory National Service for two years either in the Army or in the Rural Areas or in Local Bodies. A doctor who has done two years as rural service should not be sent again to the Army. These two years of the doctors service should be equivalent with each other. All doctors should enter Government service in Grade 18 and all doctors presently in Grade 17 should be promoted to Grade 18.

## 3. OPTIONS AFTER NATIONAL SERVICE

After completion of two years of National Service and one year of Housejob, the following avenues should be open for the doctors:

- A) If the doctor makes up his mind to leave service and settle in private practice he should be allowed to do so and proper facilities in the form of loans and duty free import of equipments, etc. be provided.
- B) If he wants to go abroad there should be no restrictions on him.
- C) If he wishes to continue service in Army, he may do so. But if he wants to come to civil service his period in Army should be counted towards seniority in service.
- D) If he wants to continue in Civil Service he should be offered the following paths :
  - a) If he wants to continue in rural area, he may do so.
  - b) If he opts to move to urban areas he should be given bigger hospitals to work in, so that he can have better education facilities for his children.
  - c) If he is appointed in a District Headquarter Hospital, his job should be considered equal to Registrar if he works under a specialist.

- d) If he desires to do postgraduation he should be given a fair chance to get a job of Registrar or Demonstrator in teaching institutions according to merit. Service in Physiology, Pharmacology and Pathology should be considered equivalent to Medical Registrarship while service in Anatomy should be considered equal to Surgical Registrarship. This arrangement will give equal chance to doctors for competition in getting admission in postgraduate courses.
- e) This period of service should be atleast two years. As far as peripheral hospitals are concerned, a scheme should be worked out so that senior doctors with children are given better and urban station just like railways where a senior station master is always on the main line.

After five years, those doctors who do not want to do postgraduation may continue in service if they so desire but should move to Grade 22 in 23 years of service. They should move to Grade 20 on time scale basis; and on basis of availability of post to Grade 22 after Grade 20.

#### 4. POST GRADUATES

Those who do postgraduation should fall in the following categories:

##### A) *DIPLOMA HOLDERS*

Those who do MCPS, DO, DLO, DCP, DMRS, DPH, DCH and DTM&H should be given Grade 19 and if they have already reached this scale because of length of service they should also be given three advance increments.

##### B) *FELLOWSHIP HOLDERS*

Those who do FCPS, FRCS, MRCP, MD, MS, MDS, M.Phil, Ph.D should be given Grade 19 and if they have already attained this scale because of length of service they should be given 5 advance increments. Preference to local post-graduate degrees and diplomas should be given over foreign postgraduate degrees and diplomas.

#### ENTRY AND PROMOTION IN GENERAL CADRE

A doctor entering Government Service should appear before Public Service Commission only once on entry of service and after that he should get promotion to higher posts like D.H.O., Medical Superintendent, Deputy Director and Director Health Services on the basis of merit and seniority.

#### PAY SCALES FOR DIFFERENT CATEGORIES OF DOCTORS IN GENERAL CADRE

1. *MEDICAL OFFICER*: These should be in Grade 18 at start of service and then should reach Grade 20 on time scale basis and Grade 22 on the basis of availability of post in Grades 21 and 22 after Grade 20.

Grade 18 to 19	.....	5 years
Grade 19 to 20	.....	5 years
Grade 20 onwards	.....	according to availability of posts.

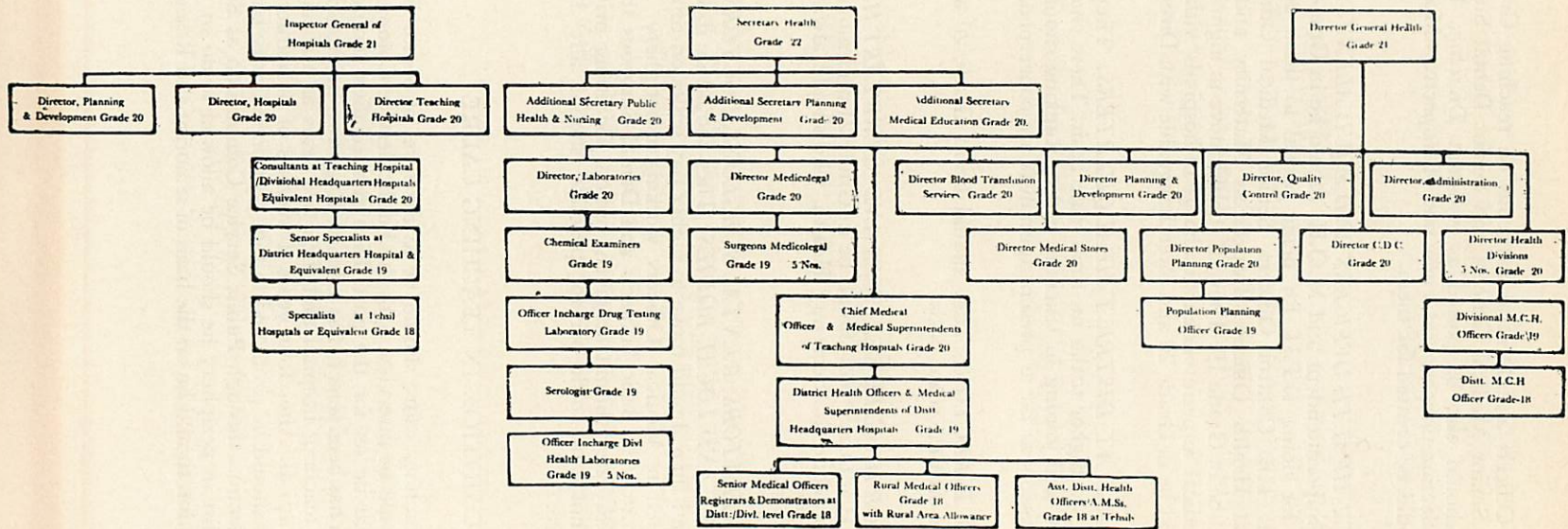
Medical Officers and Dental Surgeons on reaching Grade 19 should be designated as Senior Medical Officers and Senior Dental Surgeons. Female Medical Officers should also be posted as Assistant Directors, Divisional T.B. Control Officers, Section Officers and a new post of Inspectress Maternity and Child Health Care should be created for them.

2. *DISTRICT HEALTH OFFICERS AND EQUIVALENTS*: District Health Officer, Medical Superintendent and M.O.H. should be in Grade 19 and there should be no need for doing D.P.H. for being posted to these posts. Assistant Directors, Divisional T.B. Control Officers, Senior Medical Officers in Social Security, Municipal Health Officers, Inspectress Maternity and Child Health Centres should all be in Grade 19. They all should move to higher pay scales on time scale basis. Medical Superintendents incharge of hospitals with bed strength more than 250 should be in Grade 20 and interchangeable with Director Health Regions.
3. *SPECIALIST AT DISTRICT HEADQUARTERS*: They should be in Grade 19 and move to higher scales on time scale basis. There should be ample chances of promotion and joining in teaching cadre. Ranking should be equivalent to Associate Professors as far as present specialists are concerned.
4. *DEPUTY DIRECTOR*: They should be in Grade 20 and then move to higher pay scales on time scale basis.
5. *DIRECTOR HEALTH SERVICES AND SECRETARY HEALTH (PROVINCES)*: Director Health Services should be in Grade 21 and move to higher scales on time scale basis while the Secretary Health, who should always be a doctor should be in Grade 22.
6. *DEMONSTRATORS, DENTAL SURGEONS, DOCTORS IN RAILWAY, SOCIAL SECURITY AND LOCAL BODIES*: They should be in Grade 18 at start of their service and then should move to higher pay scales on time scale basis to Grade 22 as suggested for Medical Officers working in periphery. Assistant Professors and Demonstrators in Basic Subjects and Dental Surgeons should be given Teaching Allowance. They should be given option for doing private practice and those who do not want to do private practice should also be given Non-practicing Allowance.

#### ENTRY AND PROMOTION IN TEACHING CADRE

Entry into teaching cadre should be at the level of Senior Registrar on Clinical side for which there should be interview with the Public Service Commission. Proper criteria and qualifications should be set for the post. District specialists should also be eligible for the post. After a person has been selected as a Senior Registrar, he should work as Senior Registrar for two years in a teaching hospital and then two years as a specialist at District or Tehsil Head Quarters Hospital. After four years if avenues of promotion to the post of Assistant Professor exist they should be promoted to that post on seniority basis. If a person with post-graduation and selection through Public Service Commission as Senior Registrar, wants to continue as specialist in periphery he should be allowed to do so. From Assistant Professor to Professor promotion should be on the basis of seniority and Research Work done as Assistant Professor.

TABLE IV



RE-ORGANISATION OF HEALTH SERVICES

## RE-ORGANISATION OF HEALTH SERVICES (TABLE IV)

### 1. MEDICAL OFFICERS AND DENTAL SURGEONS

- A) Medical Officers in Grade 19 should be designated as Senior Medical Officers and Senior Dental Surgeons.
- B) Medical Officer "I" in District Headquarters Hospital should be designated Deputy Medical Superintendents.
- C) Transfers of Medical Officers, Woman Medical Officers and Dental Surgeons should be in the hand of Secretary Health or the Director Health of the Province.
- D) Posts in Grade 19 and above should be Central places rather than in peripheral areas.

### 2. DISTRICT LEVEL

In each Tehsil there should be one Health Officer and at the level of the District the present District Health Officer should be designated Chief Health Officer. This arrangement will improve preventive work in each District. Health Officers and Chief Health Officer should be in Grade 19 and 20 respectively.

### 3. DIVISIONAL LEVEL

The present Deputy Directors should be called Director Health Regions and present Assistant Directors should be called Deputy Directors and structures should be as given below :

A) Director Health Region — One	Grade 20
B) Deputy Directors	19
a) Medical	19
b) Dental	19
c) Maternity and Child Health Centre	19
C) Divisional T.B. Control Officers	19
D) Divisional Blood Transfusion Officers	19

### 4. DIRECTORATE LEVEL

A) Director General Health Services (one)	21
B) Deputy Directors (General)	
a) Curative (Hospitals)	20
b) Preventive	20
c) Maternity and Child Health Care (Female)	20
C) Provincial T.B. Control Officer	20

D) Director Blood Transfusion Service	20
<b>5. SECRETARIATE LEVEL</b>	
A) Secretary Health (One)	22
B) Joint Secretary	
a) Colleges and Education	20
b) Field Hospitals	20
c) Preventive	20
d) Dental	20

#### 6. LOCAL BODIES

In order to facilitate the curative and preventive work in Local Council Health Services, the following posts headed by doctors should be created:

A) Regional Director Local Council Health Services at Divisional Headquarter	Grade 20
B) Joint Secretary Local Council Health Service at Secretariat Level	Grade 20

#### 7. AUTONOMOUS BODIES

Medical Services of Bodies like Social Security, Local Bodies, etc. should be provincialised and similar service rules and service structure should apply to doctors working in these bodies as are applicable to doctors working in Provincial Health Services.

### **CHANGES IN RULES AND REGULATIONS & SERVICE CONDITIONS**

#### 1. MEDICAL OFFICERS

- a) Medical Officers working under a specialist at District Headquarter Hospitals should be considered at par with Registrars of Teaching Hospitals so that they can compete for postgraduation courses.
- b) Those Medical Officers who are working in hospitals where specialists are not present should also be given chance to join postgraduate courses. At the moment Medical Officers having worked for four years in rural areas should be eligible for courses like FCPS, M.Phil, etc. and given deputation.
- c) Service as Demonstrator in Anatomy should be considered at par with Surgical Registrarship and service in Physiology, Pharmacology, and Pathology should be considered at par with Medical Registrarship.
- d) Non-Practicing Allowance should be 100% of the pay.
- e) Rural Area Allowance should be uniform and 50% of the basic pay per month.
- f) Proper Seniority List should be prepared and those doctors who have been out of the country for more than five years, their services should be terminated after giving showcause notice. Unless this is done, a proper seniority list cannot be prepared.
- g) Doctors going to foreign countries should be sent on Government to Government basis with agreed terms and conditions. A Pool of Doctors should be made and every doctor should be given a chance to go abroad on rotation basis.

- h) There should be atleast three Casualty Medical Officers in each District Hospital, so that if one is to attend court, the patients and medico-legal work does not suffer.
- i) A.M.O. with L.S.M.F. with ten years of service should be promoted as Medical Officer in Grade 18.
- j) Medical Officer working in periphery who are required to visit sub-centre should be paid T.A., D.A.
- k) All doctors should be made permanent as few have been made permanent since 1965.

## 2. SPECIALISTS

- a) The specialist posts should be inter-changeable with Senior Registrar and Assistant Professors.
- b) Medical Superintendents should confine themselves to administrative work and should not interfere in the work of specialists.
- c) Purchase Committees in each District Headquarter Hospital should comprise of M.S., Physician, Surgeon and M.O.I.
- d) Annual Medical Board for Gazetted Officers at District level should comprise of M.S., Physician, Surgeon and Ophthalmologist.
- e) Annual Confidential Report of Medical Officers working under a specialist should be written by the specialist concerned.
- f) Share of Medical Officer/Specialist in hospitalised private patients should be 70% as was before.

## 3. MEDICAL MANUAL

The terms for charges for medical examination are obsolete now as these are formulated in 1884 and 1926.

- a) Medicolegal examination fee for Medical Officers, should be raised from Rs. 4/- to Rs. 32/- per case and for Medical Superintendents from Rs. 10/- to Rs. 64/- per case. This fee should be charged from every kind of case.
- b) Postmortem fee should be allowed at Rs. 50/- for Medical Officer and Rs. 100/- for Medical Superintendent and Police Surgeon.
- c) District Health Officer should be allowed to charge Rs. 16/- to issue vaccination certificates as practice in vogue in Bangla Desh (East Pakistan).
- d) Purchase fee of paisa 25 from out patients in the Punjab should be finished immediately as practiced in other provinces.

## 4. PURCHASE OF MEDICINES FOR THE HOSPITALS

- a) In each district there should be a purchase committee comprising of Director Health of Region, Medical Superintendent and a specialist. This committee should be able to purchase medicines directly from the companies. 100% of drug



budget should be at the disposal of this committee.

- b) Industries Department should not come in the way of purchase of medicines. Similarly Medical Store Depot should be meant for the purpose of those articles in which foreign exchange is involved.

#### 5. LOCAL BODIES AND OTHER AUTONOMOUS BODIES

The Medical Services of these bodies should be provincialised and same service rules and service structure should apply to the doctors working in these as are applicable to doctors in provincial health services.

#### 6. FRINGE BENEFITS

- a) 100% accommodation should be provided to doctors, where not provided 50% house rent should be paid on the basic pay.
- b) Arrangements for transport of doctors to and from hospital should be made in each large city of Pakistan. If this facility is not provided; Conveyance Allowance should be given.
- c) Doctors maintaining a car in small towns but not provided residence in hospital premises should also be given Car Maintenance Allowance.
- d) Allocation of Plots for doctors in new Residential Colonies should be done.
- e) Telephone facilities should also be provided to doctors.

#### 7. GENERAL PRACTITIONERS

- a) Government should give loans on soft terms to doctors to establish clinics and buy equipments.
- b) Equipments needed for treatment and diagnostic purposes should be allowed to be imported on duty free basis.
- c) Regular refresher courses should be arranged for general practitioners in Medical Colleges and District Hospitals for renewal of their medical knowledge.
- d) Allocation of fixed numbers of Plots in all the new Housing Schemes should be done.
- e) Strict rules and regulations be made and severe punishments be given to erase quackery and illegitimate medical practice from the country so as to safeguard the interests of genuine general practitioners.

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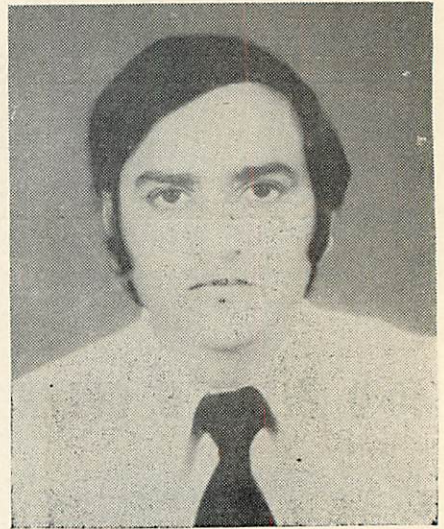
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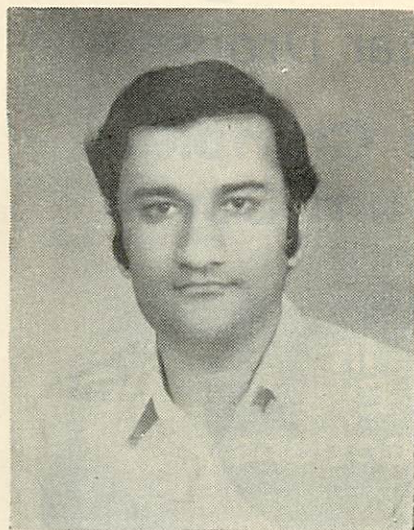


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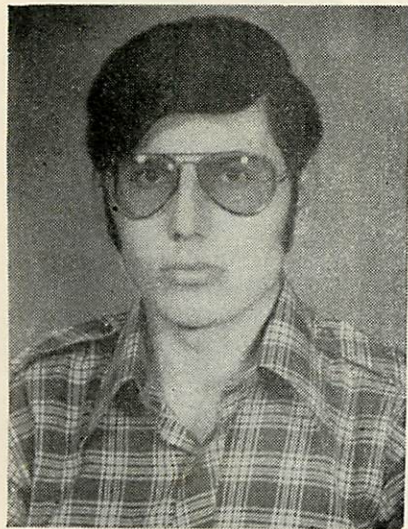
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# LAHORE CONVENTION

*DR. HAROON ZAFARULLAH*

The National Convention of Pakistan Doctors Organisation was held at the Mayo Hospital Auditorium on 28th September, 1979.

The convention which was attended by over two hundred fifty doctors including delegates from Sind, Baluchistan, Punjab and NWFP was chaired by Dr. Eice Mohammad, President of PDO (Centre). It was addressed by a large number of speakers from all over the country and passed a number of resolutions besides holding Punjab Elections.

## S P E E C H E S

Addressing the convention Dr. Eice Mohammad threw light on the past struggle by the Pakistan Doctors Organisation as also the salient features of the service structure proposed by PDO. He also talked about the elections of Punjab PDO and opined that elections of the central organisation should also be held as soon as possible.

Dr. Manzar Salim, President of Karachi PDO gave background of the two strikes at Karachi, at the Civil Hospital and the other one at the Jinnah Postgraduate Medical Centre and also the role played by the PDO. He stated that private hospitals should also be included in the structure being proposed by the PDO, and publicity campaign should be intensified.

Dr. Manzar Salim also urged the Pakistan Medical & Dental Council to inspect the medical colleges regularly so that atleast minimum teaching facilities are made available. He further suggested that seats in the medical colleges should be reduced gradually keeping in view the facilities available in the respective institutions and to control the overproduction of doctors.

Dr. Sher Bahadur Khan, President of NWFP PDO urged the government to establish postgraduate institutes at Peshawar and Quetta as well. Till such time it could not be implemented some seats for doctors of these provinces should be reserved at the JPMC in Karachi and the Postgraduate Medical Institute at Lahore.

Dr. Aslam Bhattani, General Secretary of NWFP PDO said that PMA did not exist as far as NWFP was concerned. NWFP branch of the PDO, he said, will extend its full support to any action and decisions taken by the PDO leadership.

Dr. Gulzar Ahmad from Gujranwala spoke about the service structure and residential problems being faced by the doctors at the District Headquarters Hospitals.

Dr. Abdul Haleem from Bahawalpur suggested that we must take some active steps like token strike to press the authorities for the acceptance of the demands. Dr. Wahid from Khanpur supported the suggestion for a token strike.

Dr. Iftikhar Rana from Postgraduate Medical Institute Lahore said that Non Practising Allowance should be equal to the basic pay.

Dr. Aslam Butt from Baluchistan, Dr. Zahir from Pindi, Dr. Yasmin, Dr. Ahmed and Dr. Tanzeem Haider also addressed the Convention.



## RESOLUTIONS

Following is the text of resolutions passed at the national convention of the Pakistan Doctors Organisation.

1. The National convention of Pakistan Doctors Organisation expresses deep concern over the gross frustration prevailing in Health Services of Pakistan due to absence of suitable service structure. The doctors all over the country foresee a bleak future before them. Majority of doctors entering in NPS-17 retire in NPS-18 after a service of 25-30 years. In 1974 Federal Government issued a notification No. 259-M/H & SW/74-1 dated 4th October 1974 ordering early formulation of a career structure for doctors. The present government has also been presented with the documents on service structure but no concrete steps have been taken. It is requested that government should announce notification in this connection and hold negotiations with representatives of Pakistan Doctors Organisation.
2. The PDO convention request the government to give five advance increments to Junior doctors which were given to them in 1974.
3. The Pakistan Doctors Organisation urges the government to announce immediately, grant of NPS-19 to Medical Superintendents, District Health Officers, Assistant Directors and District specialists and NPS-20 to Deputy Directors.
4. Pakistan Doctors Organisation urges the Health Department of Punjab to expedite completion of seniority list of general cadre removing all incorrect entries.
5. Pakistan Doctors Organisation urges the governments of NWFP and Baluchistan that until a postgraduate medical institute is established in these provinces seats should be reserved for doctors in Postgraduate Institutes of Punjab and Sind for higher education, on deputation.
6. PDO notices with great concern that gross injustice is being done to doctors in NWFP having postgraduate qualifications. It was observed that doctors with postgraduate qualifications for example in Urology are being posted in other specialities.
7. The PDO demands that immediate steps should be taken by the government to solve boarding and messing problems of House Officers, Registrars and Medical Officers. These doctors are facing tremendous difficulties and these need immediate remedial measures.
8. PDO expresses deep concern over non-implementation of Essential Services Ordinance by the WAPDA authorities. This has resulted in deprivation of benefits of length of service in Army to doctors who have joined WAPDA after Army service. It is demanded that concerned authorities in WAPDA should implement the Presidential Ordinance in letter and spirit.
9. PDO has observed that thousands of quacks are practicing medicine unlawfully and are using most modern antibiotics, steroids and other drugs without basic knowledge of the mechanisms of action and having no insight into side effects of these. They are playing with the lives of patients. All of them are engaged in illegal practice. It is urged upon the government to stop quackery forthwith and issue proper legislation in this connection.
10. Junior Doctors in Private Hospitals and Nursing Homes have very adverse working conditions. They have meagre financial remuneration and their employment is not regulated by any set rules. PDO urges that government should enact proper Legislation to categorise private hospitals and nursing homes and fix pay and fringe benefits of doctors working in these hospitals.

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6. rejection following kidney transplantation ▼
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to  
**Raymond P. Ahlquist, Ph.D.**

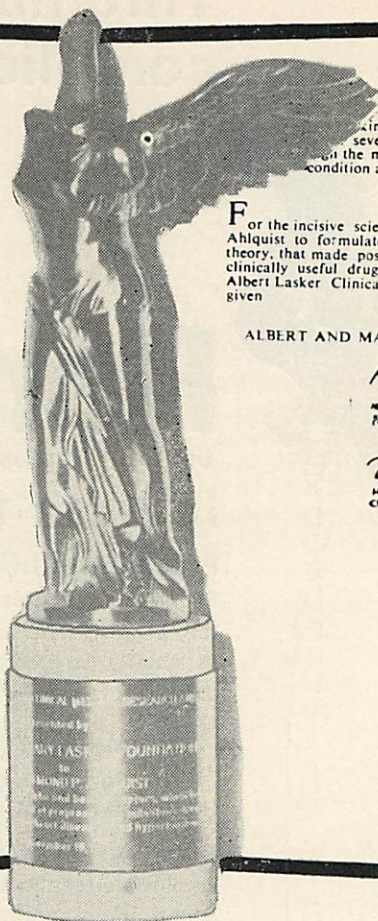
Professor & Chairman, Department of Pharmacology  
Medical College of Georgia  
Augusta, Georgia

For his concept of alpha and beta receptors, which opened the door to the development of propranolol, a milestone drug in the treatment of heart diseases and severe high blood pressure.

Dr. Ahlquist conceived the theory that there must be two types of receiving mechanisms, or sites, in the cardiovascular system — one type prevailing in the heart, and the other in the blood vessels. Those receptors, which receive "messages" from the sympathetic nervous system, were classified and named by him, alpha and beta. Because they are receptors for adrenaline-like substances, they are known as "adrenergic" receptors.

Dr. Ahlquist further postulated that the predominant adrenergic receptors in the heart are of the beta type, and affect its contractile force, its rate and its rhythm.

These theoretical concepts were later confirmed by Dr. Ahlquist and other investigators. The drug, propranolol, based on Dr. Ahlquist's original hypothesis, was later developed by Dr. J. W. Black, and is now widely used here and abroad for the treatment of severe high blood pressure, cardiac arrhythmias, and the agonizing pain of angina pectoris. The beta-adrenergic receptors, thus, in reaching them. As a result of this blocking, they are compelled to work as hard nor as fast as it would reach its receptors, and thus the symptoms



Blocking the beta receptors also brings severe high blood pressure under control. The means by which this function condition are not yet clearly established.

For the incisive scientific reasoning which led Dr. Ahlquist to formulate the dual adrenergic receptor theory, that made possible the later development of clinically useful drugs, especially propranolol, this Albert Lasker Clinical Medical Research Award is given.

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## P. D. O. KARACHI

*DR. SHAKIL AHMED*

PDO Karachi started functioning in the real sense following its reorganization in early 1979 when a membership drive was launched under the newly elected cabinet. Press Conferences were held in a local hotel on 28th May and 30th July respectively which were addressed by Dr. Manzar Salim, President, PDO, Karachi. Others present on the occasions were Dr. Salim Asghar (G.S.), Dr. Abdullah (V.P.), Dr. Aatur Rahman (Finance), Dr. Haroon (Convenor Sind), Dr. Misbahul Aziz, Dr. Shamim Azar, Dr. Shamim Ahmed, Dr. Jawad and Dr. Farzana.

In both the Press Conferences Dr. Manzar Salim highlighted the policies and programmes of PDO and explained its stand regarding the various important issues of the medical profession. He contended that it was PDO which for the first time publicly raised the problems of doctors especially the junior doctors and made relentless efforts to get some of them solved.

The problem of House Job Stipend in Sind was lying unsolved for about 2 years while doctors in other provinces were getting Rs. 900/- per month. As a result of PDO's continued persuasion which included a series of meetings with the Secretary Health, Chairman Provincial Martial Law Inspection Team and D.M.L.A. Karachi, this issue came to limelight. The subsequent strike by junior doctors of Civil Hospital Karachi only aided in increasing the pace of struggle. As a result the Sind Govt. agreed to increase the salary of House Officers all over Sind to Rs. 900/-. The ban on the appointments of R.M.O.s in Karachi and Hyderabad was also lifted and a new formula was evolved to recruit the R.M.O.s.

Show Cause Notices to Junior Doctors were being served every 6 months by the authorities of Abbassi Shaheed Hospital. Besides, their salaries were not given regularly and there was a security problem. PDO brought these problems to light and supported the cause of ASH Doctors. Worth mentioning is the role of Dr. Mohd. Tufail, member Executive Committee PDO Karachi who also happens to be the President of Abbassi Shaheed Hospital Doctors Association. He held several meetings with the authorities of the Karachi Metropolitan Corporation including Chief Medical Officer and Administrator, Brig. P.B. Gillani. As a result the efforts in this direction bore fruit and now the ASH Doctors are being paid regularly. Further the practice of issuing show cause notices has been stopped and adequate security measures are contemplated for doctors.

In K.V. Site Hospital, doctors were not given Conveyance Allowance and House Rent. Various delegates of PDO approached the concerned authorities including the Commissioner of Social Security. This resulted in the agreement according to which doctors were given House Rent to the tune of 35% of the Basic Pay. This meant an increase of Rs. 400-500 per month, the credit of which goes to Dr. Salim Asghar, General Secretary PDO Karachi who also happens to be the Secretary of K.V. Site Hospital Doctors Association. Negotiations for securing Conveyance Allowance for doctors of this hospital are underway.

Besides the above mentioned achievements PDO Karachi always stood with other members of our profession in the hour of their need. Thus it strongly supported the demands and struggle of Baqai Hospital Doctors, J.P.M.C. Doctors Association and the Nurses Organization.

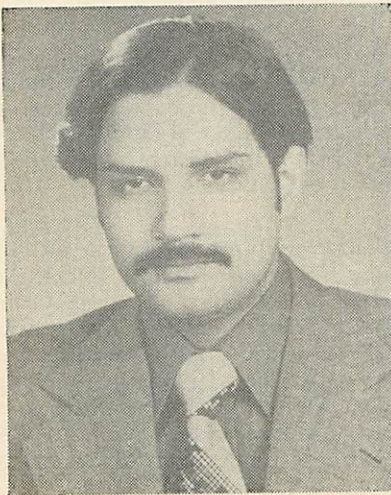
When we look back over the past few months we feel a sense of pride and gratitude. We have been able to solve some problems and make significant advances in solving the remaining ones.

Cherishing upon our short but bright past history we are determined to continue our efforts to restore the dignity of our noble profession.

---

## *OFFICE BEARERS P.D.O. KARACHI*

### **General Secretary**



**DR. SALEEM ASGHAR**  
*K.V. SITE Hospital*

### **Joint Secretary**



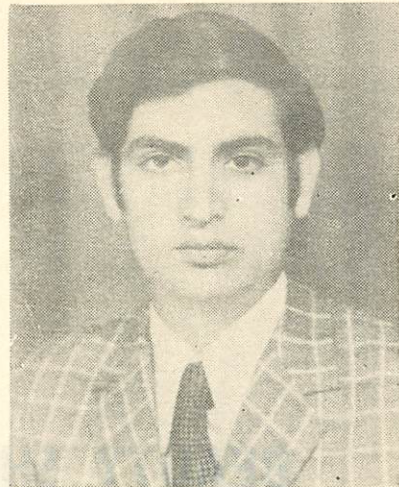
**DR. SHAKIL AHMED**  
*Abbasi Shaheed Hospital*

**Secy. Publicity & Finance**



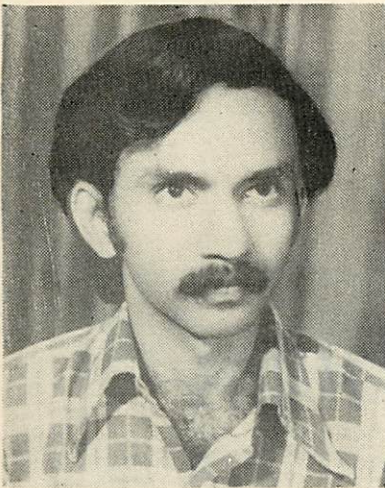
**DR. ATAUR RAHMAN**  
*Civil Hospital Karachi*

**Member Executive Committee**



**DR. MOHD TUFAIL**  
*Abbasi Shaheed Hospital*

**Member Executive Committee**



**DR. SHAMIM AZAR**  
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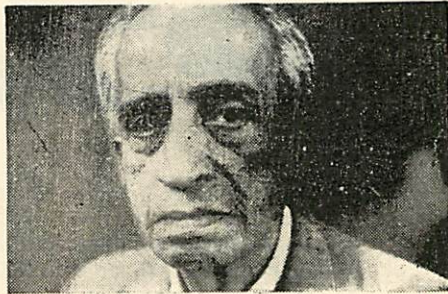
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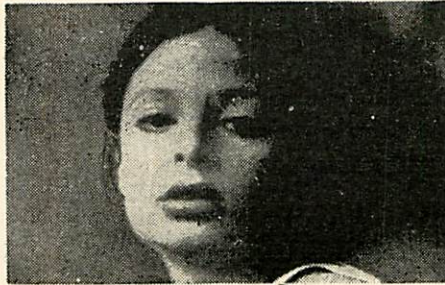
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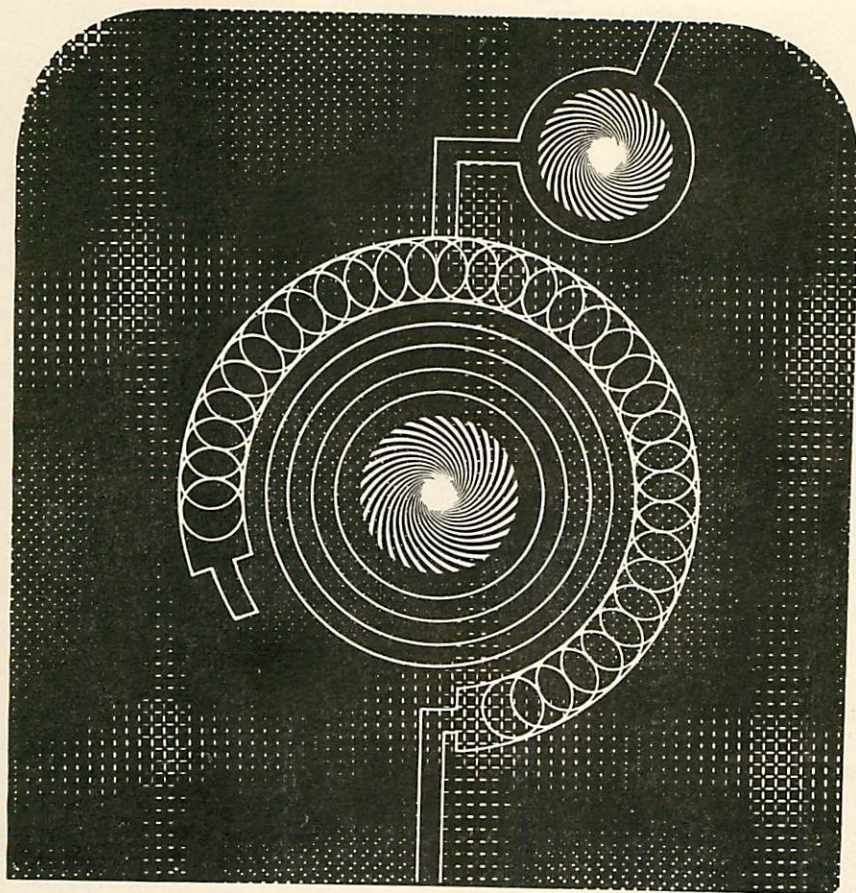


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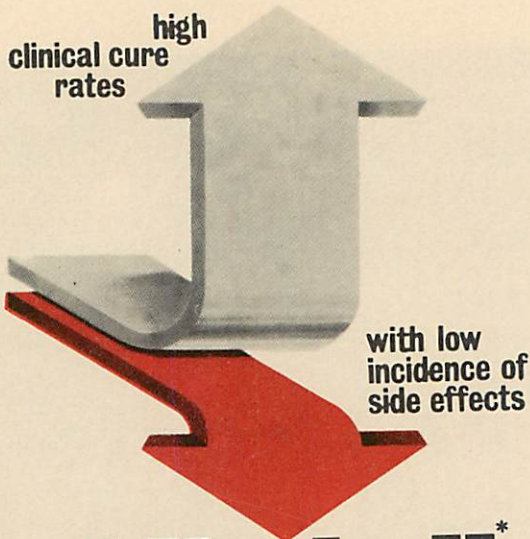
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REFERENCES :

1. Netto, L.A. "Clinical Evaluation of a New Semi-Synthetic Penicillin (Ciclacillin) in Pediatric Infections. A Folha Medica 68:575-7 (1974).
- 2 & 3. "Gold, J.A. Hegarty, P. et al Antimicrobial Agents and Chemotherapy. January 1979. Vol. 15, No. 1.

*Detailed information is available on request.*



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# Hippocratic Oath.

*"I Swear*

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*"To consider dear to me as my parents him who taught me this art ; to live in common with him and if necessary to share my good with him ; to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise ; to impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction. I will prescribe regimen for the good of my patients according to my ability and my judgement and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest ; I will leave this operation to be performed by practitioners (specialists in this art). In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional doing and all seduction, and especially from the pleasure of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or outside my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all time ; but if I swerve from it or violate it, may the reverse be my lot."*

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

## Aims & Objects

1. Pakistan Doctors Organisation will be a non political organisation.
2. To envisage and inculcate a sense of dignity of common man and to create awareness in the medical profession and prepare the doctors for the noble goal of establishment of an egalitarian society free from exploitation of man by man.
3. To strive for better status, good service conditions and rights of doctors in Pakistan
4. To promote a sense of cooperation and harmony among the members of medical profession and to create an atmosphere where no doctor works against the legitimate interests of the others, and the down trodden common man of Pakistan
5. To suggest guide lines to the Government for betterment of medical profession.
6. To help the Government to provide better medical cover to the peasants, labourers and other country men.

Pakistan Doctors Organisation